

**A historical perspective: private nursing institutions
in South Africa (1946-2006)**

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DECLARATION

I, Frederika Jacoba Kotze, student number 11857404, declare herewith that the thesis entitled,

- A historical perspective: private nursing institutions in South Africa (1946-2006) which I herewith submit to the North-West University (Potchefstroom Campus) in compliance with the requirements set for the Doctor of Philosophy in Nursing degree is my own work, has been text edited and has not already been submitted to any other university.
- All the sources used or quoted are indicated or acknowledged in the bibliography.
- The Ethics Committee of the Institutional Office of the North-West University (Potchefstroom Campus) has approved this study.
- This study complies with the research ethical standards of North-West University (Potchefstroom Campus).

FJ KOTZE

Date: 30 April 2012

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'I didn't do this alone'.

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Unless the Lord builds the house, its builders labour in vain.

Unless the Lord watches over the city, the watchmen stand guard in vain.

Psalm 127:1

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*In Loving memory of my late
Mother
Who would have been so
proud...*

and

*Viljoen
I still miss you*



*My Roses Beyond the
Wall*



*Ek het oë en ore om die ander te
ontdek, voete om na hulle toe te
gaan, hande om te gee en te help
en 'n hart om lief te hê.
Ek mag geen eiland wees in 'n see
van mense nie*



*I have eyes and ears to discover
others, feet to walk to them, hands
to give and help with and a heart
to love with
I cannot be an island in a sea of
people
Phil Bosmans*

ABSTRACT



During the twentieth century, Nursing Education in South Africa was traditionally provided by the public sector and religious orders. Sr Henriëtte Stockdale played a major role in the development of nursing education and the governing thereof.

In 1914, the establishment of the South African Trained Nurses Association (SATNA) marked the drive for an improved system of education for professional nurses. Medical practitioners and members of the Colonial Medical Council supported this initiative. The Provincial Medical Councils recommended a uniform system of education, to abolish the apprenticeship system of training and that students should be supernumerary. However, it was difficult to persuade authorities to accept the recommendations. The apprenticeship system prevailed, except for Groote Schuur Hospital where a block system was introduced (Searle, 1965b:287).

Nursing training at university level has been advocated by SATNA since 1914. Due to financial responsibilities and the limited number of recruits that met the entry requirements of tertiary institutions, it was unsuccessful. Furthermore, university training of nurses restricted the placement of student nurses at large hospitals linked to universities. In 1933, the University of Cape Town and the University of the Witwatersrand became the first two universities in South Africa to have nurses on campus (Potgieter, 1984:1).

In 1916, the training of male nurses in the mining industry was allowed for the first time. All training interventions were funded by mining houses and could therefore be regarded as the first Private Nursing Education Institution (PNEI). In 1946, a small nursing school was established on the East Rand under the Simmer and Jack Native Hospital. The purpose was to train white male orderlies for medical stations at mines. This was the beginning of PNEI in South Africa. PNEI are still functioning presently. The role and contribution of these institutions to nursing education in South Africa are often ignored.

The researcher strove to answer the following question: What is the history and development of PNEI and their contribution with regard to nursing education in South Africa from a historical perspective? The objectives of the study were to explore, describe and record the history of the development of PNEI and their contribution to nursing education in South Africa. The motivation for the private health care industry to embark on the establishment of Nursing Education Institution (NEI) was investigated and described.

A qualitative research design and an explorative, descriptive, contextual, historical research approach were applied. Explorative research involves the exploration of the phenomenon to divulge its core components. A descriptive study design aimed to find more information on the topic within this particular field of study was also used. The topic and context of this study is PNEI in South Africa between 1946 and 2006. The purpose of the study is to preserve the history of the development and contribution of PNEI including Gold Fields Nursing College, Netcare Training Academy, Life Nursing College, Medi-Clinic Learning Centres and Gandhi Mandela Nursing Academy between 1946 and 2006. This research study is presented as a chronological narrative report (Objective 1).

Data collection was done by individual oral history semi-structured interviews with information-rich individuals as well as document analysis. Oral history semi-structured interviews had been recorded after which each interview was transcribed verbatim. Data analysis was done by narrative and document analysis. Scientific rigour was ensured throughout the study. Objective 2 and Objective 3 were achieved through data collection and analysis.

Recommendations based on the findings are made for nursing research, nursing education and nursing practice.

Key words: nursing; education; institution, history, private hospital

OPSOMMING



Verpleegonderwys in Suid-Afrika is gedurende die twintigste eeu tradisioneel deur die openbare sektor en godsdienstige ordes aangebied. Sr Henriëtta Stockdale het belangrike rol in die ontwikkeling van verpleegonderwys en die bestuur daarvan gespeel.

Die stigting van die South African Trained Nurses Organisation (SATNA) in 1914 is mylpaal in die strewe na beter opleidingstelsel vir professionele verpleegsters. Die strewe is deur die lede van die Koloniale Mediese Raad sowel as mediese praktisyns ondersteun. Die Provinsiale Mediese Rade het aanbevelings ten opsigte van 'n eenvormige opleidingstelsel gemaak deurdad hulle voorgestel het dat die vakleerling benadering afgestel moes word en dat studente volle botallige status moes geniet. Dit was egter moeilik om die owerhede te oortuig om hierdie voorstelle te aanvaar. Die vakleerlingskapstelsel het voortbestaan, behalwe by die Grootte Schuur Hospitaal waar 'n blokstelsel ingestel is (Searle, 1965b:287).

SATNA was sedert 1914 kampvegter vir opleiding op universiteitsvlak. Die finansiële implikasies sowel as die klein aantal verpleegsters wat aan die toelatingsvereistes voldoen het, het veroorsaak dat die inisiatief misluk het. Ander probleem was dat universiteitsopleiding die plasing van studente sou beperk tot groot hospitale wat aan universiteite verwant was. Die Universiteit van Kaapstad en die Universiteit van die Witwatersrand was in 1933 die eerste universiteite wat kursusse vir verpleegsters aangebied het.

Die opleiding van manlike verpleërs is die eerste keer in 1916 in die mynbedryf toegelaat. Die mynbedryf was verantwoordelik vir alle uitgawes ten opsigte van die opleiding van verpleërs en dit kan gevolglik as die begin van verpleegopleiding in die private sektor beskou word. In 1946 is 'n klein verpleegskool aan die Oos-Rand deur die Simmer and Jack Native Hospital gestig met die doel om wit manlike verpleërs op te lei wat in die mediese stasies sou werk. Hierdie inisiatief was die begin van private verpleegopleiding in Suid-Afrika. Privaat verpleegonderriginstansies bestaan steeds in Suid-Afrika, maar die rol en bydrae wat hierdie instansies maak, word dikwels geïgnoreer.

Die navorser het gepoog om die volgende vraag te beantwoord: Wat is die geskiedenis en ontwikkeling van privaat verpleegonderriginstansies in Suid-Afrika vanaf 1946 tot 2006 en wat was die bydrae tot verpleging vanuit historiese perspektief gedurende daardie tydperk?

Drie navorsingsdoelstellings was om die geskiedenis van privaat verpleegonderrig instansies te verken en te beskryf en te bepaal watter bydrae privaat verpleegonderrig instansies tot verpleegonderrig gemaak het. Die motivering vir die vestiging van verpleegonderrig instansies binne die privaat gesondheidsorg industrie is ook ondersoek en beskryf (Doelwit 1).

Kwalitatiewe navorsingsontwerp met verkennende, beskrywende, kontekstuele historiese benadering is aangewend. Verkennende navorsing ondersoek verskynsel ten einde die kernbegrippe daarvan te ontbloot. Beskrywende studie poog om meer inligting oor spesifieke veld te bekom. Die onderwerp en konteks van hierdie studie is bepaalde verpleegonderrig instansies in Suid-Afrika gedurende die tydperk 1946 tot 2006. Die doel van die studie is om die geskiedenis van die ontwikkeling van en bydrae deur privaat verpleegonderrig instansies, wat die Gold Fields Nursing College, Netcare Training Academy, Life Nursing College, Medi-Clinic Learning Centres en Gandhi Mandela Nursing Academy in-sluit, aan te teken en vir die nageslag te bewaar.

Data is met behulp van orale geskiedenis semi-gestruktureerde onderhoude ingesamel. Orale geskiedenis semi-gestruktureerde onderhoude is met persone gevoer wat oor eerstehandse inligting ten opsigte van die studieveld beskik. Ontleding van dokumente waarin inligting opgeteken is, is ook gedoen. Die onderhoude is op band opgeneem en later woord vir woord oorgeskryf. Data-ontleding het die ontleding van gesprekke en dokumente ingesluit. Wetenskaplike nougetheid is deurentyd toegepas (Doelwitte 2 en 3).

Aanbevelings ten opsigte van verpleegnavorsing, verpleegonderwys en verpleegpraktyk is op grond van die bevindings van die studie gemaak.

Sleutelwoorde: verpleegonderrig; geskiedenis; privaat; verpleegskool

ACRONYMS

A

ANC African National Congress

B

BTNA Black Trained Nurses Association

C

CACB College Academic Controlling Body

CEO Chief Executive Officer

CHE Council for Higher Education

CNL Centre for Nurse Leaders

COHSASA Council for Health Service Accreditation of South Africa

COLSA College for Open Learning in South Africa

CPAS College Principals and Academic Staff

CPD Continuous Professional Development

CPR Cardio Pulmonary Resuscitation

D

DBSA Development Bank of South Africa

DENOSA Democratic Nursing Organisation of South Africa

DHE Department of Higher Education

DHET Department of Higher Education and Training

DoE Department of Education

DoH Department of Health

DoL Department of Labour

E

ETDP Educational Training and Development Practices

ETQA Education and Training Quality Assurance Body

F

FET Further Education and Training

G

GFBLA	Gold Fields Business Leadership Academy
GFNC	Gold Fields Nursing College

H

HEI	Higher Education Institution
HIV	Human Immunodeficiency Virus
HWSETA	Health and Welfare Sector Education and Training Authority

I

ISO	International Standards Organisation
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J

JMH	Joint Medical Holdings (Pty) Ltd
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M

MEDUNSA	Medical University of South Africa
MQA	Mining Qualifications Authority

N

NDoH	National Department of Health
NEA	Nursing Education Association
NEHAWU	National Education Health and Allied Workers Union
NEI	Nursing Education Institution
NES	Nursing Education Stakeholders
NMMU	Nelson Mandela Metropolitan University
NQF	National Qualifications Framework
NUM	National Union of Mineworkers

O

OSCE	Objective Structured Clinical Examination
OLG	Open Learning Group

P

PNEI	Private Nursing Education Institution
PPI	Public Private Initiatives
PU for CHE	Potchefstroom University for Christian Higher Education
PWV	Pretoria-Witwatersrand-Vereeniging

R

RPL	Recognition of Prior Learning
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S

SAHR	South African Health Review
SANC	South African Nursing Council
SAQA	South African Qualifications Authority
SATNA	South African Trained Nurses Association
SDL	Skills Development Levy
SETA	Sector Education Training Agency
SGB	Standards Generating Body

T

TEBA	The Employment Bureau of South Africa
TSA	Technicon South Africa

U

Umalusi	Council for Quality Assurance in General and Further Education
UNISA	University of South Africa

W

WHO	World Health Organisation
WNLA	Witwatersrand Native Labour Association

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CHAPTER ONE

OVERVIEW OF THE RESEARCH

1.1. INTRODUCTION



History is often perceived as a series of events that happened in the distant or not so distant past. These events are usually linked to societal institutions such as education, language, war, the development of a nation and related changes. However, historical research is not only interested in the events of the past, but also in the underlying motivation or causes and in particular the meaning of these events. Krampitz and Pavlovich (1981:4) define history as *an integrated narrative, descriptive or analysis of events that occurred in the remote or recent past. The record of these events is based on records or artefacts and the report is written in the spirit of critical inquiry for the whole truth.* Krampitz and Pavlovich (1981:54) state, *Historical research in nursing provides a foundation for a professional identity that recognises the value of individual and collective achievements in the profession. This awareness of the milestones and leaders in the development of the profession enhances the historical antecedents of current issues.* According to Evertse (1988:1), *the history of a profession should serve as a stepping stone to its future.*

The South African nursing profession has a rich and interesting history. Four historical publications were made since the 1960s. Searle wrote extensively on the history of nursing in general in her book, *The history of the development of nursing in South Africa* (Searle, 1965b:1-417), concentrating on the history of nursing from a white nurses' perspective while Mashaba documented the history of black nurses in South Africa in her book *Rising to the challenge of change: a history of black nursing in South Africa* (Mashaba, 1985: 1-165). Evertse (1988:1-259) did research on the development of coloured nurses in South Africa in 1996. Ms E Potgieter (1988:1-259) published a study on the history of professional nursing education between 1860 and 1991. Research on the history of nursing was also done by Prof. Shula Marks, (2000:1-17) Catherine Burns (1998:695-717) and a number of sociologists.

Apartheid was institutionalised in South Africa after the general election of 1948. New legislation classified inhabitants into four racial groups ("native", "white", "coloured", and "Asian") (Baldwin-Ragaven, London, and Du Gruchy, 1999:2). The term *bantu* was often used when referring to the *native* group of the population. Residential areas were segregated, sometimes by means of forced removals. The government segregated education, medical care, beaches, and other public services, and provided black people with services inferior to those of white people (<http://www-cs->

students.stanford.edu/~cale/cs201/apartheid.hist.html). People classified other than %white+, were often referred to as %non-whites+ or %non-Europeans+. Apartheid was practiced up to 1994 when South Africa had its first democratic election, putting the African National Congress (ANC) in power. A long and slow process of redress and correcting the inequalities of the past started after 1994, bringing about changes in government and systems in society. The classification of the population of South Africa changed to %Black+, %African+, %White+, %Coloured+ and %Indian+ (Davenport and Saunders, 2000:569). The segregation was also evident in the nursing profession. The Nursing Amendment Act of 1957 stipulated, %all members of the South African Nursing Council (SANC) had to be white and could be elected by white members only (Baldwin-Ragaven et al., 1999:167). Furthermore, different registers were maintained for different race groups and Coloureds, Indians and Africans were represented on various advisory boards.

The researcher could not find evidence of a publication or study on the history of PNEI in South Africa. This topic forms an important part of the history of nursing in South Africa due to the evolution of the private health care industry and its role in nursing and nursing education in South Africa. The researcher is interested in the specific reasons and contributing factors for the establishment of PNEI in South Africa and how these institutions have evolved over the past sixty years. Secondly, the researcher would like to describe the contribution made by PNEI towards nursing education in South Africa.

This chapter gives a general overview on the background of the status and development of nursing and specific nursing education in South Africa since 1806. The need for education and training of nurses in South Africa is described and the development of nursing courses at university and college level is explored. The evolution of the private health sector and its eminent role in nursing education is also discussed. A brief overview is given of the research methodology applied to the study.

1.1.1 THE PRECURSOR TO HEALTH CARE IN SOUTH AFRICA

Africa was explored by various European and Eastern countries before the birth of Christ. The trade routes linking the East and the West required refreshment posts on the African coast where fresh food and water supplies could be obtained. The fierce competition between the East and West for trade routes and fresh supplies led to the establishment of forts and garrisons to protect interests. Exposure to poor living conditions, stale food and battles resulted in a high death rate amongst the garrisons and seamen. The dire need for hospital facilities was recognised and the first hospital in Africa was erected within the fortress of Moçambique in 1508 (Searle, 1965b:10). Slaves cared for the sick, but conditions

were still poor and the hospital was soon known as the principal graveyard of the Europeans in the East (Searle, 1965b:10).

In 1682, the Nursing Brothers of the Order of St John of God took over the nursing care of the sick in the Moçambique Hospital (Searle, 1965b:10). It was then realized that medical and nursing care could not be left to slaves but that truly effective nursing wells from a deep sense of vocational and brotherly love in the hearts and minds of those who tend the sick (Searle, 1965b:10).

Although the trade expeditions continued, it was more than fifty years later when the Dutch realized that they should carry medicine on board their ships and that no ship should sail without a barber-surgeon (Bruijn, 2009:50). The Dutch East India Company was a commercial enterprise: sickness and death of crew members impacted negatively on the profit margin (Gaastra, 2003:78). In the light of financial losses, measures were taken to improve health with emphasis on medication, but no attention was given to promotive and preventive health measures. The barber-surgeons were trained in %urgical+procedures but were not good at diagnosing and treating of medical conditions (Bruijn, 2009:52). Furthermore, there were no aides to assist the barber-surgeon in caring for the sick. Members of the crew were assigned to these tasks during their off-time, but the sick often went without care for hours (Bruijn, 2009:53). The types of sickness were usually communicable and the lack of infection control measures contributed to the spread of disease and unhealthy living conditions.

The strategic position of the Cape of Good Hope was becoming more and more attractive to ships en route to and from Batavia. Between 1601 and 1651, temporary tent hospitals were erected for the sick to recover (Searle, 1965b:20). It was recorded that the sick recovered soon due to ample supply of fresh air, water, fruit and vegetables. Eventually a proposal by one of the crew members of the *Nieuwe Haarlem*, which was wrecked in Table Bay, was submitted to the Council of Seventeen, recommending the establishment of a refreshment station at the Cape of Good Hope. To make it more attractive, the possibility of spreading Christianity to the inhabitants of the Cape was propagated. However, the need to care for the sick was the main reason for the refreshment station. The Council of Seventeen decided to establish the refreshment station at the Cape on 25 March 1651. This decision bore the seed of the medical profession in South Africa, consisting of medicine, pharmacology, and nursing (<http://www.sahistory.org.za/organisations/dutch-east-india-company-deicvoc>) accessed on 25 June 2011.

The further development of the community at the Cape of Good Hope, the Boer Wars, the discovery of diamonds and gold in central South Africa all contributed and shaped the development of health care and nursing in particular. The growing population needed health care and thus trained nurses were imported from England. These nurses provided care of such a high quality that it was felt that they could not attend to certain repulsive cases. It was then recommended that white male orderlies should be employed to attend to certain aspects of nursing (Van Rensburg, 2004:61).

The arrival of the Anglican Sisterhood in South Africa initiated local training programmes for nurses and eventually led to statutory registration in 1891.

1.1.2 NURSING EDUCATION BEFORE 1900

Before 1900, missionary groups traditionally provided nursing education in South Africa. In 1808, Dr JHFCL Wehr advocated formal training of midwives. Regulations with regard to the training of midwives were published by the Supreme Medical Committee and were based on a block- and study day system. In 1810, Dr JHFCL Wehr was appointed as the Colonial Instructor of Midwifery (Searle, 1965b:95). His first group of pupils included a slave woman by the name of Hanna who was licensed without examination (Mashaba, 1995:7). A few non-white¹ midwives were trained to serve their own people but none of them was licensed.

Hospitals were erected all over the country, based on the population density and the industrial activities. There was an outcry from the medical practitioners as well as the public for improved health care provided by suitably trained nurses. Trained nurses were imported from overseas countries such as England and the quality of their services was frequently reported (Mellish, 1984:99). Sr H Stockdale identified the need for formal education in nursing with the objective of providing trained nurses for as many hospitals as possible. The first formal training of nurses at a hospital was implemented at the Kimberley Hospital (Searle, 1975:2) after the arrival of the Anglican sisterhoods, from where it motivated hospitals in other regions to also embark on training of nurses (Searle, 1965b:75).

At the same time, no attention was given to the training of black nurses. In 1869, Mrs E Parsons of Grey's Hospital in Durban started the training of black nurses, but the programme was more of a domestic course than nursing (Mashaba, 1995:11). The candidates were found to be poor in English, not having the ability to accept responsibility and to conform to nursing ethics. In 1903, Mrs M Balmer selected two young black women for training of which

¹ Blacks, Coloureds and Indians were commonly referred to as non-whites or non-Europeans

Cecilia Makiwane became the first black professional nurse in South Africa (Mashaba, 1995:12).

1.1.3 NURSING EDUCATION AFTER 1900

Sr H Stockdale introduced a training programme for nurses at the Kimberley Hospital. The qualified nurses were appointed at other hospitals all over the country and they were encouraged to implement training programmes at these hospitals. These nurses lacked knowledge and skills with regard to management of educational programmes, which resulted in nursing training developing into a form of apprenticeship training similar to the system of training in England. The British nurses, who came to South Africa after the South African War, also influenced the system of training by adopting principles for training as applied in England (Searle, 1965b:285).

Due to the lack of sister tutors and the structure of the programme, the quality of the training programmes was poor. Lectures were often only given before the final examination was written, in the nurses' off-duty time and by probationers. The attitude of the authorities was that nurses should only take care of patients without having a proper understanding of the underlying principles (Searle, 1965b:285). Emphasis was also placed on curative care, whilst preventive and promotive aspects of nursing were neglected.

During the 1890s, South Africa consisted of the Cape Colony in the south, Natal Colony in the north-east, Transvaal Republic and Orange Free State to the west and north of Natal, each with its own medical council (Davenport and Saunders, 2000:80). These medical councils regulated nurse training programmes and major differences existed between those Councils. The quality of training and training facilities was poor and inadequate.

Sr H Stockdale believed that nursing education should be the responsibility of educational authorities who provided education to other disciplines. She could not get the support from these authorities because it was early days for vocational education (Searle, 1965b:284). Local institutions that were partly funded by the government and aimed at meeting local needs managed nursing education programmes. The then social, medical, scientific, political and economic conditions in the country also played a major role in the need for proper education of nurses (Potgieter, 1988:206). Medical practitioners from Europe were aware of the good quality of training provided by the Florence Nightingale nurses and felt that similar programmes in South Africa could be advantageous to the medical profession and community.

Concurrently, Mrs B Fenwick was working towards some form of standardisation for nursing education in England. She proposed the establishment of a national association for trained nurses, which led to the formation of the British Nurses Association (Loots and Vermaak, 1975:109). Although many hospital administrators as well as Florence Nightingale were opposed to a uniform system of education and examination, Sr Henriëtte Stockdale and Mrs B Fenwick corresponded regularly with each other on this matter. The Cape Colony published the Medical and Pharmacy Act of 1891, which stipulated conditions for examination, and granting of certificates of competence to midwives and trained nurses respectively (Loots and Vermaak, 1975:110), the first legislation of its kind in the world. In 1891, state registration for nurses was legislated in South Africa, the first in the world (Searle, 1975:3).

Nursing in South Africa as elsewhere in the world, is stereotyped as a female profession. In the 1930s a Transkeian Councillor declared that he was not aware that men were trained as nurses and that nursing was a proper profession for women. Men were labelled as being clumsy and not able to care for sick people (Marks, 2001:3; Burns,1998:695). Marks (2001:3) states that the role of trained but un-professionalised but skilled black health workers was always undervalued.

1.1.4 PROFESSIONAL ASSOCIATIONS FOR NURSES

The political arena in South Africa changed in 1910 when the four Colonies merged into the Union of South Africa consisting of four provinces: Cape Province, Orange Free State, Transvaal and Natal (Van Rensburg, 2004:62). Efforts were made to replace provincial laws controlling health care professionals by both medical practitioners and nurses. Nurses also requested to represent themselves on the proposed South African Medical Council. This was achieved when Act No. 13 of 1928 was published with the support of Dr DF Malan and Dr A Mitchell (Van Rensburg, 2004:62).

In January 1914, Dr J Tremble initiated the establishment of the South African Trained Nurses Association (SATNA). He challenged the profession to become organised and to protect their interests in the country. He argued, "There is no one to protect them. Nurses have never united. If they have detected grievances, they have thought them out alone and left it at that, or raised solitary voices of protest the only solution is absolute unanimity" (Radloff, 1970:14). SATNA was officially constituted on 1 October 1914, representing white nurses, with the aim to (Radloff, 1970:14):

- unite the profession
- protect the interests of the profession
- maintain the standard of care and education

- facilitate pension funds for nurses
- liaise with similar organisations worldwide
- control the practice of nursing by unqualified women and to protect the nursesq uniform
- negotiate with Government to further the interests of nurses by means of legislation, and
- provide trained and qualified nursing services in the interest of the public.

The establishment of the SATNA marked the drive for an improved system of education for professional nurses. Dr J Tremble, founder of the SATNA (Searle, 1975:11), was an advocate for the improvement of nursing education (Searle, 1965b:285). Dr J Tremble raised his concerns in an editorial in the SA Nursing Record (1914:34) and made recommendations to improve the conditions and quality of nursing education. Medical practitioners and members of the Colonial Medical Council supported this initiative. Recommendations were made by the Provincial Medical Councils to have a uniform system of education, to abolish the apprenticeship system of training and that students should be supernumerary. However, it was difficult to persuade authorities to accept these recommendations. The apprenticeship system prevailed except for Groote Schuur Hospital, where a block system was introduced (Searle, 1965b:287).

Although the SATNA only allowed white nurses to become members, it also advocated the development of black professional nurses. It was instrumental in the formation of the Black Trained Nursesq Association (BTNA) in 1932 (Mashaba, 1995:29). The objectives of the BTNA was to help isolated nurses in the country districts and to form a scholarship fund to help student nurses qualify for entrance to hospitals as well as for qualified nurses to take post graduate courses (Mashaba, 1995:29). It further aimed at (Mashaba, 1995:30):

- %ffecting spiritual, social and professional intercourse and co-operation
- raising and maintaining professional and moral standards
- promoting the professional and educational advancement of black nurses, and
- elevating the standard of nursing education and co-operating for mutual protection among black nurses+

SATNA worked untiringly towards reaching its aims and an important achievement was the publication of the Nursing Act, Act No. 45 of 1944 that brought into existence the South African Nursing Council (SANC). It was this event which finally led to full control of the profession by nurses and which transformed the nurse from handmaiden-to-the-doctor to full professional partner (Radloff, 1970:17).

During the period of 1922 to 1945, various attempts were made by nurse leaders to improve the system of nursing education. The conditions were not favourable and were further complicated by the lack of properly trained and qualified teaching staff. According to Searle (1965b:289) there were only fifteen trained sister tutors in the Transvaal, a further ten in the Cape and four in Natal, all whites+.

1.1.5 THE ROLE OF THE SANC IN NURSING EDUCATION

The passing of the Nursing Act, Act No. 45 of 1944, was the result of pressure by leaders in the nursing profession, which led to the establishment of The South African Nursing Council (SANC) and mandated the SANC to take charge of the affairs of nurses and midwives, independent from the Medical Council (Cluver, 1949:241). Cluver argues that the expressed misgivings about the dangers of allowing nurses to run their own affairs were unfounded and that it was in fact beneficial and led to many improvements in the nursing field. The SANC had the duty to safeguard the interests of the public and more importantly that all nurses, irrespective of race and colour could be elected as members of the SANC (Searle, 1965b:234).

One of the first priorities of the SANC was to make recommendations with regard to the unsatisfactory system of nursing education. It was recommended that departments of nursing education should be established either in the four provincial administrations or under the Union government. Recruiting, staffing and equipping these nursing colleges on a national basis should also be delegated to these departments. Nursing colleges should be given the same status as normal colleges (e.g. teachersqtraining colleges), be situated in major centres in each province, namely Johannesburg, Pretoria, Cape Town, Port Elizabeth, Pietermaritzburg or Durban and Bloemfontein (Searle, 1965b:290). To address the shortage of tutors, it was recommended that facilities should be made available at universities to train sister tutors and to create nursing chairs to facilitate the development of nursing education at a higher level. It was also recommended that training of non-white nurses should be increased and aligned with the system for white nurses.

The SANC requested a conference on the future of nursing education. It was the intention to convince the union government to take control of nursing education. The Union government was of the opinion that Provincial Government, as the biggest consumer of nursing labour, should be in charge of nursing education and its administration. The teachersqtraining model was continuously used as an analogy for nursing education. The authorities failed to understand that the difference between the two professions was, that provincial, union health services, industry, private hospitals, private duty services as well as local authorities had to draw on the provincial training schools to meet the demand for nurses (Searle, 1965b:290).

In 1945, the first official Nursing Education Institution (NEI) was established in Johannesburg under the auspices of the Johannesburg Hospital Board (Mellish, 1984:104). The college was named after the late Ms BG Alexander in appreciation for her commitment to nursing education (Searle, 1965b:290; Mellish, 1984:104). The Pretoria Nursing College (now known as SG Lourens Nursing College) which had been established in 1949 was the first college to present theoretical training to students from other hospitals (Potgieter, 1988:245). Regulations with regard to the establishment of nursing schools and colleges followed in 1953. Smaller training schools and hospitals were affiliated to the colleges. Theoretical training was presented at the college to student groups while students were doing their practical training at smaller hospitals.

Nursing legislation was aligned to the Apartheid legislation in South Africa. Nursing students from different race groups were not allowed to attend the same NEI (Baldwin-Ragaven et.al., 1999:179), as nursing across different races was prohibited by legislation.

1.1.6 NURSING EDUCATION AT UNIVERSITY LEVEL

Since 1914, SATNA had urged nursing training at university level. It was unsuccessful due to financial restraints and the limited number of recruits that met the entry requirements of tertiary institutions. Furthermore, university training of nurses restricted the placement of student nurses to large hospitals linked to universities. In 1933, the University of the Witwatersrand (Radloff, 1970:45) and the University of Cape Town became the first two universities in South Africa to have nurses on campus (Mellish, 1984:105). Dr J Tremble, Ms BG Alexander and Prof. C Searle were pioneers for the positioning of nursing education at universities. In 1945, Dr H Gluckman called for an ad hoc committee to reorganise nursing education. A final decision could not be made due to different opinions by committee members and identified obstacles, such as the financing model, geographical location of universities, the nature of the proposed training programmes and the unacceptability of the American model of university training for nurses - the only model known at that time (Potgieter, 1988:249). Numerous initiatives were explored, but the small number of prospective students prevented the implementation thereof.

In 1956, the University of Pretoria instituted generic nursing degree courses leading to a BA Nursing and B Sc Nursing degree (Mellish, 1984:105). The Transvaal Provincial Administration granted thirty scholarships. It was envisaged that this cadre of nurses would embark on nursing research, writing of textbooks and teaching Physical and Social Sciences at nursing colleges. In 1966, the B Cur degree replaced the BA degree and nurses could then obtain a degree in general nursing and midwifery. In 1969, this programme was

changed to include training in General Nursing, Midwifery and Psychiatric Nursing (Potgieter, 1988:252). Other universities followed suit. Also in 1966, the untiring efforts of nurses paid off when the first chair in nursing was appointed at the University of Pretoria. Prof. C Searle was appointed in this position on 1 March 1969 (Potgieter, 1988:254; Mellish, 1984:105).

The first post basic course at university level was instituted in 1933 at the Universities of the Witwatersrand and Cape Town (Mellish, 1984:105). The programme was for white sister tutors (Potgieter, 1988:233). In 1939, a University Diploma in Public Health, Administration and Teaching was awarded to six nurses.

The next step was the preparation for studies in Master's degrees and doctoral studies. Although Prof. C Searle was in possession of a Master's degree, it was not a nursing degree but a degree in Sociology (Mellish, 1984:105). The first Master's degrees in nursing had been awarded in 1969 (Potgieter, 1988:256). Prof. C Searle was the first nurse to be awarded a D Phil (Sociology) in 1966 for her study on the History of Nursing (Mellish, 1984:105). In 1975, the University of South Africa offered degrees in postgraduate courses, enabling many nurses who could not attend residential universities to obtain qualifications (Mellish, 1984:105). The first doctoral degree in nursing was awarded to Prof. J M Mellish in 1976 (Potgieter, 1988:256). The first doctoral degree awarded to a male nurse was in 1981 to Dr CT Rautenbach at the University of Port Elizabeth (Mellish, 1984:105).

1.1.7 AN INTEGRATED NURSING EDUCATION PROGRAMME

The previous paragraph referred to the establishment of degree courses in nursing as well as the integration of General Nursing Science, Midwifery, Psychiatry and Community Nursing Science at University level. However, few applicants qualified for university entry, which resulted in a shortage of trained nurses.

The shortage of nurses forced the SANC to revisit the existing training programmes. A decision was taken to integrate general nursing training with one or more other basic programme(s), e.g midwifery, psychiatry or community nursing at college level. However, not all four basic disciplines were included in the training programmes. Regulations in this regard were published in 1972. During the early eighties, following the promulgation of the Health Act, No. 63 of 1977, it was realised that the nursing training programmes were not aligned according to the type of nurse required in order to render comprehensive nursing care. The new Nursing Act, Act No. 50 of 1978 also made this misalignment apparent as it stipulated that one of the functions of the SANC was to assist in the promotion of the health standards of the inhabitants of the Republic (SANC, 1982:1). Between 1980 and 2001, numerous committees were established, i.e. Roux Commission, Mount Grace Commission,

the Pick Commission and others, to investigate the position, status and control of NEI (Paolini, 2000:1; Hugo, 2005:149). These investigations paved the way for the recognition of the autonomy of nursing colleges and affiliation between colleges and institutions of higher education. The composition of nursing colleges, as they are known today was determined by the publication of Government Notice R3901 of 12 December 1969 and Government Notice R425 of 22 February 1985 (SANC:1969; SANC:1985).

The system had a number of flaws that impeded the personal and professional development of nurses. There was unnecessary duplication of learning modules such as anatomy, physiology and natural and biological sciences as students progressed from one basic course to the next, which were taught in isolation (Mekwa, 2005:273). Some acknowledgement to prior learning was given to enrolled nurses following the Bridging Course for Enrolled Nurses leading to registration as a General Nurse as this course allowed enrolled nurses to achieve the qualification of registered nurse in two years in-stead of three (Mekwa, 2005:273)

Another flaw in the system of education of nurses was the dual status of nurses, being employees as well as students. The Provincial Departments of Health acted as both patron and employer: student nurses were part of the work force providing patient care, compromising their needs to learn and develop (Mekwa, 2005:273). The fact that all basic courses in nursing was presented on a full time basis had a limiting effect on the career movement of nurses with family and employment commitments.

1.1.8 NURSING EDUCATION IN THE MINING INDUSTRY

Although nursing education was mostly provided by provincial authorities and missionaries that were subsidized by provincial administrations, the latter solely trained non-whites. The mining industry also provided nursing education. White male nurses of the army orderly type who gained experience in the British Army provided initially nursing in the mining industry (Searle, 1965b:75). Coloured and black men were appointed as bedside attendants to assist male nurses who gave them in-service training. According to Van Rensburg (2006:60), the mining industry stimulated the large-scale rise spreading of professional nursing in South Africa.+

The mining industry provided an important space for the training of males in nursing (Marks, 2000:3). Nursing care to mine workers was provided by males, although this was not a known fact to the general public (Burns, 1998:695-717). The training of white male nurses in the mining industry was first allowed in 1916 (Mashaba, 1995:27), but black male orderlies were given formal training only after the war (Marks, 2000:4). The outbreak of World War I

saw many male nurses leaving the mines to join the British army. Dr AJ Orenstein, who was appointed to reform the health services on the mines, suggested that white female sisters should be recruited to train black female probationers on the mines (Marks, 2000:4). Several politicians of whom one stated that employing white females in black mine hospitals was undesirable beyond dispute+opposed the suggestion (Marks, 2000:4).

The more informed politicians such as HS Cooke, acting Director of Native Labour inspected the mine hospitals and was convinced that there was no danger to females, white or black, working in mine hospitals. (Marks, 2000:5). Special arrangements were made to accommodate female nurses and to ensure their safety. The black female nurses were regarded as from the upper social class and very proud of their status as professional nurses.

However, certain conditions on the mines were considered not favourable for white women, hence the decision to train male nurses to take care of mining employees. Male nurses scope of practice was restricted in so far as that they were allowed to take care of adult male patients only (Mashaba, 1995:27; Terblanche, 2010). In 1927, the Premier Mine Hospital took the lead by offering professional male nurses training (Mashaba, 1995:27). The first black male registered nurse was Ramosolo Paul Tsae in 1931 (Mashaba, 1995:27; Marks, 2000:3).

Regulations gazetted by the Transvaal Medical Council granted certificates of competence as a trained male nurse+, to any person who had undergone three years continuous training in the wards of a hospital or institution recognised by (the) SANC as a training school for male nurses²+or had been employed for a period of not less than three consecutive years as a nursing superintendent or attendant in the wards of a native³ or other hospital in South Africa+(Searle, 1965b:308).

In 1966, the Anglo American Group opened the Ernest Oppenheimer Hospital in Welkom and started training black nurses, mainly males (Mashaba, 1995:67). The provincial authorities then took over the training of male nurses with only four mining training institutions that remained active. The quality of training by the mining industry did not satisfy the SANC (GFNC Volume 1:6). The reasons were lack of understanding of teaching principles, experience in nursing school administration and poor correlation between theory and practical training. A central training school was then established by mining hospitals with a qualified sister tutor in charge of training programmes (GFNC Volume 1:15). Another

² Nursing Education Institutions were approved for males or females and blacks or whites

³ Blacks were commonly referred to as natives during those years

reason for the decline in training by the mining industry was the availability of trained male nurses who had limited career opportunities in the provincial services (Terblanche, 2010).

A small nursing school was established in 1946, on the East Rand, under the auspices of the Simmer and Jack Native Hospital. The purpose was to train white male nurses for medical stations⁴ at mines. In 1965, the school moved to Dunnottar, Gold Fields East Hospital, under the supervision of Sr G Bachelor. One student told the researcher that she was very strict, a disciplinarian, but also caring and supportive (Terblanche, 2006). Several doctors were involved in the training programme, such as Dr L Lategan, Dr E Clifton and Dr P Smit. Students had to do practical at the two other Gold Fields Hospitals, namely Gold Fields West and Leslie Williams Memorial Hospital. Training was done exclusively to meet the needs of the company. The name of the school was The Gold Fields Bantu School of Nursing (SANC, 2005:1).

In 1986, accreditation of the curriculum for the Diploma in Nursing (General, Psychiatry and Community) and Midwifery (Government Notice R245 of 18 February 1985) led to college status and the Gold Fields Nursing College became the first private nursing college in South Africa (SANC, 2005:1). According to the Government Notice R245 of 18 February 1985, an affiliation agreement with a university was compulsory (SANC, 1985:2). In 1986, the college entered into an agreement with the Potchefstroom University for Christian Higher Education (PU for CHE) (Greeff, 2010). The agreement entailed moderation of academic standards and contributions to programme development, as well as professional and personal development of staff. Prof. FMJ de Villiers was the head of the nursing department at the university and Mr LE Stephens was the first chairperson of the college council (SANC, 1985:3). All training interventions were funded by mining houses and could thus be regarded as PNEI (Searle, 1975:48).

1.1.9 PRIVATE HEALTH CARE INDUSTRY

Some background information on the structure of health services in South Africa is required in order to understand the private health care industry and education of nurses in this industry. Van Rensburg (2006:60) argues that the mining industry ~~opened~~ opened the field of private nursing in South Africa. In the early days of the diamond and subsequent gold rush, private nurses treated miners and their families and only the slaves were admitted to hospitals.

During the seventies, there was a strong movement towards privatization of health care in South Africa. Government expenditure on health care was extremely high and there was a

⁴ Mines provided medical services to mine workers at medical stations

notion that health care was the responsibility of the individual with the responsibility of Government lying only with the truly indigent (Van Rensburg, 2006:96). During the eighties and nineties, there was a rapid growth in the private health care industry with an improvement in its quality of care. The need for suitably qualified staff increased accordingly and the private sector initiated nursing education, as part of the industry, in the late nineties.

PNEI were mainly linked to a specific private health care service provider and had trained nurses mostly for their own employment needs. In the past ten years, a number of independent NEI were established, producing substantial numbers in the categories of Enrolled Nursing Auxiliaries and Enrolled Nurses⁵. Some of these institutions also presented the Bridging Course for Enrolled Nurses leading to registration as a General Nurse as well as a variety of postgraduate courses.

For many years, the private health care industry was blamed for poaching nurses (Hlongwa, 2006) of all categories from government. These accusations reflect a lack of trust between the public health sector and private health sector. Nurses left the public sector for various reasons, such as better remuneration and employment conditions.

The National Health Human Resources Plan for South Africa (2006:44) reports a contradiction between reports of shortages of health care professionals and the number of higher education institutions in the country. There are many reasons listed for the dwindling numbers of health professionals. When focusing on the production of health professionals, attention should also be given to various factors that may affect the retention of skilled professionals, and a balance between and within professions (Van Rensburg, 2010:335).

1.1.10 THE POSITION OF NURSING EDUCATION UP TO 2006

The structures of health care and education in South Africa have changed dramatically since 1994 when a democratically elected parliament was appointed. The apartheid era divided the health care structure into services for whites and for non-whites. This resulted in fragmentation and a pluralistic structure of health care (Van Rensburg, 2006:71). Efforts were made to transform health care over the past 20 years, but the greatest change occurred after the elections in 1994 when the new South Africa was born.

The Development Bank of South Africa (DBSA) based on nine regions recommended the provincial structure. A model of political geography included the Eastern Cape, the Western

⁵ Three categories of nurses existed in South Africa. The Enrolled Nursing Auxiliary and Enrolled Nurse are classified as sub professionals and the Registered Nurses as professionals. The duration of the course for Enrolled Nursing Auxiliaries is one year and for the Enrolled Nurses two years. Enrolled Nurses may then proceed to a Bridging Course leading to registration as a General Nurse, which is also a two year course. Nursing Courses are regulated by the SANC.

Cape, the Northern Cape, the Pretoria-Witwatersrand-Vereeniging (PWV) area, the Western Transvaal, the Northern Transvaal, the Eastern Transvaal, the Orange Free State and KwaZulu-Natal (Venter and Landsberg, 2006:103). This proposal was accepted in 1993, but the names of some of the provinces were changed over the last twelve years and are currently known as⁶:

Eastern Cape	(Eastern Cape)
Western Cape	(Western Cape)
Northern Cape	(Northern Cape)
North West Province	(Western Transvaal)
Limpopo Province	(Northern Transvaal)
Mpumalanga	(Eastern Transvaal)
Gauteng	(PWV)
Free State	(Orange Free State)
KwaZulu-Natal	(KwaZulu-Natal)

Each province has a provincial parliament with certain powers, policies and regulations, which apply to health services. The municipal government lies within the provincial governments. In the case of health care, the National Health Bill introduced changes to re-address the inequalities of the past. The role and functions of the National Department of Health (NDoH) relate mainly to those of leadership, support, regulation and liaison (Van Rensburg, 2006:127). The stipulations of the National Health Bill with regard to provincial departments of health require some actions in accordance with the national health policy. The mandate of the provincial departments of health is to protect, promote and monitor the health of the people within that particular province (Van Rensburg, 2010:129). The District Health System was established within each province, consisting of a District Health Authority, District Health Council and District Health Forum.

At the same time, the education system in South Africa was also re-evaluated and measures were taken to address inequalities of the past. The South African Qualifications Act, Act No. 85 of 1995 (SAQA) determined that a new approach to education should be implemented to make education more accessible to the total population of South Africa. A National Qualifications Framework (NQF) as well as the outcomes based education approach was implemented (Erasmus, Loedolff, Mda and Nel, 2009:72). The SANC had to comply with the requirements of the SAQA Act, leading to transformation in nursing education. The Nursing Act, Act No. 33 of 2005 also stipulates these changes and addresses the categories of nurses to be trained as well as the scope of practice for each category. These proposed changes would align nursing education to the SAQA requirements.

⁶ Old names of provinces in brackets

NEI are currently categorised in three levels: Nursing schools (public and private sector), nursing colleges (mainly public sector, a small number in private sector) and universities (Higher Education Institutions-HEI) (SAHR, 2005:147). The learning programmes for enrolled nursing auxiliaries, enrolled nurses and the bridging course are mainly, but not exclusively presented by PNEI, which makes it difficult to control and to manage these programmes, affecting the quality of education according to The National Health Human Resources Plan for South Africa (2006:46). However, this statement is strongly opposed by PNEI.

The Course leading to Enrolment as a Nursing Auxiliary is regulated by Government Notice R2176 of 19 November 1993. It comprises of a one-year programme at an accredited NEI. A student enrolled for the programme is called a ~~“pupil nursing auxiliary”~~. The programme consists of a theoretical as well as a clinical component and a choice can be made to major in General Nursing Science and Art I or Psychiatric Nursing Science and Art I. The content consists of:

- Nursing History and Ethics
- Basic Nursing Care
- Elementary Nutrition
- First Aid
- Elementary Anatomy and Physiology, and
- Introduction to Comprehensive Health Care.

The clinical component consists of 1000 hours clinical hours spread over the full period of the programme.

The Course leading to Enrolment as a Nurse is regulated by Government Notice R2175 of 19 November 1993. It comprises of a two-year programme at an accredited NEI. A student enrolled for the programme is called a ~~“pupil enrolled nurse”~~. The programme consists of a theoretical as well as a clinical component and a choice can be made to major in General Nursing Science and Art I and General Nursing Science and Art II or Psychiatric Nursing Science and Art I and Psychiatric Nursing Science and Art II. The programme content consists of:

- First year:
 - Nursing History and Ethics
 - Basic Nursing Care
 - Elementary Nutrition
 - First Aid

- Elementary Anatomy and Physiology, and
- Introduction to Comprehensive Health Care.
- Second year:
 - Basic Sciences Fundamental to Basic Nursing, and
 - One of the following subjects, which shall be determined by the study direction for which the nursing school has been approved:
 - General Nursing Care
 - Nursing Care of the Aged
 - Nursing Care of Mentally Retarded Persons
 - Community Nursing Care, and
 - Psychiatric Nursing Care.

The clinical component consists of 2000 clinical hours spread over the duration of the programme.

The Bridging Course for Enrolled Nurses leading to Registration as a General Nurse is regulated by Government Notice R683 of 14 April 1989. It comprises of a two-year programme at an accredited NEI. A student enrolled for the programme is called a ~~student nurse~~ student nurse. The programme consists of a theoretical as well as clinical component. The programme content consists of:

- Applied Social Sciences (including Communication Skills and Mental Health) the duration of which shall be spread over two academic years
- Ethos and Professional Practice (including Ward Management and Clinical Teaching), the duration of which shall be spread over two academic years, and
- Integrated General or Psychiatric Nursing Science depending on which registration is desired by the student, the duration of which shall be at least two academic years.

The clinical component consists of 2000 clinical hours spread over the duration of the programme.

In 1999, the SANC and the Health Systems Trust held a National Nursing Summit to discuss transformation in nursing education. The following objectives were identified (Mekwa, 2005:274):

- To review nursing education and training including curricula
- To focus on competency based education, in accordance with the principles of primary health care philosophy
- To improve the quality of health care within primary health care delivery and
- To promote multi-disciplinary research.

Furthermore, it was decided that crucial issues concerning education and training of nurses had to be addressed. It was decided that the learning programmes should be learner-centred as opposed to teacher centred. These issues are listed below (Mekwa, 2005:274):

- Recognition of prior learning
- Curricula that allow for multiple exit levels from degree and diploma programmes
- Changes in teaching approaches to ensure development of critical thinking through a problem-based approach to learning
- Re-orientation of nursing curricula from being content-based to outcome-based, and
- A shift of focus to primary health and community based care.

Another significant transformation came about under the provisions of the Higher Education Act, No. 101 of 1997. According to the act, nursing education was to be placed under the patronage of the Ministry of Education and mainstream education in South Africa. The profession had a longstanding quest to achieve this move and the decision was regarded as giving the nursing profession an equal standing in relation to other professions. On the other hand, by implication, the DoH would lose the readily available labour force as students would no longer be regarded as their employees (Mekwa, 2005:275).

The DoE appointed the Reddy Commission to investigate the process of relocation of nursing colleges to the DoE. Three options were considered:

- Colleges would become autonomous
- Colleges would integrate into a university
- Colleges would integrate into a technicon.

Consultation in this regard was limited due to time constraints and it was found that staff at colleges had serious concerns about their future and job security. The universities and technicons on the other hand saw the benefit of integration and welcomed the idea of absorbing colleges into their structure. Unfortunately, this issue was still under discussion at the time of this study.

According to the National Health Human Resources Plan for South Africa (2006:47), nursing colleges exist mainly in the public sector. If this is true, provincial governments could control the production of registered nurses. There are, however, at least four accredited private nursing colleges in South Africa.

Institutions of Higher Education (universities) have produced a number of professional nurses over the years. According to The National Health Human Resources Plan for South

Africa (2006:47), these institutions are more interested in postgraduate programmes than undergraduate programmes.

Ms H Subedar, registrar of the SANC, has acknowledged the role of PNEI in nursing education over the past nine years (Subedar, 2006). Ninety percent of the production of enrolled nurses and enrolled nursing auxiliaries by PNEI was in Gauteng and Kwa-Zulu Natal. The Member of the Executive Committee for Health in Gauteng, Mr B Hlongwa (3 October 2006) referred to the exploration of public-private partnerships with regard to training and the education of nurses in his speech presented at the Forum for Professional Nurse Leaders Conference. These partnerships should be employed to fulfil the mandate given to the NDoH to increase the production of nurses by 20% per annum. It should further be applied to strengthen the health system, reduce fragmentation in service delivery, and build trust between the public and private sector (SAHR, 2006:37).

The development of PNEI in South Africa has never been explored and reported. Research done by Prof. C Searle covered the early periods, but the focus of her study was the development of general nursing in South Africa. She referred to private institutions and the mining industry, excluding particular reference to the actual development of these institutions (Searle, 1965b). Ms E Potgieter (1988) has done a study on nursing education, also excluding any reference to the development of private nursing education.

This topic forms an important part of the history of nursing in South Africa due to the evolution of the private health care industry and its involvement in nursing education in South Africa, which should be preserved and documented for future generations.

1.2. PROBLEM STATEMENT

The development of nursing education in South Africa was described in publications on the history of nursing (Searle, 1965b:283; Potgieter, 1988:298; Mashaba, 1995:166), but without specific reference to the development of PNEI and their contribution to nursing education in the country. Participation in the private health care industry and education of nurses in South Africa cannot be ignored and should be preserved for future generations in the profession, as well as the country at large.

There is a gap in reports on the history of the development of PNEI and their contribution towards nursing education in South Africa from 1946 to 2006.

1.3. RESEARCH QUESTIONS

Based on the background and problem statement, the researcher strove to answer the following questions:

- What was the development of PNEI in South Africa between 1946 and 2006 from a historical perspective?
- Which factors contributed to the establishment of PNEI in South Africa?
- What was the contribution of PNEI to nursing education in South Africa between 1946 and 2006?

1.4. RESEARCH AIM AND OBJECTIVES

The researcher aims to describe the history of the development of PNEI in South Africa between 1946 and 2006. The objectives of the study are to explore, describe and record the history of the development of PNEI and their contribution to nursing education in South Africa. The motivation for the private health care industry to embark on the establishment of NEI will be investigated and described. The development of the more significant role players associated with private hospitals will be dealt with in particular.

1.5. CENTRAL THEORETICAL STATEMENT

Recording of the history and development of the PNEI will preserve it for future generations of nurses. It would create awareness and relate the undeniably important role and contribution of PNEI to the development of nursing education in South Africa. It would further emphasize the investment and high stakes placed on quality education for nurses by the private health care industry. Recognition for the efforts of PNEI to take nursing education to a higher level should become evident. Nurses trained by private health care services are also employed in the public sector, therefore PNEI are assisting in the alleviation of the dire shortage of nurses in South Africa.

1.6. PARADIGMATIC PERSPECTIVE

Belief statements and assumptions in the research shape the way the researcher sees and interacts with the world from a paradigmatic perspective. The assumptions are made on three levels: meta-theoretical, theoretical and methodological. Each of these will be discussed and explained briefly.

1.6.1 META-THEORETICAL ASSUMPTIONS

The researcher embraces five inherent values, namely do no harm, make things better, respect others, be fair and be caring. These values are actualised through the following underlying principles:

1.6.1.1 DO NO HARM

Do no harm is based on the principles of not reacting to situations where harm could be caused to people, emotions, careers, institutions and business. It implies not passing on gossip and rumors, not twisting the truth to suit you or to justify your behavior and acting in the best interests of people that you advocate for. It is based on preventing harm as well as minimizing harm (Weinstein, 2011:11).

Preventing harm requires definite action. When it is evident that harm will come to a person, being it a family member, colleague or student, patient or unknown individual, the researcher believes in taking measures to give warning and take action to avoid harm from happening. This principle is also applied in the professional conduct of the researcher where warning is given to business partners concerning possible risks that may affect the business.

Through risk assessment and a proactive approach, unavoidable harm is minimized. The application of this principles is based on truthfulness and being honest.

1.6.1.2 MAKE THINGS BETTER

The researcher believes in acting in the best interest of those concerned. When a decision is taken, the question is asked if it will make things better, for whom and for how long? This principle is not always on the surface of behavior and actions but may be deeply rooted in the way in which daily tasks are approached and executed (Weinstein, 2011:12).

The researcher applies these principles by asking herself how things that she is doing will benefit other parties involved and reconsider decisions if there will be no definite improvement in the situation.

In this study the value of do no harm is entrenched in the ethical considerations where participants were given freedom of choice to take part in the study.

1.6.1.3 RESPECT OTHERS

The researcher believes in treating others the way they would like to be treated. This means putting yourself in the shoes of others and acting accordingly, making reasonable demands and giving fair treatment to all (Weinstein, 2011:16). Decision-making and actions are based on considering the effect that it will have on others. The question is asked: will the decision be to the benefit of all concerned and build relations. In this study respect is portrayed through the abiding by the ethical guidelines (refer to 1.9).

Respecting other means that the values, rights and preferences of others are honoured. It also refers to confidentiality, being truthful and keeping promises. The researcher shows respect to others through honouring appointments, being on time, delivering on agreements and keeping sensitive information to herself.

1.6.1.4 BE FAIR

This value is based on the guiding principles ~~by~~ your standard of measure it will be measured to you in return+ (Weinstein, 2011:24). The researcher believes in being fair in dealing with people but also being fair in delivering to her employer what is expected in an honest and just way. The researcher opposes discrimination based on sex, race and colour and age. There is a strong belief in giving others their due through giving credit and acknowledgement where it is due.

1.6.1.5 BE CARING

The researcher, being a professional nurse and educator values a caring approach in dealing with others. Caring and compassion is essential attributes for nurturing students and enabling them to reach their full potential. Caring is often shown in little gestures such as greeting others, thanking people for what they are doing, truly listening to what people are saying and noting their concerns without being judgmental (Weinstein, 2011:29).

In addition, the researcher explains her views the human being, environment, health, society and nursing.

1.6.1.6 HUMAN BEING

A human being is a unique entity created by God, consisting of body, spirit and psyche. It functions on a bio-psycho-social level, striving towards wholeness (SANC, 2005:6). *The human being is represented by identified role players in the development of PNEI in South Africa and can be defined as information-rich individuals who deserve to be treated with respect and dignity.*

1.6.1.7 ENVIRONMENT

In this study, the environment is defined as the situation within which the human being lives, works, socializes, recreates and procreates. Environment can be divided into an internal and external environment. The internal environment refers to the physical, psychological and spiritual aspects and the external environment entails physical, social and spiritual aspects (Kotze, 2001:7).

In this study the environment is selected PNEI that were involved in the education of nurses in South Africa between 1946 and 2006. For the purpose of the study, only PNEI linked to private hospital groups were selected.

1.6.1.8 HEALTH

The World Health Organisation (WHO) defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO:1949; Mosby, 2006:853; Weller, 2000:186). It is a dynamic process based on a creative, constructive and productive lifestyle.

Health can also be defined as a balance between the internal and external environment of the human being. Each human being has the potential to be healthy but also to become sick (Kotze, 2001:7).

1.6.1.9 NURSING

Nursing can be defined as the profession of performing the functions of a nurse (Weller, 2000:280). A nurse then is a person who is qualified in the Art and Science of Nursing, meets certain prescribed standards of education and clinical competence, and is registered by the statutory body, which regulates nursing in a given country (South Africa, 2005:3; Weller, 2000:280).

Nursing in the context of historical research means the past reality of the nursing education within the private sector in South Africa over the past 60 years.

1.6.2 THEORETICAL ASSUMPTIONS

Theoretical assumptions are inclusive of models and theories as a frame of departure as well as definitions of concepts. A concept can be described as the basic unit of theoretical thought. (George, 2001:1). In this study the researcher is not departing from a specific theoretical framework, however it is important to define related concepts to ensure clarity:

Archive: A place in which public records or other important historic documents are kept (Oxford English Dictionary, 1998:614). Unpublished documents are stored in an archive for safekeeping and these are primary sources of data in historical research.

History: Representation of a past reality based upon the interpretation of a body of known facts. A logically consistent picture of a subject supported by all available data (Harvey and Press, 1996:2).

Information-rich individuals: Individuals from whom we have the most to learn-the ones that can provide insight and deep understanding regarding the topic of interest (<http://qualitative-researcher.com/contact.php>) accessed on 25 March 2008.

Nursing education: Any formal nursing learning programme accredited by the SANC in terms of the Act, Act No. 33 of 2005 (South Africa, 2005:3).

Nursing Education Institution (NEI): Any nursing education institution accredited by the SANC in terms of the Act, Act No. 33 of 2005 (South Africa, 2005:3).

Private Nursing Education Institution (PNEI): Nursing education institution owned and governed by a private legal entity and registered with the SANC.

Private health sector: Health care industry owned and governed by a private legal entity (Van Rensburg, 2010:334).

Public nursing education institution: Nursing education institution owned and governed by the provincial government (Van Rensburg, 2010:334).

Public health sector: Health care facilities and services provided and governed by national, provincial or municipal government (Van Rensburg, 2006:147).

Public-private-partnership: Agreement of cooperation between public and private sector institutions based on certain conditions, to the benefit of both parties (Van Rensburg, 2006:147).

1.6.3 METHODOLOGICAL ASSUMPTIONS

The *historical research* model as described by Harvey and Press (1996:2) was used in this research study. According to Harvey and Press (1996:3) history could be regarded as either a process or a product. They argue that history as a product is based on a representation of a past reality based on a body of known facts. Figure 1.1 illustrates the process of historical research and an explanation of the process follows below:

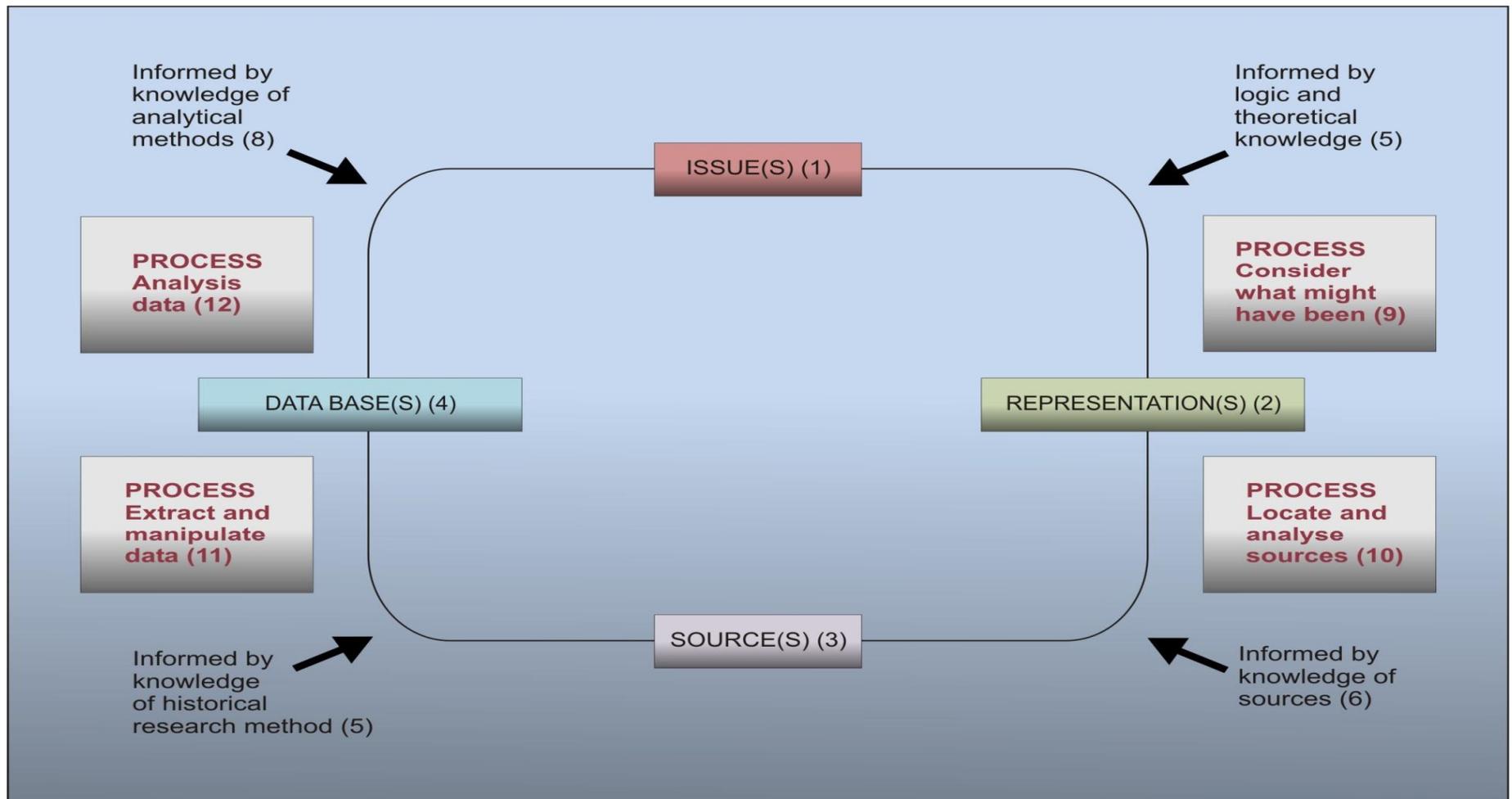


Figure 1.1 The historical research process (Harvey and Press, 1996:3)

Representations are always bound by a choice made by the researcher: Studying a certain event at a certain time (static) or how the situation changed between two points in time or events (dynamic). As a process, history is a dynamic and directed interaction between events, meaning that it is a circular, rather than a linear process, directed towards a definite end (Harvey and Press, 1996:2). Four related products are generated, i.e. issues (1), representations (2), sources (3) and databases (4). Certain processes (illustrated as the lines linking the boxes) namely, consideration of what might have been (5), location and analysis of sources (6), extraction, and manipulation of data (7), and data analysis (8) influence all of these products. The researcher contributes expertise that has an effect on the processes based on: logic and theoretical knowledge (9), knowledge of sources (10), knowledge of historical research methods (11), and knowledge of analytical methods (12) (represented by the four straight arrows in the model).

1.7. RESEARCH METHODOLOGY

A brief description of the research methodology with regard to research design and - method follows.

1.7.1. RESEARCH DESIGN

A historical research design and a qualitative, explorative, descriptive, contextual research approach were applied.

The *historical research design* is a narrative description of events that occurred in the recent or remote past (Burns and Grove, 2009:27). The researcher collects data through analysis of records, artefacts and interviews with role players. Historical research provides a means of understanding how events in the past can be used to facilitate an understanding of and effective response to present situations (Burns and Grove, 2009:27). Historical research tells a story about people, social processes and situations. The story is composed by the researcher, but reflects the viewer and viewed (Denzin and Lincoln, 2000:510).

Explorative research involves the exploration of a topic to divulge its core elements. A descriptive study design aims at finding more information on a topic within a particular field of study. In this study the topic and context is PNEI in South Africa between 1946 and 2006. The purpose of the study is to preserve the history of the development and contribution of PNEI between 1946 and 2006. The study is presented as a chronological narrative report.

A detailed description of the research design can be found in Chapter 2, (refer to 2.3).

1.7.2. RESEARCH METHOD

Klopper (2008:64) states that the research method is inclusive of the description of the population and sample, data collection, data analysis and should ensure scientific rigour. A condensed overview of the research method is presented here to orientate the reader, and a detailed description can be found in Chapter 2 (refer to 2.3)

1.7.2.1. POPULATION AND SAMPLING

The population is all the elements meeting the predetermined inclusion criteria as set out by the researcher (Botma, Greeff, Mulaudzi and Wright, 2010:200). According to Creswell (2009:175), the qualitative researcher concentrates on participants in the fields of the research who also have first-hand experience and knowledge thereof. From the population, a sample is drawn according to sampling criteria, which could be inclusion or exclusion criteria (Botma *et.al.* 2010:200). The purposive and networking methods of sampling were applied in this study. Three populations were selected based on inclusion criteria:

Population 1: PNEI (N=6) involved in nursing education between 1946 and 2006

- Inclusion criteria:
 - PNEI owned and governed by a legal entity and linked to any private hospital group
 - Accredited by the SANC according to Government Notice R3901 of 12 December 1969
 - Providing education in **any** of the basic learning programmes accredited by SANC, i.e.
 - The Course leading to Enrolment as a Nursing Auxiliary (Government Notice R 2176 of November 1993)
 - The Course leading to Enrolment as a Nurse (Government Notice R 2175 of November 1993)
 - Bridging Course for Enrolled Nurses leading to registration as General Nurse (Government Notice R 683 of 14 April 1989)
 - Diploma in Nursing (General, Psychiatry and Community Health) and Midwifery (Government Notice R 425 of February 1985) and /or
 - Providing any post-registration or post-basic learning programmes as accredited by the SANC.

Population 2: Information-rich individuals (N=23) who were and/or still are directly involved in the governance, strategic development, accreditation and events of the PNEI during the period covered by the study. These included the past and present national managers,

regional managers, principals, vice principals or equivalent positions, managers of clinical facilities, heads of the nursing department at a university, consultants, tutors and alumni.

Population 3: Documents (N=57) containing information on PNEI in South Africa. Documents containing information on events, people and incidents, that were relevant to the period of study, were selected, scrutinised and recorded. Documents were obtained from PNEI as well as the archives of the SANC. Documents owned by individuals, e.g. certificates, were also included in the study.

Samples were selected from each population. The purposive and network sampling methods were applied. Purposive sampling included:

Sample 1: PNEI (n=5) linked to private hospital groups

Letters were written to six PNEI included in Population 1. The purpose of the study was explained and the institutions were invited to take part in the study. Five PNEI agreed to take part in the study.

Sample 2: Information-rich individuals and networks

Prospective participants (n=10) were requested to avail themselves for oral history semi-structured interviews. These participants were also requested to identify other possible participants (n=13) who could contribute to data collection.

Sample 3: Documents and artefacts as primary and secondary sources

Records on all PNEI are kept in the archive of the SANC. These files (n=50) were traced in the archive. The institutions kept records in their own archives and these were also accessed (n=7).

It might appear as if preference was given to documents reflecting the perspective of the regulator, the SANC. As the regulator, the SANC is in possession of documents received from PNEI as well as correspondence from the SANC to PNEI. The document search in the archives of the SANC thus covered the perspective of the PNEI as well. The SANC archives were utilised mainly as it conveniently contained all the relevant information in one location and provided easy access to the researcher.

Some of the PNEI have lost documents due to changes within the company. Documents were destroyed when archives were cleaned out. In other cases, documents were not properly archived and stacked in boxes, which made it virtually impossible to access.

1.7.2.2. DATA COLLECTION

Data was collected by means of oral history semi-structured interviews with information-rich individuals, written narrative recollections and analysis of documents relevant to the investigated topic. A brief summary of the data collection process is set out in Table 1.1.

Table 1.1 Summary of data collection methods

Method of data collection	Description	Activity	Rationale
Oral history semi-structured interview	<ul style="list-style-type: none"> • Conduct oral history semi-structured interviews with information-rich individuals 	<ul style="list-style-type: none"> • Identify information-rich individuals • Conduct interview • Transcribe interview • Verify accuracy of information 	<ul style="list-style-type: none"> • Constructing the how and what of everyday activities • Reconstructing the past of the individual • Substantiate information with documents, other interviews
Narrative analysis	<ul style="list-style-type: none"> • Discourses with a clear sequential order that connect events in a meaningful way 	<ul style="list-style-type: none"> • Individuals that cannot be interviewed are requested to submit a written narrative • Narrative analysis 	<ul style="list-style-type: none"> • Ensure all information-rich individuals contribute to the data collection • Substantiate information with documents, other interviews
Document analysis	<p>Primary sources</p> <ul style="list-style-type: none"> • Documents originating from the period of study <p>Secondary sources</p> <ul style="list-style-type: none"> • Documents created by historians at a later stage 	<ul style="list-style-type: none"> • Archive search • Significant document analysis • Authenticate documents • Types of documents: <ul style="list-style-type: none"> ○ Business plan ○ Strategic plan ○ Accreditation application and reports ○ Inspection reports ○ Annual reports ○ Books 	<ul style="list-style-type: none"> • Most reliable sources of information • Determine context in which document was created • Cross-reference data obtained in oral history semi-structured interviews
Special events	<ul style="list-style-type: none"> • Official opening • Graduation ceremony • Photos • Other 	<ul style="list-style-type: none"> • Verify data obtained with significant events 	<ul style="list-style-type: none"> • Authentication of data

Data collection has been done according to the flow chart illustrated in Figure 1.2:

1.7.2.3. DATA ANALYSIS

The analysis of the data was done through narrative and document analysis. A detailed description follows in Chapter 2 (refer to 2.7).

1.7.2.3.1. NARRATIVE ANALYSIS

According to Elliot (2005:3), a narrative can be understood to organise a sequence of events into a whole so that the significance of each event can be understood through its relation to that whole.+ Hinchman and Hinchman (1997:xvi) define narratives in the human sciences provisionally as discourses with a clear sequential order that connect events in a meaningful

way for a definite audience and thus offer insights about the world and/or people's experiences of it. The key features of narratives are chronology, meaningfulness and social

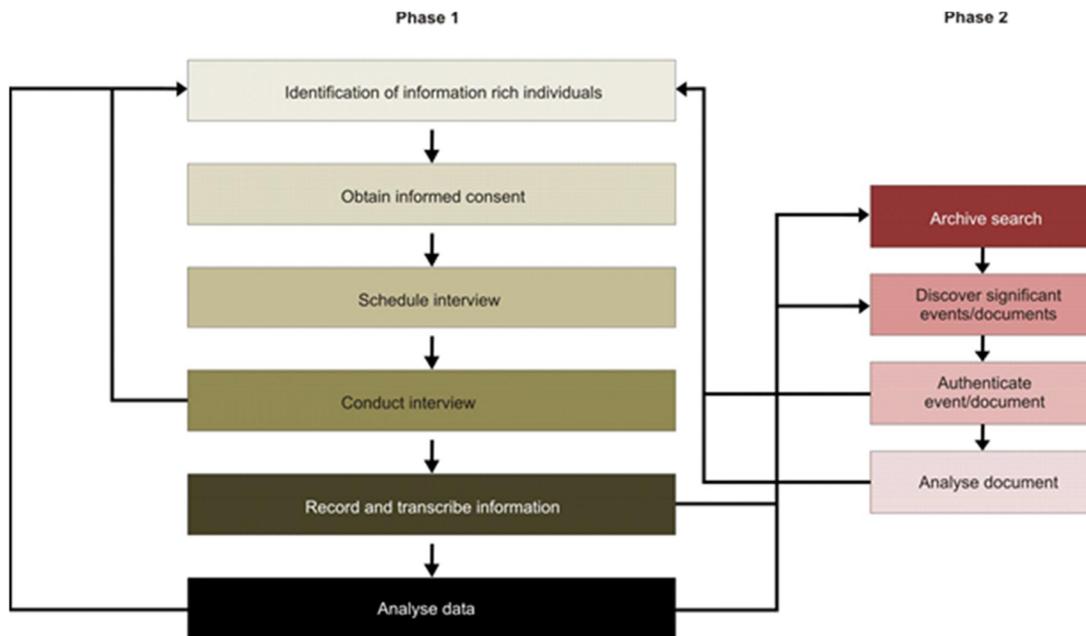


Figure 1.2 Data collection flow chart

context in that they are produced for a specific audience (Elliot, 2005:4). Data obtained from oral history semi-structured interviews were transcribed. Data were ordered in a chronological order where it was not always narrated in that way. The transcriptions were coded and themes and sub-themes were identified. An in-depth discussion on the narrative analysis follows in Chapter 2 (refer to 2.7.1).

1.7.2.3.2. DOCUMENT ANALYSIS

It is important to understand a document in its milieu and to relate text to context. The researcher must determine how and why it was produced as well as how it was received (McCulloch, 2004:41).

The authenticity of each document must be established (McCulloch, 2004:41). The author, the place and date of writing of each document must be established and verified. This will enable the researcher to identify forged documents and also to check whether the document that is being studied is correct and complete (McCulloch, 2004:42). According to Scott (1990:7), the researcher must make an informed judgement about the quality of the data eventually constructed. Authenticity of documents is further determined by cross-referencing information obtained through interviews. The meaning of each document, as the author intended it, must clearly be established. According to Scott (1990:8), each document should be assessed within the context of its creation rather than how it will be interpreted in

the present. Chapter 2 (refer to 2.1.7) gives a clear report on how document analysis was done.

1.8. EPISTEMOLOGICAL STANDARDS

Klopper and Knobloch (2010:318) state that qualitative research is guided by four basic epistemological standards, which are:

- Truth value of the research findings referring to the degree to which the research findings can be trusted
- Applicability of the research findings when the study is repeated to a different sample with the same context
- Consistency of the research findings should the study be repeated with the same participants in the same context, and
- Neutrality of the research findings referring to the elimination of prejudice in the study.

According to Klopper and Knobloch (2010:318), there are four basic rules to be followed to ensure compliance with the above-mentioned standards:

- Use of specific problem solving methods
- Justification of research results
- Integration of research with existing, accepted knowledge frameworks, and
- Convincing the research community of the truth of findings.

The following of these rules give guidance to the researcher in creating valid, scientific knowledge.

An alternative concept, trustworthiness, is applied in qualitative research. Trustworthiness consists of four criteria namely credibility, transferability, dependability and confirmability. Validity and reliability is commonly used in quantitative research. An all-encompassing term for these strategies to ensure trustworthiness is rigour (Klopper and Knobloch 2010:317). The steps taken to ensure rigour in this study will be discussed in Chapter 2 (refer to 2.6).

1.9. ETHICAL CONSIDERATIONS

In any research that involves the participation of human beings, the potential impact of the findings must be considered (Elliot, 2005:134). During the 1980s there was a movement away from structured interviews due to the exploitative nature of some survey studies. It was also believed that allowing participants to narrate their life experiences was more empowering to them.

In historical research, findings cannot as easily be dissociated from the source (Elliot, 2005:142). Narratives may be intrusive and subtly damaging. Obtaining documented informed consent from participants is a priority. The document reflects that the researcher undertakes to protect the rights of participants during the process of consent, data collection and analysis as well as the publishing of findings (Burns and Grove, 2009:181). The human rights of participants that are protected are as follows:

1.9.1. RIGHT TO SELF DETERMINATION

Self-determination implies that the individual is free to live his life as he chooses without external control. The implication for the researcher is that the participant will have the freedom to decide on voluntary participation or withdrawal from the study at any time without penalty (Burns and Grove, 2009:182). More detail on how this principle, as applied in the research, is given in Chapter 2 (refer to 2.10.4.1).

1.9.2. RIGHT TO PRIVACY

Privacy is the right an individual has to determine the time, extent and general circumstances under which personal information will be shared or withheld from others (Burns and Grove, 2009:186). Personal information includes attitudes, values, beliefs, opinions and records. Violation of the privacy of a participant happens when any private information of the participant is published without his consent or knowledge (Burns and Grove, 2009:186). Chapter 2 (refer to 2.10.4.2) elaborates on this ethical principle.

1.9.3. RIGHT TO FAIR TREATMENT

This right is based on the principle of justice (Burns and Grove, 2009: 189). This principle determines that each individual should be treated fairly and should receive what he is entitled to (Weinstein, 2011: 24). Etiquette refers to honouring appointments, respect for the individual and their cultural beliefs and customs.

1.9.4. RIGHT TO PROTECTION FROM DISCOMFORT

The principle of beneficence holds the right to protection from discomfort. The researcher must ensure that no harm will come to the participant through their participation in the study. The researcher must ensure that there will be a greater balance of benefits in comparison with harm (Burns and Grove, 2009:190, Weinstein, 2011:11).

The researcher complies with the ethical requirements of the academic institution as well as those of the NEI involved in the study. Permission was obtained from the institutions to publish findings and from participants to be identified in the outcomes.

1.10. SUMMARY

An overview of the theme of the research design and -method was given in Chapter One. The background and problem statement indicated the scope of the study on the history of the development of PNEI over a period of 60 years between 1946 and 2006. From the background and rationale of this study, it is evident that this study will make a unique contribution to the study field of the Science of Nursing, as the history of the contribution of PNEI has never before been documented. Chapter 2 will concentrate on the research methodology that was applied in the study.

CHAPTER TWO

RESEARCH DESIGN AND -METHOD

2.1 ORIENTATION TO THE CHAPTER



The previous chapter gave an overview of the study of the history of the development of PNEI in South Africa for the period 1946 to 2006. The researcher was the manager at a PNEI for 14 years. This particular institution was the first and is one of the oldest PNEI in South Africa.

During the employment period, the researcher recognised the uniqueness of this institution as well as the rich history thereof. The researcher then decided to conduct a study in order to discover the initial motivation for the establishment of PNEI, as several other institutions were established in the past seven decades. The application of the historical research process proved to be quite a challenge.

Chapter Two discusses the research design and -method, as applied to the study, in detail. The research aim and objectives direct the process flow of the research method. Measures to ensure rigour and compliance with ethical considerations are included in the discussion.

2.2 RESEARCH AIM AND OBJECTIVES

The researcher aims to describe the history of the development of PNEI in South Africa between 1946 and 2006.

The objectives of the study are to explore, describe and record the history of the development of PNEI and their contribution to nursing education in South Africa. The motivation for the private health care industry to embark on the establishment of Nursing Education Institutions (NEI) was investigated and described. The development of the more significant role players associated with private hospitals was dealt with in particular.

2.3 RESEARCH DESIGN

The research design provides guidelines to the researcher on planning and implementing the study in a way that will most likely result in the achievement of the set aim and objectives (Burns and Grove, 2009:218). The aim of the research design is to assist the researcher to achieve set objectives for the study, and plan interventions to overcome any obstacles that may interfere with the achievement of these objectives. The historical research design is applied in this study.

2.3.1 HISTORICAL DESIGN

The *historical design* is a narrative description of events that occurred in the recent or remote past (Burns and Grove, 2009:26). The intent is to connect the here and now with the then and there (Woods and Catanzaro, 1988:348). According to Speziale and Carpenter (2003:209) two schools of thought with regard to historical research were identified by Morse and Field, namely the positivistic and idealist schools. The positivistic school follows a more quantitative approach and aims at "reducing history to universal laws" (Speziale and Carpenter, 2003:209) with a strong focus on the relationship between cause and effect. The idealist school on the other hand tries to get a proper understanding of an event, as well as the thoughts of individuals involved in the event within the context of time, place and situation (Speziale and Carpenter, 2003:209). This research is based on the idealistic school of thought.

The historical research model as described by Harvey and Press (1996:2) was utilised. According to Harvey and Press (1996:3) history could be regarded as either a process or a product. They argue that history as a product is based on a representation of a past reality based on a body of known facts. These representations are always bound by a choice made by the researcher: studying a certain event at a certain time (static) or how the situation changed between two points in time or events (dynamic). As a process, history is a dynamic and directed interaction between events, meaning that it is a circular, rather than a linear process, directed towards a definite end (Harvey and Press, 1996:2). The dynamic approach was applied to study the history of the development of PNEI between 1946 and 2006.

The historical research model as illustrated in Figure 2.1 is a circular, continuous and incremental set of processes, which generate four related products, i.e. issues (1), representations (2), sources (3) and databases (4). Certain processes (illustrated as the lines linking the boxes) influence all of these products:

- consideration of what might have been (5)
- location and analysis of sources (6)
- extraction and manipulation of data (7), and
- data analysis (8).

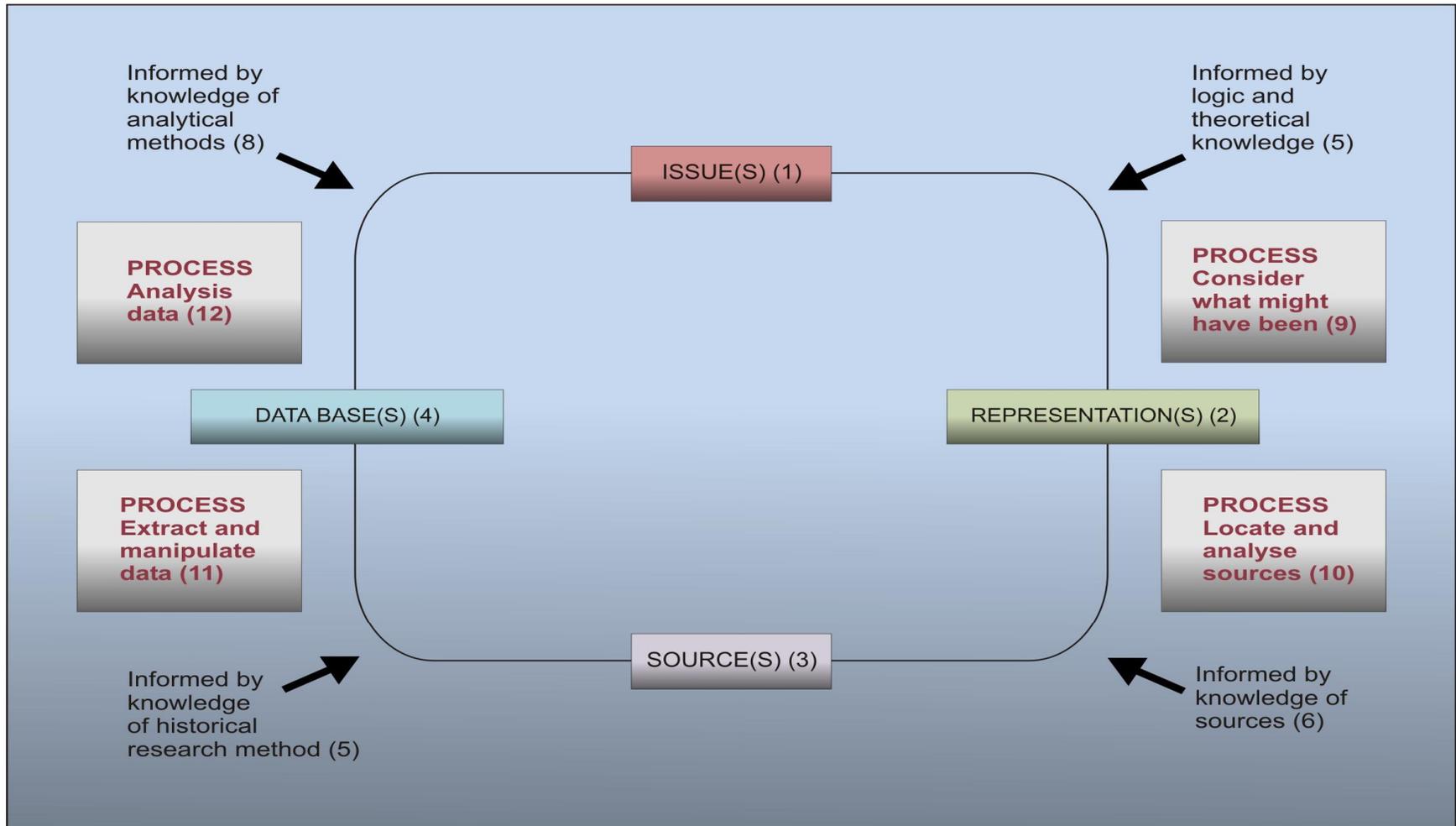


Figure 2.1 The historical research process (Harvey and Press, 1996:3)

The researcher contributes expertise that has an effect on the processes based on

- logic and theoretical knowledge (9)
- knowledge of sources (10)
- knowledge of historical research methods (11), and
- knowledge of analytical methods (12) (as represented by the four straight arrows in the model).

Burns and Grove (2009:535) list the following steps in the historical research process:

- Formulating an idea
- Developing research questions
- Developing an inventory of sources
- Clarifying the validity and reliability of data
- Developing a research outline
- Conducting data collection and analysis
- Outcomes, developing a writing outline and writing the research report.

These steps were linked to the historical research process as described by Harvey and Press (1996:2) as illustrated in Table 2.1.

In this study the ISSUE (1) is nursing education in South Africa with specific reference to PNEI (N=6). These were identified according to the sampling criteria (refer to 2.3.6). The researcher formulated an idea (Burns and Grove, 2009:535) to study the history of the development of PNEI and the contribution to nursing education. During the researcher's service as the manager of a PNEI, she was often confronted by colleagues and other role players in the nursing education arena on the position of the institution within a private health care service, the quality of training programmes offered and the motivation for the existence of said PNEI.

The REPRESENTATIONS (2) in this study refer to the perceptions of the role players within the nursing education arena of the need for quality of training and contributions to nursing education that were made by PNEI. The process involved is that of considering what might have been (9) under different circumstances. Research questions were developed (Burns and Grove, 2009:535) pertaining to the history of the development of PNEI and the contribution to nursing education in South Africa between 1946 and 2006. The researcher studied the records of nursing education from 1946 to 2006 to get an understanding of the development of nursing education in South Africa. The expertise of the researcher with regard to logic and theoretical knowledge (5) is that of critical thinking, logical argumentation and knowledge of the historical research design and processes.

Table 2.1 Application of the historical research process

Historical Design (Harvey and Press, 1996)	Historical Research Process (Burns and Grove, 2009)	Application to the Study
Issues (1)	Formulating an idea	Identify the issue and formulate an idea
<ul style="list-style-type: none"> Choice to study a certain event, at a certain time 	<ul style="list-style-type: none"> Broad idea on the topic to be studied, history of specific agencies or institutions 	<ul style="list-style-type: none"> Decision to study the motivation for establishment and development of PNEI and their contribution to nursing education in South Africa between 1946 to 2006
Process		
<ul style="list-style-type: none"> Consider what might have been under different circumstances (9) 	<ul style="list-style-type: none"> Topic narrowed down and precisely defined Limit the historical period in relation to broader social, political and economic factors that would have an impact on the study 	<ul style="list-style-type: none"> Explore and describe PNEI linked to private hospital groups Time period of study defined 1946 to 2006
Informed by		
<ul style="list-style-type: none"> Logic and theoretical knowledge 	<ul style="list-style-type: none"> Interest, accessibility of population and sample and accessibility of data 	<ul style="list-style-type: none"> Population and sample limited to a smaller number of institutions PNEI linked to private hospitals are more accessible
Representations (2)	Developing research questions	Formulate research aim and objectives
<ul style="list-style-type: none"> Representation of a past reality based on a body of known facts 	<ul style="list-style-type: none"> Identify the questions to be examined 	<ul style="list-style-type: none"> To explore, describe and record the history of the development of PNEI To explore and describe the motivation for the establishment of PNEI within the context of private health care in South Africa between 1946 and 2006. To describe their contribution to nursing education in South Africa between 1946 and 2006
Process:		
<ul style="list-style-type: none"> Consider what might have been under different circumstances 	<ul style="list-style-type: none"> Questions more general and analytical than in quantitative research 	<ul style="list-style-type: none"> Asked questions on what needs to be explored and described in the study Identified the populations and samples according to

Historical Design (Harvey and Press, 1996)	Historical Research Process (Burns and Grove, 2009)	Application to the Study
		inclusion criteria
Affected by:		
<ul style="list-style-type: none"> • Logic and theoretical knowledge 	<ul style="list-style-type: none"> • Critical thinking • Knowledge of research process 	<ul style="list-style-type: none"> • Get an understanding of the development of nursing education in South Africa • Get an understanding of the motivation of private hospitals to get involved in nursing education • Get an understanding of how these PNEI contributed to nursing education in a broader sense • Ethical considerations
Sources (3)	Developing an inventory of sources; Developing a research outline; Data collection and data analysis; Clarifying validity and reliability of data	Data collection and data analysis; Triangulation; Rigour
<ul style="list-style-type: none"> • Identification of sources of information and data 	<ul style="list-style-type: none"> • Determine if sources are available and accessible • Classify data collected • Sifting of data into usable and non-usable data • Reconciling conflicting data 	<ul style="list-style-type: none"> • Conduct oral history semi-structured interviews • Collect written narratives from participants not available for interview • Archive search for documents
Process:		
<ul style="list-style-type: none"> • Primary sources • Secondary sources 	<ul style="list-style-type: none"> • Primary and secondary sources • External criticism: determine validity of source material • Internal criticism: examination of the reliability of documents 	<ul style="list-style-type: none"> • Planned interview schedule with information-rich individuals; • Arranged visits to the archives to browse through files and documents, artefacts, events
Affected by:		
<ul style="list-style-type: none"> • Informed by knowledge of historical research method (7) 	<ul style="list-style-type: none"> • Persistence • Optimism • Patience • Meticulous recording of facts 	<ul style="list-style-type: none"> • Transcribed oral history semi-structured interviews • Transcribed recordings of documents contained in archived files • Rigour . trustworthiness, validity and reliability • Cross-referenced information

Historical Design (Harvey and Press, 1996)	Historical Research Process (Burns and Grove, 2009)	Application to the Study
		obtained through oral history semi-structured interviews and archive search <ul style="list-style-type: none"> • Data analysis through coding and co-coding • Identified themes and sub-themes
Databases (4)	Outcomes; Developing a writing outline; Writing the research report	Findings: Limitations; Recommendations:
<ul style="list-style-type: none"> • Develop a database of sources 	<ul style="list-style-type: none"> • Interpretation of outcomes • Decide on way of presentation: biography or chronology 	<ul style="list-style-type: none"> • Reported the findings as chronology per PNEI • Identified limitations and shortcomings
Process:		
<ul style="list-style-type: none"> • Extract and manipulate data 	<ul style="list-style-type: none"> • Ascribing meaning to events 	<ul style="list-style-type: none"> • Tedious process of sorting data in chronological sequence
Affected by:		
<ul style="list-style-type: none"> • Informed by knowledge of analytical methods 	<ul style="list-style-type: none"> • Do not follow the traditional formalised style of research reports • Attract interest of reader 	<ul style="list-style-type: none"> • Evaluated the research project • Made recommendations for future studies

An inventory of SOURCES (3) was established (Burns and Grove, 2009:535) through the process of locating and analysing sources (10) informed by the researcher's knowledge of sources (6). The sources included information-rich individuals, documents and events. Validity and reliability were verified (Burns and Grove, 2009:535) through rigour and triangulation as well as authenticating documents and events. A research outline was then developed (Burns and Grove, 2009:535) to guide the processes of data collection and analysis.

Data was collected (Burns and Grove, 2009:535) by means of interviews, narratives, archive searches and document analysis. The researcher applied knowledge of the historical research process (7) when interviews were conducted to collect data and the archive was searched for relevant documents. The analysis of documents and narratives were also based on the researcher's knowledge of these activities. Data was stored in a DATABASE (4) to ensure easy access. Data was extracted (11) to facilitate data analysis (8) informed by the researcher's expertise on analytical methods (12).

In addition to the historical research design, the qualitative, explorative, descriptive and contextual approach was applied.

2.3.2 QUALITATIVE INQUIRY

Burns and Grove (2009:22) define the qualitative inquiry as a ~~systematic~~, interactive subjective approach used to describe life experiences and give them meaning.

Denzin and Lincoln (2000:3) state that qualitative research ~~implies~~ an interpretive and naturalistic approach where things are studied in their natural setting in an attempt to interpret phenomena and make sense thereof. This qualitative historical research aims at interpreting the past in an effort to make sense out of it and to give meaning to it. The study was embedded in the social everyday-life of the participants, as the data is as much part of the past of the participants as it is of the institution (Denzin and Lincoln, 2005:401).

In view of the above definitions, it can be argued that the qualitative inquiry supports the historical research design that was selected for the study. History is an intrinsic part of each individual's life. Meaning is attached to events based on the individual's frame of reference and subjected to individual interpretation. The researcher had the opportunity to spend many hours with information-rich individuals, sharing their memories of the good and bad events that happened in the history of the PNEI that they represented. The personal involvement and struggle of participants were evident in the enthusiasm, pride, nostalgia and sometimes sadness and anger sensed by the researcher.

2.3.3 EXPLORATIVE RESEARCH

Explorative research involves the exploration of a topic to divulge its core elements. The word ~~explore~~ implies that unknown phenomena will be scrutinised to discover its nature and characteristics (Woods and Catanzaro, 1988:150). This design is most suitable for exploring new fields or for a relatively new and unstudied topic (Babbie, 1995:84).

This study of the history of the development of PNEI between 1946 and 2006 will explore how PNEI evolved over the past sixty years and the contribution made by these institutions to nursing education in South Africa. Initially a relatively unknown phenomenon was explored which was then refined and developed (fand Beck, 2004:718). The road travelled by individuals who believed in what they were doing and their quest for survival also was explored in this study.

2.3.4 DESCRIPTIVE STUDY DESIGN

A descriptive study design aims at finding more information on a topic within a particular field of study. Situations or events are described after close observation by the researcher. The observations are based on scientific principles, and are thus done carefully and deliberately to ensure accuracy and preciseness (Babbie, 1995:84). The descriptive design does not manipulate variables but describes the relationship between variables in order to paint a complete picture of the phenomenon (Burns and Grove, 2009:232). According to Mouton and Marais (1996:43) descriptive studies aim at providing in-depth feedback of its characteristics.

In this study, the history of the development of PNEI in South Africa and their contribution to nursing education over the period of 60 years is described. The researcher aims to describe the findings in a narrative, which would add to the knowledge base of the profession.

2.3.5 CONTEXT

The context of a study refers to the total life experience in which the participants in the study respond and contribute to data collection (Babbie, 1995:274). The context is unique to each study and encompasses the body, world and unique concerns within which that situation can be understood (Burns and Grove, 2009:732). Gall, Borg and Gall (1996:58) argue that historical research is similar to qualitative research due to the emphasis on context. The context of this study is discussed in terms of the macro-, meso- and micro levels.

The context on the macro level concentrates on the position of PNEI linked to a private hospital group within the nursing education field. Nursing education falls within mainstream education in South Africa, as briefly discussed in paragraph 1.1.10, which is regulated by the NQF. The NQF makes provision for qualifications on three bands: General Education and Training (GET), Further Education and Training (FET) and Higher Education and Training (HET) (Coetzee, 2002:7). Figure 2.2 explains the structure of the NQF.

Nursing education spans across two bands of the NQF, namely the FET band and the HET band. According to Bruce (2011:56) nursing colleges are governed by the Department of Health (DoH) and nursing schools at university level are governed by the DHET.

The two certificate courses, Course leading to Enrolment as a Nursing Auxiliary and Course leading to Enrolment as a Nurse fall within the FET band while the Four-year Diploma Course and the Bridging Course fall within the HET band (Kotzé, 2008:84).

NQF Level	Band	Types of qualifications and certificates	Locations of learning for units and qualifications			
8	Higher Education and Training	Doctorates Further research degrees	Tertiary/Research/Professional Institutions			
7		Higher degrees Higher diplomas	Tertiary/Research/Professional Institutions			
6		First degrees Higher diplomas	Universities/Universities of technology/Colleges/Private Institutions/ Professional Institutions/Workplace			
5		Diplomas Occupational certificates	Universities/Universities of technology/Colleges/Private Institutions/ Professional Institutions/Workplace			
Further Education and Training Certificate						
4 3 2	Further Education and Training	School/ College/Trade certificates	Formal High School Or Private High School	Technical Community Police Nursing Private Colleges	RDP and labour market schemes Industry training boards Unions Workplace	
		Mix of units for all				
General Education and Training Certificate						
1	General Education and Training	Senior phase	ABET Level 4	Formal Schools (urban/rural/ farm/special)	Occupational work based training RDP Labour market schemes Upliftment community programmes	NGOs/Churches Night Schools ABET programmes Private providers Industry training boards Unions Workplace
		Intermediate phase	ABET Level 3			
		Foundation phase	ABET Level 2			
		Preschool	ABET Level 1			

Figure 2.2: The structure of the National Qualifications Framework (NQF) (Adapted from SAQA, 2000: 11)

The meso context involves the main campuses of identified PNEI (n=5) in South Africa between 1946 and 2006 that are linked to a private hospital group, namely:

- Gold Fields Nursing College
- Medi-Clinic Learning Centres
- Life Nursing College
- Netcare Training Academy and
- Gandhi Mandela Nursing Academy

On the micro level, the context is the learning centres of each main campus listed under the macro level: (See Figure 2.3). It was decided to include the period of sixty years starting in 1946 and ending in 2006 because the first PNEI was registered with the SANC in 1946 and that same institution celebrated 60 years of nursing education in 2006.

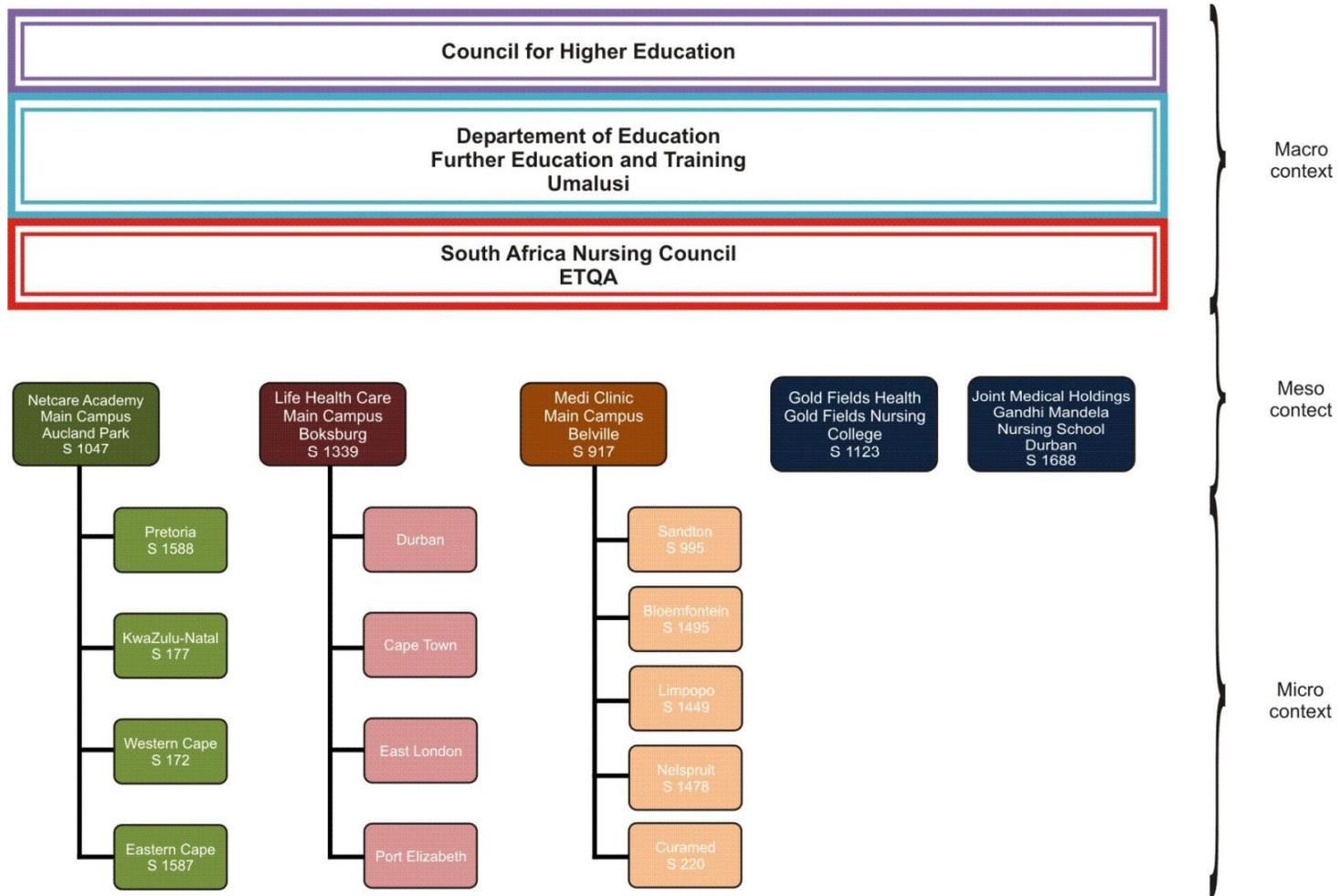


Figure 2.3 The macro-, meso- and micro context of PNEI in South Africa

2.3.6 POPULATION AND SAMPLING

The population of a study consists of the whole group of people or objects of interest to the researcher (Brink, Van Der Walt and Van Rensburg 2006:123). It is often not possible to include the total population in a study due to geographical spread, size, financial and other practical reasons. That part of the population that can be reached by the researcher is then referred to as the accessible population (Burns and Grove, 2009:342). For the purpose of this study, three populations were identified and selected based on inclusion criteria.

Population 1: PNEI (N=6) involved in nursing education between 1946 and 2006

- Inclusion criteria:
 - NEI owned and governed by a legal entity and linked to any private hospital group
 - Accredited by the SANC according to the relevant government notice
 - Providing education in **any** of the basic learning programmes accredited by SANC, i.e.
 - The Course leading to Enrolment as a Nursing Auxiliary (Government Notice R2176 of November 1993)
 - The Course leading to Enrolment as a Nurse (Government Notice R2175 of November 1993)
 - Bridging Course for Enrolled Nurses leading to Registration as General Nurse (Government Notice R683 of 14 April 1989)
 - Diploma in Nursing (General, Psychiatry and Community Health) and Midwifery (Government Notice R425 of February 1985) and /or
 - Providing any post-registration or post-basic learning programmes as accredited by the SANC.

The researcher searched the SANC database to determine the number of PNEI accredited as such. The database did not indicate whether a NEI is a private institution or a public institution. The researcher had to contact several institutions to determine the status. Although there are several PNEI reflected on the database, the researcher identified only six that met the inclusion criteria.

Population 2: Information-rich individuals (N=23) involved in PNEI over the period covered by the study.

Participants that could contribute abundantly to the information needed for the study were selected because of their close and continued involvement in the investigated topic. The researcher selected information-rich individuals who contributed to PNEI and played an active role in their development.

- Inclusion criteria
 - Individuals who were and/or still are directly involved in the governance, strategic management, accreditation and events of the PNEI during the period covered by the study
 - Past and present national managers, regional managers, principals, vice principals or equivalent position, managers of clinical facilities, heads of the nursing department at a university, consultants, tutors and alumni, and
 - Individuals identified by information-rich individuals

Population 3: Archived files (N=57) containing documents with information on PNEI in South Africa relevant to the period of study.

- Inclusion criteria
 - Archived documents in the SANC archive, containing information on events, people and incidents relevant to the period of study
 - Documents contained in PNEI archives, and
 - Documents in private possession, e.g. certificates, were also included in the study.

Sampling is the process through which the researcher selects that portion from the population to be included in the study. Samples were selected from each population. The purposive and network sampling methods were applied. Purposive sampling implies the purposeful tracing of participants because they meet the sampling criteria. The researcher determines inclusion criteria and select participants based on their specific knowledge and involvement in the research topic. (Burn and grove, 2009:352). Purposive sampling is also referred to as judgemental or selective sampling, and means that the researcher consciously selects certain subjects, elements, events or incidents to include in the study (Burns and Grove, 2009:352; Babbie, 1995:225). Speziale and Carpenter (2003:24) define purposive sampling as selecting participants in a research project based on their direct involvement or interest in the phenomenon. Participants are requested to describe the experience that they have been part of to obtain a better understanding and deeper insight into the situation.

In addition to purposive sampling, network sampling was used. Network sampling takes advantage of social networks (Burns and Grove, 2009:353). Network sampling is used where participants are requested to identify other participants who also meet the sampling criteria. The researcher asked participants to identify others that were involved in the development and history of the identified PNEI who could add to the body of data collected. This sampling method ensured that potential participants that could provide the greatest insight and essential information about the research topic were included in the process of data collection. Both these sampling methods were applied in the study as explained below:

Sample 1: PNEI (n=5) linked to private hospital groups

Letters were written to six PNEI included in Population 1. The purpose of the study was explained and the institutions were invited to take part in the study. Five PNEI agreed to take part in the study.

Sample 2: Information-rich individuals (n=10) and networks (n=13)

The researcher selected information-rich participants who contributed to and played an active role in the development of PNEI. Prospective participants were requested to avail themselves for semi-structured interviews. These participants were also requested to identify other possible participants who could contribute to data collection.

Sample 3: Archived files (n=57) containing documents and artefacts as primary and secondary sources

Records on all PNEI are kept in the archive of the SANC. These files (n=50) were traced in the archive. PNEI that keep their own archives were requested to grant the researcher access to these to search for documents and artefacts relevant to the study (n=7).

It might appear that the sample was biased towards the view of the regulator. However, the archive of the regulator serves as a repository for documents and correspondence between the SANC, the NEI and any other relevant parties, such as DoH and DoE.

As the regulator, the SANC is in possession of documents received from PNEI as well as correspondence from the SANC to PNEI. The document search in the archives of the SANC thus covers the perspective of the PNEI as well. The SANC archives were utilised mainly as

it conveniently contains all the relevant information in one location and provided easy access to the researcher.

Some of the PNEI have lost documents due to changes within the company. Documents were destroyed when archives were cleaned out. In other cases, documents were not properly archived and stacked in boxes, which makes it virtually impossible to access.

2.4 DATA COLLECTION

The researcher collected data to answer the research questions in two ways:

- Individual oral history semi-structured interviews with information-rich individuals and narratives written by those who were not available for interview
- Tracing and scrutinizing of documents relevant to the investigated topic

Figure 2.4 explains the process flow of data collection in the study.

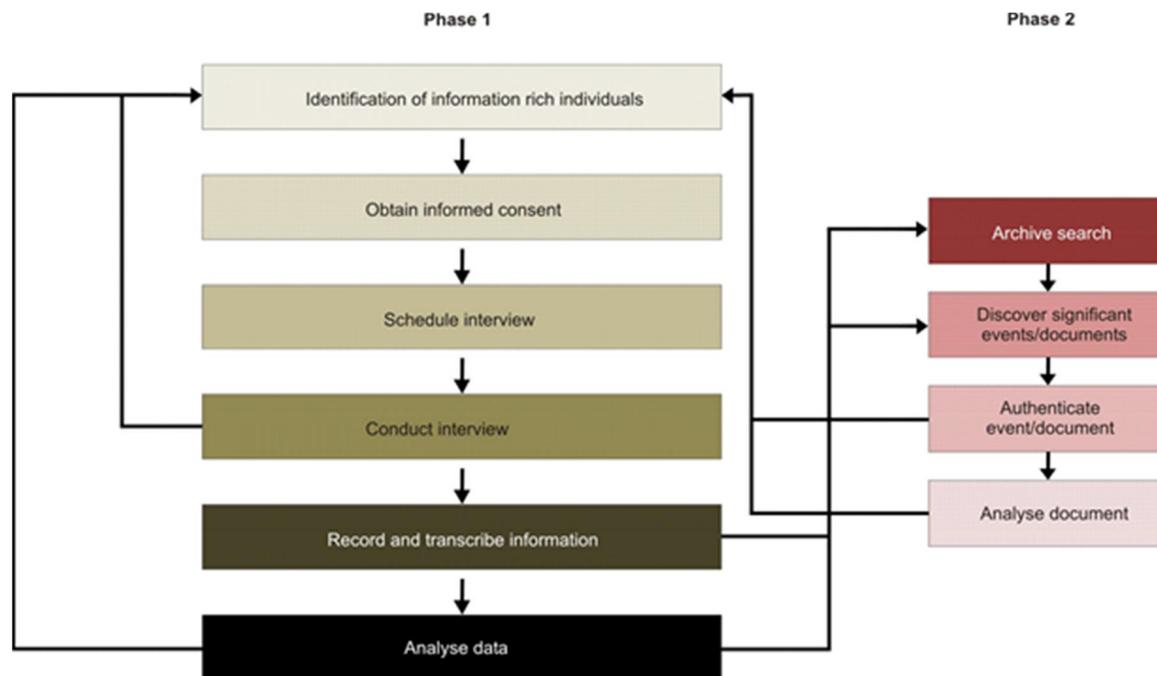


Figure 2.4 Data collection flow chart

2.4.1 ORAL HISTORY SEMI-STRUCTURED INTERVIEWS

The interview is one of the most popular methods of data collection in social research due to its powerful ways of assisting the researcher to understand human beings (Denzin and Lincoln, 2003:62). It is important to realize that the interview is not a neutral tool, but is based on interaction between two or more individuals leading to contextual based results.

Interviews aim at constructing the how and what of everyday activities of the participants (Denzin and Lincoln, 2003:62). Weiss (1994:1) states that interviewing can enable the researcher to learn about the interior experiences of people, including their relationships, families, work and themselves.

The researcher utilised the oral history semi-structured interview approach with a qualitative intention (Denzin and Lincoln, 2003:62). The researcher took cognizance of the study of memory and its relation to recall. Schwartz (1999:57) has made a study of the ages at which critical episodes in the life of an individual is recalled. He refers to ~~bi~~biographical memory+ and recommends that it should be seen as a process through which individuals recall their life story in relation to interaction and experiences with others. Oral history is described by Ellis (1991:75) as sociological introspection, which results in reconstructing the past of the individual.

An important characteristic of the qualitative interview is openness (Kvale, 1996:84). This means that there are no set standards or rules for an unstandardised approach to the interview investigation, but standardised choices should be made with regard to methodology, at various stages of the investigation (Kvale, 1996:84). The researcher should ask questions on how many interviews must be conducted, should the interviews be recorded and transcribed, what method should be used for interview analysis and should the interpretation be divulged to the participant? (Kvale, 1996:84).

The researcher drafted an oral history semi-structured questionnaire (Appendix D) to assist information-rich individuals to recall information, which they might have forgotten or regarded as not relevant to the study. Questions included in the semi-structured questionnaire were designed to cover the research aim and objectives as indicated in Table 2.2:

Table 2.2 Oral history semi-structured questions linked to research questions

Research Question	Oral History Semi Structured Questions
<ul style="list-style-type: none"> • What was the development of PNEI between 1946 and 2006 in South Africa from a historical perspective? 	<ul style="list-style-type: none"> • Where was the NEI first located if not in the same place as today? • What was the model of education and how did it develop over the years? • Which learning programmes were offered and could you give an overview of the expansion over the years? • What would you describe as the biggest achievement of the NEI • Who were your strategic partners • What were the biggest challenges that you faced? • What is your vision for the future?
<ul style="list-style-type: none"> • Which factors contributed to the establishment of PNEI in South Africa? 	<ul style="list-style-type: none"> • When this institution first accredited and what was the motivation for establishing the NEI within the company? • Who were the key role players and what was the role of each?
<ul style="list-style-type: none"> • What was the contribution of PNEI to nursing education in South Africa between 1946 and 2006? 	<ul style="list-style-type: none"> • How many students were registered at the first intake and what was the growth over the years? • From which areas do you draw enrolments? • What is your current throughput?

The oral history semi-structured questionnaire was used as a guide but participants were not forced to follow the sequence of the questions included in the questionnaire. Oral history semi-structured interviews were recorded and later transcribed verbatim. After the first interview, transcription of recordings happened concurrently with the conduct of further interviews.

The researcher made appointments with information-rich individuals at the five identified PNEI. The researcher conducted the first oral history semi-structured interview on 3 June 2010 in Johannesburg. The researcher travelled to Durban, Cape Town, Carletonville, Westonaria, Potchefstroom, Krugersdorp, Roodepoort and again Johannesburg to interview all information-rich individuals. Information-rich individuals who were not available for interviewing were contacted telephonically and arrangements made to forward the oral history

semi-structured questionnaire to them in electronic format, which was done on 30 May 2010. These participants were requested to return the narratives within two weeks time. All narratives were received within the requested time frame.

2.4.2 TRACING AND SCRUTINISING OF DOCUMENTS

The historical approach also entails data collection by studying documents reflecting the development of the PNEI over the period as identified by the researcher. Documents can be classified in primary and secondary sources (McCulloch, 2004:30). Primary sources are classified as documents originating from the period of study whilst secondary sources are produced later by historians studying that earlier period and making use of the primary sources (Marwick, 2001:156). Marwick also states that a hierarchy exists within the primary and secondary categories. An original, hand written document of which only one copy is available would be considered a more primary source than a printed document of which many copies were distributed (Marwick, 1970:133). Christy (1975:189) states that the utilisation of primary sources depends mainly on availability and convenience. It is also influenced by the persistence required from the researcher to continue searching for these sources.

Documents such as business and strategic plans, accreditation and re-accreditation records, minutes of meetings, protocols, standard operating procedures and policies, student registration and academic records and examination results were explored. Documents are subdivided into internal documents and external documents. Internal documents include correspondence to staff and students, memoranda, circulars and minutes of meetings. External documents included official correspondence to the SANC, affiliated HEI and other relevant institutions. External documents were extended to correspondence received from external role players. These documents were traced by means of archive searches of the identified institutions.

Events were also included in the study. According to Woods and Catanzaro (1988:350) primary events are those directly witnessed by the researcher whilst secondary events are those reported by others. Primary sources are more credible but often scarce and difficult to find. These included but were not limited to official openings, graduation ceremonies and other significant events that may be identified during interviews and document analysis.

The researcher secured an appointment with the SANC to conduct an archive search for information on the PNEI included in the study. A list of the PNEI included in the study was forwarded to the personal assistant to the registrar, who arranged for the relevant archived files to be drawn. The researcher was not allowed to remove any documents from the files or make photocopies thereof. However, digital photographing of documents was allowed. The files were sorted in chronological order. Notes were made on the dates of and on documents contained within the files. The filing was done in a chronological order from the first correspondence. There was no pattern as to the number of years per file or any such systematic approach. The number of documents per file varied between 150 to 279 and covered up to ten years or more per file. The researcher read all documents contained in the files aloud and recorded the information. These recordings were transcribed and analysed. During the process of data collection, the researcher became aware of hospital schools that existed previously and were absorbed into the PNEI included in the study. Files on those schools were also retrieved from the archive and data included in the study. It took 15 full days to work through all the files.

2.4.3 THE ROLE OF THE RESEARCHER

Ethical approval for the study was obtained from the ethics committee of the North-West University (Appendix A). Written permission to conduct the study was obtained from identified PNEI (n=5). The researcher emphasised the importance of the participation of these institutions to the success of the project. Written permission was also obtained from the SANC to do archive searches for documents and other sources of information that could shed light on the history of the development of PNEI and their contribution to nursing education (Appendix C). The ethical considerations will be discussed in paragraph 2.8.

The researcher conducted oral history semi-structured interviews (n=10) with information-rich individuals, one at each PNEI. The initial oral history semi-structured interviews were with the current manager of the institution. These interviewees were requested to identify more information-rich individuals that could augment the data obtained, as described in the network sampling. An additional four oral history semi-structured interviews (n=13) were conducted with these identified individuals and transcribed by the researcher for data analysis. In circumstances where information-rich individuals could not be interviewed they were requested to write a narrative report reflecting the history of the development of PNEI and their contribution to nursing education in South Africa. Four narrative reports were collected

and kept safe for data analysis. Field notes were written on completion of each oral history semi-structured interview. The field notes were used to plan for future oral history semi-structured interviews. The researcher realised that information-rich individuals were able to recall information superficially. Specific dates and sequence of events were not always easy to recall and the researchers had to cross-reference these with documents contained in the archived files.

The researcher conducted archive searches to trace documents and other relevant sources of information. The archives of the SANC (n=1) and those of certain PNEI (n=2) were included in the search. Documents were classified as primary and secondary sources. Documents included as data in the study were authenticated and verified to ensure trustworthiness in the study. The researcher had to comply with the rules of archives, which did not allow the removal of any documents from files or photocopying of any document. Digital photos of documents were allowed. Access to the archives was only allowed by pre-arranged appointment.

The researcher was aware of the fact that she was personally involved in one of the PNEI included in the study. The researcher reflected on how data was collected analysed and interpreted for the purpose of the study. Reflecting on the role the researcher played in the history and development of the Gold Fields Nursing College assisted the research to distance her from the facts.

Reflexivity, according to Sandelowski and Barosso (2002:222) entails the ability and willingness of the researcher to acknowledge the ways in which the researcher influences research findings. Reflexivity further implies introspection by the researcher, outward reflection on the historical, cultural, social, political and other forces that shaped the inquiry and then also on the interpersonal relationship between the researcher and the participants. The researcher acknowledged that she had played a significant role in the history and development of the Gold Fields Nursing College. The changes that took place during the period when the researcher was employed as manager of the college affected the researcher on a personal and emotional level. The researcher used the technique of bracketing and intuitivity.

2.5 DATA ANALYSIS

The analysis of the data was done through narrative and document analysis. Each of these will now be discussed.

2.5.1 NARRATIVE ANALYSIS

According to Elliot (2005:3), a narrative can be understood to organise a sequence of events into a whole so that the significance of each event can be understood through its relation to that whole. Hinchman and Hinchman (1997:xvi) define narratives in the Human Sciences provisionally as discourses with a clear sequential order that connect events in a meaningful way for a definite audience and thus offer insights about the world and/or people's experiences of it. The key features of narratives are chronology, meaningfulness and social events in that they are produced for a specific audience (Elliot, 2005:4).

The most basic definition of a narrative is a story with a beginning, middle and an end (Chatman, 1978). Labov and Waletzky (1967) refer to a narrative as a method of recapitulating past experiences by matching a verbal sequence of clauses to the sequence of events that actually occurred. This indicates the chronology, which is regarded as essential for a true narrative (Elliot, 2005:7).

The researcher had to understand the relationship between the life of the individual and the social context, which is also referred to as the temporal dimension. Elder (1974) and Giele and Elder (1998) refer to the Life Course. The narrative should also be understood from the perspective of the individual involved, with regard to the meaning of behaviour and experiences. The narrative provides the individual with the opportunity to externalise his or her feelings and indicate which elements of those experiences are most significant (Elliot, 2005:9).

The context of the narrative lies within society or specific audiences. The role of the researcher has changed from merely collecting biographical and historical information from interviewees to constructing a final product.

The researcher organised the data obtained through oral history semi-structured interviews in chronological order. Data was grouped per calendar year. Data obtained from different information-rich individuals were integrated to construct one document containing all data

obtained per PNEI and constructed into a story line. Each document was studied in-depth to determine data relevant to and of interest to the research aim and objectives and the questions included in the semi-structured questionnaire.

2.5.2 DOCUMENT ANALYSIS

It is important to understand a document in its milieu and to relate text to context. The researcher must determine how and why it was produced as well as how it was received (McCulloch, 2004:41). The scope of the study covered the period between 1946 and 2006. Archived files were put in chronological order from the earliest date to December of 2006.

The authenticity of each document must be established (McCulloch, 2004:41). The author, the place and date of writing of each document must be established and verified. This enables the researcher to identify forged documents and also to check whether the studied document is correct and complete (McCulloch, 2004:42). According to Scott (1990:7) not being able to prove a document's authenticity will result in the researcher not being able to make an informed judgement about the quality of the data eventually constructed. Authenticity of documents will further be determined by cross-referencing information obtained through interviews. Documents were authenticated by means of the following checks and balances:

- Hand written letters that originated from the forties and fifties which were signed by the author
- Date stamps that indicated the date documents were received by the SANC
- Letters written on company letterheads and the place from which it was written
- Names of signatories of correspondence compared to data obtained from oral history semi-structured interviews
- References used in subsequent correspondence, and
- Topics under discussion

The next step was to appraise the reliability of documents, which meant to determine how far their accuracy could be relied on (McCulloch, 2004:41). Christy (1975:190) states that historical data must be subjected to validity and reliability tests similar to any other types of research. The author of a document must be assessed as to trustworthiness, expertise and bias. Also important in determining the reliability of a document is its survival rate. Preference is often given to certain types of documents whilst others are discarded routinely.

Documents that do survive in some quantity are probably strongest in presenting official viewpoints and those that have ultimately been successful (McCulloch, 2004:43). The meaning of each document as it was intended by the author must clearly be established. According to Scott (1990:8), each document should be assessed within the context of its creation rather than how it will be interpreted today. The researcher read each document to determine the context in which it was created. Documents were compared to data obtained in oral history semi-structured interviews. The researcher could also follow the ~~the~~ story of certain issues as a series of correspondence was written to and fro until the issue had been resolved. To ensure reliability, the narratives of interviewees were compared to determine the periods and chronology of events, as well as confirm the information gathered from these narratives to information found in documents that were relevant to the period. Validity was ensured by allowing the interviewee to set the pattern for timing, sequence and context of topics discussed (Cox, 2003:260).

2.6 EPISTEMOLOGICAL STANDARDS

Klopper and Knobloch (2010:318) state that qualitative research is guided by four basic epistemological standards, which are:

- Truth value of the research findings referring to the degree to which the research findings can be trusted
- Applicability of the research findings when the study is repeated to a different sample with the same context
- Consistency of the research findings should the study be repeated with the same participants in the same context, and
- Neutrality of the research findings referring to the elimination of prejudice in the study.

According to Klopper and Knobloch (2010:318) there are four basic rules to be followed to ensure compliance with the above-mentioned standards:

- Use specific problem solving methods
- Justify research results
- Integrate research with existing, accepted knowledge frameworks, and
- Convince the research community of the truth of the findings.

Adherence to these rules guides the researcher in creating valid, scientific knowledge.

An alternative concept, trustworthiness, is applied in qualitative research. Trustworthiness consists of four criteria namely credibility, transferability, dependability and confirmability. Validity and reliability is commonly used in quantitative research. An all-encompassing term for these strategies to ensure trustworthiness is rigour (Klopper and Knobloch *in* Jooste, 2010:317). Rigour was achieved in this study as explained in Table 2.3.

2.7 ETHICAL CONSIDERATIONS

The researcher values ethical consideration as a priority. Specific ethical codes to guide the study were selected and adhered to throughout the study. Applying the principles ethics in research is not merely a sentence stating that permission and ethical approval was obtained for the study (Botma *et.al.* 2010:4). Ethics should be applied and adhered to through all the steps in the process. This section will illustrate how ethics were applied in the study.

2.7.1 INSTITUTIONAL CODES OF ETHICS

Guidelines for compliance with ethical requirements are found in legislation and in codes developed by institutions and research organisations to ensure that participants and communities are protected from exploitation and harmful interventions. The researcher complied with ethic requirements by seeking approval for the study as discussed below.

2.7.1.1 NORTH-WEST UNIVERSITY CODE OF ETHICS

The researcher submitted an application for approval to the ethics committee of the North-West University. The code of ethics as stipulated by the university guided the researcher throughout the research process. The study was conducted only after ethical approval was obtained from the ethics committee (Appendix A).

2.7.1.2 PNEI CODES OF ETHICS

The researcher obtained written consent from PNEI to conduct the research (Appendix B). One of the conditions for consent is to comply with the internal code of ethics of each institution. The researcher declared to adhere to these codes of ethics.

The research proposal was submitted to the ethics committee of the Netcare Training Academy and approval granted.

Table 2.3 Principles of rigour applied to the study (based on Klopper and Knobloch, 2010: 318 – 323).

Criteria	Strategy	Activity
Credibility		
<p>The results are credible from the perspective of the participant (http://trachim.human.cornell.edu/kb/qualval.htm)</p> <p>Carrying out the investigation in such a way that the believability of the findings is enhanced and credibility demonstrated (Klopper and Knobloch, 2010:319)</p>	Sufficient involvement and prolonged engagement	<ul style="list-style-type: none"> • Sufficient time invested in data collection • Building trust with participants • Researcher conducted and transcribed interviews • Researcher conducted archive searches • Authentication of documents • Narrative analysis • Field notes
	Persistent Observation	<ul style="list-style-type: none"> • Consistently pursuing interpretations in different ways • Researcher focused on issues and events in the data to provide an in- depth description • Determined which data is relevant and not relevant • Distinguished between interesting data and relevant data
	Examine the phenomenon under different circumstances	<ul style="list-style-type: none"> • Researcher defined the context on the macro-, meso- and micro levels (see 2.3.5) • Multiple participants were involved through purposive and network sampling
	Triangulation	<ul style="list-style-type: none"> • PNEI studied over the same period of time • Multiple sources of data were used, i.e. information-rich individuals and networks, archived files and private collections, events etc. • Multiple methods of data collection was used, i.e. oral history semi-structured interviews, narratives, archive searches • Coding and co-coding done by an expert
	Negative case analysis	<ul style="list-style-type: none"> • This involves searching for and discussing elements of the data that do not support or appear to contradict patterns or explanations that are emerging from data analysis.
	Peer debriefing	<ul style="list-style-type: none"> • Experts in research methodology reviewed and explored various aspects of the research process
	Member checking	<ul style="list-style-type: none"> • Data was coded by the researcher as well as

Criteria	Strategy	Activity
		an independent co-coder <ul style="list-style-type: none"> Information was discussed with participants to confirm interpretation
	Referential adequacy	<ul style="list-style-type: none"> Story confirmed with annual reports and general history of companies
Transferability		
The degree to which the results can be generalised to other contexts. (http://trachim.human.cornell.edu/kb/qualval.htm)	Thick description	Data was gathered and similarities between the data were identified according to trends and timelines Themes and sub-themes were identified
	Purposive sampling	Participants were selected based on their specific and in-depth knowledge of the topic Archived files on the PNEI included in the study were retrieved with the sole purpose of shedding information on the topic
	Contextualisation	Researcher identified the macro-, meso- and micro context of the study Events were described in a chronological order
Dependability		
The need for the researcher to account for the ever changing context within which the research occurs (http://trachim.human.cornell.edu/kb/qualval.htm)	Inquiry audit	<ul style="list-style-type: none"> An external reviewer was used to review the data and assist with data analysis
Confirmability		
The degree to which the results could be confirmed or corroborated by others. (http://trachim.human.cornell.edu/kb/qualval.htm)	Acceptability	<ul style="list-style-type: none"> Identified primary as well as secondary sources of data Oral history semi-structured Interviews conducted with information-rich individuals Narratives obtained from information-rich individuals who could not be interviewed Sources verified for authenticity

2.8 ETHICAL CONSIDERATIONS

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The research proposal was submitted to the ethics committee of the Netcare Training Academy and approval granted.

2.8.1.3 DOCUMENTED INFORMED CONSENT

In historical research, the findings cannot as easily be dissociated from the source (Elliot, 2005:142). Narratives may be intrusive and subtly damaging. Obtaining documented informed consent from participants is a priority. The document reflects the researcher's willingness to protect the rights of participants during the consent process, data collection and

analysis and publishing of findings (Burns and Grove, 2009:181) and is illustrated in Figure 2.5.

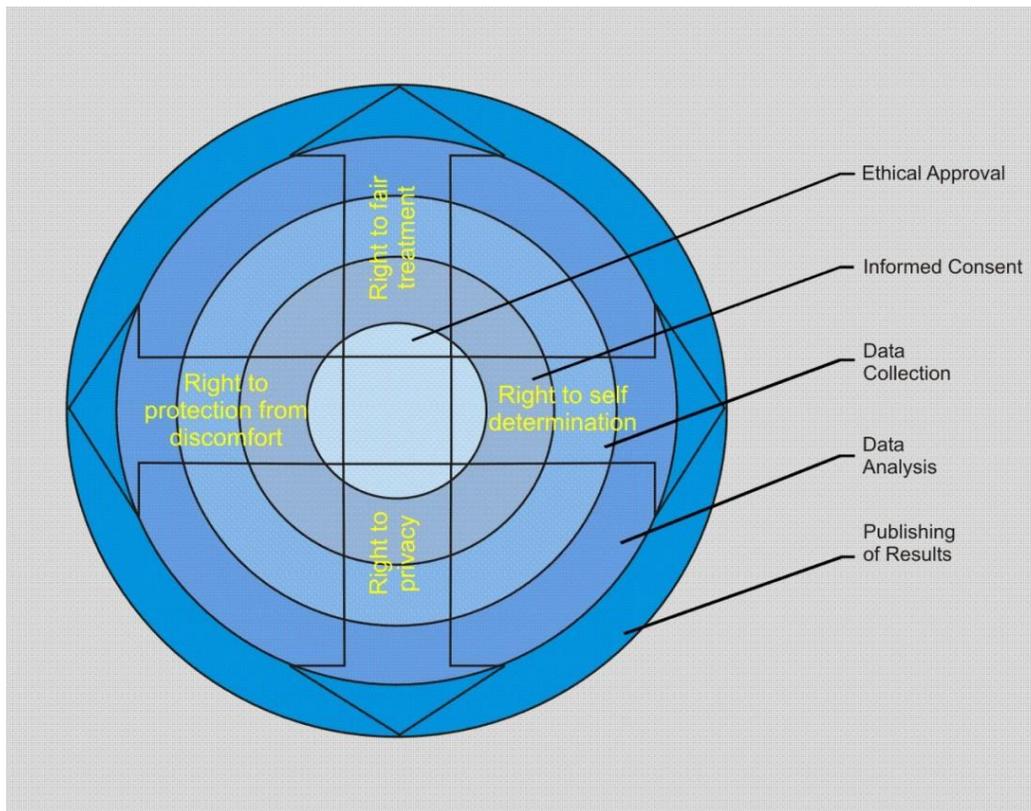


Figure 2.5 Application of ethical considerations throughout the research process

Information-rich individuals were requested to give written informed consent before taking part in the study (Appendix E).

2.8.1.4 HUMAN RIGHTS

Chapter Two of the constitution of South Africa deals with human rights. The researcher acknowledges and respects the constitution as the blueprint for ethical guidelines formulated by various ethical committees. The code of ethics of the Medical Research Council, NDoH, DENOSA and the SANC are all derived from the basic human rights contained within the constitution.

In any research that involves the participation of human beings, the potential impact of the findings must be considered (Elliot, 2005:134). During the 1980s there was a movement away from structured interviews due to the exploitative nature of some survey studies. It was

also believed that allowing participants to narrate their life experiences was more empowering to them.

2.8.2 ETHICAL PRINCIPLES ENSURED

In any research that involves the participation of human beings, the potential impact of the findings must be considered (Elliot, 2005:134). The researcher strove to protect participants throughout the study by protecting the following rights:

2.8.2.1 RIGHT TO SELF DETERMINATION

Self-determination implies that the individual is free to live his life as he chooses without external control. The implication for the researcher is that the participant has the freedom to decide on voluntary participation or withdrawal from the study at any time without penalty (Burns and Grove, 2009:182). The researcher should guard against violating this right by allowing the participant to decide on participation without pressure or threat or promise of compensation or reward. Participants must be aware of when, what and how data will be collected. Covert data collection is a violation of the right to self-determination and happens when participants are unaware of data being collected, e.g. observation of participants without them being informed. Deception happens when the participants are not given accurate information on the type of data or the purpose for which the data is collected and how it will be utilised (Burns and Grove, 2009:182).

In this study, participants were given the choice to take part in the study. No participant was coerced into taking part and nobody wanted to withdraw from the study at any time. The oral history semi-structured questionnaire was given to participants in advance to alert them to the type of data that would be collected. Permission was obtained from participants to record and transcribe interviews.

2.8.2.2 RIGHT TO PRIVACY

Privacy is the right an individual has to determine the time, extent and general circumstances under which personal information will be shared or withheld from others (Burns and Grove, 2009:186). Personal information includes attitudes, values, beliefs, opinions and records. Violation of the privacy of a participant happens when any private information of the participant is published without his consent or knowledge (Burns and Grove, 2009:186).

The right to privacy also entails anonymity and confidentiality. Anonymity is ensured when the participant's identity cannot in any way be linked to the data or findings. Even the researcher should not be able to link a participant to specific responses. This was not the case in this study as individuals that played a prominent role were identified and the specific role described in the findings. Participants were briefed on this issue and documented informed consent was obtained to reveal their identity.

Confidentiality refers to the undertaking by the researcher that data will not be given to anybody not involved in the study. The researcher ensured that unauthorised persons (Burns and Grove, 2009:188) could access no raw data by storing data on a password-protected compact disc. Typists who assisted with the transcription of the data had to sign a confidentiality clause. All copies of transcriptions were destroyed after it was returned to the researcher.

2.8.2.3 RIGHT TO FAIR TREATMENT

This right is based on the principle of justice (Burns and Grove, 2009:189). It determines that each individual should be treated fairly and receives what he is entitled to. Appointments were scheduled at a date and time and venue at the convenience of the participants. Etiquette with regard to honouring appointments, respect for the individual and cultural beliefs and customs was adhered to.

2.8.2.4 RIGHT TO PROTECTION FROM DISCOMFORT

The principle of beneficence holds the right to protection. The researcher must ensure that no harm will come to the participant through participation in the study by ensuring that there will be a greater balance of benefits in comparison with harm (Burns and Grove, 2009:190).

In any research that involves the participation of human beings, the potential impact of the findings must be considered (Elliot, 2005:134). The researcher obtained written informed consent from each participant. No coercion was used to obtain consent and participants were not promised any rewards for the participation in the study. Participants were allowed to talk freely on the topic based on their recollection of events and issues. They were allowed to ventilate their feelings of frustration without including these in the data.

2.9 SUMMARY

This chapter dealt with the research methodology as it was applied to the study. Applying the research methodology ensures that the study is conducted according to a scientific process. Describing the application of the methodology allows other researchers to understand how the project was planned and implemented. It supports the conclusions derived and recommendations made, based on a sound investigation of the phenomenon.

In this study, the historical research design was applied in an explorative, descriptive, contextual historical approach. The macro context of the study was defined within the South African education system and within the parameters of the SANC as ETQA. The context on meso level was described within the PNEI involved in the study. At micro level, the context focused on the sub campuses and independent learning centres of each PNEI.

A detailed report was given on the processes of data collection and data analysis as well as rigour and the application of ethical considerations in the study.

Chapters 3 to 7 will report on the collected data and its analysis. Each chapter is dedicated to a PNEI as included in the sample. The data is presented in a chronological story telling report. Each chapter has a unique sequence based on the data that pertain to the development of the PNEI.

CHAPTER THREE

THE HISTORY OF GOLD FIELDS NURSING COLLEGE

3.1 INTRODUCTION



The Gold Fields Nursing College is believed to be the oldest PNEI in South Africa. It is a NEI operating under the auspices of Gold Fields International Mining of South Africa⁷, and managed by Gold Fields Health Services. It is currently located on the premises of Leslie Williams Private Hospital, Carletonville.

3.2 THE PROCESS OF DATA COLLECTION

Data on the history of the Gold Fields Nursing College was collected through oral history semi-structured interviews (Denzin and Lincoln, 2003:62) (n=5) with information-rich individuals. These individuals included current staff at the college, the previous principal and vice principal, previous staff members, nurses who were students at the college and the previous head of the nursing school at the North-West University. Although the interviews were oral history semi-structured, questions were predetermined to ensure that important areas and events in the history of the NEI were covered (Appendix D). The use of the oral history semi-structured questionnaire also served as a tool to prompt individuals to recall certain events, which they had forgotten due to the time that had passed or which they did not consider important to the study (Ellis, 1991:3).

Openness (Kvale, 1996:84) was achieved by allowing participants to set the rules and standards for oral history semi-structured interviews. All oral history semi-structured interviews were recorded after voluntary informed consent was obtained from each participant. The oral history semi-structured interviews were transcribed verbatim. Abstracts from the interviews are attached as Appendix F. The accuracy of data was cross-referenced by comparing dates and timelines between the data obtained from different participants. The type of events and incidents were also compared to ensure accuracy.

Some information-rich individuals wrote a narrative (n=4) on their recollection of events and the history of the college as they could not avail themselves for an interview. The same

⁷ Gold Fields International Mining of South Africa (Pty) Ltd is the holding company of Gold Fields Health Services. Gold Fields Nursing College is a department within Gold Fields Health Services.

questionnaire that was used for interviews was given as a guideline to participants who wrote a narrative. Data obtained in the narratives were also compared to data obtained during oral history semi-structured interviews to ensure accuracy.

The second phase of data collection consisted of the archive search. Permission was obtained from the SANC to access data on the Gold Fields Nursing College, which were contained in the archived files. The archived files on the Gold Fields Nursing College (S 1123⁸) consisted of seven volumes with Volume 1 containing records of 1946 and Volume 7 the most recent documents. Although documents were filed in a chronological order, each file was not restricted to a calendar year or number of calendar years. The contents of each file were based on the number of documents that could be stored per file.

The contents of the different files were grouped as follows:

- GFNC Volume 1: 1946 to 1988
- GFNC Volume 2: 1988 to 1992
- GFNC Volume 3: 1992 to 1996
- GFNC Volume 4 1996 to 2000
- GFNC Volume 5: 2000 to 2002
- GFNC Volume 6: 2002 to 2004
- GFNC Volume 7: 2004 to 2008

The coding indicated is that of the researcher, done to facilitate easy reference, The real archived files are identified by the name and SANC reference number given to each NEI.

Documents contained in the files were mainly primary sources (McCulloch, 2004:30). Marwick (2001:156) defines primary sources as documents originating from the period of the study. The very first inspection documents were completed by hand, which reflects the general mode of written communication in the year 1946.

The documents in the files were authentic in that a date stamp of 1946 was clearly visible on the very first document in the file (Appendix H). The researcher was not allowed to photocopy any documents contained in the files. Each document was read aloud and

⁸ This is the SANC reference number allocated to the NEI

recorded. These recordings were transcribed for data analysis. The type of documents consisted of:

- Letters to the SANC
- Application for accreditation of learning programmes
- Application for accreditation of clinical facilities including situational analyses
- Affiliation agreement with University
- Inspection reports and feedback on issues identified during inspections
- Correspondence on general nursing issues
- Invitations to functions and events
- Copies of correspondence to other accreditation bodies, i.e. Department of Education and Health and Welfare Sector Education Training Authority (HWSETA).

The researcher also had access to archived files at the GFNC. Three volumes of files containing information on the students registered at the nursing college between 1956 and 1965 were scrutinised. The files contained copies of the original documents sent to the SANC, e.g. letters, registration of students for courses, arrangements for leave and completions of training. Correspondence to students included terms and conditions of employment and salaries. A copy of a registration certificate by the SANC was received from Mr S Terblanche, a former student of the college (Appendix I). The following section is a chronological narrative report on the data collected on the history of the development of the Gold Fields Nursing College.

3.3 THE ORIGIN

The mining industry opened the field of private nursing in South Africa (Van Rensburg, 2004:60). In the early days of the diamond and subsequent gold rush, private nurses treated miners and their families and only slaves were admitted to hospitals. The mines were under pressure from the government to improve working conditions and health care services for their workers.

Major WC Gorgas was invited by the mines to make recommendations on how to reduce mortality (Marks, 2000:2). Major Gorgas published a scathing report and made wide-ranging recommendations of which the following were most important (Cartwright, 1971:31):

- The mining companies should centralise and improve the hospital service, and

- That much more spacious accommodation should be provided in the compounds as means of reducing the danger of infection from diseases such as pneumonia, tuberculosis and meningitis.

The nursing staff consisted mainly of black people who had neither the knowledge nor the training for such work (Venter, 1994:54). The native hospitals⁹ were housed in structures no better than the compound type of barracks. Black orderlies were tasked with caring for the sick, often under the supervision of the compound manager. The orderlies were not trained in the basic elements of nursing, but picked up skills from the hospital superintendent, who also had little knowledge and training in nursing. What knowledge they had, was obtained as non-commissioned officers in the Royal Army Medical Corps or as sick bay attendants (Cartwright, 1971:39; Venter, 1994:54).

Few of Major Gorgas's recommendations were implemented, but the mines decided to appoint Dr AJ Orenstein on Major Gorgas's recommendation, which brought about significant changes in the standard of health care and nursing on the mines (Marks, 2000:3).

In 1916, white male nurses were required to have professional qualifications but the formalisation of the training of black male orderlies came only after the war. The impact of World War I on nursing in the mining industry was serious, as many of the experienced white male nurses left the industry to join the British Army (Venter, 1994:55).

Dr AJ Orenstein believed females made better nurses than males and that they could be better trained and more effective than males. He then suggested that white sisters be appointed to train black female probationers on the mines. This decision was met with scepticism and criticism as it was believed that white females should not be exposed to black miners. The Secretary of Mines proclaimed this practice as 'undesirable beyond dispute' (Marks, 2000:4). Many reports were written on this practice and eventually the Crown Mines's female nurses were pronounced a great success. Furthermore, the salaries paid to females were far less than those paid to males (Marks, 2000:4).

⁹ Blacks were referred to as Natives during Apartheid. There were separate hospitals for blacks and white. Only blacks were admitted to Native Hospitals.

In spite of the success achieved by Crown Mines in employing white and black female nurses, other mines did not follow suit. Apparently, other issues such as suitable accommodation and transport as well as the scarcity of trained black female nurses prevented these. Few mines were also prepared to train their own nurses. The vast difference in the expectations of black female nurses to those of males also posed problems. Black males were mostly recruited from a migrant labour force who appreciated the opportunity to work in the hospital rather than the rock face, while black females came from prestigious black Christian families. These females were often unsuccessful in obtaining access to mission hospitals, but were mostly educated at Lovedale Institute (Marks, 2000:5). Black miners were opposed to being nursed by females, either black or white (Cartwright, 1971:33).

In August 1921, mine medical officers advocated improved training of black male orderlies. These orderlies had no formal nursing training up to then, but had spent enough time in the hospitals to learn the basics of nursing through experience. Black orderlies were under supervision of white superintendents and the biggest advantage was that they were proficient in African languages, understood the habits and superstitions and did not mind to perform tasks white men would not do (Marks, 2000:6). The Transvaal Mine Medical Officers Association started systematic training of male orderlies only in 1922 (Cartwright, 1971:35). These medical officers were dedicated to the improvement of the professional status of mine doctors and the level of health care within Native Hospitals. In order to achieve these, the standard of nursing care provided by black male orderlies was to be improved through formal training. By 1924, more than 100 African orderlies had been trained and some 74 had passed the Association's examinations and received certificates of competence (Marks, 2000:6). By 1930, many black male orderlies had considerable experience and were looking for opportunities to improve their employment status and professional training. There was a movement between employment on the mines, the military, mental and isolation hospitals (Venter, 1994:45). By that stage, some black males were doing professional training on the mines, but it was only in the late 1940s that the mines seriously considered offering training to nurses on any scale (Marks, 2000:6).

The first Nursing Act, Act No. 45 of 1944 was promulgated in 1944. The newly established SANC consisted of more females than the previously male dominated South African Medical Council that regulated nursing until then. One of the first actions of the SANC was to review

all existing training and to take action to improve standards. Ms C Searle and Ms CA Nothard inspected¹⁰ the native hospitals and were not at all satisfied with the conditions within the native hospitals (GFNC Volume 1:3). They declared that the recognition of all training schools would be withdrawn from native hospitals, should the numerous deficiencies not be addressed to their satisfaction. The inadequacies extended from the sisters in charge of training to the conditions under which students practiced. Students were mainly used to supervise the black male orderlies whilst very little basic nursing was done by a student and he acted as a supervisor without the foundations of training in the correct nursing technique (Marks, 2000:8). The SANC thus felt that students were deprived of nursing knowledge, which put them at a disadvantage when they moved to other health care facilities (GFNC Volume 1:3).

These findings were a blow to native hospitals and they negotiated feverishly with the SANC to postpone the closure of their schools by another five years. In 1952 the SANC withdrew its recognition of all, but one, of the 25 training hospitals on the mines, although it advised that if certain conditions were fulfilled, they could apply to be re-established (Marks, 2000:8). The only remaining training school was the Simmer and Jack Native Hospital School, the antecedent of the now Gold Fields Nursing College (GFNC Volume 1:5).

3.4 SIMMER AND JACK NATIVE HOSPITAL SCHOOL

In 1945, Dr LS Williams suggested that an attempt should be made to train male orderlies through the SANC. The training was structured in two categories (Cartwright, 1971:63):

- Category A: The candidate should have passed at least Standard 8 or its equivalent
- Category B: The candidate should have passed Standard 6 (this was later amended to the ability to read and write one of the official languages¹¹)

Examiners appointed by the Mine Medical Officers Association and certificated by the organisation examined these candidates. Successful candidates could then register for the SANC examination for state registration as enrolled auxiliaries (Cartwright, 1971:63).

The period 1934 onwards marked an increase in mining activities on the Far West Rand, Klerksdorp, Venterspost, Libanon and Western Reefs. This subsequently led to an increase

¹⁰ The SANC inspected Hospital Training Schools annually to ensure that training complied with the prescribed minimum standards. Inspection reports were issued after they were approved by the SANC.

¹¹ English and Afrikaans were the only official languages.

in the male workforce with an increased need for health care and services. Gold Fields of South Africa then established the Simmer and Jack Mining Hospital to cater for the health care needs of its workforce. The responsibilities of the registered nursing staff in the hospital and medical stations were those of sanitation, health, hygiene and first aid (Venter, 1994:57).

The first document in the archive file of the SANC is an inspector's report on inspection of the Hospital Nursing School (GFNC Volume 1:1). Reference is made to the fact that no lectures were presented at the Simmer and Jack Native Hospital, but at the Germiston Hospital. There was evidence of seven students in training, all registered with the SANC as students. Staff at the hospital consisted of one auxiliary nurse and 25 native orderlies. A comment on the standard of training by Mr Basson, the hospital superintendent described it as the technique of the student nurses is exceedingly poor and his general impressions were that great improvements need to be brought about in order to improve the standard of training (GFNC Volume 1:1). Doctors and male nurses gave bedside training. The inspector wrote that the training of students in the wards was far from being satisfactory: (t)he nursing technique is most unsatisfactory but Mr Basson and Dr ET Clifton were doing all they could to improve conditions in the hospital (GFNC Volume 1:1). According to the records, there was virtually no educational equipment available in the demonstration room. However, the keeping of academic records was very good. The physical facilities of the Simmer and Jack Native Hospital consisted of primitive buildings with only one bath available for patients. Plans for a new building were already approved at the time and it was expected that the new building would be completed within six to seven months (GFNC Volume 1:1). The final recommendation by Ms E Scholtz was that, although there were a variety of medical and surgical cases admitted to the hospital the students should gain a good understanding of those cases. The big concern was the lack of equipment, which was perceived as crucial, and the inspector reported it was impossible to even try teaching the correct technique of nursing (GFNC Volume 1:1). The recommendation was that the recognition of this training school be withdrawn as I doubt that they would improve much (GFNC Volume 1). No records could be found for the period 1947 to 1950.

Correspondence in archived files between the SANC and the Simmer and Jack Native Hospital resumed in 1950. Records reflect that lectures were still not presented at the Simmer and Jack Native Hospital, but at the Witwatersrand Native Labour Association

(WNLA) Ltd Native Hospital. At this time a teaching sister by the name of Mrs G Bachelor was appointed by the Chamber of Mines to present lectures (GFNC Volume 1:10). The school was operational throughout 1950 to 1955 as reflected in annual inspection reports and correspondence found in archived files.

In 1952, the School had five students, one each in the first and second year, two in the third year and one in the fourth year. Correspondence for 1953 and 1954 dealt with issues on training hours only. There is no record of the number of students or any other training activities. The Simmer and Jack Native Hospital Nursing School was notified of a planned inspection on 22 April 1955. Background information on the inspection that was done in 1952 by Ms CA Nothard was forwarded to the inspector, Ms J McLarty:

This is the one mine hospital that is training students as students should be trained. The training is most satisfactory except that students are in charge on night duty with trained nurses on call only. This is the one mine hospital that should retain recognition as a training school. It is well organised and the theatre in this hospital is most outstanding. Theatre technique and all arrangements are excellent+ (GFNC Volume 1:15).

The inspection report by Ms J McLarty dated 1 June 1955, echoed the positive findings of Ms CA Nothard in 1952. In 1955, there were six registered student nurses, one in the first year, one in the third year, three in the fourth year and one in the fifth year. The syllabus consisted of Anatomy and Physiology, Nutrition and Cookery, Medical and Surgical Nursing and a Clinical Component. There were still concerns about the basic hygiene conditions in the hospital, such as water supply and sanitation. However, the report indicates that the hospital was recognised as a training school on its own. The facilities consisted of one lecture demonstration room equipped with a black board, articulated skeleton, anatomical diagrams and a set of models of all body parts. There was also evidence of sufficient stock for demonstration purposes. The inspector was satisfied with the recording system and involvement of non-nursing staff such as medical doctors, dieticians and first aid demonstrators (GFNC Volume 1:15).

This was a big achievement in view of the previous information, which painted a negative picture about the standard of training within the mining industry at large and the subsequent

recommendations by Ms CA Nothard and Ms C Searle to withdraw the recognition from all mining training schools.

On 17 May 1956, the SANC enquired about a rumour that the Simmer and Jack Native Hospital would no longer be training male nurses. The hospital superintendent denied these rumours and confirmed that there was one student in training whose expected date of completion was September 1956. They also planned to register two new students for the next course (GFNC Volume 1:20).

On 14 May 1957, Dr LS Williams submitted an application to the SANC asking permission to establish a nursing school between four of the New Consolidated Gold Fields Limited hospitals. Reference was made to the existing nursing school at the Simmer and Jack Native Nursing School and it was proposed to expand the training of nurses to the New Consolidated Gold Fields East Rand Native Hospital, the Sub Nigel Limited Hospital, Dunnottar Hospital, the Leslie Williams Memorial Hospital, Carletonville Hospital and the Consolidated Gold Fields West Rand Native Hospital at Libanon. The proposal implied that a total number of 944 beds would be available for clinical learning in a wide variety of medical and surgical cases (GFNC Volume 1:25).

It was further proposed to recruit young men in possession of a matriculation certificate, but it was indicated that suitable candidates with a standard nine certificate would also be accepted. The planned training programme was based on a three-month attendance at the Simmer and Jack Native Mine Hospital after which they would be assigned to a hospital for practical exposure. It was further proposed that students would write monthly tests. Visits to various clinics and social agencies were also planned. The course would then consist of 7 to 8 months theoretical training at The Simmer and Jack Native Mine Hospital, 30 months of clinical training and ward experience (GFNC Volume 1:34). The second part of the proposal indicated that a postgraduate training programme for charge nurses was planned to commence the following year. The purpose of this programme was to provide charge nurses with a strong foundation in Social Science and General Principles of Nursing Education and Administration, Legal Aspects of Nursing Administration, Professional Ethics, and Human Relationships. This would be done to prepare charge nurses to assist with the training of student nurses in clinical instruction as well clinical administration. The proposal was drafted

by Dr ET Clifton who requested the chief medical officer, Dr LS Williams, to submit the proposal to the SANC (GFNC Volume 1:34).

A reply from the SANC was received on 3 July 1957. A decision could only be made after inspection of the hospitals. It was also at the time of the passing of the new Nursing Act, Act No. 65 of 1956 that delayed the decision up to the last quarter of 1957. According to records the planned dates for the inspection was set for 5 and 6 December 1957. The inspection was to be conducted by Ms CA Nothard and the Registrar. On 14 December 1957 a letter was sent by the SANC confirming that the proposal to establish the New Gold Fields Consolidated Training School for Male Nurses was approved (GFNC Volume 1:35). Mrs GE Bachelor was acknowledged as being the designated person responsible to the SANC for the new school (GFNC Volume 1:35). Ms CA Nothard was full of praise for the improvement in conditions at the Sub-Nigel and West Rand Hospitals of which recognition as training hospitals was withdrawn in 1952. She stated in her report that the hospitals have improved beyond recognition and were well equipped and organised. The school was approved to start operating with effect from 1 January 1958 (GFNC Volume 1:37). The first intake consisted of 12 white male students (Venter, 1995:60).

The new Nursing Act, Act No. 56 of 1956 brought about changes in nursing qualifications. According to the Act, the nursing auxiliary course was now limited to one year of training. Nursing schools that wanted to present the course had to apply for accreditation to the SANC. An application in this regard was submitted by New Gold Fields Consolidated Training School for Male Nurses¹² (GFNC Volume 1:41).

In 1960, the SANC adopted a new examination system for oral and practical examination. The intermediate examination was to be conducted on practical technical procedures of first aid and basic nursing. Examinations were scheduled for January and August of each year. The final examination was to be conducted within a hospital and if at all possible on a patient, during March and September of each year. Permission was requested by the SANC to utilise the facilities of the New Consolidated Gold Fields Simmer and Jack Mines Native Hospital amongst others. The hospital was requested to provide equipment and stock needed for the procedures and patients if possible. They offered to pay the sister tutor an honorarium of 10/-

¹² Note that the name of the institution has changed.

(shillings)¹³ per day for the duration of the examination in lieu of assisting with arrangements. Management agreed to this arrangement. The name of the company changed to that of Gold Fields of South Africa Limited.

In 1962 there were eighteen students registered for training of which all were white males, although 24 posts were approved. Students still received lectures at the Simmer and Jack Mines Hospital and were allocated to the four Gold Fields Mine Hospitals for clinical learning. The training course was divided as follows:

- Gold Fields East Hospital : two months medical; one month infectious diseases
- Gold Fields West Native Hospital: three months surgical
- Leslie Williams Memorial Hospital: one month theatre; two months surgical

The sister tutor in charge of training was based at the Simmer and Jack Hospital and visited training hospitals on a monthly basis to supervise the procedures carried out by the student male nurses. Students were also supervised by charge nurses and given demonstrations weekly (GFNC Volume 1:45).

The school did not have a proper student record system. Training records were kept on the personal files according to the requirements of the mines. The Hospital Superintendent had a change list in his office and the sister tutor kept record of attendance of lectures in her office. This was to be consolidated into one training record according to the requirements of the SANC (GFNC Volume 1:47).

First Aid was presented on the mines to all employees and there was a big drive to keep the competency on a high level. Regular competitions were held between different shafts and mines and it was quite prestigious to win the cup. Nurses were trained up to a Red Cross Gold Medal Certificate level. Mrs GE Bachelor applied to the SANC for exemption of the student nurses at the Simmer and Jack Mine Native Hospital from first aid training as part of the basic nurses training programme. The application was denied (GFNC Volume 1:48).

¹³Currency was that of Pounds, Shillings and Pennies.

3.5 GOLD FIELDS OF SOUTH AFRICA TRAINING SCHOOL FOR MALE NURSES

For the first time in archived files there is a specific reference to the name of the nursing school as the %Gold Fields of South Africa Training School for Male Nurses¹⁴ in an inspection report of 1962 (GFNC Volume 1:48). It was evident that the nursing school was in good standing with the SANC during that time as reflected in the following inspection report:

“we are most impressed by the keen interest taken by the medical officers and registered nurses in the training of nurses and this fact was noted with pleasure by the executive committee of SANC” (GFNC Volume 1:50).

The name of the school was again changed in 1963 to the Central Training School for Male Nurses. A certificate was issued to all students who passed the preliminary SANC examination.

The Simmer and Jack Mine ceased operation in 1964. It was proposed to move the training school to Gold Fields East Native Hospital, The Sub-Nigel Ltd., Dunnottar. Provision was made for facilities such as lecture rooms, demonstration rooms etc. This hospital was already registered with SANC for training purposes. Mrs GE Bachelor remained in charge as the Group Sister Tutor and Leslie Williams Memorial Hospital, West Driefontein Native Hospital and Gold Fields West Native Hospital, Libanon, continued to be used as training hospitals (GFNC Volume 1:53). The move was approved by the SANC (GFNC Volume 1:52). A notification of change in address was submitted to the SANC on 1 September 1964, and the address was then Vlakfontein Goldmine Company Ltd., P O Box 22, Dunnottar, East Rand (GFNC Volume 1:53). Students were accommodated in the Sub-Nigel staff quarters. The duration of the training course was three and half years. Males were not allowed to nurse female patients and children. There were separate examination papers for male and female students. Female students could answer any questions, but males were restricted to the questions pertaining to the male patients only (Terblanche, 2010).

On 13 February 1969, Mrs GE Bachelor addressed a letter to the SANC with a proposal that would bring about a big change. She expressed the intention of the company to switch to

¹⁴ Note the change in the name of the institution.

training of Bantu+(black) male nurses instead of the white males that were trained to date. The proposed implementation date was 1 April 1969. The plan was then also to move the school to the premises of the Leslie Williams Memorial Hospital, Carletonville. The training school would still be known as the Gold Fields of South Arica Ltd., Central Training School for Male Nurses (GFNC Volume 1:57).

Due to the laws of the country at that time, whites and blacks could not be trained and accommodated in the same facilities (Baldwin-Ragaven et.al. 199:179). Since there was a white male student who failed the final examination in November 1968, and who was not legible to write examination until July 1969, provision was made for him to remain on the school's books as a student nurse until he had passed his examinations. It was also suggested that should any of the other white males fail the examination in March 1969, that arrangement would also apply to them. There were two junior students in training but it was envisaged that they would be transferred to a different institution (GFNC Volume 1: 59).

The motivation for this decision was the poor retention of trained male nurses after completion of training. According to Mr S Terblanche a student at the school at that time, there were many attractive occupations, which lured male nurses out of the profession (Terblanche, 2010). Mr S Terblanche speaks fondly of Mrs GE Bachelor, who was in charge of the training school. He remembers her as a strict person. Students were not allowed to leave the hospital in uniform. Each student had a locker and she used to do random inspections of the lockers. Even the rooms in the single quarters were inspected on a regular basis and students were disciplined if rooms and lockers were not neat and tidy. At one time, there were beer bottles found in the room of a student. He was subsequently counselled for a drinking problem (Terblanche, 2010).

Mrs GE Bachelor used to transport the students to different venues for visits as required by the curriculum. All the students were bundled into the old Opel station wagon, which served as company car. The lectures in chemistry were attended at Nigel High School. Mrs GE Bachelor was also very strict on the appearance of students. They were not allowed to grow a moustache and were sent off duty if their shoes were not properly cleaned and shiny. Students were not allowed to park on hospital grounds and cross the front lawn of the hospital. Mr S Terblanche recalled that he and a friend were reprimanded because they crossed the lawn, thinking that there was nobody who would see them (Terblanche, 2010).

The strict discipline paid off as the first student to achieve ~~double~~ double honours+ (distinction in theory as well as practical) in Gold Fields was a Mr B Frost and Mr S Terblanche was the second student to achieve a pass with honours (Terblanche, 2010).

The suggested changes were approved by the SANC in a letter dated 25 February 1969 (GFNC Volume 1:63). The name of the school was recognised as the Gold Fields of South Africa Central Training School for Male Nurses, situated on the premises of the Leslie Williams Memorial Hospital in Carletonville. Unfortunately, the move of the school was postponed until 11 August 1969 (GFNC Volume 1:64). At that time, the old Leslie Williams Hospital was demolished and new facilities built.

New regulations with regard to training and qualifications were again published in 1970. There was a concern from Mrs GE Bachelor that the school would not be approved based on the fact that the mine hospitals admitted male patients only and that the students also only consisted of males (GFNC Volume 1:67). In spite of her concerns, thirteen students were transferred to the new course on 5 February 1970 (GFNC Volume 1:68).

The response from the SANC was that recognised schools did not need to reapply. With regard to the restrictions on practical exposure due to students' access to male patients only, SANC indicated that it could take action should the clinical exposure not comply with the minimum requirements (GFNC Volume 1:69).

An application to train non-white males as nursing auxiliaries was submitted to the SANC on 8 May 1972 (GFNC Volume 1:71). The motivation for the application was the difficulty experienced in recruiting students in possession of a standard 10 educational certificate. Approval was given and backdated to January 1970, which allowed students who were in the system to transfer to the auxiliary course and obtain the qualification. The curriculum made provision for 20 days of theoretical instruction out of 100 days of training (GFNC Volume 1:72).

The training school enquired about the possibility to register as a provider for the Diploma in Clinical Care, Administration and Instruction (GFNC Volume 1:75). Although copies of the regulations and the directive regarding the qualification of lecturers and demonstrators and

the minimum number of teaching periods for the course was obtained from the SANC, evidence could not be found that it was ever instituted (GFNC Volume 1:76).

In 1975, there was again a change in the qualification for the general nurse (GFNC Volume 1:77). The school was given permission to present the new course under the revised regulation. Ten students were registered under the previous regulations and allowed to be transferred to the new course (GFNC Volume 1:78).

Mrs GE Bachelor retired on 28 February 1978 and her successor was Mrs R Lowe (GFNC Volume 1:82). Mrs R Lowe applied to the SANC to reinstitute the course for enrolled nurses due to changing staff needs (GFNC Volume 1:84).

At that time, there was a black registered male nurse, working at the training school, who was studying towards a B. Cur in Education at UNISA¹⁵. He was Mr AM Breakfast. Mr AM Breakfast obtained the Diploma in General Nursing at the Livingstone Hospital. He was a keen rugby player and was recruited, because of his talent and love for the sport (Breakfast, 2010). Furthermore, he was already in possession of a Diploma in Psychiatry. The school had only one tutor post, but Mrs R Lowe wanted to give him the opportunity to teach in order to develop his skills and competencies. She suggested that he could teach Anatomy and .Physiology in three courses namely the Diploma in General Nursing, Course for Enrolled Nurses and the Course for Assistant Nurses (GFNC Volume 1:89). The stipulations by the SANC was that any tutor, medical practitioner or registered nurse could lecture in Anatomy and Physiology provided that at least 30 periods of instruction be offered by a medical practitioner or tutor, medical practitioner physiologist tutor or a person with at least one university course in Physiology or a registered nurse (GFNC Volume 1:90).

3.6 GOLD FIELDS GROUP TRAINING CENTRE NURSING

The name of the school was changed again in 1981. Up to then the school was registered as the Gold Fields of South Africa Ltd. Central Training School for Male Nurses and then changed to Gold Fields Group Training Centre Nursing (GFNC Volume 1:91). The SANC reference number was S112¹⁶. As reflected in the name it was still training black males. In June 1981, Mrs R Lowe submitted an application for the training of a black female by the

¹⁵ University of South Africa

¹⁶ A SANC allocated reference number for each training school and hospital

name of Maria Mabusu (GFNC Volume 1:92). The motivation for the application was that the woman worked at the married quarters for 15 years doing nursing duties with no qualifications at all. It was decided to train her as an assistant nurse to give her some qualifications. Part of the training was done on females and children at the married quarters clinic under supervision of a registered nurse and midwife. Permission was requested although the school and hospital were not approved to present the course. It was stated that she would be the only female in training and that the company did not plan to embark on the training of females. Following this application the school and hospital was then approved by the SANC to train black females as nursing assistants (GFNC Volume 1:93).

Mrs R Lowe was in charge of the training school up to 31 December 1982. Mr JM Nojaja was appointed in charge of the school as from 01 January 1983. His qualifications were in General Nursing and Psychiatry. He was registered at UNISA for further studies in Nursing Management and Nursing Education (GFNC Volume 1:100). Mr AM Breakfast was then appointed as a full time tutor (Breakfast, 2010). Mr AM Breakfast indicated that the black staff was treated well by the mines. They earned the same salary and even got a grocery allowance, which was exclusively for blacks (Breakfast, 2010).

At that time, the Gold Fields Group Training Centre Nursing was approved for the training of the following (GFNC Volume 1:101):

- Pupil Nursing Assistants: Duration 6 months
- Enrolled Nursing Course: Duration 2 years
- Diploma in General Nursing: Duration 3 years

All students were black and males only. Mr JM Nojaja then submitted an application to reinstate the training of white males (GFNC Volume 1:102), which was approved by the SANC in 1984 (GFNC Volume 1:103). The outline of the curriculum for the three year diploma was as follows:

- First year: Social Science; Social Care; Mental Health Care; Anatomy; Nursing Science Part One; Preventive and Promotive Health; Principles of Professional Practice; Micro Biology; Parapsychology Pathology and Pharmacology and Applied Biophysics
- Second year: Social Science, Social Care and Mental Health Care, Physiology, Applied Chemistry, Micro Biology, Parapsychology, Pathology and Pharmacology,

Preventive and Promotive Health Care and Family Planning, Nursing Science and Art II

- Third year: Social Science and Social Care, Nursing Science and Art III, Preventive and Promotive Health Care and Family Planning, Introductory Midwifery. Forty-seven Non-white male students were involved in the programme.

1987 marked a watershed change in the history of the Gold Fields Group Training Centre Nursing. The school was allowed to train black and white males. An application was submitted to SANC to allow the school to allow students from all races and gender groups to register for training in the following courses (GFNC Volume 1:110):

- Diploma in General Nursing
- Certificate for Enrolment as a Nurse, and
- Certificate for Enrolment as a Nursing Assistant.

On 6 August 1987, SANC confirmed that the Gold Fields Group Training Centre: Nursing was recognised as a nursing school for all races, females and males for abovementioned courses (GFNC Volume 1:112).

3.7 RECOGNITION AS A FULLY FLEDGED TERTIARY INSTITUTION

Regulations for an integrated course were published in 1985, namely Government Notice R425 of February 1985, Regulations related to the approval of and the minimum requirements for the education and training of a nurse (General, Psychiatric and Community) and Midwife (Four-year Diploma Course¹⁷). The nursing school expressed interest in being registered as a provider for the course (GFNC Volume 2:113). According to the regulations, providers of the course had to enter into an affiliation agreement with a university. The Potchefstroom University for Christian Higher Education (PU for CHE) was approached and negotiations started to establish an affiliation relationship (GFNC Volume 2:114).

Due to the integrated nature of the course which included General Nursing, Psychiatry, Community Health and Midwifery partners were sourced for the clinical placement of students to be exposed to specialised disciplines (GFNC Volume 2:119):

¹⁷ This course is commonly known as the Four-year Diploma, D4, Four Year Course

- Sterkfontein Hospital (Krugersdorp) agreed to accommodate students for practical learning in Psychiatry and Rehabilitation
- Tshepong Hospital (Klerksdorp) would be the clinical facility for Paediatric and Midwifery practical
- Khutsong Clinic (Carletonville) was to be utilised for Community Health learning, and
- Sybrand van Niekerk Provincial Hospital (Carletonville) for Paediatric care and exposure to female patients

The act gave guidelines with regard to the governance of a college and in conjunction with the PU for CHE, a draft constitution of the college council, college senate and committees of the SANC, as well as an affiliation agreement and letters of approval from various authorities for the utilisation of clinical facilities were submitted to the SANC. Prof. FMJ de Villiers, Head of Nursing at PU for CHE, endorsed the application. The application was made in the name of Gold Fields Nursing College (GFNC Volume 2:124).

A meeting was held at the SANC offices on 05 November 1987. The discussion points on the agenda included the following (GFNC Volume 2:131):

- Structure of the College Council and Senate
- Constitution of members of the College Council and Senate
- College Council Committees
- Student affairs
- Disciplinary Committee
- Management Committee
- Personnel Selection Committee
- Structure of the contract between the university and the nursing college
- Appointment of the members of the local authorities and DoH respectively on the college council and senate

One of the requirements with regard to governance was the establishment of a college council. The proposed constitution made provision for the following portfolios (GFNC Volume 2:132):

- Chairman: Assistant Manager Personnel Division of Gold Fields of South Africa;

- Two representatives from the university: the dean of the Faculty of Arts and the head of the department of nursing
- The college principal
- Consulting medical officer of Gold Fields of South Africa
- The chief medical officer of Leslie Williams Memorial Hospital
- The hospital superintendent of Gold Fields West Hospital
- The registrar of Gold Fields Training Services
- The group training officer
- The training superintendent.

The functions of the College Council revolved around financial governance and appointment of the principal and academic staff in conjunction with the PU for CHE (GFNC Volume 2:131).

The College Senate consisted of the following members:

- The training superintendent as chairman
- The college principal
- The chief instructor
- Four members appointed by PU for CHE of which one was from the Faculty of Education at PU for CHE
- One member selected by the College Council
- All lecturers from the Gold Fields Nursing College
- Two registered nurses from the affiliated training hospitals
- Two registered nurses from the mine medical stations
- One representative from the local authority in whose area the college was situated
- One representative from the Department of National Health and Population Development.

The functions of the college senate was to determine and control curricula, courses, subject syllabi, teaching, practical training, examinations, credits for completed courses, promotion and all other matters concerning the acquisition of a diploma of the college. The college senate was also responsible for the promotion of research at the college (GFNC Volume 2:131).

The agreement with the PU for CHE made provision for the possibility of the appointment of the college principal as honorary professor and as a member of the university senate for the duration of the term of office. The service fee by the university was based on a negotiable amount of R55 000.00 per annum (GFNC Volume 2:132).

On 5 November 1987 after affiliation with the PU for CHE, the college was registered by the SANC as a fully-fledged tertiary institution and nursing college (Potgieter, 1992:16). The first chairperson of the college council was Mr LE Stephens and the principal was Mr JM Nojaja. Mr K Gericke was the Group Training Officer for Gold Fields of South Africa. Dr P Lowe was then the Group Consulting Medical Officer and Dr EG Petschell was Chief Medical Officer at Gold Fields West Hospital. Mr R Smylie was Training Superintendent and the Registrar was Mrs C Edwards. Prof. L Gouws, Prof. FMJ de Villiers or Mrs EP van den Heever (GFNC Volume 2:133) represented the PU for CHE.

The senate consisted of (GFNC Volume 2:133):

Principal:	Mr JM Nojaja
Vice Principal:	Mr AM Breakfast
University:	Prof. JE Kruger, Prof. FB Barnard Prof. JL van der Walt Mrs EP van den Heever Mrs EC Roos
Tutors:	Mrs HM De Mendon a Mrs VM van Ede Ms T Mabuya Mrs EJ Green
College Council	Mr HR Smylie
Mine Medical Station:	Mr E Vermeulen Mr N Potgieter
Hospitals:	Mr CJT Janse van Rensburg Mr J Du Plooy
Local Authority:	Mrs MS van Tonder
Department of Health:	Mr LE Zandberg

The first intake of ten students was in 1989, consisting of a mixed group of black and white males. Two female students were selected for the second intake in 1990 (GFNC Volume 2:136).

The programme was based on a semester course approach. Examinations in all subjects were written at the end of each semester. The PU for CHE was the external moderator. Although permission was given to commence with the course, there was concern with regard to the functioning of committees and also the lack of skills among teaching staff with regard to management of the course and curriculum development as well as a lack of clinical expertise (GFNC Volume 2:138). The college principal was considered to be lacking in management and organisational skills to fulfil the expectations of the position he held. The university representatives also expressed concerns on the involvement from the PU for CHE in that there was a lack of tangible evidence about the monitoring of the academic standard of the programme as well as over prescriptiveness. The inspectors expressed doubt whether students actually achieved the programme objectives and competencies according to Government Notice R425 of February 1985, in spite of having more than adequate exposure in terms of hours. The recommendation was made that the concerns be addressed, especially those applicable to the curriculum before the course could continue. Even at this early time, the management of Gold Fields Training Services expressed concern about the cost-effectiveness of the programme (GFNC Volume 2:140).

Shortly after the approval of the four year course, on 2 March 1990 Mr JM Nojaja submitted an application to be recognised for the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse (Government Notice R683 of April 1989)¹⁸ (GFNC Volume 2:145). The feedback from the SANC was not favourable at all. Ms JK Bierman and Ms KV De Witt visited the college and clinical facilities for the annual inspection and found it lacking in several areas (GFNC Volume 2:146):

- The college senate and its committees were not functioning effectively. No written records were available to keep track of its activities and any decisions made. There was no collaboration between the curriculum and syllabus committees, which created fragmentation between the four disciplines. A revised programme, which was not approved by the SANC, was presented to the new intake of students.

¹⁸ The short name of Bridging Course is used commonly

- Although the tutors were well versed with regard to the theoretical content of the subjects, they lacked clinical expertise. The clinical accompaniment of students was limited resulting in a lack of insight and understanding of problems in the clinical facilities.
- The curriculum was sourced from the Western Transvaal College of Nursing and was not customised to address the specific needs and environment of Gold Fields and its medical and hospital facilities. The objectives were not aligned to the student and patient profile. The micro curriculum was not applied to the mining situation as was undertaken by the university and college on submission thereof. The disciplines were fragmented and the weighting of biological sciences imbalanced in terms of content and level. There was no evidence of correlation between theory and practice in the nursing subjects.
- With regard to evaluation, the concerns revolved around the absence of conditions in the practical learning but included in the theory papers. There was evidence of rote learning without the ability to integrate and apply theory to the implementation of nursing care in the clinical setting.
- With regard to clinical placement, the appropriateness of paediatric and gynaecological nursing to male students from a mining environment, which catered for male patients only, was questioned.
- The abundance of learning opportunities available were not properly identified and utilised to the advantage of the student and health services.
- The nursing process was not implemented in the hospitals of Gold Fields with gross inadequacies in ward and staff management, carrying out patient treatment, nursing care and infection control. %Diseases are treated, but patients are not nursed+ The equipment in the trauma/emergency unit was inadequate with no protocols, policies or standardisation. %Nursing staff do not appear to have the skills to resuscitate effectively.+

The recommendation was to approve the curriculum for the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse but not to approve the clinical facilities until the necessary changes were made as reflected in the inspection report. A follow up inspection was scheduled after six months. On 8 October 1990, a letter was sent to the SANC indicating progress made on the recommendations of the previous inspection report. It was also stated that a new principal was to be appointed in 1991 (GFNC Volume 2:151).

The decision was also taken not to register students for the Four-year Diploma course for the 1991 academic year but to upgrade and organise the facilities to meet the requirements for training (GFNC Volume 2:152). However, there was a request to approve the facilities for the bridging course, as it was the intention to commence with the course in January 1991. The facilities were inspected again in November 1991. The finding was that a tremendous effort was expended to correct the problem areas identified with the previous inspection. This led to a recommendation for full approval for the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse with SANC examination. Mrs OM Venter (GFNC Volume 2:161) was then appointed as the principal and Mr S Terblanche as Hospital Superintendent.

In the meantime, in April 1990, the college was again moved from the premises of the Leslie Williams Memorial Hospital and relocated to those of the Gold Fields Training Services at Kloof Mine, Glenharvie (GFNC Volume 2:173). It was about 30 kilometres away from Leslie Williams Memorial Hospital where most students were placed for clinical learning. The curriculum for the Four-year Diploma course was finally approved in December 1991, after a series of revisions and discussions between the college, PU for CHE and the SANC.

An application was submitted to the SANC for the approval of a curriculum for the Diploma in Community Nursing Science according to R276 of 15 February 1980 as amended (GFNC Volume 3:175). The intention was to enrol mine employees who were deployed in the comprehensive primary health care facilities of the mine medical stations and hospitals. All Gold Fields of South Africa facilities were registered by the Department of Health and Population Development as an organisation rendering a health service under Article 38A of the Nursing Act, Act No. 50 of 1978. The course would serve as supplementary basic programme and was presented under the affiliation agreement with the PU for CHE. Mrs OM Venter did research on a model for training and obtained a PhD in 1994. The model incorporated the principles of primary health care into the curriculum for the Diploma in Community Nursing Science. Students got extensive training in health assessment, diagnosis, treatment and care. Dr P Cahl, a senior lecturer at PU for CHE was appointed as the moderator for the Diploma in Community Nursing Science (GFNC Volume 3:177).

On 20 September 1994 an application was made to the SANC for the approval of the Diploma(s) in Clinical Nursing Science, Medical and Surgical Nursing: Operating Theatre

Nursing according to Government Notice R212 of 19 February 1993 (GFNC Volume 3:181). This regulation stipulated that only an NEI accredited to present the Four-year Diploma course or an NEI that has signed an affiliation agreement with an HEI could present a course in clinical specialisation. The areas of specialisation included (SA, 1993:1)

- Child Nursing Science
- Community Nursing Science
- Gerontological Nursing Science
- Medical and Surgical Nursing Science (including Operating Theatre Nursing and Critical Care Nursing)
- Midwifery and Neonatal Nursing Science
- Occupational Health Nursing Science, and
- Psychiatric Nursing Science

The proposed implementation date was January 1995. Students had to undergo a pre course package as part of selection. The Diploma was also covered by the affiliation agreement with the PU for CHE (GFNC Volume 2:185).

Prof. FMJ de Villiers tragically passed away in May 1993 in a motor vehicle accident and her successor was Prof. M Greeff. Prof. M Greeff recalls the positive relationship between Gold Fields and the PU for CHE (Greeff, 2010:1). It was a win-win relationship based on reciprocal contributions. Gold Fields of South Africa sponsored a simulation laboratory at the nursing department of the PU for CHE, which was equipped with the best training manikins, anatomical models and other equipment needed for clinical simulation. Gold Fields also made a huge contribution towards the university library. Prof. M Greeff is also of the opinion that the standard of training at the Gold Fields Nursing College was exceptionally high and that the students trained at the college were competent and skilled (Greeff, 2010:2).

Dr OM Venter was a strong visionary leader. Shortly after the general election of 1994, which saw the African National Congress (ANC) come into power, she embarked on the development of a short course to empower registered nurses employed by the provincial departments of health in the discipline of primary health care to act as facilitators. The intention was to promote the implementation of the primary health care approach in the practice of community health. The national government announced primary health care as the fundamental approach to increase access to health care services for the community at

large (ANC, 1994). Dr OM Venter secured a grant of R1 million from the Chamber of Mines to fund the project. Fifty registered nurses from all provinces were nominated by the DoH to enrol for the course (Kotze, 2010:4). Students were accommodated at the Luipaardsvlei single quarters of the Gold Fields Training Service. Various experts, e.g. environmental health officers, epidemiologists, pharmacologists, and nurse educators specialising in community health and primary health care (De Mendonça, 2010:4), presented lectures. The course included aspects of ethical decision-making, inter-sectoral collaboration, first level management skills, facilitation skills, clinical skills, research methodology, and safe handling and storage of medicine (Mabuya, 2010:1). The course was presented in July 1995 (GFNC Volume 2:199). It was very successful in that a large number of registered nurses were empowered to facilitate the principles of primary health care to colleagues in local services.

In 1996 Dr OM Venter revised the curriculum for the short course and applied for the registration of a course under R212 of 19 February 1993, with a specialised field of primary health care nursing facilitation. The course was now extended to a one-year diploma (GFNC Volume 3:201). The Chamber of Mines again sponsored the course and another 50 registered nurses from all over South Africa were selected to attend the course (Mabuya, 2010:2). Dr OM Venter was awarded an honorary professoriate by the PU for CHE in 1996 (Greeff, 2010:3).

New regulations for the course leading to Enrolment as a Nurse were published in November 1993 (SA,1993a). Prof. OM Venter submitted an application for the approval of the revised curriculum to the SANC in August 1996. The course was usually presented by the West Rand Region Nursing School, but it was decided to terminate the course due to financial constraints. Permission was given to the Gold Fields Nursing College to utilise the curriculum and to transfer the accreditation with the permission of the SANC (GFNC Volume 3:205). The application was approved by the SANC and the first intake of pupil enrolled nurses took place in 1997 (GFNC Volume 3:210). Pupil nurses were allocated to Leslie Williams Memorial Hospital, Gold Fields West Hospital, Western Deep Levels Hospital and also Bekkersdal and Khutsong Community Health Centres (De Mendonça, 2010:2).

The NDoH suggested a unified nursing education system for South Africa in 1997. The proposed system made provision for the nursing student to register as a generic nurse after two years of training. The college deliberated the proposal with the PU for CHE and

expressed its concern in this regard. It was recommended that students should undergo three years of training to be eligible for registration as a generic registered nurse (GFNC Volume 3:213).

Gold Fields Nursing College assisted the company, Gold Fields of South Africa, in fulfilling its corporate social responsibility. The company was involved in several activities in the rural labour sending areas, namely the OR Tambo District of the Eastern Cape, Jozini and Ingwavuma in Umkhanyakude district of KwaZulu-Natal and the Gaza Province of Mozambique (Greeff, 2010:3; Kotze, 2010:4). Gold Fields of South Africa funded new facilities for the nursing school at St Elizabeth's Mission Hospital in Lusikisiki. The Gold Fields Nursing College assisted St Elizabeth's Nursing School in the accreditation and establishment of the course in Community Nursing Science based on a Primary Health Care approach (Government Notice R 276 of 15 February 1980) (GFNC Volume 3:220). Tutors from Gold Fields Nursing College visited St Elizabeth's Nursing School to give guidance and lecture in specialty areas. Mr JM Nojaja presented lectures in research methodology and Mrs FJ Kotze presented the module on health assessment, diagnosis treatment, and care (Kotze, 2010:4). The tutors of the school were mentored by those of Gold Fields Nursing College to gain skills and knowledge to function independently. The nursing school was able to function independently until the time when public NEI were rationalised.

The college thrived under the leadership of Prof. OM Venter. This was evident in an inspection report dated 6 July 1997 (GFNC Volume 3:225):

“A well organised college with up to date curricula. The College seems to have a remarkable contribution towards the development of the disadvantaged communities as evident by its involvement in community outreach programmes as well as its involvement in Lusikisiki and Lebombo. The staff component is rich in quality and diversity. The students receive adequate support whilst in the clinical units. Clear and focussed guidelines are available.”

There was however a concern with regard to the management structure which did not reflect the South African population composition¹⁹. The principal and both vice-principals were white

¹⁹ Efforts were made to redress the legacy of Apartheid by appointing more black people in management positions, with the aim to reflect on the demographics of South Africa.

females. The chairperson of college council was a white male. Within the company, Gold Fields of South Africa, white males dominated the management cadre. However, two black male tutors and four black female tutors were on the staff on the College (GFNC Volume 3:220).

Another initiative by Prof. OM Venter was the development of a curriculum for the Mines Rescue Services, commonly known as the proto teams (GFNC Volume 3:230). The proto teams were responsible for rescue operations during mine accidents. Due to the nature of the mining operations and the multiple trauma sustained by victims of mine accidents, the need was identified to train the rescue team to render care that is more appropriate. The curriculum consisted of principles of triage, head to toe assessment, advanced CPR, commencement of intravenous infusion, insertion of a Combitube® to sustain an open airway, treatment of shock, bleeding and multiple injuries. The course duration consisted of a three-week intensive theoretical and practical training. Candidates were assessed by registered nurses and only allowed to serve on the proto team once they were declared competent. Various attempts were made to accredit the course with the Medical and Dental Council without success. Eventually the course was outsourced to the Mines Rescue Services, which was registered as a trauma training centre (De Mendonça, 2010:2; Kotze, 2010:5).

In 1997, Prof. OM Venter was appointed at the medical aid offices of the Gold Fields of South Africa but was still involved in college activities on a consultative basis. At the same time, Prof. P Lowe also resigned as chairperson of the college council (Greeff, 2010:3; De Mendonça, 2010:2). The operational management of the college was delegated to the two vice principals, Ms HM De Mendonça and Ms FJ Kotze. In spite of numerous efforts by the two vice-principals, the appointment of a full time principal was denied. The group training officer of Gold Fields Training Service was of the opinion that the College could be managed by the Human Resources Manager (De Mendonça, 2010:2). Prof. M Greeff (2010:4), head of the nursing department at the PU for CHE is of the opinion that this situation resulted in the college becoming a faceless entity with no real guardians and advocates protecting it. It was somewhat absorbed into the general activities of the mining training services.

In spite of the lack of support from the management, the college expanded its clinical facilities over the next two years. Fochville Private Hospital, Evander Mine Hospital, Robinson Private Hospital and Carletonville Hospital were accredited as additional clinical facilities. In addition,

Harmony Mine Hospital, Medi Vaal Hospital and Klerksdorp-Tshepong Hospital Complex were also accredited (GFNC Volume 3:242).

The governance of the college within the structures of Gold Fields Training Services proved to be problematic. The college council and -senate with its committees were functioning according to the SANC requirements. Gold Fields Training Services Trust had its own committees, namely the Group Training Advisory Board which consisted of training advisory boards per discipline. The result was that the college had to report to four committees. The representatives of the committees consisted mainly of the same people. It was then suggested to the PU for CHE that the college council and senate be merged into one body, the College Academic Controlling Body (CACB) (Greeff, 2010:4; De Mendonça, 2010:2). The suggestion was accepted and the constitution of the CACB was duly amended (GFNC Volume 3:248).

3.8 THE WINDS OF CHANGE

In April 1998, Gold Fields acquired St. Helena Private Hospital through a merger with Gencor (De Mendonça, 2010:2; Lombard and Nkhumane, 2010:34). The merger with Gencor brought significant changes in the operation of the Gold Fields Nursing College. A Gencor official, Mr B Lutman, replaced the group training officer at the Gold Fields Training Services. Gencor had no sentiment with regard to the existence of the nursing college. It was seen as non-core business. The proposal was to close the college as soon as possible (De Mendonça, 2010:2; Lombard and Nkhumane, 2010:34). All post basic courses were discontinued with immediate effect and the tutors who were employed on fixed term contracts were given notice. Options to transfer the students to alternative education institutions were explored (Kotze, 2010:6). The staff was informed that they would be deployed to other business units or retrenched. Prof. OM Venter, the Vice-Principals, Ms HM De Mendonça, and Ms FJ Kotze, and Dr EG Petschell, the Medical Superintendent of the Gold Fields West Hospital embarked on a mission to save the future of the college (De Mendonça, 2010:3; Kotze, 2010:8). Various options were explored. A proposal was submitted to the management of Gold Fields of South Africa based on the following (De Mendonça, 2010:3; Kotze, 2010:8):

- Phasing out of the existing system where students were employed by the company with employment benefits (based on the apprenticeship model)
- Phasing in of a self-funded model based on a private education institution model

- No accommodation or transport would be provided to nursing students
- A study agreement clearly stipulating terms and conditions for payment of fees and other obligations was to be signed, and
- The number of students was to be limited to 20 per year.

The affiliation agreement with the PU for CHE proved to be the saving grace of the college. The cancellation clause stipulated that one-year notice should be given when either party wanted to terminate the agreement (GFNC Volume 2:132). Prof. M Greeff advocated strongly in the best interest of the students who deserved the opportunity to complete the courses they were registered for (De Mendonça, 2010:3; Kotze, 2010:8; Breakfast, 2010:7).

The management of Gold Fields of South Africa at their head office, after weeks of deliberations, accepted the proposal. Ms K Mohafa, the manager of the Gold Fields Foundation²⁰ at that time, was instrumental in swaying the decision in favour of the proposed self-funding model. Ms K Mohafa pledged to support the college through a grant of R1 000 000.00, depreciating over a three-year period. These funds were to be utilised to source business opportunities of a sustainable nature, generating sufficient income to make the institution viable in the long term (Kotze, 2010:8; Lombard and Nkhumane, 2010:35). This paradigm shift was initially very difficult to embrace by the staff of the nursing college. Although there was an understanding for a changed system, the college staff was unrealistic in their perception of the amount to be charged to ensure a sustainable and viable institution (Lombard and Nkhumane, 2010:35; Breakfast, 2010:6).

The unfamiliarity of the model wherein nursing students had to pay for education led to conflict among the staff, but also conflict and scorn from government institutions²¹. The first intake of self-funded students in the Four-year Diploma course happened in January 1999, when 20 first year students were enrolled (Lombard and Nkhumane, 2010:36). Students in the system under the old dispensation²² were grandfathered out. Running a dual model of enrolment concurrently presented its own challenges. Students who enrolled under the new model were unhappy about the privileges enjoyed by the students in the old dispensation.

²⁰Gold Fields Foundation was responsible for the Corporate Social Responsibility of Gold Fields of South Africa. There was a close relationship between Ms K Mohafa, Prof OM Venter and the College staff.

²¹ The GFNC was often stigmatized because they %ain(ed) for gain+, which was not acceptable in the nursing fraternity during the nineties.

²² Students were employed as %tudent officials+, a mining term for students in training. Students earned a salary and were entitled to all employment benefits. Tuition costs were carried by the company.

There was some incitement and intimidation, but it did not end in any significant unrest or protest action (Kotze, 2010:9). Students complained to the SANC who investigated the complaints. No irregularities were found and the misunderstanding was settled at college level (GFNC, Volume 3:250).

Another challenge was absenteeism under self-funded students. These students were of the opinion that they could not be forced to comply with the clinical hours allocation done by the college. They would not report for duty and refused to report for night duty (Lombard and Nkhumane, 2010:35). These minimum requirements were prescribed by the SANC in order for a student to achieve the outcomes and be awarded the qualification (SA, 1985:4). Absenteeism was regarded as a serious offence and a breach in training. The issue was addressed with the assistance of the labour organisation, National Union of Mineworkers²³ (NUM). Although the students were not members of the NUM, they lodged a complaint to the Gold Fields Training Service branch. A consultative meeting was scheduled between the college management and the branch committee. The requirements as stipulated in the relevant regulations were explained to the NUM branch committee. They then communicated it to the students and the situation was defused (Lombard and Nkhumane, 2010:37). A mechanism that was adopted in this regard was the inclusion of an extension of training clause in the study agreement. This arrangement was communicated to and accepted by the SANC (GFNC, Volume 3:261).

Part of the sustainability drive saw the Gold Fields Nursing College enter into an agreement with Empilweni Education and Dr A Basson. Empilweni Education is an independent PNEI. The school functions as a business, where all students are self-funded. The agreement entailed a joint venture where Empilweni Education was involved in the theoretical instruction of students and Gold Fields Nursing College assisted with the clinical accompaniment and assessment (Lombard and Nkhumane, 2010:38). The system exposed the staff of the college to a different approach to nursing education. The partnership lasted for two years, but continued on an informal level where information and expertise were shared with regard to curriculum development and other aspects of education (Kotze, 2010:9).

²³ The position of the Nursing College within a mining company allowed the national Union of Mineworkers to advocate for nursing students.

In 1995, the South African Qualifications Authority (SAQA) Act, Act No. 58 of 1995 was published resulting in the establishment of the National Qualifications Framework (NQF). The objectives of the NQF were to (SA, 1995):

- Create an integrated national framework for learning achievements
- Facilitate access to and mobility and progression within education and training and career paths
- Enhance the quality of education and training
- Accelerate the redress of past unfair discrimination in training, education and employment opportunities and thereby, and
- Contribute to the full personal development of each student and the social and economic development of the nation at large.

The SAQA Act (SA, 1995) introduced the outcomes based education approach in which qualifications were based on outcomes and competencies. The education system changed from the traditional to a student-centred model. Nursing education, being part of mainstream higher education was expected to comply with the system. A standards generating body (SGB) was established to review the existing nursing qualifications and align these to the requirements of SAQA and the NQF. Being part of the Gold Fields Training Service Trust had its advantages in that the Mining Qualifications Authority (MQA) was one of the front-runners in the implementation of the outcomes based education system. Information and training was sourced from New Zealand and the college staff was some of the first in nursing education to be trained in the formulation of unit standards, assessment and compiling a portfolio of evidence. The college then obtained the services of Dr C Olivier, fondly remembered by Mr AM Breakfast as %Dom Cas+ (Breakfast, 2010:8), who was an expert author on outcomes based education and who facilitated a series of workshops in this regard. The staff was enthusiastic to apply the knowledge they gained to the practice of education, but unfortunately, the SANC was slow in preparing for the new dispensation (De Mendon a, 2010:3; Lombard and Nkhumane, 2010:39).

The year 1997 saw drastic changes within the education system in South Africa. The publication of the Education White Paper 3: a programme for the transformation of Higher Education, on 24 July 1997 (SA, 1997), announced the intended transformation of the higher education system throughout all spheres of education. The underlying principles of the transformation of higher education were based on correcting the inequalities of %Apartheid+

through equity and redress, democratisation, development, quality, effectiveness and efficiency, academic freedom, institutional autonomy and public accountability. In an effort to embrace the transformation of education the SANC circulated a notification that the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse as well as the Course leading to Enrolment as a Nurse would be phased out. A termination date for the enrolment of these students was never indicated. All existing courses were aligned to the SAQA requirements and submitted for registration as provider qualifications.

During an inspection visit by the SANC in 2000, the issue of the vacant principal's position was identified as a matter of serious concern. The management was given four months to correct this situation, failing which, would result in deregistration of the college. Ms FJ Kotze was then appointed principal in 2001 with Ms NH Dlomo as vice-principal (GFNC, Volume 4:288).

A strategic decision was taken to spend time on the updating of the curriculum for the Four-year Diploma course, aligning it to SAQA requirements (Kotze, 2010:9; Dlomo, 2010:2). No first year students were enrolled in January 2001 to create capacity among the tutors to focus efforts on the curriculum development process. At the same time, the Gold Fields Training Service Trust embarked on the implementation of the ISO 9000:2000 systems for quality assurance. At first, all the other departments were accredited and the nursing college was the last to be included. It was a cumbersome, but worthwhile exercise. Total quality management became the buzzword and Mrs Dlomo was appointed as the champion for the College. Over a period of several months documents were standardised, processes and procedures aligned, forms, manuals and policies were registered in order to meet the set standard. A baseline audit was conducted in 2002 and minor non-conformances were identified. Full accreditation was granted after the non-conformances were corrected (Dlomo, 2010:4).

There was increased pressure from the Gold Fields Training Service Trust for the college to be relocated to a different site. The principal was given an instruction to locate a suitable site, but it was clearly stated that funds were not budgeted for and that the move should cost as little as possible (Kotze, 2010:11). Gold Fields of South Africa had downsized its operations since the merger with Gencor in 1998 and several buildings were vacant. Due to the buildings not being utilised, most of them were in a state of disrepair to the level of being

derelict. Different options were explored, but nothing suitable could be found. In a desperate attempt, the hospital manager of Leslie Williams Private Hospital²⁴, Mr A van Rooyen, was consulted. Mr Van Rooyen suggested that one of the wards of the hospital, which was closed at that stage be converted into lecture room facilities. However, no office space for tutors was available (Dlomo, 2010:3; Lombard and Nkhumane, 2010:40). The management of Gold Fields Training Services Trust then agreed to have an office building erected on the premises of the Leslie Williams Private Hospital and the ward converted into lecture room facilities. The total cost for this project was a mere R500 000.00. The college moved to the new facilities on 27 May 2002. The office block was named after Prof. OM Venter who passed away in 2001 (Kotze, 2010:12). The college was again situated at the Leslie Williams Private Hospital and management and administration were again transferred to Leslie Williams Private Hospital, and became known as Gold Fields Health Services (Dlomo, 2010:5).

The management of the Gold Fields Health Services took trouble to manage the college as a profit centre. A new system of financial control and governance was implemented. The balance sheet was monitored on a monthly basis and austerity measures put in place. The financial manager assisted in the budgeting process and implementation of control. A financial officer was appointed to manage the account. A system was developed to create invoices for students and to ensure that tuition fees were received on time. The state of student accounts was closely monitored which resulted in a very low bad debt rate of 1% (Kotze, 2010:17; Dlomo, 2010:5).

A further step was to scrutinise each course with regard to profitability. In 2001, it was determined that the Four-year Diploma course was running at a loss. The Four-year Diploma course is known to be expensive in the sense that a large number of tutors were needed to present different subjects according to speciality areas. The semester system, which was utilised, also added to the cost. The affiliation agreement with the North-West University²⁵ (NWU) was quite expensive although it was a prerequisite for the four-year programme. The affiliation agreement was based on a fee for service model. The Gold Fields Nursing College paid NWU for services such as moderation of assessment, both theoretical and practical, for serving on committees, consultation with tutors, etc. The number of students also affected the fee. A minimum amount of R50 000.00 was payable should the number of students be

²⁴ The name was changed from Leslie Williams Memorial Hospital to Leslie Williams Private Hospital

²⁵ Name changed in 2004 from Potchefstroom University for Christian Higher Education to North-West University.

less than 10. In the case where the number of students exceeded 20, the amount would be increased proportionately (GFNC Volume 4:450; Dlomo, 2010:5).

In 2004, Mr van Rooyen was of the opinion that the college should be closed down and instructed the principal to explore possible ways of selling the business to any interested party (Kotze, 2010:14; Dlomo, 2010:7).

The existence of the college was once again under threat. It was through the intervention of the chief executive officer of Gold Fields of South Africa, Mr I Cockerill that the College was saved from closure (Kotze, 2010:17). It was then decided to phase out the Four-year Diploma Course and to concentrate on the other courses, which were profitable (Dlomo, 2010:7; Lombard and Nkhumane, 2010:44). The phasing out process was to be conducted in two tranches: The first and second year students were to be transferred to Ann Latsky Nursing College²⁶ whilst the third and fourth years would be allowed to complete the course at the Gold Fields Nursing College. The affiliation agreement with the NWU proved to be the saving grace again. The cancellation clause stipulated that one-year notice should be given when either party wanted to terminate the agreement. Prof. HC Klopper was instrumental in advocating on behalf of the students to ensure that they were not disadvantaged. The last students completed the course in 2006 (GFNC Volume 7:521).

The college then concentrated on the expansion of the two basic courses, namely the Certificate leading to Enrolment as a Nurse (Government Notice R2175 of November 1993) and the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse (Government Notice R683 of April 1988). An agreement was signed between Wilmed Park Private Hospital in Klerksdorp for the training of Pupil Enrolled Nurses²⁷, Bridging Course and also the Diploma in Operating Theatre Nursing Science (GFNC Volume 7:261). The Fochville Private Hospital was also accredited for the Diploma in Operating Theatre Nursing Science. Unfortunately, not all the disciplines required by the regulation were available at these hospitals and an additional agreement was entered into with Netcare Training Academy (Kotze, 2010:15). Permission was given to place students at the Krugersdorp Private Hospital for exposure to those disciplines that were not available at local clinical facilities. Students were placed at Krugersdorp Private Hospital for at least two weeks to gain the

²⁶ A Public NEI based in Johannesburg

²⁷ R2175 of 1993 refer to students in this course as Pupil Enrolled Nurses

experience. The curriculum was aligned to the outcomes based format before it was again presented after being dormant for five years (GFNC Volume 7:272).

In 2004, the college launched a pilot project on the implementation of a Continuous Professional Development (CPD) programme for nurses. Staff from the college as well as staff from Leslie Williams Private Hospital was seconded to work on the project. The team consisted of the principal and vice principal (in advisory capacity) and Ms E Nkhumane, Ms C Hlangoti and Ms M Strydom. For the pilot, a number of opportunities were created, ranging from lectures, demonstrations, articles, ward rounds, conferences, etc. Ms M Strydom developed a database and all participants were registered, information was captured, certificates printed, records maintained and credits calculated. A letter was written to the SANC requesting an opportunity to demonstrate the programme to them in the view of making it available to nurses once the CPD was officially launched, but the SANC was not interested at that stage (Lombard and Nkhumane, 2010:45; Dlomo, 2010:11).

Towards the end of 2005, the previously known Gold Fields Training Services Trust was launched as the Gold Fields Business Leadership Academy (GFBLA). The purpose was to ensure quality training at the Gold Fields Mines through a unified and centralised training and education department. The nursing college was transferred to be administered and managed by the new entity (Kotze, 2010:16; Dlomo, 2010:11). An application for registration as a private FET provider (SA, 1997) was submitted to the Department of Education (DoE) under the auspices of GFBLA. The FET Act, in an effort to ensure quality education by private institutions, required all private education institutions offering full qualifications, to register as such. The Certificate for Enrolment as a Nurse fell within the requirements of the FET Act. It was a long and cumbersome process, which was only completed after 2006 (Lombard and Nkhumane, 2010:50).

In August 2006, the college celebrated its 60th anniversary. A gala dinner was held and people who played an important role in the history and development of the early years up to the year 2006 were invited. Among the dignitaries were Prof. Pete and Mrs Rosalie Lowe, Mr Arthur Breakfast, who was a student and at that stage a tutor at the college, Prof. Minrie Greeff and Prof. Hester Klopper (in absentia). Alumni who attended the function were Mr Steve Terblanche, Mr Simon Ndlovu, and Mr Clement Mpou. Mr Mike Prinsloo, Chief Executive Officer of GFBLA presented the key note address and acknowledged the unique

role and contribution made by the Gold Fields Nursing College over the 60 years of its existence (Kotze, 2010:17; Dlomo, 2010:11).

The clinical facilities and the NWU who were always supportive of the college in all its endeavours were acknowledged with a mounted nurse's lamp in appreciation for their continued support.

3.9 SUMMARY

The Gold Fields Nursing College had a turbulent journey throughout its existence of sixty years. In the early years it was faced with possible deregistration due to the conditions of the clinical facilities and the lack of equipment. There were periods when the conditions were improved and reports of excellent standards of training were found in the archives.

The College was subjected to the unusual position of being managed, as was once clearly stated 'an academic institution within a mining environment.' It was perceived by the management as something that was not possible. It was expected of the college principal and staff to adhere to mining guidelines and not to the academic standards and guidelines as prescribed by the statutory body.

The college was at some stage considered as the 'flagship' of Gold Fields of South Africa due to the contributions that were made towards community development projects and the highly commended academic achievements of its students. Unfortunately, the changes in the mother company affected these sentiments negatively, as new managers did not see the value added to the company, as well as the community at large.

Politics within the company led to the college being transferred back and forth on a regular basis. These frequent changes in management and reporting structures demoralised the staff and there was an atmosphere of 'the college constantly being up for sale to whoever was interested and at any price.' In spite of this, the staff remained dedicated to their passion, getting the best deal for the students, delivering the service to the students and clients, which they deserved and to which they were morally bound.

The staff took pride in what they were doing and always had a clear vision of where they wanted to be. They faced many obstacles and were often treated as the 'Cinderella' of the

company, only allowed to be seen and heard when community projects were to be showcased.

The leadership of Mr M Prinsloo and Mr JC Nel was the first to really appreciate the value of the college and its right to existence. They took a lot of trouble to market the college as a department of the GFBLA and to improve the facilities to be comparable to those of the mining departments.

The Gold Fields Nursing College is still operating today under Ms E Nkhumane who was appointed as principal in 2011. It is in the process of applying for higher education registration. If the future of the college depends on the academic and supporting staff, it will be operational for another sixty years.

CHAPTER FOUR

THE HISTORY OF NETCARE TRAINING ACADEMY

4.1 INTRODUCTION



Netcare Education forms part of Netcare Limited, an investment holding company that operates through its subsidiaries, the largest private hospital network in South Africa and the United Kingdom (www.netcare.co.za/netcare/contentCompanyProfile2009/). Netcare

Education is one of the largest providers of nursing and related health care education in South Africa's private sector. Basic nurse training is provided as well as a selection of post basic and management development programmes. They are also offering a variety of short and refresher programmes to their own employees, and to employees of other companies and self-funded students and professionals.

4.2 DATA COLLECTION

The Netcare Training Academy is the second PNEI included in the sample according to sampling criteria. The same process for data collection as discussed in Chapter 3, (refer to 3.2) was followed. An oral history semi-structured interview (n=1) was conducted with an information-rich individual, i.e. the national training manager (Appendix K). A former principal of the Netcare Training Academy wrote a narrative on the history of the institution. Netcare Training Academy (NTA), of which the name was changed to Netcare Education in 2007, celebrated its twenty-fifth anniversary in the year 2010. An overview of the highlights during those 25 years was published as part of the celebration. A brief history of the NEI (Netcare Education, 2010) was included in this publication and was made available to the researcher.

The SANC archive contained files on the St Augustine's Hospital (S 177) from which NTA originated. This file contained original handwritten letters from St Augustine's hospital to the SANC. The other archived file volumes on Netcare Academy contained documents on the Clinic Holdings Group and later on the Netcare Training Academy. Netcare Training Academy established sub-campus in different regions in accordance with the acquisition and growth of the holding company. These sub-campus became independent NEI over the years, each with its own SANC reference number. Archived files were created for each learning centre as they were accredited as independent NEI. For easy reference, the researcher coded the archived files as set out below:

- St Augustine’s Hospital (S 177)
 - NTA St A Volume 1: 1951 to 1968
 - NTA St A Volume 2: 1968 to 1975
 - NTA St A Volume 3: 1975 to 1986
- Clinic Holdings (S 1047):
 - NTA CH Volume 1: 1986 to 1998
- Netcare Training Academy (S 1047)
 - NTA Volume 1: 1998 to 2002
 - NTA Volume 2: 2002 to 2007
- Netcare Training Academy KwaZulu-Natal (S 177)
 - NTA KZN Volume 1: 1996 to 2002
 - NTA KZN Volume 2: 2002 to 2007
- Netcare Training Academy Western Cape (S 172)
 - NTA WC Volume 1: 1998 to 2003
 - NTA WC Volume 2: 2003 to 2010
- Netcare Training Academy Pretoria (S 1588)
 - NTA P Volume 1: 1996 to 2006
- Netcare Training Academy Eastern Cape (S 1587)
 - NTA GA²⁸ Volume 1: 1989 to 1996
 - NTA EC Volume 1: 1996 to 2004
 - NTA EC Volume 2: 2004 to 2010

The data obtained from the interview and archive search (Appendix L) will be chronologically narrated in the following section.

4.3 GENERAL OVERVIEW

The development of the NTA happened over a long period, starting in 1951 at the St Augustine’s Hospital in Durban, KwaZulu- Natal. In 1989, St Augustine’s Hospital became part of the Clinic Holdings Group. Clinic Holdings formalised nursing education and established NEI in Johannesburg (1989), in Port Elizabeth at the Green Acres Hospital (1990) and in Pretoria (1996). The school at St Augustine’s Hospital was operational up to 1998 under the auspices of Clinic Holdings.

²⁸ GA= Gauteng

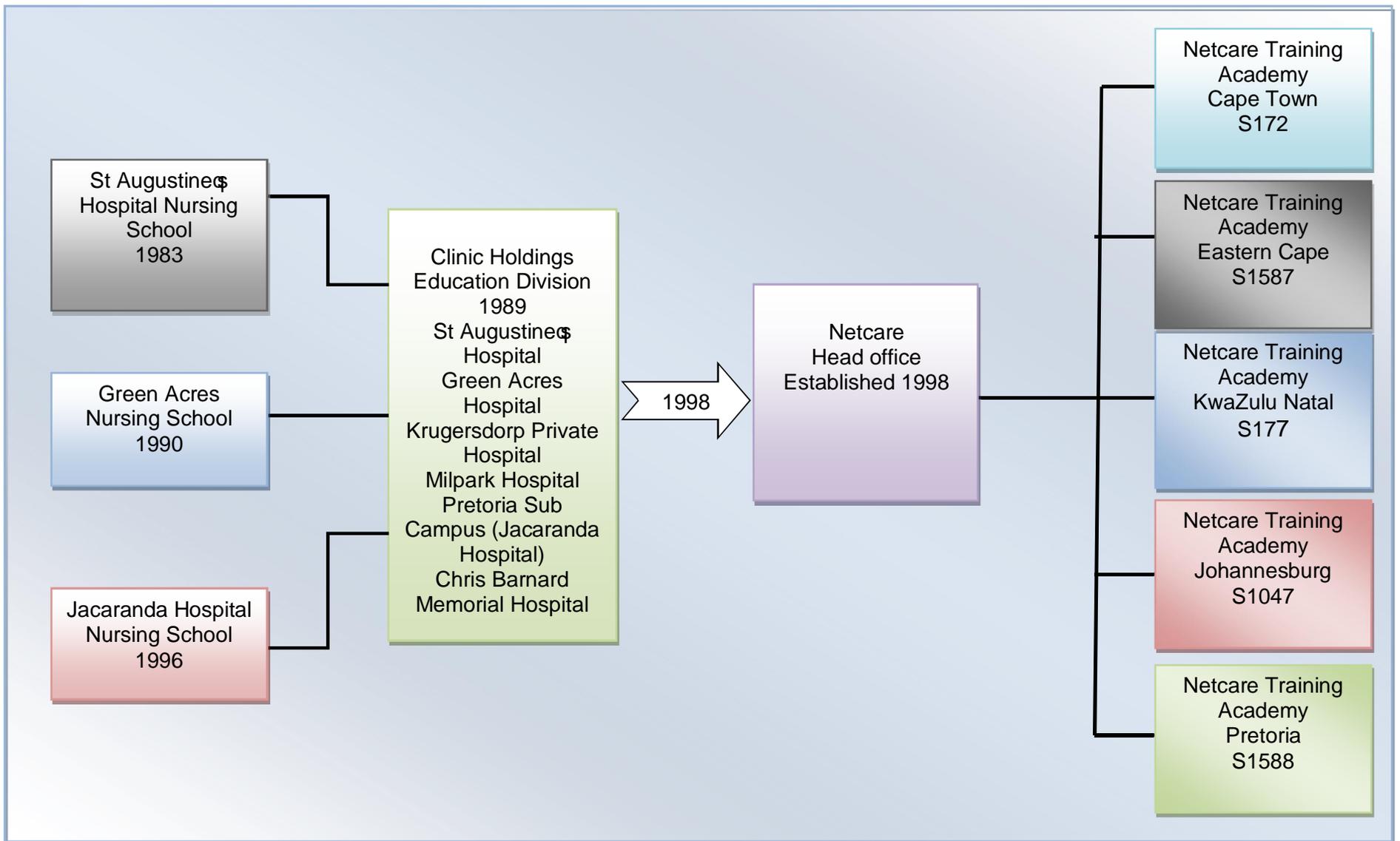


Figure 4.1 Structure of Netcare Training Academy learning centres

The Netcare Group in turn, acquired clinic Holdings in 1998. The Clinic Holdings Limited Education Division became the NTA with a head office in Johannesburg on the same premises as the Gauteng campus. The St Augustine's Hospital became the Netcare Training Academy KwaZulu-Natal in 1998. NTA established a new learning centre in Cape Town in 1998. The Green Acres Nursing School became a sub-campus of the Cape Town Learning Centre. In 2003, the Netcare Training Academy Port Elizabeth became an independent, fully accredited learning centre.

4.4 THE ORIGIN: ST AUGUSTINE'S HOSPITAL

The first entry in the archived file on the St Augustine's Hospital, then known as the Convent Sanatorium, 107 Chelmsford Road, Durban, Natal, established in 1910, is dated 25 January 1951 and addressed to Ms CA Nothard (Appendix M). Mr A Ratford enquired about the establishment of a training school at the sanatorium for which application was submitted. Unfortunately, no record of such application could be found in the records of the SANC. The Reverend Mother, Sister Mary Dominique, was requested to re-submit the application for consideration. Correspondence was hand written, which is in keeping with the general mode of written communication for that period (NTA St A Volume 1:1).

On 17 December 1952 Sister Mary Agnes of the Augustinian Order, wrote to the SANC to apply for the opening of a nursing school for European²⁹ females at the Convent Sanatorium, Chelmsford Road, Durban, Natal, (established in 1910). The hospital was renovated at the time and only 94 beds were utilised but another 32 beds would be available after the renovations. The bed occupancy was 85% (NTA St A Volume 1:2). The plan was to enter into an agreement with the Addington Hospital in Durban for exposure of students to children and outpatients, but no reply was received at that time. The authorities of McCord's Hospital, in Durban, were also approached and expressed their willingness to accept students from the Convent Sanatorium, should the SANC agree. The plan was to include a group of students from the other mission hospitals who would go back to work in these same hospitals after completion of training. The names of these mission hospitals were not mentioned in the correspondence (NTA St A Volume 1: 5).

²⁹ The terminology used to describe the different race groups in that era was %European+ or %white+ and %non European+ or %black+.

The SANC conducted an inspection visit to the Convent Sanatorium. The inspection report, dated 21 January 1953 indicated that it was not possible to approve the application since the proposals regarding beds and utilisation of other hospitals for training purposes had not yet been finalised. It was suggested that the application be re-submitted once those proposals had been brought to finality. It was also suggested that the application should state exactly what arrangements had been made with other hospitals for training purposes, e.g. the details of the training that students would undergo at the hospitals, the periods of posting, etc (NTA St A Volume 1:8).

After several instances of correspondence on the matter, the application for the training school was again submitted on 3 March 1953 and tabled at the SANC meeting of 15 April 1953. The application was not approved, because non-European trained personnel would train European students, which was unacceptable during the Apartheid-years. Apparently, a similar proposal for training was approved before and proved not to have been successful. The committee suggested that the Convent Sanatorium seek the assistance of the Natal provincial administration or private hospitals to make suitable arrangements for the training of the students in casualty and outpatient nursing, children's nursing and fever nursing (NTA St A Volume 1:12).

The matron of the Convent Sanatorium, Sister Mary Agnes, promptly wrote a letter to the director of the provincial medical and health services, Natal. The request was to utilise the Addington Hospital for learning opportunities in paediatric nursing care and the Indian-African Clearing Station for outpatients and casualties. Mainly European nurses who were in charge and black nurses who served as aides staffed these hospitals. In spite of a positive attitude towards the request, the provincial department was slow in giving a final answer. The matron of the Convent Sanatorium wrote to the SANC again on 23 April 1953 about its application, explaining the situation (NTA St A Volume 1:15). In the meantime, the director of the provincial medical and health services consulted the SANC on the request from the Convent Sanatorium seeking advice on the acceptability of the proposal. The executive committee of the SANC then resolved that students would be required to attend for three months at the Addington Hospital for children's nursing, for two months at the Indian-African Clearing Station for outpatients and casualties and for one month at Wentworth Hospital for communicable diseases (NTA St A Volume 1:16).

The letter written by Sister Mary Agnes on 23 April 1953 only reached the SANC on 24 November 1953. The SANC duly informed Sister Mary Agnes of its recommendations mentioned in the previous paragraph (NTA St A Volume 1:17). The Convent Sanatorium received confirmation from the Natal provincial administration on 8 December 1953 for the utilisation of the Addington-, King Edward VIII- and Wentworth Hospitals and the African-Indian Clearing Station. The plan was to allocate a maximum of six students to the Addington Hospital in the coloured children's ward, for a period of three months each, to obtain experience in children's nursing, and the Wentworth Hospital for a period of one month each for experience in infectious diseases. The King Edward VIII Hospital would accept the students to the Indian-African Clearing Station for outpatients and casualty experience (NTA St A Volume 1:19)

Ms CA Nothard and Mr WJ van Schalkwyk inspected the hospital on 19 January 1954. The executive committee of SANC tabled the inspection report for consideration on 3 February 1954. The application for registration as a training school was recommended with effect from 1 January 1954. However, the inspectors highlighted certain problem areas in the report, i.e. it was found that a non-European midwife was employed at the station and that she was practising beyond the scope of registration; a student nurse from St Aiden's Indian Mission Hospital carried out dispensing under supervision of a registered nurse which was not allowed and the number of forceps for dressings was insufficient for the number of procedures performed (NTA St A Volume 1:21). The matron of the Convent Sanatorium was requested to correct these to the standard required for training purposes. The relevant circulars and documents were sent out. The following year in November 1955, Ms CA. Nothard was informed that a male nurse was in charge of the theatre at the Convent Sanatorium. At that time, it was not permissible for a male nurse to assist at operations of females and children. The matron was requested to explain the situation. Ms WE Baird, the matron, acknowledged the fact that a male nurse was indeed working in theatre but he was not in charge. The male nurse was assisting at operations of females and children but had resigned in the meantime. Ms WE Baird reassured the registrar that it would not be done again in future (NTA St A Volume 1:25).

In July 1958, Ms WE Baird applied to the SANC for the accreditation of the newly opened outpatients department at the St Augustine's Hospital, to be used for student nurses in training. In May 1958, the outpatient department in the hospital itself was expanded and in

addition, a satellite clinic for coloureds and Indians were opened in Mayville. A combined average of 52 patients per day was treated at the two facilities. The cases treated at the hospital outpatient department included dressing after discharge from the hospital, removal of stitches and removal of splinters, warts, calluses and foreign bodies, removal of Plaster of Paris, stitches to head and knee and finger injuries, treatment of burns, abscesses and septic sores, bowels wash out and daily injections for different conditions. The doctor treating the case or the sister in charge was always present.

Dr K Smith was in charge at the clinic in Mayville and was assisted by a registered nurse. The types of patients treated at Mayville Clinic were much the same as at the hospital and included cuts and bites, septic sores, boils, warts, conjunctivitis, ringworm, dressings and injections carrying on after discharge from hospital. There were 12 student nurses in their third year who were allocated to the outpatient department and the clinic in Mayville. The SANC approved the placement of students for the duration of one month of training in all of the outpatients departments (NTA St A Volume 1:26).

On 1 April 1959, the matron of St Augustine's Hospital enquired about institutions that offered the diploma course for nursing tutors. The tutor at the school was aging and the matron felt that a suitably qualified tutor should be employed to ensure that the training met the desired standard. The registrar of the faculty of medicine at the University of Witwatersrand could not confirm that the course would be presented in the following year. The SANC suggested that the matron enquire at the University of Cape Town (NTA St A Volume 1:30).

On 20 October 1960 the St Augustine's Hospital informed the SANC that they had moved into a new training centre which was housed in a separate building from the hospital and in a quiet area, consisting of two lecture rooms, a demonstration room, library and an office for the sister tutor, which had been fully equipped (NTA St A Volume 1:32). The hospital was subsequently expanded in February 1961 by 12 more beds that were allocated as follows:

- One four-bed general ward for females
- One four-bed ward for Gynaecology, and
- Four extra beds for the ear, nose and throat section.

In 1963 the mission hospitals enquired about the possibility of training white³⁰ students belonging to religious orders in mission hospitals, as these religious orders were recognised as training schools for non-white students only. The SANC had no objection to white students undergoing their training in such schools, provided the provisions of section 49 of the Nursing Act, Act No. 69 of 1957 were adhered to (NTA St A Volume 1:34).

Disposable syringes were introduced in 1964. The SANC had no objection to the use of disposable syringes in wards, as long as the students were taught the principles and methods on how to sterilize syringes (NTA St A Volume 1:41).

In 1965, Natal experienced a serious shortage of nurses and very few applications from prospective white auxiliary nursing students were received. Mr RE Welkin of the St Augustine's Hospital suggested to the SANC that they *"might employ a superior class of person, giving them one year of practical bedside nursing training, and on completion of this special one year course, give a flat salary of R80.00 per month. The idea is that there are many ladies of leisure, who have their own houses and accommodation, many of whom are engaged in activities for charity, who might just like to take a course of this kind."* This initiative would only be allowed at St Augustine's Hospital and was not to interfere in any way with general nursing training. Permission was asked from the SANC to submit the following advertisement in the Durban newspaper (NTA St A Volume 1:45):

St Augustine's Hospital Durban.

Special opportunity offer to women, age limit 45 years, of superior education to take a special one-year course of practical bedside nursing.

Must live out.

Will receive nominal salary during training,
of R50.00 a month for one year.

Salary on completion of course,
R80.00 per month.

On completion of course will have distinctive uniform and will be known as practical nurse,
and an appointment assured in this hospital.

Duties will be interesting and worthwhile.

Application in writing.

Figure 4.2 Advertisement St Augustine's Hospital placed in Durban newspapers

³⁰ The correspondence uses the term 'white' students where reference was made to 'European' students earlier on. The term 'non-European' has now been replaced by 'black'.

This scheme was not to be confused with nursing training schemes offered by the SANC. Thus, this letter was written to the SANC in advance, to ensure that the hospital would not be encroaching on the rules and regulations of the SANC. The reference to ~~the~~ training in nursing+ was deliberately omitted. In reply to this letter, the SANC responded that the matter was in order. The SANC had no control over ~~the~~ *persons who are not registerable or enrollable or who are not in training to be registered or enrolled.*” The SANC suggested that the words ~~the~~ assistant nurse+or ~~the~~ nurse aide+be substituted with the words ~~the~~ practical nurse+. The title had to indicate clearly that the person was not a qualified nurse (NTA St A Volume 1:48).

The response to the advert was excellent. There were over 40 applications, all upper class women between the ages of 35 and 45 years, out of which 22 had been selected for training, and commenced training on 1 April 1965. This information was forwarded to the SANC since there had been a recent inquiry into the shortage of nursing staff. Mr RE Welkin was of the opinion that there might perhaps have been a group of people who appeared very willing and capable to be trained, and that they should be given the opportunity to become nursing assistants. However, there were certain conditions under which this training could be feasible, such as that, the women would be near their own homes and had little demand from their grown-up children. The women appeared to be considerably enthusiastic for being given the opportunity to take a course of this kind (NTA St A Volume 1:50).

On 17 May 1966, the matron submitted an application to the SANC for the accreditation of the two nurseries within the maternity department as learning areas for paediatric nursing. The one nursery consisted of 30 mobile cots with air conditioning and appropriate facilities for bathing and preparation of babies. There was also a smaller premature nursery, containing two incubators, and a third portable incubator reserved for emergencies. The isolation room and facilities for bathing and nursing, as well as the milk kitchen for preparation of feeds, provided plenty of learning opportunities. The maternity department was fully equipped with wall fittings, pipelined oxygen and suctioning. Most of the senior specialists in Durban used and visited the nursery daily. Allowing students to be placed in this facility would provide many opportunities for learning certain aspects of paediatric nursing. The sister in charge had qualifications in general nursing, midwifery and mother craft. The SANC approved of the application and allowed students to be allocated to the nurseries for not more than one month in all during their training. However, students were not allowed to be allocated to the labour room or take part in deliveries in any way (NTA St A Volume 1:55).

From 1 December 1966, the number of beds in the hospital was increased by twenty-five in the new block. These were private wards, which would be used for both male and female patients, mixed, and medical and surgical cases. On 8 May 1967, the hospital opened the new post-operative recovery ward and an intensive care unit of eight beds (NTA St A Volume 1:58).

On 29 May 1967, the St Augustine's Hospital applied for the registration of the postgraduate Certificate Courses in Operating Theatre Nursing and -Intensive Care Nursing. Both these departments were new and fully equipped and in addition, the theatre- and intensive care unit sisters in charge were both qualified in respective techniques. Ms A Balcon, then matron, assured the SANC that the hospital could comply with the prescribed requirements for recognition as a training school, with the following reservations (NTA St A Volume 1:60):

- It was found that two months in the anaesthetic and recovery room were sufficient time to learn all that was necessary
- It was recommended that an additional month or more be allocated to the thoracic unit as one month has been proved to be insufficient
- There was a neurosurgical/neurological unit in the hospital where nurses could be trained in Intensive Care Nursing or Neuro Care Nursing
- Two months in respiratory, cardiac and renal resuscitation in the intensive care and outpatients were suggested
- The hospital had an agreement with the Workman's Compensation Commission, which would ensure that accident cases were referred to the hospital
- In addition, the hospital had negotiated with Addington Hospital to expose students to haemodialysis, Wentworth Hospital for exposure to lung and heart machines and the hyper baric oxygen chamber
- It was regarded that twelfth months were sufficient time for training in intensive care, and
- It was proposed to limit the training to eight students and that a selection committee should screen each one.

The inspection report for the accreditation of the postgraduate Certificates in Operating Theatre Nursing Science and -Intensive Care Nursing was positive.

Postgraduate Certificate in Operating Theatre Nursing: It was found that four registered nurses in the theatre were in possession of theatre technique as an additional qualification. The number of operations performed during 1966 was 2795, which had increased considerably in the year 1967, due to additional theatres being opened. The hospital could comply with the prescribed requirements for the operating technique course.

Postgraduate Certificate in Intensive Care Nursing: The new unit for intensive care nursing was exceedingly well equipped. There was one sister who was registered in intensive nursing care as an additional qualification. There was no heart and lung machine, but it was hoped to obtain permission to take the students to Wentworth Hospital to see this machine in operation and to Addington Hospital for haemodialysis. Apart from these two items, the hospital could comply with the prescribed requirements for the intensive nursing care and registration was recommended with effect from 1 August 1967 (NTA St A Volume 1:60).

As recorded earlier on, the St Augustine's Hospital placed students at the coloured children's ward of the Addington Hospital. On 14 July 1967 the matron of the St Augustine's Hospital informed the SANC that the children's ward would be transferred to Wentworth Hospital, Bluff, this was quite a distance from where it had been. The matron then requested the SANC to allow St Augustine's Hospital to place the students at St Anne's Hospital in Pietermaritzburg. St Anne's Hospital was in many administrative respects closely affiliated to St Augustine's Hospital and approved for training of auxiliary nurses. It had ample learning opportunities. St Anne's Hospital had a residence close to the hospital where single room accommodation was available for students. The senior sister tutor would visit Pietermaritzburg for lecturing and the matron, matron's assistant and sister tutor of St Anne's Hospital would assist with accompaniment (NTA St A Volume 1:66).

The SANC was not keen to grant the request as the advisability of allocating student nurses and student auxiliary nurses at the same facility was questioned. SANC recommended that St Augustine's Hospital should terminate the training of nursing auxiliaries at St Anne's Hospital and apply for recognition as a part of the St Augustine training school (NTA St A Volume 1:61).

The hospital councils of St Augustine's Hospital, Durban and St Anne's Hospital, as well as Pietermaritzburg Hospital, were of the opinion that it would be retrograde to withdraw the training of nursing auxiliaries at St Anne's Hospital, mainly due to the increased interest shown in the auxiliary nursing programme. The application for placement of student nurses to receive paediatric training at St Anne's Hospital was subsequently withdrawn (NTA St A Volume 1.66) On 11 February 1970, an application from St Augustine's Hospital for the training of white auxiliary nurses was submitted to the SANC. Approval was granted with effect from 1 March 1970 (NTA St A Volume 2:68). The following were enclosed:

- Regulations regarding roles for students
- Regulations for the course for the certificate for enrolment as an auxiliary nurse
- Tutor's guide on lectures and demonstrations
- Minimum numbers of teaching periods, and
- Circular 1 of 1962 and Circular 4 of 1969

On 16 February 1970, a letter was written to the SANC expressing the intention of both St Augustine's and Entabeni Hospital authorities to apply jointly to the SANC for the status of a college of nursing, incorporating the existing facilities of both hospital training centres. The SANC was requested to conduct an inspection of all the facilities and it was suggested that the 'Durban Private Hospital's College of Training' be established. There were two sister tutors, Sr G McCaigne and Sr DN Heinen of whom it was proposed that both would be registered as in charge of the institution. If that were not permitted, Sr G McCaigne, who was more senior, would be the person in charge of the College. The combined bed strength of the two hospitals was 501 of which St Augustine's Hospital had 258 and Entabeni Hospital 243 (NTA St A Volume 2:69). No evidence on the outcome of this application could be found in the archived files.

In response to the application, the SANC informed the parties of the stipulations of Government Notice R3901 of 12 December 1969. According to this Regulation, the SANC was authorised to approve the college. Only one person could be in charge and an inspection would have to be conducted before the application could be considered. The parties were also referred to Government Notice R933 of 28 June 1963. The SANC could not supply an exact date for the inspection. It was suggested that when the college was recognised the two hospitals should apply for recognition as training schools in association with the college. On 20 July 1970, St Augustine's Hospital and Entabeni Hospital were

informed that the inspection would be conducted on 19 August 1970 by Ms Freeman and the Registrar of the SANC (NTA St A Volume 2:72).

In December 1970, the directors of the company decided to assume the parallel training of student nurses for the auxiliary course and for the diploma course. The decision was made after discussion with the matron, sister tutor and subsequent discussions with the director of medical services, provincial hospitals, Natal (NTA St A Volume 2:75). An application was submitted to the SANC for the affiliation of the Parklands Private Hospital to St Augustine's, which resulted in a total of 429 beds available for placements of students as the two hospitals were owned by the same holding company. The Parklands Private Hospital had a bed strength of 178 beds, which included eight recovery beds and a total number of 104 wards, which consisted of private, semi private, deluxe, executive and four bed wards of which 80% was dedicated to surgical patients and 20% to medical patients. The matron of St Augustine's Hospital, Mrs M Collenbrander would be in charge of the training of the students at both hospitals (NTA St A Volume 2:76). The application was granted on 29 January 1971 (NTA St A Volume 2:78). An application for the recognition as a school for white and non-white nursing assistants, females and males, which was submitted in 1972, was approved on 10 January 1973 (NTA St A Volume 2:81).

Mrs M Collenbrander informed the SANC of the intention to present the postgraduate certificate course in Intensive Nursing Care starting in April 1973. Three or four experienced intensive care sisters wanted to register for the course. One of these sisters held a Coronary Care Certificate, registered in England. Sister Inman, who was a member of the staff and held a postgraduate certificate in Intensive Nursing Care, was going to be in charge of the course. However, there was a possibility of Sister Inman returning to England and the SANC was asked if exemption for having a trained intensive care nurse in charge of the course would be granted in that case. SANC replied that exemption could not be granted (NTA St A Volume 2:88).

In January 1974, a white male nurse was registered for the Diploma in General Nursing at the St Augustine's Hospital. Since the school was not approved to train male nurses, an urgent application in this regard was submitted to the SANC on 9 December 1974. The request was granted accordingly (NTA St A Volume 2:91).

On 18 August 1975, the SANC was informed that Mrs M Collenbrander had resigned and was replaced by Mrs LN Birkenstock. Mrs JGM Raw was appointed as senior sister tutor and was responsible for the administration of the training school and students. She had the following qualifications (NTA St A Volume 3:101):

- General Nursing Certificate (1940)
- SA Medical Council Registration Certificate (1943)
- SANC registration as a Midwife (1965), and
- Diploma Nursing Education (Natal University).

The SANC was requested to address all future correspondence regarding training and administration of students to Mrs JGM Raw. On 21 March 1977 Mrs JGM Raw, informed the SANC that she would be retiring and that her replacement was going to be Ms KN Howells as from 1 May 1977 (NTA St A Volume 3:110). Parklands Private Hospital withdrew from the affiliation with St Augustine's Hospital on 1 October 1979 (NTA St A Volume 3:120).

On 2 April 1981 the St Augustine's Hospital submitted written permission from the department of hospital services, Natal provincial administration for nurses of all race groups to be trained at St Augustine's. The administrator and executive committee mentioned that the following conditions previously approved by the executive committee would continue to apply (NTA St A Volume 2:126):

- It was preferred that each race group should be nursed by members of the same race group
- That in the event of qualified white nursing personnel not being obtainable, the executive committee will agree to permit the employment of state registered non-white nurses, provided that the number of state registered non-white nurses employed, does not exceed 50% of the nursing staff employed, and
- That the Institution and its nursing personnel, be under direct white supervision, for 24 hours of the day.

The SANC confirmed that there was no provision in connection with this matter in the Nursing Act, Act No. 50 of 1978. As far as SANC was concerned, it was a matter to be decided entirely by the school (NTA St A Volume 3:130). On 3 December 1985, the St Augustine's Hospital informed SANC that the principal tutor in charge of the training school, Ms KN Howells has resigned and was replaced by Ms RE Goosen, as from 1 December 1985. Ms

Goosen was a qualified registered nurse, registered midwife and sister tutor (NTA St A Volume 3:139).

The Diploma in Nursing (General, Psychiatry, Community) and Midwifery (Government Notice R245 of February 1985) was introduced in 1986. St Augustine's Hospital, St Aiden's Hospital, and Entabeni Hospital negotiated with the Natal College of Nursing to allow students from said private hospitals to participate in the training. The SANC was duly informed of the enrolments and that students would be placed in the respective mother hospitals for clinical experience as these were previously approved by the SANC. Each Institution has confirmed that they agreed to the conditions of enrolment. The SANC acknowledged receipt of the notification on 14 August 1986 (NTA St A Volume 4:155).

St Augustine's Hospital became a member of the Clinic Holdings Group in 1989 (NTA St A Volume 3:157). The history of St Augustine's Hospital will be continued in paragraph 4.5.3.

4.5 CLINIC HOLDINGS LIMITED EDUCATION DIVISION

Clinic Holdings Limited was established in 1987. The mission of Clinic Holdings was the provision of highly specialised, cost-effective, and quality care to the consumer (Paolini, 2002:1). The Clinic Holdings Group acquired a number of hospitals, including the St Augustine's -, Green Acres -, Milpark -, Krugersdorp Private -, Jacaranda - and Chris Barnard Memorial Hospital which were registered as hospital based training schools for the nursing auxiliary course (Nell, 2010:15). The hospital-based nursing schools all became part of the Clinic Holdings Education Division, which was established in 1989 (Paolini, 2010:2).

Based on the recommendations from the various commissions of investigation and reports on healthcare and nursing, and their mission, the top management of Clinic Holdings decided during 1988 that it was desirable to contribute to the national needs with regard to nursing training (Paolini, 2002:2). The development in the area of nursing training complimented Clinic Holdings' strive for excellence in health care (Bloch, 1989:2) The role of the private sector was seen as complimentary to nursing training in the public sector and was directed as an interdependent relationship between the public sector, universities, nursing colleges and the private sector. Nursing education was not viewed as profitable in the short term, but rather as a long-term investment (Paolini, 2002:2).

Although the care in the private sector was mostly curative of nature, it was aimed at cost-effectiveness without loss of quality. In 1989, pioneering work was done by the establishment of the Clinic Holdings Education Division with regard to the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse, a first for nursing education in the private sector (Paolini, 2002:3). The development was in line with the group's objectives, namely the strive towards excellence in health care, the commitment to nursing training, short and long-term health care planning and investing in the group's nursing personnel. Keeping the mentioned objectives in mind the training commenced in July 1989 (Paolini, 2002:3). This led to the establishment of the Clinic Holdings Education Division (Nell, 2010: 15).

Initially the Clinic Holdings Education Division consisted of only five people, namely Ms S Hamilton, (group nursing services manager), Ms MW Paolini, (educational consultant in Johannesburg), Ms M Vuyk, (educational consultant in Pretoria) and the infection control consultant, Ms C Park (NTA CH Volume 1:1). The institution was privileged to have the services of a secretary, Ms B Mbatha. An application to become a training school was lodged at the SANC. The different hospitals, which could be utilised as clinical facilities, were identified and applications to that effect lodged (Paolini, 2002:4). With the assistance of Prof. M Muller from the Rand Afrikaans University (RAU) (now known as the University of Johannesburg or UJ), curricula were written and study guides were compiled. Interviews were done and all prospective students were informed that a calculated risk was taken, as the regulations were promulgated, but not yet published. The first group, consisting of 26 students was selected, and training officially started on 3 July 1989 (Paolini, 2002:5).

On 5 October 1988, the Clinic Holdings Group applied for approval as a training school for the Bridging Course³¹ for Enrolled nurses leading to Registration as a General Nurse to commence on 1 March 1998 (NTA CH Volume 1:3). Because regulations for the course were not yet published, the SANC replied that the application would only be considered once it was done. The clinical facilities, which were identified, for placement of students would be subjected to a SANC inspection prior to commencement of training and the SANC duly informed the Clinic Holdings Education Division of the planned dates for inspections (NTA CH Volume 1:5):

- Garden City 6 February 1989
- Milpark Hospital 7 February 1989

³¹ The short reference of Bridging Course will be used in the text

- Park Lane Clinic 8 February 1989
- Rosebank Hospital 9 February 1989
- Rand Clinic 9 February 1989
- Union Hospital 10 February 1989
- Medpark Clinic 20 February 1989
- Jacaranda Hospital 21 February 1989

Provisional approval was given in March 1989 pending the promulgation of the regulations (NTA CH Volume 1:6). The SANC resolved that the Clinic Holdings Group of Hospitals would be permitted to conduct the examination for the Bridging Course on behalf of the SANC, but clearly stated the following conditions (NTA CH Volume 1:9):

- The course remained a SANC course and would not become an in house course of Clinic Holdings Group of Hospitals
- The examination would remain a SANC examination and the examination fees would be payable to SANC
- The appointment of a moderator should be clarified with Ms K de Witt at the SANC offices
- The examination question papers should be moderated by the appointed moderator, who would act on behalf of the SANC and therefore the examination papers would not be sent to the SANC for final approval
- The procedures with regard to failure remained unchanged
- Once the examination results were finalised the copy should be sent to the SANC in order that the relevant diploma could be issued to candidates who had successfully completed the course, and
- Examiners and moderators would be remunerated by the SANC on receipt of the prescribed claim form.

Subsequently Ms SJ Armstrong of the BG Alexander Nursing College was appointed as the moderator (NTA CH Volume 1:11).

Final approval was given to Clinic Holdings Education Division as a nursing school for the Bridging Course on 14 June 1989. It was recommended that the first intake of candidates should not be earlier than 1 July 1989. Special attention had to be given to the orientation of hospital staff with regard to the implementation of the Bridging Course for Enrolled Nurses

leading to Registration as a General Nurse. Aspects that needed attention were the scope of practice of nursing sisters, record keeping, student evaluation, and a written policy manual had to be developed. Placement of students had to be organised according to the available expertise and learning opportunities. The number of clinical teachers required to give students accompaniment had to be increased to one per hospital. Teaching facilities and library had to be inspected once the building was completed and the proposed books and equipment had been bought (NTA CH Volume 1:14). On 16 October 1989, Mrs S Hamilton submitted the feedback on the above-mentioned issues to the SANC. The SANC was also requested to provide dates for the re-inspection of the Milpark Clinic, Rosebank Clinic, and the teaching facility, as well as the library (NTA CH Volume 1:15).

On 8 January 1990, Clinic Holdings Education Division lodged an application to the SANC to register as a provider for the course for Enrolment as Nursing Assistant. A curriculum was sourced from the Transvaal provincial administration. Permission to adapt the curriculum was given by Dr J Bornman, director of nursing education. The curriculum was aligned to the needs and context of the Clinic Holdings Group (NTA CH Volume 1, 2010:17). With approval from SANC for several programmes, the division expanded and Ms A Chancellor and Ms HC Klopper were appointed as education consultants in Johannesburg (Klopper, 2011).

In May 1992, the Clinic Holdings Education Division proposed a plan to the SANC to recruit nurses from East European countries. The suggestion was as follows (NTA CH Volume 1:22):

- Candidates still in the country of origin: The recruiting officer should make suitable arrangements with candidates to write a SANC examination in the country of origin. Should the candidate be successful, then either registration or enrolment with the SANC would follow
- Candidates already in South Africa: Candidates arrange with an approved school to write the examination. Should this candidate meet with the specific requirements of the SANC for enrolment as a pupil assistant nurse, the candidate should be enrolled as such and might practice nursing as a pupil nursing assistant for maximum of two years during which period examination for enrolment or registering may be undertaken, and
- No person could practice nursing for gain in South Africa, unless they were on the register or roll of SANC.

On 21 April 1992, Clinic Holdings Education Division enquired about the possibility of allowing immigrant nurses to gain clinical experience in Clinic Holdings Hospitals. Immigrant nurses who wanted to register with the SANC for registration as a professional nurse had to submit proof of the minimum number of clinical hours according to SANC requirements. Clinic Holdings Education wanted to allow these candidates to register and attend clinical learning at its approved clinical facilities. The SANC agreed to this request provided that these candidates were allocated to hospitals, which have been approved as clinical facilities for the Bridging Course for Enrolled Nurses, leading to Registration as a General Nurse and to be registered at the SANC. Detailed programmes on the proposed clinical experiences as well as the name of the supervisor of the training had to be submitted. On completion of the period of clinical allocation a notification of completion of training and a record of instruction had to be submitted (NTA CH Volume 1:29).

Ms A Baird, professional advisor at the SANC, requested the Clinic Holdings Education Division to submit the micro curriculum for the Bridging Course to SANC as well as the evaluation instrument for the Objective Structured Clinical Evaluation (OSCE) or an explanation on how the examination was conducted. The request came after a disturbing tendency was observed regarding insufficient knowledge related to ethos and professional practice and application thereof. Ms A Baird was concerned about the gap in the light of these candidates being prepared for registration as a nurse and it seemed as if proficiency in the psychomotor skills only was evaluated and that this was not supported by cognitive skills. It was essential that the cognitive, psychomotor and affective domains were appropriately evaluated in determining the marks which were submitted for the practical portion (NTA CH Volume 1:32).

On 12 February 1993 the Clinic Holdings Education Division requested the SANC to register the training school in the same manner as it was registered for the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse, which is the following: Training School Clinic Holdings Hospitals with extension of learning facilities at Garden City Hospital, Milpark Hospital, Rosebank Clinic, Park Lane Clinic, Rand Clinic, Barney Hurwitz Medical Institute (previously Cottesloe Rehabilitation Hospital), Union Hospital and Krugersdorp Hospital. These facilities were all included in the annual accreditation programme to assure

that standards were maintained for both the Bridging Course and Nursing Auxiliary training (NTA CH Volume 1:37).

In March 1993, the abovementioned was updated and the following hospitals were accredited as schools, in their own right, for the Course leading to Enrolment as a Nursing Auxiliary (NTA CH Volume 1:44):

- Green Acres Hospital
- Jacaranda Hospital
- Union Hospital and
- Unitas Hospital

The Barney Hurwitz Medical Institute, Krugersdorp Hospital, Rand Clinic and Rosebank Clinic were not approved as clinical facilities.

The Clinic Holdings Education Division moved to new premises in 1994 at 2 Bunting Road, Auckland Park, 2092 on the grounds of Barney Hurwitz Medical Institute (NTA CH Volume 1:47). An application for listing of the short course in trauma and emergency nursing was made on 28 March 1994 (NTA CH Volume 1:48).

The SANC embarked on a consultative process including nursing stakeholders in designing a unified system for nursing education in South Africa. The draft document was circulated to NEI. The response from Clinic Holdings Education Division to the SANC was dated 16 May 1997. On the issue of an internship after the second year of the course as an exit point, Clinic Holdings Education Division stated that it could be beneficial in that students would have had time to gain confidence and practice without responsibility, which may contribute to maintenance of high standards, as students should administer quality care to gain the qualification. The disadvantage was seen in that students may be lost to nursing due to the extended period of training. People wanted immediate responsibility. There were queries concerning the nature of internships in terms of who would be responsible for the allocation of students to areas for internship and what criteria would be used to confirm qualification. There was also a proposal for an internship after the fourth year as exit point. This proposal was acceptable as it was seen as advantageous since students would get the opportunity to integrate and consolidate knowledge and skills gained in the training programme. On the other hand, the disadvantage was the long period of training. There was a potential risk of

losing nurses due to the extended period of training. The general feeling was that a lot of experience and confidence were gained after completion of training and that the internship after the fourth year of training should be implemented as soon as possible (NTA CH Volume 1:58).

On 6 February 1998, an application for the short course in infection control was submitted to the SANC. According to Ms MW Paolini, there was a tremendous need for this course in the Clinic Holdings Netcare Group of Hospitals. The proposed implementation date was 1 April 1998. Thirty-three clinical facilities were listed for the clinical learning exposure of students in the course. Ms MW Paolini indicated, however, that only the facilities in Gauteng would take part in the first course with roll out to the other areas in the following year (NTA CH Volume 1:61). The SANC approved the application for approval for a short course for enlisting in Infection Control Nursing and clinical facilities as listed in the application on 29 July 1998 (NTA CH Volume 1:68).

The following section will describe the history of Green Acres Hospital, Pretoria Sub Campus and a continuation of St Augustine's Hospital School under the management of Clinic Holdings Education Division up to 1997, when the company was taken over by Netcare.

4.5.1 GREEN ACRES HOSPITAL IN CLINIC HOLDINGS

The Green Acres Hospital was part of the Clinic Holdings Group. On 15 June 1990, Mr IS Bloch gave permission to Green Acres Hospital to enter into an agreement with the Sharley Cribb Nursing College for the placement of students in the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse, the Four-year Diploma Course, and postgraduate Diplomas in Intensive Care Nursing and Operating Theatre Nursing Science. The sharing of the resources of nursing education was encouraged by Clinic Holdings Nursing Education as it enhanced the standard of nursing care. Ms S Hamilton at the Clinic Holdings Limited Nursing Education Division congratulated Mr LC Tait and the staff on receiving the Cape of Good Hope provincial administration approval for this association. It was obviously a reflection of the standard of care at Green Acres (NTA GA Volume 1:1989:2).

Ms E Smith, college head of Sharley Cribb Nursing College informed the registrar of the SANC that permission was granted by Green Acres Hospital for the placement of students as

indicated in the previous paragraph. Ms E Smith indicated that the learning opportunities in private hospitals were utilised with care and caution. However, it was true that learning opportunities within the public sector facilities were declining. The college rotated students between Port Elizabeth Provincial Hospital, Uitenhage Provincial Hospital, Livingstone Hospital, Dora Nzinga Hospital and Green Acres Hospital (NTA GA Volume 1:5).

On 22 August 1991: Mr LC Tait submitted an application for the Green Acres Hospital to be recognised as a training school for enrolled nursing assistants of all races and gender. Dr J Bornman then director of nursing education obtained the curriculum for the course from the Transvaal provincial administration with approval. It was adjusted to support the mission, vision, and philosophy of the Green Acres Hospital. A situation analysis was submitted to the SANC indicating the availability of teaching equipment (NTA GA Volume 1:7).

The system of training was based on:

- A five-day orientation block (eight periods per day = 40 periods)
- Two five-day blocks during the year (eight periods per day = 80 periods), and
- Three periods of two hours per week formal clinical guidance for 40 weeks would add up to 240 periods

The SANC postponed the inspection visit to Green Acres Hospital from July 1992 to 1993. No specific date was given. Eventually the inspection was conducted and the executive committee of SANC discussed the report. Feedback was given to Green Acres Hospital on 9 June 1993. The application was not approved (NTA GA Volume 1:13). On 22 December 1994 Green Acres Hospital informed the SANC that the auxiliary nurse course would only be presented in 1996 (NTA GA Volume 1:39).

Green Acres Hospital submitted a list of names of students for registration in the Course leading to Enrolment as a Nursing Auxiliary in 1996 (NTA GA Volume 1:57). On 15 May 1996 the SANC informed the matron of Green Acres Hospital that the institution was not approved as a nursing school for the Course leading to Enrolment as a Nursing Auxiliary (NTA GA Volume 1:58). The proposed curriculum for the course had to be submitted to the SANC for consideration and it was recommended that retrospective approval should be requested as from 1 February 1996.

On 2 July 1996, Mr LC Tait duly submitted an application for approval as a nursing school for the Course leading to Enrolment as a Nursing Auxiliary (NTA GA Volume 1:61). The request was for one intake per year and a maximum of 20 students per intake. The person in charge of the teaching programme was a registered nurse, Ms E Jooste. The application for the approval as a nursing school for the Course leading to Enrolment as a Nursing Auxiliary (Government Notice R2176 of 19 November 1993) was denied, as no curriculum was submitted for consideration (NTA GA Volume 1:66). Said document was then submitted on 22 July 1996 (NTA GA Volume 1:67).

The SANC responded to the submission on 6 August 1996. The curriculum submitted by Green Acres was outdated. It was designed according to the requirements of Government Notice R1571 of 21 July 1989, which was repealed and replaced by new regulations for the Course leading to Enrolment as a Nursing Auxiliary (Government Notice R2176 of November 1993). Guidelines in respect of information required were forwarded to Green Acres Hospital (NTA GA Volume 1:69).

Ms E Jooste then informed the SANC on 21 August 1996 those documents were submitted to the SANC separately (NTA GA Volume 1:71):

- An outline of the teaching personnel
- The situation analysis, and
- Curriculum, test paper, memorandum, and system of education.

This submission then enclosed the following:

- Lectures A, B and C
- Copies of in-service education for 1996
- Orientation programme
- Nursing organogram
- Copy of disciplinary procedure, and
- Completed record of training for the course leading to Enrolment as a Nursing Auxiliary.

The curriculum for approval, according to Government Notice R2176 of 19 November 1993, was submitted on 17 September 1996 (NTA GA Volume 1:73).

On 26 September 1996, Ms MW Paolini from the Clinic Holding Limited Education Division gave permission to Green Acres Hospital to utilise the approved Clinic Holdings Curriculum for the Course leading to Enrolment as a Nursing Auxiliary (NTA GA Volume 1:75).

In October 1996, the SANC conducted an inspection of the facilities. On 17 December 1996, the executive committee of the SANC discussed the inspection report. The SANC resolved that (NTA GA Volume 1:75):

- A copy of the inspection report, including all the consultations, be forwarded to Clinic Holdings Ltd.
- The approved curriculum of Clinic Holdings, Unitas Hospital for the Course leading to Enrolment as a Nursing Auxiliary, used by Green Acres Hospital, would ensure that all pupils have met all the prescribed requirements by the end of January 1997
- Should Green Acres Hospital not be in a position to complete the training, according to the approved curriculum sourced from Unitas Hospital, pupils would be relocated
- Proof that pupils have met with the requirements of Government Notice R2176 of 19 November 1993 would be acquired by end of January 1997 prior to the forthcoming examination in March 1997
- That if these requirements were not obtained, the school had the responsibility to make alternative arrangements in order for pupils to be accommodated at another approved school, and
- No further intake of pupils would be allowed until the curriculum of Green Acres Hospital had been approved.

On 9 December 1996, Green Acres Hospital applied for exemption from the requirements of Regulation 32(e) of Government Notice R2176 of 19 November 1993. Sr E. Jooste, who had an additional qualification in nursing education passed away. The hospital had interviewed three suitable candidates. Ms R Schaefer was appointed but was still studying towards the qualification and would obtain the qualification during 1997 (NTA GA Volume 1:77).

On 10 January 1997, permission was given by Ms A Meiring, head of the Unitas Nursing School, to Green Acres Hospital to utilise the curriculum for the Course leading to Enrolment as a Nursing Auxiliary, according to Government Notice R2176 of 19 November 1993 as approved by the SANC (NTA GA Volume 1:78).

On 13 January 1997, the curriculum sourced from Unitas Hospital was submitted to the SANC for approval (NTA GA Volume 1:79). A declaration was made that students in training at Green Acres Hospital would complete the course according to the improved curriculum of Clinic Holdings, Unitas Hospital. Ms R. Schaefer had been training students since 8 December 1996 and the hospital stated that the students would meet the requirements of Government Notice R2176 of 19 November 1993 before March 1997.

The SANC inspected Green Acres Hospital on 24 June 1997. Problems identified previously were as follows (NTA GA Volume 1:82):

- Curriculum and training:
 - Training of students from February 1997 without an approved curriculum
 - No induction programme for newly appointed teaching personnel
 - No clinical laboratory available
 - The library consisted of a room with a limited number of books in the nurse educator's office, with no room or chairs for students and no funds allocated to purchase books and journals
 - The school did not have any desks for students to write on. Desks were borrowed from Sharley Cribb Nursing College during examinations
 - Criteria for evaluation for assignments were not available
 - No examination policy was available
 - Student records were fragmented
- There was a re-visit to look at indicated aspects:
 - Curriculum for the Course leading to Enrolment as a Nursing Auxiliary had been submitted and approved by the SANC on 28 May 1997
 - Training for their hospital needs: A plan to train 10 pupils in future
 - The person in charge of the programme has applied for exemption of the nursing education qualification during 1997. She was expected to complete nursing studies in 1997
 - No guidelines had been prepared for an induction programme for newly appointed personnel as yet
 - Examination policies incorporated in the new curriculum which included mark allocation and instructions to students
 - Clinical laboratory . a lot of improvisation had been done. However, the space was there, but needed upgrading

- Inadequate library: books were still in the nurse educator's office, not accessible to students.
- Students were still without desks and were still using those of Sharley Cribb Nursing College during examinations
- Teaching strategies had improved, including methods that required students' critical and analytical thinking
- Clinical accompaniment was carried out by the teaching personnel, but needed to be structured
- Student records and comprehensive records had been drawn up and was used
- Supportive staff: They used the manager's typist for typing, under supervision. Test papers were kept in lockable cupboards
- Clinical area: There were abundant learning opportunities for pupils, and
- Clinical staff was co-operative in assisting pupils in their learning experience.

New developments had taken place since the last inspection. At first, the management of Clinic Holdings had put a moratorium on training at the institution. This meant all requests for equipment and motivation for use of available space were put on hold. Later the company reversed this decision and it was decided that the equipment, like desks etc. previously motivated for, would be issued. The inspectorate made them aware of the implications of another visit to the institution as very little had changed. Subsequently Green Acres Hospital had sent a letter with the following highlights: The management had committed to supply the required equipment and space. In October 1997, the SANC informed Green Acres Nursing School that training of auxiliary nurses could commence with 10 pupils (NTA GA Volume 1:87).

The Green Acres Hospital Nursing School later became a sub campus of the Cape Town Learning Centre, which was established in 1998 under Netcare. The discussion on the history will continue under paragraph 4.6.3.

4.5.2 PRETORIA CAMPUS

Pretoria Campus evolved from the Jacaranda Hospital Nursing School. On 22 October 1996 the Clinic Holdings, Pretoria Campus applied for extension of facilities at Medpark Clinic, which was previously approved as a clinical facility for Clinic Holdings Limited Training School. The inspectorate from the SANC approved the premises on 16 October 1996.

Learning opportunities at Jacaranda Hospital with regard to nursing of patients with neurological conditions was declining which necessitated the approval of Medpark Clinic facilities (NTA P Volume 1:1).

On 30 January 1997, the SANC was informed that Clinic Holdings Nursing Education Pretoria campus would be moved from Jacaranda Hospital to Medpark Clinic. All the educational equipment would remain the same as previously. The facilities included one lecture room, two offices, one storeroom, one library, one overhead projector, one white board. The facility could accommodate 30 students comfortably. The clinical learning facilities utilised by the sub campus remained the same: Jacaranda Hospital, Unitas Hospital, and Medpark Clinic. The change would be effective as from 1 January 1997 (NTA P Volume 1:3).

On 18 May 2001 an application was submitted for approval of the Medforum General Hospital, Pretoria Heart Hospital and Muelmed Hospital as clinical facilities for the Pretoria Campus (NTA P Volume 1:4). The SANC requested proof of a memorandum of agreement with these hospitals, as well as an indication of which programmes will be used for the facilities, the number of students involved and other institutions that placed students at the facilities (NTA P Volume 1:5). In the reply to the SANC request, it was indicated that the application was for the placement of one student in the postgraduate Diploma in Intensive Care Nursing Science, eight students in the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse and four students in the course leading to Enrolment as a Nurse. On 12 October 2001 the SANC approved the application (NTA P Volume 1:6).

The SANC was appointed as the ETQA by SAQA. Part of the appointment required a SAQA delegation to visit a NEI. The registrar of the SANC, Dr G Ramadi, nominated Pretoria Campus for this monitoring visit which was scheduled for 11 November 2003 (NTA P Volume 1:13). There was no report on the outcome of the visit available in the archived file.

On 19 January 2005, Pretoria campus request for approval of Zuid Afrikaans Hospital was submitted to the SANC. The intention was to place students in the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse, Course leading to Enrolment as a Nurse and Course leading to Enrolment as a Nursing Auxiliary for clinical learning at Zuid Afrikaans Hospital (NTA P Volume 1:19). The SANC requested additional information (NTA P Volume 1:20), which was duly submitted by Ms L Gwilym on 27 October 2005. The

outcome of the application is undetermined as there was no evidence on the file in that regard. The last document on the archived file was a letter from the SANC, dated 20 April 2006, confirming that a notification had been received from Pretoria campus on 10 February 2006, in which the school became inactive. No reason for the decision could be found.

The next section of this chapter will focus on the history of St Augustine's Hospital as part of the Clinic Holdings Group.

4.5.3 ST AUGUSTINE'S HOSPITAL IN CLINIC HOLDINGS

As stated in paragraph 4.4, St Augustine's Hospital was acquired by Clinic Holdings. This section continues the description of the St Augustine's hospital from the perspective of Clinic Holdings.

An application for recognition as a provider for the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse was prepared and submitted by Ms RE Goosen. On 28 November 1989, SANC approved the application as a nursing school for the Bridging Course for all races, females and males (NTA St A Volume 3:159). The SANC was requested to allow the students to write the SANC examinations according to Government Notice R683 of 14 April of 1989 instead of the school conducting examinations on behalf of the SANC as from 3 July 1990 (NTA St A Volume 3:162).

On 1 August 1990, St Augustine's Hospital submitted an application to commence the Course leading to Enrolment as a Nursing Auxiliary to the SANC. The curriculum was based on Government Notice R1571 of 21 July 1989. Intakes were planned for February, June and August of each year with a maximum 10 pupil assistant nurses³² per intake. The SANC requested additional information on the person in charge of the course and the application was returned to the hospital. St Augustine's Hospital delayed the submission of the revised curriculum and eventually submitted a curriculum aligned to the newly published Government Notice R2176 of 19 November 1993 for the Course leading to Enrolment as a Nursing Auxiliary. The curriculum was approved as from 20 October 1994 (NTA St A Volume 3:169). The school was made aware of the regulation on admission to examination, which stipulated that a candidate could only be admitted to an examination if he has completed the prescribed

³² A student in the course for auxiliary nurses was referred to as Pupil Auxiliary Nurse

period of training for the course, not later than the end of the month in which the examination would be conducted (SA, 1993:4).

On 18 June 1990, the matron of St Augustine's Hospital and Ms E Anderson of the Natal College of Nursing discussed the possibility of enrolling staff members from St Augustine's Hospital for the postgraduate Diploma in Midwifery as well as the issue of clinical placement of students for Midwifery practice. It was decided that the principal of St Augustine's Nursing School would visit St. Mary's Hospital to discuss with the matron and staff the feasibility of preparing St Augustine's midwives at their training school. The reason for choosing St. Mary's Hospital was the accredited midwifery-training centre used by Prof. LR Uys for the placement of student nurses in the Baccalaureate programme. The chief matron and Sister Christa Mary were willing to allow ongoing evaluation of the students by St Augustine's teaching personnel during their training. The principal accompanied by tutors from St Augustine's Hospital, conducted the observation visit. The facilities at St. Mary's were found adequate to meet the students' needs (NTA St A Volume 3:165).

On 20 July 1990, the SANC informed the principal of the Natal College of Nursing, the matron of St Augustine's Hospital and the chief matron of St. Mary's Hospital that the Natal College of Nursing as the approved training school should do any application for the placement of students for the Diploma in General Nursing and Midwifery. The request for approval of this facility had to come from their approved college (NTA St A Volume 3:170). The St Augustine's Hospital had maintained its registration with the SANC for the Certificate in Intensive Nursing Care according to Government Notice R85 of 16 January 1970, as amended, even though the course was not active for a number of years. The intention to recommence the postgraduate Certificate in Intensive Care Nursing course in October 1990 was expressed in a letter to the SANC on 16 August 1990. The SANC acknowledged the letter on 27 August 1990 (NTA St A Volume 3:173).

On 14 September 1990, St Augustine's Hospital requested permission to be recognised as a training school for the Course leading to Enrolment as a Nurse. Ms RE Goosen was the person in charge of the school. The St Augustine's Hospital again delayed the submission of the revised curriculum and eventually submitted a curriculum aligned to Government Notice R2175 of 19 November 1993. The curriculum was approved as from 1 October 1994. The

same information with regard to admission to examinations as for the Course leading to Enrolment as a Nursing Auxiliary was pointed out (NTA St A Volume 3:175).

On 22 October 1990, St Augustine's Hospital applied to the SANC to present the theoretical component of the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse over a period of 10 weeks in the first and second year and to allow flexibility of this time over the year. In the original application to the SANC to commence the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse, it was stated that the school planned to have two intakes per year, in April and August (NTA St A Volume 3:179). Following the inspection by the SANC, St Augustine's Hospital staff resolved that this could not be implemented with immediate effect. An intensive and ongoing in-service training programme had been instituted to correct the deficiencies which included the implementation of the scientific nursing care process (NTA St A Volume 3:181). Subsequently there was no intake in August 1990. It was agreed between Addington Hospital and St Augustine's Hospital that the students would join those of Addington Hospital for the SANC examinations in both academic years. In February 1991, St Augustine's Hospital requested the SANC to admit 18 students to the April 1991 intake instead of 15 as originally stated in the application (NTA St A Volume 3:183).

Towards the end of 1994 St Augustine's Hospital informed the SANC that it would like to change from the block system that was then in use, to a one-day release system for students in training, if possible, from April 1995. As stated earlier on, St Augustine's Hospital was then part of the Clinic Holdings Group. The proposed change would result in more standardisation of nursing education between the two institutions. Copies of the existing block system and a summary of proposed day release systems as well as a year planner for the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse were submitted to the SANC (NTA St A Volume 3:185). The request was granted on 10 February 1995, provided that the contents of the approved curriculum remained unchanged and the programme objectives could still be achieved (NTA St A Volume 3:188).

St Augustine's Hospital then informed the SANC on 28 August 1995 that there would be no August intake for the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse and expressed the intention to schedule the intake for December 1995 with 15 students. The SANC confirmed its permission for this request (NTA St A Volume 3:189).

It appears as if the acquisition of the St Augustine's Hospital by Clinic Holdings resulted in less training activities in 1995. Ms AF Watson informed the SANC on 11 December 1995 that it was the intention to institute training in the Course leading to Enrolment as a Nursing Auxiliary in 1996 according to Government Notice R2176 of 19 November 1993, as well as Course leading to Enrolment as a Nurse, Government Notice R2175 of 19 November 1993. At the same time, the SANC was informed that the postgraduate Certificate in Intensive Care Nursing Science would be re-commenced at St Augustine's Hospital. No courses were presented between 1990 and 1993 when the last intake completed on 30 September 1993. Due to the needs of the institution, it was requested to re-commence the course and to increase the intake from 10 to 15 students. This was planned for April 1996 (NTA St A Volume 3:190).

On 12 January 1996, the SANC informed St Augustine's Hospital that the previous regulations for the postgraduate Certificate in Intensive Care Nursing (Government Notice R933 of 28 June 1963) were withdrawn. The new course was named Clinical Nursing Science, leading to registration of an additional qualification in Intensive Nursing Care Science (Government Notice R212 of 19 February 1993). The relevant teaching guide was forwarded to the school. When the new curriculum was submitted for approval, situation analysis of clinical facilities had to be included. The school was also informed that an inspection of the clinical facilities might also be needed before the curriculum could be approved (NTA St A Volume 3:192).

On 1 January 1997, Ms HB Mockler was appointed as principal tutor at St Augustine's Hospital following the retirement of Ms ME Goosen. Extension of learning opportunities of St Augustine's Training School to Kingsway Hospital and Parklands Hospital for the Bridging Course for Enrolled Nurses leading to Registration as General Nurse was requested in June 1996, but the documents were apparently not received. Since there had been a great need for training in KwaZulu-Natal SANC was requested to urgently approve the application retrospectively from 1 January 1997. The situation analysis for Kingsway Hospital was attached to the application. The SANC required a copy of the written agreements between the nursing school and the clinical facilities to grant the approval (NTA St A Volume 3:200).

On 10 September 1997, St Augustine's Hospital submitted the revised curriculum for the application of approval for the course in Clinical Nursing Science, leading to registration as an additional qualification in Intensive Care Nursing Science. St Augustine's Hospital had an affiliation agreement with the department of Nursing at the Natal University with Ms A. van der Merwe as the external moderator. The programme in association with the University of Natal, St Augustine's Hospital being the clinical facility, was approved on 22 January 1998. Situational analyses of Netcare Hospitals in Natal were then submitted to the SANC, namely Parklands Private Hospital, Umhlanga Hospital and Kingsway Hospital. The motivation for the selection of these hospitals was that students would be allocated to each hospital for a maximum period of three months of the course in order to facilitate exposure to theory and technical situations, as well as to promote exposure of students through different facilities and management regimes. Letters of permission from the hospitals, situation analysis of cases admitted, and perspectives of each hospital were enclosed. On 19 June 1998 Ms HB Mockler requested the SANC to change the name of the St Augustine's College of Nursing to Netcare Training Academy, KwaZulu-Natal, with immediate effect (NTA St A Volume 3:215). The information on Netcare Training Academy KwaZulu-Natal continues in Paragraph 4.6.1, as it is important to understand the national context to position the KwaZulu-Natal Learning Site.

4.6 NETCARE TRAINING ACADEMY: NATIONAL OFFICE AND GAUTENG CAMPUS

On 5 March 1998, Ms MW Paolini informed the SANC that Clinical Holdings Group of Hospitals had been taken over by Netcare Group of Hospitals. This resulted in the name change from Clinic Holdings School of Nursing to Netcare Training Academy. The change only affected the name as infrastructure, address, courses, staff and learning facilities would remain the same. The SANC was requested to approve the name change as soon as possible (NTA Volume 1:69).

The SANC planned an accreditation visit to Clinic Holdings Limited Nursing School for 14 April 1998. Ms MW Paolini informed the SANC that the school was in the process of negotiating an affiliation agreement with the Rand Afrikaans University to obtain college status. There was also a strong possibility of the nursing school moving to new premises. Taking all of the above into consideration, it was recommended that the accreditation visit be

postponed until all the changes were completed (NTA Volume 1: 70). The SANC accepted the suggestion except for Unitas Hospital that would be inspected as a school in its own right.

As stated above Clinic Holdings Limited Nursing School applied to the Rand Afrikaans University to enter into an affiliation agreement as required by the SANC to obtain college status. Prof. M Muller wrote a letter in support of the application to the SANC on 10 April 1998 (NTA Volume 1:71):

Clinic Holdings Group of Hospitals started training nurses in 1989. The purpose was to train nurses for the needs of the company, but also to augment the training provided by the government in a period where a dire shortage of nurses was experienced. In 1990, Clinic Holdings signed an agreement with the Rand Afrikaans University for the training of postgraduate courses in intensive care nursing. The agreement was soon expanded to include training in operating theatre nursing and trauma nursing. In 1997, Netcare Group of Hospitals acquired Clinic Holdings Group of Hospitals.

Netcare Group consisted of 34 hospitals ranging between day hospitals to high-tech state-of-the-art hospitals and rehabilitation centres. The bed count of these hospitals totalled 5608 registered beds and were scattered all over Johannesburg, Pretoria, Cape Town, KwaZulu-Natal and Port Elizabeth. The South African Interim Nursing Council (SAINC) accredited the majority of these hospitals³³ as nursing schools and clinical facilities (NTA Volume 1:71). The need to establish a private college affiliated to a university was identified. Based on the history of a close working relationship between Clinic Holdings/Netcare and the Rand Afrikaans University, Netcare approached the university to enter into an affiliation agreement. The vision was that the nursing college would evolve into a corporate development centre, which would also run business, management, and leadership training.

The proposed structure was as follows:

Name of Institution: Netcare Training Academy

Main Campus: Johannesburg area

Sub-Campuses: Pretoria, Cape Town, KwaZulu-Natal and Port Elizabeth.

Planned programmes:

- Course leading to Enrolment as a Nurse

³³ The South African Interim Nursing Council was established under the Nursing Amendment Act, No. 5 of 1995 and was in office for a period before the first democratically elected SANC in 1998.

- Bridging Course for Enrolled Nurses leading to Registration as a General Nurse
- Postgraduate Diplomas in Medical and Surgical Nursing Science: Critical Care Nursing; Trauma Nursing; Operating Theatre Nursing Science
- Short courses leading to a Certificate in Anaesthetic and Recovery Room Nursing, Orthopaedic Nursing, Infection Control.
- Other courses based on needs.

Number of students: A minimum of ten to fifteen students per course per campus. This would also be based on the need in the area, with the maximum depending on the capacity of the clinical facility.

Staff: Sufficient staff according to the requirements for the number of courses and number of students. The staff structure in the Johannesburg, Pretoria en KwaZulu-Natal campuses was already established.

Physical facilities: These were already secured in Johannesburg, Pretoria and KwaZulu-Natal regions:

- Johannesburg: Four class rooms with the capacity to accommodate 80, 30, 15 and 10 students at a time
- KwaZulu-Natal: Four class rooms with the capacity to accommodate 12, 12, 20 and 40 students at a time
- Pretoria: The existing site was not suitable and a suitable site was being sought.

An application for registration as a PNEI was already submitted to the registrar of private higher education institutions (NTA Volume 1:80). The information displayed above was submitted to the SANC on 4 May 1998. At the same time, an application for extension of clinical facilities for the Course leading to Enrolment as a Nurse and Bridging Course for Enrolled Nurses leading to Registration as a General Nurse was submitted including the Pretoria East Hospital, Femina Clinic and Medcare Hospital.

The SANC requested more information to prepare the application for consideration by the executive committee. Netcare Training Academy had to submit copies of the formal agreement between itself and respective clinical facilities indicating the number of students to be placed and the names and professional qualifications of persons who would be

responsible for the clinical accompaniment (NTA Volume 1:85). On 17 November 1998, the executive committee of the SANC approved the application for approval as a private nursing college in association with Rand Afrikaans University pending the submission of the written association agreement between the two parties. It was then officially known as Netcare Training Academy (NTA Volume 1:86). The formal co-operation agreement with the Rand Afrikaans University (now the University of Johannesburg) was officially signed on 13 May 1999. This move involved the establishment of Netcare Training Academy council and senate as well as a student representative council. Dr A Mokgokong was elected as the first chairperson of NTA council (Paolini, 2010:4).

During 1999, NTA lodged an application to the Department of Labour (DoL) to offer first aid courses on Levels 1, 2 and 3. Accreditation was obtained in 2000, after which the emergency courses were offered under the auspices of Traumalink (NTA Volume 1:79). NTA established an international link with Ethiopia when it got involved in the development of their private nursing training. NTA maintained the relationship after the establishment of their first training college by acting as the official moderators from 1999 onwards. Groundbreaking work was done for the surgical technologists programme, which is currently still offered at NTA. It involves some controversial issue since the SANC refused to approve the course (NTA Volume 1:90). Various options were explored to get accreditation for the course to no avail. Skills development facilitation for Netcare was co-ordinated from NTA as from May 2000. An electronic workplace skills plan was developed for completion by individual hospitals and the first, final comprehensive plan was submitted to the DoL on 31 October 2000 (Paolini, 2010:4). NTA further assisted the HWSETA in the development of learnerships for all nursing qualifications (NTA Volume 1:91).

During all these years, NTA was involved with a number of community projects and the organising of workshops and seminars (Paolini, 2010:5). Some of these were:

- The nurse and the law+
- Introductory course to Human Genetics
- Courses in Cardiopulmonary Resuscitation
- CPR instructors courses
- Interpersonal skills programmes
- Caring for the blind, deaf and physically disabled
- Basic child CPR offered at schools in the immediate vicinity

NTA expressed concern with regard to the poor results in the final examination for the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse that was written in November 1999 (NTA Volume 1:96). The NTA requested an urgent and in-depth investigation of the results. Only 50.7% of candidates passed the examination, which was extremely disconcerting. Only 0.15% of the total candidates passed the examination with honours, which from an academic point of view was very unacceptable. Ms MW Paolini was of the opinion that an in-depth investigation was urgently required. The results were compared to those of the same group of students who wrote the first year examination one year earlier and achieved a pass rate of 85%; pass with honours 8.4%, and failure rate of 8.4%. When comparing the results to the normal distribution curve the distribution was skewed towards failures. In a follow-up letter on 7 February 2000, Ms MW Paolini added the following to her motivation for an in-depth investigation of the poor results (NTA Volume 1:99):

- Although there was a 50.7% pass rate for the entire country, 6 of the nursing schools managed to obtain a 100% pass rate
- Contents of the memoranda for both papers were alarming due to incorrect and incomplete memoranda, leading to the fact that most students were actually disadvantaged by the memoranda
- Although the SANC claimed in the examination report for the paper that paper one was primary health care orientated the memoranda did not reflect this
- Although the answer guide referred to critical points on the covering page, these were not reflected anywhere
- The answer guide stated that all relevant information must be credited; clarification was requested as to what specific relevant facts that were not included in the memorandum were credited
- Both the examination papers and the memoranda reflected a poor application of the English language, and
- The contents of the memoranda did not always correspond with the questions asked.

Ms MW Paolini referred to a statement made by Prof. R Gumbi during a vote of thanks at the national workshop on the scope of practice for nurses on 4 February 2000 (NTA Volume 1:100): ~~We~~ We should make the following statements: The SANC is concerned about standards, setting of standards, and maintaining those standards.+ Taking her statement into

consideration Ms MW Paolini expressed concern about the standard the SANC is setting with regard to the mentioned examination. The expectation was for the SANC to demonstrate accountability and transparency regarding these issues, and she requested the following:

- An in-depth investigation preferably by an independent investigating committee, as well as the involvement of the educational committee of the SANC
- A list of all examiners and moderators and their present workplace, and area of interest to be sent to her as soon as possible
- A date for conclusion of the investigation
- If this investigation had any positive results and any adjustments were made, it had to be completed before the date scheduled for the re examination
- Serious consideration from the SANC to allow nursing schools to conduct their own examinations, especially those affiliated to universities. This would not only prevent students waiting two to three months for results, but Ms MW Paolini believed that it would also contribute to standards referred to by Prof. R Gumbi.

The SANC responded to Ms MW Paolini's request on 31 May 2000. The SANC decided not to conduct a formal investigation into the matter due to financial implications. It resolved however to mandate the education committee with one or two co-opted SANC members to investigate the alleged discrepancies as a matter of urgency (NTA Volume 1:105).

The outcomes based education system was introduced after the publication of the South African Qualifications Act (SAQA) in 1998. NTA had to re-align all existing training programmes to the SAQA format. These were submitted to SAQA on 28 June 2000 for interim registration of qualifications as offered by Netcare Training Academy (NTA Volume 1:106). Ms G Meyer, acting regional manager, submitted an application for the accreditation of a short course in orthopaedic nursing on 6 March 2000. The intention was to commence the course on 1 July 2000, as the curriculum had previously been approved by the SANC and SAQA had granted interim registration. The moderator would be Ms G. van Rensburg (NTA Volume 1:108).

On 27 September 2000, NTA received feedback from the SANC on a quality promotion visit conducted on 20 June 2000 (NTA Volume 1:110). The following recommendations were made:

The NEI faced some challenges, which had to be addressed in order to meet the requirements of HEI:

- The system of decentralisation: A lack of adequate integration of the distance sub-campuses was illustrated by the absence of the regional heads at the inspection
- Developing the college into a fully fledged HEI, by for instance, involving students more in governance and requiring broader roles from teaching staff, which includes publishing and doing research, making education more PhD orientated and in line with national needs
- Problems: There were three problem areas to be addressed
 - The staff:student ratio of 1:80 was unacceptable for a professional course and did not allow for quality teaching. It was resolved that a ratio of nurse educator to student should be 1:20
 - Course outline reflected a total content focused approach to teaching and learning. There was no indication that self-directed learning was promoted and it gave students almost no feeling of what was expected of them, except lists of contents. These documents reflected an outdated approach and total lack of integration. Self directed learning had to be encouraged, and
 - The under-utilisation of libraries and the fact that the collections were not adequate to support a number of students and any real use while the students needed attention.

NTA was requested to address all issues raised during the quality promotion visit at the concerned campuses and clinical facilities and to report progress to SANC within six months.

On 29 October 2002, Ms T Vermaak informed the SANC about communication problems between the SANC and NTA (NTA Volume 1: 115). These were aimed at the registration and examination departments of the SANC and included:

- Student registration forms and postal orders were sent timeously by courier to the SANC. Despite this the registration and examination departments often claimed that the above had not been received
- The same applied for completion of training and termination of training documents
- Application for examinations for the basic courses was also a concern. On many occasions, documents were faxed to the office of the SANC upon which

communication was received that the originals were not received by the SANC. There had been times when such documents were re-faxed more than once. This was a costly and time consuming exercise

- Important documents were sent by courier and prescribed fees were paid in the form of postal orders to eliminate the above mentioned problems. The office of the SANC managed to misplace these as well on many occasions, and
- Telephonic queries from Netcare Training Academy were often met with an unmotivated, unhelpful attitude from clerical staff.

It appeared that administrative processes in the above-mentioned departments were inefficient. It was requested that the necessary action be taken to rectify this highly ineffective, frustrating, unproductive situation.

Ms S Nell submitted an application for approval of revised curricula for accredited courses on behalf of NTA on 1 February 2003. The separately bound revised curricula for the following programmes were included (NTA Volume 2:128):

- Course leading to Enrolment as a Nursing Auxiliary, Government Notice R176 of 19 November 1993
- Course leading to Enrolment as a Nurse, Government Notice R2175 of 19 November 1993
- Bridging Course for Enrolled Nurses leading to Registration as a General Nurse, Government Notice R683 14 April 1989 and
- Situational analyses for all regions.

These revised curricula were to be implemented nationally at the following already credited campuses:

- Gauteng: Johannesburg
- Gauteng: Pretoria
- KwaZulu-Natal
- Western Cape/Cape Town, and
- Eastern Cape/Port Elizabeth

Situational analyses for all facilities throughout the region were contained in a singular regionally specific document (NTA Volume 2:130). These situation analyses were applicable

to all the programme curricula. Each region would be using the clinical facility in that region. The curriculum for Course leading to Enrolment as a Nurse, Government Notice R2175 of 19 November 1993 included a module for personal development and life skills to cover aspects such as basic computer literacy, communication skills, personal finance, assertiveness, training, conflict management, study skills and time management. This module was seen as adding value to the overall development of students and not for examination purposes.

On 11 March 2003, an application for approval of short course programmes for NTA was submitted to the SANC (NTA Volume 2:139). Enclosed were revised separately bound certificated short courses for the following:

- Listed short course in Orthopaedic Nursing
- Certificate in Elementary Critical Care Nursing for Registered Nurses
- Certificate in Anaesthetic and Recovery Room skills for Registered Nurses
- Certificate in Operating Room Skills for Registered Nurses
- Curriculum for approval of the Certificate in Orthopaedic Nursing Science for Enrolled Nurses
- Certificate in Elementary Critical Care for Enrolled Nurses
- Certificate in Operating Room Skills for Enrolled Nurses
- Certificate for Anaesthetic and Recovery Room Skills for Enrolled Nurses
- Certificate for Operating Room Skills for Auxiliary Nurses
- Certificate for Anaesthetic and Recovery Room Skills for Auxiliary Nurses
- Certificate in Elementary Accident and Emergency Nursing for Registered Nurses, and
- Certificate in Elementary Accident and Emergency Nursing for Enrolled Nurses.

Copies of all the supporting documents were included as part of the submission. These programmes were applicable to all sub campuses, namely: Johannesburg, Pretoria, KwaZulu-Natal, Eastern Cape, Western Cape and Port Elizabeth campuses.

On 25 August 2003, the SANC approved curricula for the Course leading to Enrolment as a Nursing Auxiliary, Course leading to Enrolment as a Nurse, Bridging Course for Enrolled Nurses leading to Registration as a General Nurse and short course for registered nurses. The short courses for the enrolled nurses and the enrolled auxiliary nursing had to be held in

abeyance until guidelines for the short courses for the enrolled category were developed by the SANC (NTA Volume 2:148).

Ms S Nell submitted a further application for approval of revised and updated curricula to the SANC. The postgraduate courses in Clinical Nursing Science leading to registration of an additional qualification in Medical and Surgical Nursing: Critical Care Nursing, General Infection Control Nursing, Operating Theatre Nursing, Anaesthetic and Recovery Room Nursing, and Trauma and Emergency Nursing. The regulation as set out in Government Notice R212 of 19 February 1993 had been used in the development of these programmes in an attempt to meet the principles of outcomes based education and to align these to the NQF requirements. The duration of the programmes had been based on a period of 18 months divided into two parts: Part One would be done during the first six months and would cover the subjects of nursing dynamics, pharmacology and capita selecta; Part Two would be done during the following 12 months and would cover the elective in the specialisation area selected and carry a total of 120 credits (NTA Volume 2:151).

These revised and updated curricula would continue to be implemented at the following already accredited regional campuses: Johannesburg and Pretoria with a proposed affiliation agreement with University of Witwatersrand, Johannesburg, and then KwaZulu-Natal full agreement between NTA and University of Natal. The situational analyses for the facilities throughout the regions were included in each curriculum and were applicable to this specific programme. Each region would use the facilities in that region.

The SANC responded on 21 May 2004 informing NTA that the specific field of infection control nursing did not fall within the scope of Government Notice R212 of 19 February 1993 as amended (NTA Volume 2:160). The application had to be submitted as a short course for listing. NTA duly submitted the curriculum as a six-month certificate programme on 13 July 2004 (NTA Volume 2:163). The accreditation committee of the SANC approved the application on 20 October 2004 (NTA Volume 2:165). The number of students, who had been allocated to Cape Province (6), Eastern Cape (3), Gauteng (21) KwaZulu-Natal (9) and Pretoria (11), totalled 50 students.

The Healthnicon, an independent PNEI placed students at Netcare Medicross facilities for training purposes. Ms S Nell informed the director of Healthnicon and the SANC that the

agreement was cancelled due to the increased number of students registered at NTA. The students who were in training and placed at Medicross facilities would be allowed to complete the course. Provision was also made for one supplementary opportunity for practica per student if required (NTA Volume 2:170).

Dr V Litlhakanyane was appointed as executive director for Network Health Care Holdings (Netcare) from 1 December 2004. He requested a meeting with Ms H Subedar, then registrar of the SANC. The purpose of the meeting was to discuss the role of Dr V Litlhakanyane in Netcare and the relationship with the SANC as well the future of nursing in South Africa (NTA Volume 2:171).

In February 2005, the SANC updated its data base. There was some confusion about the accreditation process followed by Netcare Training Academy. It was unclear if the applications submitted from the Johannesburg office was on its own behalf as a campus or as a main campus on behalf of all the campuses. According to the data base, Netcare main campus applied for approval of short courses for registered nurses, enrolled nurses and for auxiliary nurses in May 2000. Only the short courses enlisted for registered nurses were approved. NTA informed the SANC that it had a national office with five separate accredited campuses namely (NTA Volume 2:181)

- Netcare Training Academy: Johannesburg (S 1047)
- Netcare Training Academy: Pretoria (S 1588)
- Netcare Training Academy: KwaZulu-Natal (S 177)
- Netcare Training Academy: Eastern Cape (S 1587), and
- Netcare Training Academy: Cape Town or Western Cape. (S 172)

All submissions were forwarded to the SANC for approval per accredited NTA campus and its specific clinical facilities allocated to that specific campus. In other words, approval applied for and approved was not transferable between NTA campuses (NTA Volume 2:185). On 13 June 2006 the national office of NTA submitted a national integrated application for registration as a private further education and training institution with the DoE for the five independently SANC accredited NTA campuses (NTA Volume 2:185). The DoE acknowledged receipt of the application documents on 10 July 2006 (NTA Volume 2:189). The next section describes the history of Netcare Training Academy KwaZulu-Natal.

4.6.1 NETCARE TRAINING ACADEMY KWAZULU-NATAL

Up to 1996, all courses presented by St Augustine's Hospital were approved on the hospital based nursing school approach. The University of KwaZulu-Natal presented the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse and St Augustine's Hospital was an approved clinical facility. Then in 1996 Clinic Holdings applied for the accreditation of the Course leading to Enrolment as a Nurse Auxiliary (Government Notice R 2175 of 19 November 1993) and it was then offered by the Clinic Holdings Nursing Training campuses and no longer hospital based (NTA KZN Volume 1:1).

In 2001, St Augustine's Hospital was inspected by the SANC and the following report was published (NTA KZN Volume 1:3):

St Augustine's Hospital was one of the largest private hospitals in KwaZulu-Natal and a member of Netcare Group, South Africa's largest private hospital and doctor network. The bed capacity was 418 and the bed occupancy 87.8%. The hospital employed 236 registered nurses, 135 enrolled nurses, 152 enrolled nursing auxiliaries and in addition cares givers, doctors, pharmacists, and assistant pharmacists.

Netcare Training Academy KwaZulu-Natal offered basic and postgraduate courses. The basic courses included:

- Course leading to Enrolment as a Nursing Auxiliary (one year)
- Course leading to Enrolment as a Nurse (two years)
- Bridging Course for Enrolled Nurses leading to Registration as a General Nurse (two years).

The postgraduate diplomas included:

- Diploma in Intensive Care Nursing Science (one year)
- Diploma in Trauma and Emergency Nursing Science(one year)
- Certificate in Anaesthetic and Recovery Room Nursing Science (six months)
- Certificate in Infection Control (six months).

On 25 March 2002, NTA applied to utilise Nu-Shifa Hospital as a clinical facility for training of basic nursing courses (NTA KZN Volume 1:6). The management of Nu-Shifa Hospital approached Netcare Training Academy KwaZulu-Natal to train nurses based on the hospital- and patient needs. The request was to train five candidates for the Course leading to Enrolment as a Nursing Auxiliary, two to three candidates for Course leading to Enrolment as

a Nurse and two to three candidates for the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse. The SANC requested additional information on the names and qualifications of personnel responsible for accompaniment of the students (NTA KZN Volume 1:10). It was also interested in any other NEI that used Nu-Shifa Hospital as a clinical facility, as well as for which programmes and the number of students they were placing at a time. A situation analysis had to be submitted and the school was made aware of the fact that the use of lead pencils were not allowed in the completion of legal documents (NTA KZN Volume 1:15).

On 17 September 2002, Netcare Training Academy KwaZulu-Natal informed the SANC on the clinical placement of students at Nu-Shifa Hospital (NTA KZN Volume 1:25):

- St Aiden's Nursing School and the University of Natal and Zululand placed students at Nu-Shifa (own employees)
- Protea Nursing School and Michaelmas Nursing School placed private students in the Course leading to Enrolment as a Nursing Auxiliary
- Sr Fourie was the clinical facilitator appointed at Nu-Shifa, to do clinical accompaniment of students. She was a registered nurse, registered midwife, registered psychiatric nurse, nurse educator and nurse manager
- The number and categories of students Nu-Shifa wished to send to Netcare:
 - Course leading to Enrolment as a Nursing Auxiliary: four
 - Course leading to Enrolment as a Nurse: four
 - Bridging Course for Enrolled Nurses leading to Registration as a General Nurse: four.

On 16 September 2005, the KwaZulu-Natal Campus of NTA applied to train 80 students in infection control (NTA KZN Volume 2:30). Application was made for clinical placements in various hospitals. The application was unfortunately too late to be added to the agendas of the accreditation committee and the executive committee. The documents would be assessed in due course. The school was requested to fax the index page that was omitted to the SANC to assist with the assessment process. The application was then tabled at the SANC meeting on 25 November 2005. No feedback was received from the SANC up to 13 February 2006 (NTA KZN Volume 2:45). The KwaZulu-Natal DoH was very anxious to commence students on the course in March 2006 in order to address the situation they were facing in the province. Ms Y Da Silva requested the SANC to inform the school of the

outcome of the application as a matter of urgency. The response came on 27 March 2006 (NTA KZN Volume 2:41). The SANC was in the process of reviewing the position of the short course within the context of the latest legislation and the new accreditation policy and was thus not in a position to proceed with the assessment of the application. The SANC undertook to inform the school of the outcome as soon as the process was finalised. However, Ms Y Stembridge was not satisfied with the response received from the SANC. On 23 August 2006, she subsequently informed the SANC that the curriculum had been approved previously and the current submission was for accreditation of clinical facilities only (NTA KZN Volume 2:44). On 15 November 2006, the SANC informed Ms Y Stembridge that it had resolved to phase out short courses (NTA KZN Volume 2:45). Therefore, it was no more acceptable to support any applications related or linked to provisioning of any short courses including approval of clinical facilities linked to short courses. Short courses were viewed as part of the employers of health workersqwork place skills plan and this could not be regulated by the SANC.

In November 2005 NTA became aware of an illegal NEI, Newlands Institute, operating in the Durban area (NTA KZN Volume 2:50). Netcare Training Academy KwaZulu-Natal offered to assist students who were victims of this illegal operation to complete training and achieve a qualification. The SANC advised NTA that no proof of registration of either the school or the students could be found. It was suggested that training records of those students had to be obtained from the former Newlands Institute. Furthermore, there was a need to conduct a thorough assessment of the competency of those students, theoretical and practical, in order to recognise what they had done and were competent in, and to determine at what level of the programme they had to commence additional teaching and guidance. It was recommended that it had first to be determined if those students met the entry requirements for the course and register them as students with the SANC before any other interventions were planned (NTA KZN Volume 2:52).

The SANC assessed the students, which the former Newlands Institute claimed were ready for examinations. Subsequent to that assessment exercise, the SANC resolved that only those who met the minimum requirements for the course and successfully passed the SANC practical assessment, be registered for the SANC examinations. This meant that the former Newlands Institute students, who failed the SANC assessment, had to undergo proper education and training in a Nursing Education Institution approved by the SANC (NTA KZN

Volume 2:55). The SANC did not find any records for an approved school under directorship of Mrs F Bunting, the owner of the school. The education and training undergone at Newlands Institute was declared illegal and could not be recognised by the SANC. The total number of students affected was 202. The SANC then resolved that NTA could not register the students all at the same time as there were not sufficient clinical facilities available. It was recommended to divide the group into smaller groups for processing (NTA KZN Volume 2:59). The SANC eventually managed to have the training records of these students confiscated from Newlands Institute. The files were validated and it was found that the students were actually allocated for clinical practica and met the theoretical requirements for admission to the final examination (NTA KZN Volume 2:60). Ms Y Stembridge informed the SANC that the students did not require additional clinical hours. This implied that the previous suggestion of dividing the group into smaller groups was no longer relevant. It was recommended that all 202 students be registered for the final examination. The outcome of this application had been decided after December 2006, which was outside the scope of the study (NTA KZN Volume 2:63).

Netcare Training Academy KwaZulu-Natal acquired new premises in May 2006 (NTA KZN Volume 2:71). The physical address was changed to Netcare Training Academy, 95 Umhlanga Rocks Drive, Durban North. In response, the SANC requested NTA to provide a motivation as the reason why the institution relocated to new premises without approval from the SANC (NTA KZN Volume 2:72). The submission had to be made in time for the October 2006 accreditation committee of the SANC. On 1 June 2006, Netcare Training Academy KwaZulu-Natal lodged an urgent formal application for re-location of the campus (NTA KZN Volume 2:73). The campus had to prepare a comparative study of the old and new school reflecting the information stated below (NTA KZN Volume 2:75):

- The physical address
- The postal address
- The distance between the old and new school
- The total number of human resources: Tutorial and supportive staff
- Currently approved programmes and intakes, including the number of students per programme currently registered at the school
- The number and size of the classrooms and the hall
- The number and size of the library and simulation laboratory

- Office space for tutorial and supportive personnel, kitchen, canteen, and toilets for both students and any other personnel.
- Any other facilities, e.g. boardroom, restroom, and
- Organogram with roles, lines of function and credentials of personnel

The campus manager, Ms Y Stembridge humbly requested permission to continue with the physical relocation even before the facilities were inspected by the SANC based on safety reasons related to the physical condition of the environment and the facilities of the current location (NTA KZN Volume 2:77):

- There was a fire hazard, as the existing electrical wiring was operating on a single phase whereas it should have been operating on a three phase. Due to the antiquity of the structure it was not possible to install the three phase at that time. There had already been a fire breakout in the electrical box a few weeks before
- A second matter of concern was security of staff and students. There had been a number of intruders breaking in into the campus. Recently an intruder managed to bypass the security system and stormed into a classroom while students were occupying the room. The area that the sub-campus was situated in had been classified as a high security risk zone, and
- The existing lease of the premises had lapsed and the management was reluctant to renew the lease given the conditions of the infrastructure. The new premises had been newly built and met health and safety and security regulations. It was an upgrade with regard to the environment and facilities for students and would be more conducive to learning.

The SANC was satisfied that the move to the new premises reflected progressive growth of the institution since 1991 (NTA KZN Volume 2:80). There was clear evidence of sufficient resources, both physical and human resources, with improvement in the environment that would promote learning. It was recommended that the relocation continue but the Head of the School had to comply with the requirements for re-location of the school. The physical facility had to be visited by the SANC for final approval. The SANC was concerned about the tutor/student ratio with regard to the basic qualifications and postgraduate qualifications, which stood at 1:46. The SANC also needed clarification on the number of lecturers for the postgraduate qualifications in short courses, the unavailability of a course co-ordinator and human resources officer versus the number of programmes offered by the school.

Netcare Training Academy KwaZulu-Natal campus had moved to the new premises as of 2 June 2006. The intention was to move to phase two in March 2007 (NTA KZN Volume 2:85). The number of students catered for during 2005/2006 academic year was presented to the SANC:

- Course leading to Enrolment as a Nurse (first and second year): 120
- Bridging Course for Enrolled Nurses leading to Registration as a General Nurse (first and second year): 125
- Postgraduate Medical and Surgical programmes: 26.

The SANC informed Netcare Training Academy KwaZulu-Natal campus not to exceed the number of students enrolled for the 2006 academic year until the facilities had been approved (NTA KZN Volume 2:90). An inspection visit was planned for early 2007 after completion of the second phase of construction and the school was requested to communicate the expected date thereof to the SANC to facilitate arrangements.

4.6.2 NETCARE TRAINING ACADEMY CAPE TOWN

Cape Town campus of NTA was established in 1998 with the appointment of the training manager, Ms C Le Hanie, on 20 July 1998 (NTA WC Volume 1:1). The site of the school was that of a small office in the Christiaan Barnard Memorial Hospital. On 1 August 1998, the first group of 19 students commenced training in the Course leading to Enrolment as a Nursing Auxiliary (NTA WC Volume 1:4). In January 1999 Cape Town campus was registered with the SANC as an independent PNEI to offer the Course leading to Enrolment as a Nursing Auxiliary, Course leading to Enrolment as a Nurse and the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse (NTA WC Volume 1:9). Postgraduate Diplomas in Intensive Care Nursing Science and Operating Theatre Nursing Science were also introduced. The staff compliment consisted of the campus manager and one tutor and an administrator who was contracted for 20 hours per week. Three Netcare hospitals were serviced by the school namely Christiaan Barnard Memorial Hospital, N1 City Hospital and Southern Cross Hospital. Due to the small number of registered students, it was not feasible to rent a large property. The school was subsequently housed in an office at the N1 City Hospital (NTA WC Volume 1:12). A one-day release system was applied for theoretical instruction and accompaniment was done by the tutoring staff (NTA WC Volume 1:15). The

campus manager then embarked on an aggressive marketing campaign aimed at government hospitals.

In 2000, NTA moved to the 10th floor of the Christiaan Barnard Memorial Hospital, which occupied a floor space of 400m². The physical facilities then consisted of two classrooms suitable for 20 and 30 students respectively and three offices for teaching staff. Since a computer was the only item on the assets register at the time, the school had to equip the facility accordingly (NTA WC Volume 1:25). The student numbers then increased to a total of 128. The clinical facility base was expanded from the three previously mentioned Netcare hospitals to include the Eben Dönges Hospital, Hottentots-Holland Hospital and hospitals belonging to the Melomed Group, Gatesville Medical Centre and Mitchell's Plain Medical Centre (NTA WC Volume 1:28). The Netcare Training Academy Cape Town had a satellite school at the Worcester Provincial Hospital approved for 10 students in the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse. In the year 2001 additional hospitals were accredited as clinical facilities, namely Paarl Hospital and GF Jooste Hospital and in 2002 Somerset Hospital and Victoria Hospital (NTA WC Volume 1:32).

In April 2003, Netcare Training Academy Cape Town moved offices and settled into the Libertas Centre, Fourth floor, occupying 1400m² (NTA WC Volume 1:35). The total number of students had expanded to 185 and the staff compliment included the campus manager, two lecturers, and two administrative staff members. A third lecturer was employed on a part time basis with limited hours. Kuilsrivier Netcare Hospital was added to the clinical facilities (NTA WC Volume 1:37). The Libertas Building was sold in 2004 and tenants had to move out. Netcare Training Academy secured a venue in the Sanbel Building, fourth floor in Bellville. The building consisted of 12 floors in total and access by means of lifts posed a problem of congestion at certain times. On the other hand, the venue was well situated in the north, which made it more accessible to students attending from Paarl and Worcester. There was ample safe parking for staff and students. At the same time Southern Cross Hospital was closed down and redundant equipment was transferred to the academy, augmenting its existing assets (NTA WC Volume 1:41).

The school in Port Elizabeth was initially registered as a sub-campus for the Netcare Academy Cape Town. In 2003, it became an independent campus, Netcare Training Academy Port Elizabeth (NTA WC Volume 1:67).

4.6.3 NETCARE TRAINING ACADEMY IN PORT ELIZABETH

In 2003, Netcare Training Academy Port Elizabeth was fully accredited as an independent NEI (NTA EC Volume 1:1). The campus was approved for the Course leading to Enrolment as an Auxiliary Nurse, Enrolment as a Nurse, Bridging Course for Enrolled Nurses leading to Registration as a General Nurse, with 60 students per course and one intake per year. The clinical facilities approved for the academy were Green Acres Hospital in Port Elizabeth and Cuyler Clinic in Uitenhage for the above-mentioned courses:

- Course leading to Enrolment as an Auxiliary Nurse
- Course leading to Enrolment as a Nurse, and
- Bridging Course for Enrolled Nurses leading to Registration as a General Nurse.

Netcare Training Academy Port Elizabeth was housed at the first floor, Heroic Plaza, Ring Road, Green Acres (NTA EC Volume 1:4). The facility had a fully equipped lecture room available, which could seat up to 60 delegates. With regard to governance, all regulations, procedures, and policies of Netcare national office applied to Netcare Training Academy Eastern Cape. Ms R Schaefer was the campus manager. The inspection report by the SANC for the accreditation of Netcare Training Academy Eastern Cape reflected positively on the facilities and operations and the application was approved.

On 24 June 2004, Ms R Schaefer applied for approval of clinical facilities for the community nursing component of the basic courses at Netcare Training Academy Port Elizabeth campus. Situational analyses for the following institutions were submitted (NTA WC Volume 1:9):

- SANCA
- Nightingale Lodge Medical Centre
- Ekukhuleni Home for the Aged
- Maranata Frail Care
- Louisa Myburgh Home for the Aged
- Medicross Walmer
- Huis Najaar Tehuis vir Bejaardes
- Mothwa Haven Home for Aged
- House of Resurrection Haven

- Theo Claassens Educare
- Newton Park Crèche, and
- Stepping Stones Educare.

An application for approval as an extended clinical facility for Settlers Hospital was lodged on 22 March 2005 (NTA WC Volume 1:15). The SANC requested information on the number of students to be placed at the facility. In addition, Netcare Training Academy Eastern Cape was requested to submit a full list of facilities and approved numbers of each facility per programme. The SANC acknowledged that the school had never been provided with these numbers before, but this process would ensure that the database was updated and to ensure that the quality of education and training was not compromised (NTA WC Volume 1:20).

During this period, Netcare Education Division was established with the key objective being training, education, and development of Netcare employees. Netcare Education's Corporate Institute for Healthcare Leadership comprises the following faculties:

- Faculty of Nursing and Ancillary Health Care
- Faculty of Training and Generic Skills development
- Faculty of Management and Leadership

Netcare Training Academy is the biggest hospital based PNEI in South Africa. Its main aim is to train nurses according to the needs of the company, but it has also succeeded in incorporating sound business principles in the governance of the institutions. A large number of self-funded students are recruited and trained. Those who are not absorbed within the company become available to the health care labour market, thus augmenting the number of nurses trained in the country at large.

4.7 SUMMARY

The Netcare Training Academy evolved from a small nursing school at a Convent Sanatorium to the largest PNEI in the country over the sixty years covered by the study. It was initially accredited for the training of auxiliary nurses only but expanded its product line to basic as well as post basic courses. The variety of courses positioned the NEI strategically to meet the developmental needs of the company at large.

The company grew through acquisition and mergers as well as expansion into all major cities in South Africa. The dynamic and visionary leadership of the NTA achieved the vision of becoming a corporate development centre catering for the training needs of different professions within the health care environment.

NTA celebrated 21 years of existence in 2008, a milestone in the true sense of the word. The atmosphere at the celebrations was one of achievement, pride, joy and hope. The NTA gave valuable input to the development of training programmes and during the early years when the NQF and outcomes based education was adopted in South Africa. It is in the process of acquiring HEI status, which will give the institution a competitive edge. It is still the benchmark for other PNEI.

CHAPTER FIVE

THE HISTORY OF MEDI-CLINIC LEARNING CENTRES

5.1 INTRODUCTION



Mediclinic International consists of a group of hospitals located throughout large cities in South Africa. The company was founded in 1983 when its chairperson, Dr E Hertzog, was commissioned by the then Rembrandt Group (now Remgro Group) to undertake a feasibility study on private hospitals in South Africa. It took only three years for Mediclinic to be listed on the Johannesburg Stock Exchange, boasting four hospitals with 691 beds in commission and three hospitals with 688 beds under construction. Today Mediclinic Southern Africa operates 49 hospitals throughout South Africa and three in Namibia with more than 7 000 beds in total. Its international interests in Hirslanden operates 14 private acute care facilities in Switzerland with more than 1400 beds; and Emirates Healthcare operates two hospitals with 336 beds and eight clinics in Dubai, United Arab Emirates (<http://www.mediclinic.co.za/Pages/%20default.asp>).

Mediclinic's vision is to become the benchmark of international private healthcare. Therefore, they put science at the heart of their care approach. The focus is on providing the best possible facilities with international-standard technology, which is backed-up by sound medical expertise and the empathy of their nursing staff. It is the sixth largest private medical group (<http://www.mediclinic.co.za/Pages/%20default.asp>). Mediclinic offers excellent opportunities for the development of employees. To ensure sustained safe patient care, the group has made a substantial investment in training and development with its focus on:

- Continuing professional development
- Basic and post-basic nursing education
- Business process training, and
- Management and leadership development.

This chapter will concentrate on the development of the Mediclinic Learning Centres.

5.2 DATA COLLECTION

The data collection process followed the same flow as described in Chapter 3, paragraph 3.2. An oral history semi-structured interview (n=1) was conducted with two information-rich staff

members of which one had been involved in the NEI since its inception (Appendix N). The interview was conducted on 20 July 2010 at 09h00, at the Cape Town Learning Centre in Bellville.

The archive of the SANC contained nine files (n=9) on Medi-Clinic Learning Centres: For reference purposes, these files are referred to as set out below:

- Mediclinic Learning Centre S 917
 - MLC Volume 1: 1974 to 1985
 - MLC Volume 2: 1985 to 1998
 - MLC Volume 3: 1998 to 2007
- Sandton Learning Centre S 995
 - MCS Volume 1: 1974 to 1995
 - MSC Volume 2: 1995 to 2007
- Bloemfontein Learning Centre S 1495
 - MCB Volume 1: 1997 to 2006
- Limpopo Learning Centre S 1449
 - MCL Volume 1: 1997 to 2006
- Nelspruit Learning Centre S 1478
 - MCN Volume 1: 1997 to 2006
- Curamed Learning Centre S 220
 - MCCura Volume 1: 1990 to 1997
 - MMCura Volume 2: 1997 to 2006

Data reflected in this chapter were obtained from the above-listed archived files. A chronological report on the history of the development of the Mediclinic Learning Centres will be given in this chapter.

5.3 GENERAL OVERVIEW

The Medi-Clinic Corporation³⁴ evolved in three phases, namely development (1983-1994), acquisition (1995-2004) and growth (2005-2011). The learning centres evolved concurrently as these were directly linked to the development, acquisition, and growth of the company.

³⁴ Medi-Clinic Corporation changed its branding in 2011 to that of Mediclinic International.

Between 1983 and 1994, nursing education at Medi-Clinic Corporation was based on independent hospital schools, which were purchased by Medi-Clinic Corporation as part of a business transaction, including Sandton Clinic (1974) and Louis Leipoldt Hospital (1974), Panorama Hospital (1987), Hydromed Hospital (1995) and Nelspruit Private Hospital (1998). An overview of nursing schools before 1983 is included. Figure 5.1 on the following page, illustrates the development of Medi-Clinic and the structure of the Medi-Clinic Learning Centres, as it is known today.

The following section will focus on the history of the development of these hospital schools until they were acquired by Medi-Clinic Corporation and beyond that to the year 2006. Some general developments within the Medi-Clinic Learning Centres will be discussed in paragraph 5.10.

5.4 SANDTON MEDI-CLINIC LEARNING CENTRE

Sandton Medi-Clinic was previously known as the Sandton Clinic (MCS Volume 1: 1). On 20 March 1975, the first application to be registered as a Training School for Nurse Aides³⁵ was submitted to the SANC by means of a letter of intent. Ms S Oosthuizen, the matron of the hospital, wrote the letter. On 8 April 1975, the SANC duly forwarded the required documents, including the government notice regulating the training of nursing assistants, the teaching directive and the application forms (MCS Volume 1:2). Ms S Oosthuizen was also requested to include a proposed training programme, setting out the minimum number of teaching periods per subject and a name list of the registered and enrolled staff who would be involved in the training. She requested the SANC to forward her the relevant documentation needed for a formal application. The submission of the completed application form and supporting documents was delayed up to 23 July 1975 (MCS Volume 1:6). The final approval of the nursing school for white female nursing assistants was granted by the SANC on 1 July 1975 (MCS Volume 1:7).

³⁵ Nursing Assistants were commonly referred to as Nurse Aides in those years

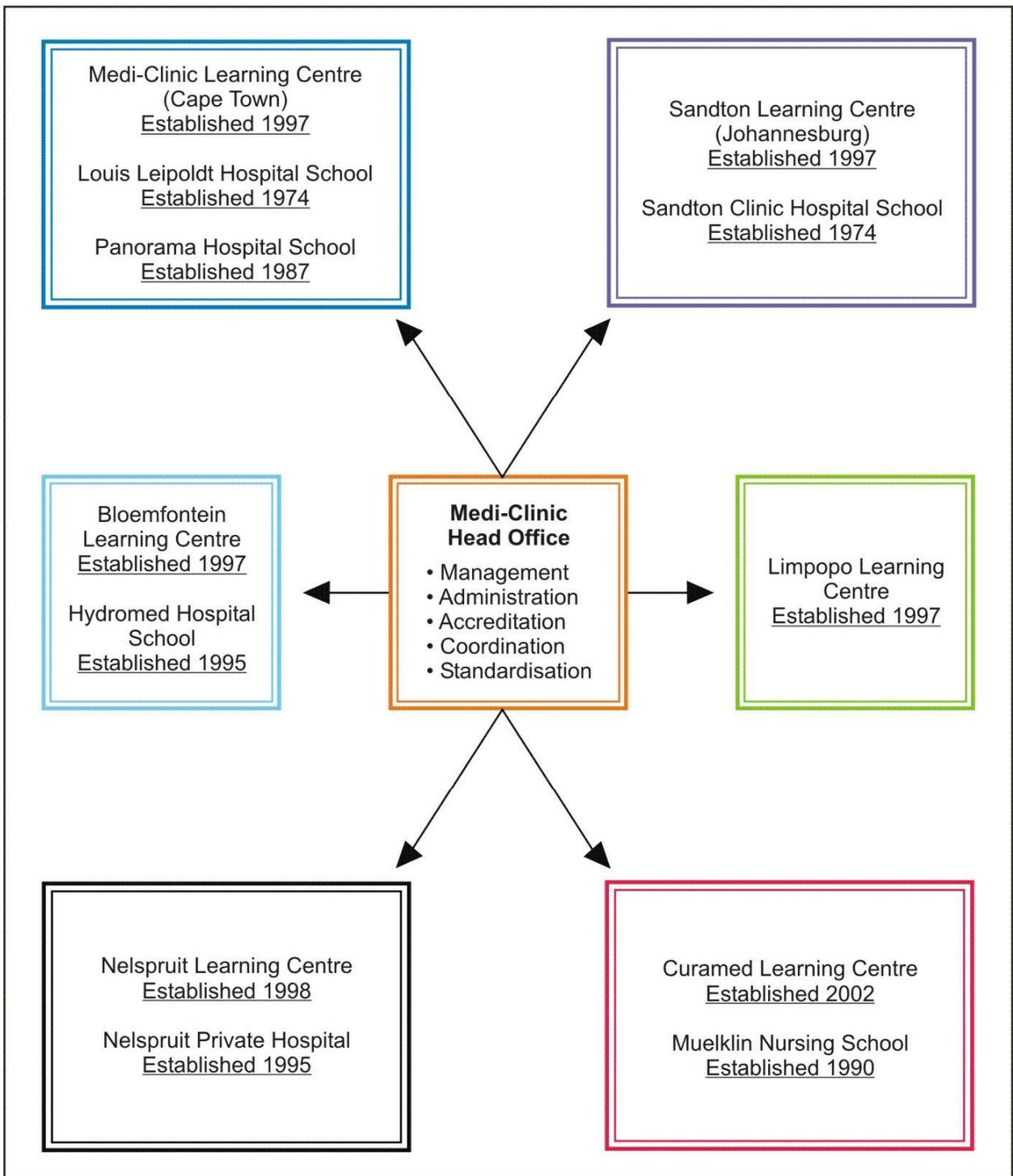


Figure 5.1 The structure and development of Medi-Clinic Learning Centres

In October 1978, Sandton Clinic obtained permission to train white males by default. A white male was enrolled in the course to be trained as a nursing assistant. However, the school was only approved to train white females (MCS Volume 1:9). On 20 October 1978, the SANC informed Sandton Clinic that in order for them to train white males, a formal application had to be submitted (MCS Volume 1:10). On 26 October 1978, Ms CF Collecott apologised for the oversight and duly submitted an application to train five white male nursing assistants (MCS Volume 1:11). The SANC granted formal recognition on 9 November 1978, back dated to 1 August 1978 (MCS Volume 1:12). There was no correspondence for the period 1979 to 1985 in the file.

In 1984, the Medi-Clinic Corporation acquired Sandton Clinic. It became the first SANC accredited Medi-Clinic Learning Centre (Wepener and van Zyl, 2010:2), presenting the Course leading to Enrolment as a Nursing Auxiliary.

On 9 October 1985, Ms DP Meintjies, hospital manager, applied to the SANC to recognise Sandton Clinic as a nursing school to train nursing assistants of all races (MCS Volume 1:15). She also indicated their intent to institute the course, Certificate for Enrolled Nurses, and requested the SANC to forward application forms and relevant information. On 5 November 1985, the SANC gave permission to Sandton Clinic to train non-white nursing assistants. The documents requested on 9 October 1985 were also forwarded to the hospital (MCS Volume 1:20).

On 6 July 1988 Sandton Clinic expressed their interest in presenting the Bridging Course for Enrolled Nurses leading to Registration as a Nurse at Sandton Clinic (MCS Volume 1:25). A request for information with regard to the application procedure and requirements was submitted to the SANC. The regulations for the Bridging Course for Enrolled Nurses leading to Registration as a Nurse were unfortunately not yet published. New applications could not be considered. Concurrently, the regulations for the Course leading to Enrolment as a Nurse were also revised and new application from nursing schools could not be considered (MCS Volume 1:27).

A letter dated 13 August 1989, on a Medi-Clinic Corporation Limited letterhead, reflected Sandton Clinic as part of the Medi Clinic Corporation (MCS Volume 1:35).

On 27 July 1989, Sandton- and Morningside Clinics entered into an agreement with the BG Alexander Nursing College to serve as extended clinical facilities for the postgraduate Diploma in Intensive Care Nursing Science. The SANC was requested to conduct an inspection at both hospitals for the purpose of accreditation (MCS Volume 1:34). The SANC finally granted accreditation on 21 November 1991 (MCS Volume 1:40).

On 5 March 1991, Ms H Marais forwarded a handwritten letter to the SANC, addressed to Ms A Baird to apply for recognition of the Sandton Clinic Nursing School to train enrolled nursing auxiliaries (MCS Volume 1:42). The intended date of commencement was 3 June 1991. Ms A Baird responded to the letter on 8 April 1991, informing Ms H Marais on the procedure to be followed: A pre-approval inspection had to be conducted before the final accreditation could be granted and this could take up to six months (MCS Volume 1:44). The duly completed application was submitted on 18 April 1991 and the provisional date for the pre-inspection of the school was set for 3 May 1991 (MCS Volume 1:45). The inspectorate was not satisfied with the patient record system and was of the opinion that the current system would not contribute towards training of students. The intention was to utilise the Morningside Clinic for clinical placement of students. A formal application in that regard was required. Approval was withheld pending correction of these issues and a re-inspection (MCS Volume 1:46). On 6 June 1991, the follow-up inspection was conducted. The inspectorate was still not satisfied with the quality of patient records. It was recommended that the system of record keeping be corrected. The same system had to be implemented at Morningside Clinic for it to be accredited as a clinical facility. According to the inspection report, Sandton Clinic decided to postpone the commencement of training to a later date (MCS Volume 1:47).

Dr A van der Merwe, medical superintendent at Sandton Clinic, interpreted the inspection report that Sandton Clinic was the only hospital where record keeping problems were experienced. Ms A Baird responded to Dr A van der Merwe's enquiry by explaining that poor record keeping proved to be a general problem. The inspectorate based the decision to withhold accreditation on the fact that there was not an urgent need for training and that the situation could be corrected before the commencement of the intended training (MCS Volume 1:50). Ms A Baird and Ms K De Witt was subsequently invited to join the staff of Sandton Clinic in a discussion of the role of the registered nurse in the training of the nursing assistants and acceptable record keeping (MCS Volume 1:52).

On 1 October 1991, SANC granted approval to Sandton Clinic as a nursing school for enrolled nursing assistants. Morningside Clinic was not approved as a clinical facility. A full set of regulations and documents relevant to the training programme were included in the pack. (MCS Volume 1:52).

New regulations for the qualification of a nursing assistant were published in Government Notice R2176 of 19 November 1993, Course leading to Enrolment as a Nursing Auxiliary³⁶. On 3 November 1994, Ms AJJ Nolte submitted a revised curriculum for the Course Leading to Enrolment as a Nursing Auxiliary according to the new Government Notice R2176 of 19 November 1993 (MCS Volume 1:60). On 3 February 1995, the SANC approved the curriculum (MCS Volume 2: 65).

The name of Sandton Clinic was changed to Sandton Medi-Clinic in 1995. The school was housed in an apartment building where two flats were equipped to serve as training facilities (Van Vuuren: 2011). The facility was soon too small and it moved to the premises of Sandton Medi-Clinic, into a house that was previously used as the crèche. The intake consisted of 12 students: six were selected from the ranks of cleaners employed by Sandton Medi-Clinic and Morningside Medi-Clinic (Van Vuuren, 2011) nominated six.

On 3 May 1995, Sandton Medi-Clinic informed the SANC that Dr A Basson requested to use the approved curriculum for the Course leading to Enrolment as a Nursing Auxiliary (Government Notice R2176 of 19 November 1993) and to place students at the Sandton Clinic for practical learning (MCS Volume 2:75). The agreement was subject to Dr A Basson obtaining accreditation for her school, Empilweni Education³⁷, from the SANC. There was a concern from the regional nursing services manager, Ms CAP Keulder, as well as from Ms A Lambrechts at Head Office that the presence of two groups of students under different conditions may cause conflict. Sandton Clinic also requested to increase the number of clinical placements at the hospital to 32 to accommodate 20 students from Empilweni Education (MCS Volume 2:78). It was proposed by Ms A Lambrechts that the responsibility for the theoretical as well as clinical training of the students and any adaptations to the curriculum should rest with Dr A Basson. On 31 May 1995, the SANC indicated that Medi-

³⁶ The Nursing Assistant was now called Enrolled Nursing Auxiliary

³⁷ Empilweni Education is an independent PNEI, not linked to a hospital group but accredited by the SANC.

Clinic Sandton had to make changes to the existing curriculum, being the accredited nursing school (MCS Volume 2: 81).

In 1999, Sandton Medi-Clinic was accredited to present the Course leading to Enrolment as a Nurse, Government Notice R2175 of 19 November 1993 (MCS Volume 2:101). In February 2000, a group of 15 students were enrolled for the second year of the Course leading to Enrolment as a Nurse. These students were nominated from the staff of Sandton Medi-Clinic and Morningside Medi-Clinic and were already qualified nursing auxiliaries (Van Vuuren, 2011). The SANC adopted a system of recognition of prior learning (RPL)³⁸ where nursing auxiliaries could be exempted from the first year of the course provided that they underwent at least one year of training and that said training happened after 1988.

In 2001, 18 students were recruited from the community to enrol for the Course leading to Enrolment as a Nursing Auxiliary. These students were employed by the company and entitled to all benefits. The company also sponsored all training costs. Students had to sign an agreement and were obliged to serve in the company for a period equal to the duration of the course. Enrolled nursing auxiliaries were still allowed to enrol for the second year of the course (Van Vuuren, 2011).

On 6 September 2006, Ms A Stroh at the Medi-Clinic Head Office submitted an application for the accreditation of Wits Donald Gordon Medi-Clinic and Secunda Medi-Clinic as additional clinical facilities for the Course leading to Enrolment as a Nurse, Government Notice R2175 of November 1993 (MCS Volume 2:110). A co-operation agreement was signed with Secunda Medi-Clinic. Mrs TH Kgongwana from the SANC responded to the application, informing Ms A Stroh that an umbrella application for accreditation was not acceptable. The Head of each school had to correspond independently with the SANC (MCS Volume 2:111). In addition, the following issues had to be addressed:

- The format of the co-operation agreement did not meet the requirements of SANC
- Hospitals with the bed occupancy of less than 70% per unit did not meet the SANC requirements for clinical facilities.

It was requested that the application be revised and re-submitted. On 15 December 2006, the SANC received a new submission prepared by Ms FJ van Vuuren (MCS Volume 2:112). The matter was finalised in 2007, which is outside the scope of this study.

³⁸ Students could retain credits for previous learning

The Sandton Learning Centre utilised the following clinical facilities:

Table 5.1 Clinical facilities accredited for Sandton Learning Centre

Clinical Facility	Number of Placements	
	Pupil Enrolled Nurse	Bridging Course Students
Morningside Medi-Clinic	18	12
Sandton Medi-Clinic		
Highveld Medi-Clinic (Trichardt)	16	10
Vereeniging Medi-Clinic	16	10
Potchefstroom Medi-Clinic	24	16
Brits Medi-Clinic	4	2

The next section will focus on the Medi-Clinic learning Centre in Bellville, Cape Town.

5.5 MEDI-CLINIC LEARNING CENTRE

The Medi-Clinic Learning Centre is situated in Bellville, Cape Town. Initially, two hospital-based nursing schools, Panorama Hospital and Louis Leipoldt Hospital were functioning independently. The two schools were combined to form one integrated learning centre in August 1995 (MLC Volume 1:3). Each hospital school will be discussed in the following section.

5.5.1 LOUIS LEIPOLDT HOSPITAL

On 7 March 1974, Louis Leipoldt Hospital under the leadership of Ms J van Heerden applied for accreditation as a nursing school for Enrolled Nursing Assistants (MLC Volume 1:1). The course consisted of 100 days of training, of which only 20 days were allowed to be dedicated to full time theoretical instruction. The SANC responded on 11 March 1974 giving retrospective approval. The school was approved to train white male and female nursing assistants. The necessary guiding documents were forwarded to Louis Leipoldt Hospital (MLC Volume 1:5). Although approved, the school expressed no intention of enrolling males in any category of nurse training. However, the school was not accredited for the training of

coloured or black nurses. An application for enrolment as a pupil nurse³⁹ of a coloured woman was submitted to SANC and approval was granted without any application (MLC Volume 1:7). No records for Louis Leipoldt Hospital Nursing School during the period 1974 up to 1997 were available in the archived file.

On 8 August 1995, the Panorama Hospital Nursing School was dissolved and absorbed into the Louis Leipoldt Hospital Nursing School (MLC Volume 2:258).

The SANC inspected the clinical facilities of Louis Leipoldt Hospital on 11 November 1997. The hospital consisted of 227 beds with occupancy of 60 to 70%. It was approved as a clinical facility based on the availability of clinical learning opportunities and teaching equipment (MLC Volume 2:123). Mr T Wepener, Education Manager at the Medi-Clinic Learning Centre recalls the early days when he was given an instruction to develop a curriculum (Wepener and van Zyl, 2010:4). He was given an examination pad, a pen and ruler and told to write a curriculum+(Wepener and van Zyl, 2010:4).

The SANC published new regulations for the Course leading to Enrolment as a Nurse (Government Notice R2175 of 19 November 1993). The regulation made provision for nursing assistants who completed training under the old regulations to apply for RPL and be exempted from the first year of the new course. These nursing assistants should have completed the nursing assistant course after 1985 and the training programme had to be at least six months in duration. There was a large number of nursing assistants employed by Medi-Clinic who qualified for exemption. The course was referred to upgrading+or bridging to enrolled nurse in general terms (Wepener and van Zyl, 2010:8).

The Medi-Clinic management granted permission to present the upgrading of nurse auxiliary to enrolled nurse course in December 1998 (MCL Volume 3:299). A curriculum was submitted to the SANC on 12 February 1999 by Ms A Lambrechts to be utilised by Sandton Medi-Clinic Learning Centre, Bloemfontein Hydromed and Louis Leipoldt Hospitals (MCL Volume 3:300). The SANC conducted the inspection on 11 June 1999 at Louis Leipoldt Hospital. The number of beds was 227 with 70% occupancy. The tutorial staff was increased by one tutor. Both tutors were to be responsible for theory and clinical

³⁹ According to the Nursing Act, Act No. 50 of 1978, students in training to become nursing assistants were referred to as pupil nurses.

accompaniment. It was a positive inspection (MLC Volume 3:302). The application was discussed and approved by SANC on 13 and 14 July 1999 (MCL Volume 3:303). The school was now known as the Cape Town Learning Centre.

Medi-Clinic bought a house where the school was started. The house was upgraded and equipped for training purposes. The first intake of 14 students at the Cape Town Learning Centre was in November 1997 consisting of Medi-Clinic staff drawn from the ranks of porters, cleaners, and the central sterilisation department (Wepener and Van Zyl, 2010:1). At first, all students were placed at the Louis Leipoldt Hospital for clinical learning but over the years clinical placement expanded to eleven hospitals. The training was also taken to the next level by applying to the SANC for accreditation of the Course leading to Enrolment as a Nurse (Government Notice R 2176 of 19 November 1993).

On 2 August 2002, the Louis Leipoldt Hospital requested SANC to change the name of the nursing school to that of Medi-Clinic Learning Centre following the acquisition by Medi-Clinic Corporation. The school was housed at Tijgervallei, Elective House, Second Floor, 6 Oakdale Street, Bellville (Wepener and van Zyl, 2010). In August 2003, Medi-Clinic Learning Centre applied to be recognised as a clinical facility for the postgraduate Diploma in Operating Theatre Nursing Science for the Rand Afrikaans University (RAU). The hospital offered a wide variety of surgical interventions due to the wide range of medical practitioners who admitted patients to the hospital and performed surgical procedures, e.g. general practitioners, general surgeons, specialist surgeons, gynaecologists, maxilla facial surgeons, neurosurgeons, ear, nose and throat surgeon, orthopaedic surgeon, plastic surgeon, cardio thoracic surgeon and ancillary health care professionals. The number of students for the postgraduate Diploma in Operating Theatre Nursing Science at the hospital would not exceed two students. The hospital was also approved as an extended facility of Technicon South Africa (TSA) for the postgraduate Certificate in Operating Nursing Science with three placements. The clinical facilitator was Mrs A van Zyl who was in possession of a B Cur Nursing Degree and postgraduate Diplomas in Operating Theatre Nursing Science and Nursing Education (Wepener and van Zyl, 2010).

Between 1997 and 2006, Medi-Clinic Corporation acquired a number of hospitals. The names of these hospitals were changed and SANC was informed accordingly (MCL Volume

3:321). The clinical facilities attached to the Medi-Clinic Learning Centre for the different courses are provided in Table 5.2:

Table 5.2 Clinical facilities accredited for Medi-Clinic Learning Centre

Clinical Facility	Number of Placements	
	Enrolled Nurse Students	Bridging Course Students
Louis Leipoldt Hospital	15	10
Constantiaberg Hospital	20	10
Cape Town Medi-Clinic	6	4
Paarl Hospital	10	8
Panorama Hospital	30	20
Durbanville Hospital	12	8
Milnerton Hospital	15	10
Stellenbosch Medi-Clinic	6	4
Hermanus Medi-Clinic	4	0
George Medi-Clinic	10	10
Vergelegen Medi-Clinic	20	10
Worcester Medi-Clinic	8	6

An update on the status of the Medi-Clinic Learning Centre was submitted to the SANC on 23 March 2004. Ms A Lambrechts pointed out that Medi-Clinic wanted to increase the number of placements at Medi-Clinic Learning Centre and that the clinical learning opportunities met the requirements. Students at Medi-Clinic did not pay for training and were all employed in permanent positions (MLC Volume 3:310).

The next section will discuss the history of the Panorama Medi-Clinic as hospital based nursing school.

5.5.2 PANORAMA MEDI-CLINIC

On 2 July 1987 Ms A Lambrechts applied to the SANC to approve the Panorama Medi-Clinic as a school for the postgraduate Diploma in Operating Theatre Nursing Science (MLC

Volume 1:55). Prof. MC van Huyssteen inspected the hospital on 25 August 1998 (MLC Volume 1:51).

The positive report reflected Prof. MC van Huyssteen's satisfaction with the thorough preparation. Ms Micau, who was involved in the planning and would also be involved in the clinical teaching and accompaniment, was a respected operating theatre nurse. There was an agreement with the Cape Provincial Administration hospital services to allow students to attend the classes for theory at Tygerberg Hospital. The intention was to train operating theatre nurses for the needs of the company, but also to accommodate nurses from other hospitals according to their needs. An in-service training programme for all operating theatre nurses had already been instituted at the hospital (MLC Volume 1:51). The approval of the application was recommended by Prof. MC Van Huyssteen. The application was presented to the SANC in October 1987 and it was approved to train white and black nurses (MLC Volume 1:60). The SANC requested Panorama Hospital to submit an agreement with the Cape Provincial Department of hospital services giving permission to Medi-Clinic students to utilise the facilities of Tygerberg Hospital, which was done on 6 January 1988 (MLC Volume 1:66).

Ms J Bierman conducted another inspection in August 1990. The findings were as follows (MCL Volume 1:65):

- Panorama Hospital was approved for the postgraduate Diploma in Operating Theatre Nursing Science
- Theory was presented by Otto du Plessis College of Nursing in co-operation with Panorama Hospital
- Other hospitals included in the training programme were part of the Medi-Clinic Corporation, e.g. Mitchell's Plain Hospital
- Clinical Facilities:
 - Ms Micau was still in charge of the programme and her expertise was the key to the high standard and quality of the programme
 - The theatre was managed in a positive way and both nursing staff and doctors were involved in the training programme
 - Clear guidelines were available which indicated good planning
 - The small number of students allowed for individual attention to each

- An excellent library facility was available and doctors also contributed to the library with books and journals and were involved in presenting some lectures
- Nursing Care:
 - The scientific approach to nursing care was not fully implemented and reflected in patient records, but there was evidence that it was in the process of being implemented with clear guidelines in the wards
 - There was a strict recruitment and appointment policy and no vacancies in the hospital
- Policies:
 - Written procedure and policy manuals were available with clear guidelines which served as an excellent teaching resource
- Recommendation:
 - It was recommended that the matron, staff and management of the hospital should be congratulated on the excellent clinical learning programme

The SANC gave permission to the Otto Du Plessis Nursing College to conduct examinations in postgraduate courses on behalf of the SANC on 20 July 1990. Panorama Hospital applied to SANC to allow its students registered for the postgraduate Diploma in Operating Theatre Nursing Science who attended lectures at Otto Du Plessis Nursing College to attend the examinations at the college (MCL Volume 1:70). Unfortunately, this request could not be granted as these students were registered under the Panorama Hospital Nursing School and not Otto Du Plessis Nursing College (MCL Volume 1:71).

On 26 May 1995, Ms A Lambrechts submitted a letter to the SANC indicating that the affiliation agreement between Otto Du Plessis Nursing College and Panorama Medi-Clinic would be extended. Permission was granted to utilise the facilities of Panorama Hospital for the postgraduate Diploma in Operating Theatre Nursing Science and the postgraduate Diploma Critical Care Nursing Science (MCL Volume 2:250).

Panorama Hospital then signed an agreement for clinical placement of students with the University of Stellenbosch. Affiliation with the department of nursing at the University of Stellenbosch made provision for the placement of undergraduate nursing students in the Bachelor of Nursing (B Cur) programme. The university was satisfied that sufficient learning opportunities were available at Panorama Hospital to assist students to achieve the

programme outcomes for general nursing. It was agreed that two to three students in the third year of study would be placed at Panorama Hospital (MLC Volume 2:255).

In May 1995, Ms A Lambrechts requested the SANC to cancel the status of Panorama Hospital as a nursing school. On 8 August 1995, the SANC approved the request. The Medi-Clinic Learning Centre was the only active nursing school for the Medi-Clinic Corporation in the Western Cape (MLC Volume 2:258).

5.6 BLOEMFONTEIN LEARNING CENTRE

The Bloemfontein Learning Centre evolved from the Hydromed Hospital Nursing School in Bloemfontein. Hydromed Hospital belonged to the Hydromed Holdings. Medi-Clinic acquired Hydromed Holdings in 1997 and the name was changed to Bloemfontein Learning Centre on 23 October 2000 (MCB Volume 1:119). The following discussion will start with the history of the Hydromed Hospital Nursing School and then proceed to the Bloemfontein Learning Centre.

The first evidence in the archived file indicated that Ms L Knoetze (MCB Volume 1:1) submitted the application form the Hydromed Hospital in Bloemfontein to the SANC on 7 December 1995. The application was for a school to present the Course leading to Enrolment as a Nursing Auxiliary. Ms L Knoetze was the Nursing Services Manager of the hospital and did not have a qualification in nursing education. She was already involved in the accompaniment of students from the University of the Free State and Free State College of Nursing, who were placed at the hospital for clinical learning. Ms L Knoetze appointed a qualified tutor with teaching experience to manage the school administration and development of the curriculum (MCB Volume 1:1).

Affiliation agreements with both the University of the Free State and Free State College of Nursing were in place and these institutions were willing to assist Hydromed Hospital in achieving the outcomes of the learning programme (MCB Volume 1:3). The intention was to train enrolled nursing auxiliaries to meet the needs of the hospital. The students would remain employees of the hospital during training and after completion of the course. Free State College of Nursing gave permission to Hydromed Hospital to submit its existing curriculum for the Course Leading to Enrolment as a Nursing Auxiliary (Government Notice R2176 of 19 November 1993) that was already approved by the SANC in order to obtain

approval for the use of the curriculum at Hydromed Hospital Nursing School. The utilisation of the same curriculum would enhance uniformity in the training of students from different nursing schools, placed in the same clinical facility (MCB Volume 1:3). The number of students to be trained was set at six per year. The small size of the group would facilitate individual attention to each student, which would enhance theory and practice integration. Agreements were signed with Bloemfontein Hospice and Bloemfontein Municipality for placement of students and with the Free State College of Nursing which allowed students from Hydromed Hospital to access the library facilities (MCB Volume 1:3). Mr A Wypkema approved the application for the school on behalf of Hydromed Holdings.

The SANC conducted an accreditation visit on 4 March 1996. The application met with the minimum requirements of the SANC and permission to present the course was granted (MCB Volume 1:4).

Mrs L Knoetze was promoted and left the Hydromed Nursing School on 20 January 1997. She was replaced by Mrs ASHC Bax, who was in possession of a Diploma in General Nursing and Midwifery and a B Cur Degree in Nursing Management, Nursing Education and Community Health (MCB Volume 1:15).

On 6 August 1997, the Hydromed Hospital was inspected by the SANC. The SANC report emphasized the following criteria for the approval of additional clinical facilities (MCB Volume 1:17):

- Application for approval should be submitted to the SANC by the approved NEI prior to the placement of students in the proposed additional clinical facility
- A situation analysis based on set norms and standards of the clinical facility should be carried out by the NEI
- Where inadequate or inappropriate learning opportunities exist, arrangements should be made for practica to be completed at an alternative clinical facility
- The same procedure should be followed to obtain approval for an alternative clinical facility not being approved
- A copy of the situation analysis indicating that the facility met with the predetermined minimum standard of the NEI, had to be submitted together with the application to the SANC

- A copy of the formal agreement between the NEI and the facility to be used for the placement of students should accompany the application.
- An indication had to be given of the number of students to be placed at the facility as well as the duration of such placement
- The names and professional qualifications of the persons responsible for the clinical accompaniment as well as the number of students each preceptor would be responsible for should be submitted by the NEI to the SANC biannually, for as long as the clinical facility is used by the NEI
- Proof of clinical accompaniment at all levels had to be clearly indicated
- The SANC had the mandate to inspect all facilities where students were placed for clinical practica at any time, and
- The SANC might interview students and personnel during such an accreditation visit.

In November 1998, Hydromed Hospital appointed a new person, Ms LH Janse van Rensburg, to be in charge of the nursing school following the resignation of Mrs ASHC Bax. Ms LH Janse van Rensburg had not yet completed the course in nursing education but she would obtain the qualification in October 1998. According to the SANC regulations for accreditation as a NEI (SANC 1993:3), the person in charge of the NEI had to be qualified in nursing education and nursing management. The other staff members were Ms B Schoeman, Ms A de Villiers and Ms L Zaidy (MCB Volume 1:25).

The Medi-Clinic Learning Centre submitted a curriculum for the upgrading course⁴⁰ for Enrolled Nurses. The application was submitted on behalf of all the Medi-Clinic Learning Centres and approved on 12 February 1999. In January 2001, Ms LE Zaidy investigated the possibility of registering a short course in infection control for registered nurses. The SANC was requested to assist the school with guidelines for the development of such a course. These were duly provided in February of 2001 (MCB Volume 1:32).

On 23 October 2000, Hydromed Hospital Nursing School applied to change its name to Nursing School Bloemfontein Medi-Clinic as the hospital's name was changed to Bloemfontein Medi-Clinic. This followed after the Medi-Clinic Corporation acquired the Hospiplan Hospital Group (Hydromed Holdings was acquired by Hospiplan in the meantime),

⁴⁰ Nursing Auxiliaries who completed training before 1993 could enrol for an upgrading course to gain access to the second year of the new course leading to registration as an Enrolled Nurse

consisting of 12 hospitals (MCB Volume 1:36). The SANC requested an update on the status of Nursing School Bloemfontein Medi-Clinic on 23 April 2004 (MCB Volume 1:40). The documents and information were submitted with those of Medi-Clinic Learning Centre and Sandton Learning Centre. The status of Nursing School Bloemfontein Medi-Clinic is illustrated in Table 5.5 (MCB Volume 1:38):

Table 5.3 Clinical facilities accredited for Bloemfontein Learning Centre

3	Number of Placements	
	Enrolled Nurse Students	Bridging Course Students
Bloemfontein Medi-Clinic	30	20
Kimberley Medi-Clinic	16	10
Welkom Medi-Clinic	16	10
Hoogland Medi-Clinic (Bethlehem)	8	6
Potchefstroom Medi-Clinic	8	6
Pietermaritzburg Medi-Clinic	12	8

Pietermaritzburg Medi-Clinic- and Welkom Medi-Clinic Hospitals were accredited as clinical facilities for Nursing School Bloemfontein Medi-Clinic. Pietermaritzburg Medi-Clinic started as the Pietermaritzburg Private Hospital in 1989 and belonged to the MEDICO Group. It was acquired by Medi-Clinic in 1995. Full accreditation with the Council for Health Service Accreditation of South Africa (COHSASA) was obtained in 1997. It was an extended clinical facility for the students of the Greyş Hospital. The bed capacity was 113 and occupancy 70 to 80%. The staff establishment consisted of 75 registered nurses, 25 enrolled nurses and 24 enrolled nursing auxiliaries. Doctors were not employed by Medi-Clinic, but 156 specialist and general practitioners serviced the hospital. The pharmacy was manned by three pharmacists. There was a high staff turnover due to migration (MCB Volume 1:40).

According to the inspection report of May 2001, Pietermaritzburg Medi-Clinic maintained a positive therapeutic environment with ample learning opportunities for student education and training. The objectives were realistic and attainable in terms of available learning opportunities. Learning objectives reflected on the cognitive, psychomotor, and affective domains, which indicated professional and personal growth opportunities for the students. An orientation programme was in place in each unit and delegation of tasks were documented and signed off by various categories of nurses. Specimens of nurses' signatures were

attached to the drug book. There was enough staff to render quality nursing care. However, the SANC was concerned about a lack of clinical accompaniment by tutors, due to the distance between the Nursing School and the clinical facility. The implementation of the nursing care plan also needed attention (MCB Volume 1:44).

In June 2005 the Nursing School Bloemfontein Medi-Clinic applied to the SANC to establish satellite campuses at Pietermaritzburg Medi-Clinic- and Welkom Medi-Clinic Hospitals for the Course leading to Enrolment as a Nurse (R 2175 November 1993) (MCB Volume 1:47). Both hospitals had appointed additional tutors and fully equipped classroom facilities were available and demonstration areas were already established. The SANC reminded Nursing School Bloemfontein Medi-Clinic that any teaching and learning that takes place at an unapproved learning centre would not be recognised by SANC (MCB Volume 1:49). Nursing School Bloemfontein Medi-Clinic clarified the situation that these facilities were approved clinical facilities, but that it wished to upgrade the two hospitals under discussion as satellite campuses of Nursing School Bloemfontein Medi-Clinic. The rationale for this request was the vast distances which the students had to travel to attend lectures and which impacted negatively on the clinical accompaniment by tutors. Situational analyses for both hospitals were submitted for perusal by the SANC (MCB Volume 1:51).

In July 2005, Ms A Stroh extended the application for satellite campuses to include Kimberley Medi-Clinic as well. It was previously approved as a clinical facility for the courses offered at Nursing School Bloemfontein Medi-Clinic. The rationale for this request, as with the Pietermaritzburg Medi-Clinic- and Welkom Medi-Clinic hospitals applications was the vast distances that students have to travel to attend lectures (MCB Volume 1:55).

In August 2005, the SANC informed Medi-Clinic Learning Centre that a moratorium on the approval of all new PNEI, sub campuses and programmes was imposed (MCB Volume 1:57). An application for approval of the New Castle Medi-Clinic as an additional clinical facility for Bloemfontein Learning Centre for the Course Leading to Enrolment as a Nursing Auxiliary was submitted by Ms A Stroh from the head office (MCB Volume 1:58). Ms TH Kgongwana, professional advisor at the SANC, informed Ms A Stroh that applications of this nature had to be submitted by the head of the school (MCB Volume 1:59). Ms JC Lubbe, the head of Bloemfontein Learning Centre re-submitted the application on 3 November 2006 (MCB Volume 1:60). Ms TH Kgongwana was concerned about the distance between the learning

centre and clinical facility. The SANC requested clarity on accompaniment by nurse educators and accessibility by all students at the learning centre to be part of the application. Information about management, including the medical personnel of the facility, had to be provided. A detailed report of the shortcomings of the application was forwarded to Ms JC Lubbe with a request to correct and update the information (MCB Volume 1:61). Ms JC Lubbe requested a meeting with MsTH Kgongwana to clarify issues and the process extended into February 2007, which falls outside the scope of the study.

The history of the Nelspruit Medi-Clinic will be discussed in the next section.

5.7 NELSPRUIT LEARNING CENTRE

Nelspruit Learning Centre started as the Nelspruit Private Hospital Nursing School in 1995. It was part of the Hospiplan Group, which was acquired by Medi-Clinic in 1997. The first part of the discussion will be on the Nelspruit Private Hospital Nursing School and the second part on the Nelspruit Learning Centre.

In April 1995, Nelspruit Private Hospital applied for accreditation as a nursing school for the Courses leading to Enrolment as Nursing Auxiliary and Enrolment as a Nurse (MCN Volume 1:1). Nelspruit is situated in the Eastern Transvaal Region (now known as Mpumalanga), an area where a surge in development was experienced in the nineties. Due to the increased industrial and mining activities, there was also an influx of people in need of health care. The need to train nurses to meet the requirements of Nelspruit Private Hospital was identified (MCN Volume 1:1). Up to 1995, Nelspruit Private Hospital drew staff from government hospitals to their disadvantage. The Kangwane Nursing College presented the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse and Nelspruit Hospital planned to enrol employees at the college to follow the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse. A curriculum was obtained from SG Lourens Nursing College that gave permission that it could be aligned to the new requirements for the Course leading to Enrolment as a Nursing Auxiliary, Government Notices R2176 of 19 November 1993 and the Course leading to Enrolment as a Nurse, Government Notice R2175 of 19 November 1993 (MCN Volume 1:1). The application was approved as from 1 July 1995, following the SANC inspection (MCN Volume 1:2). Ms W Potgieter was in charge of the school.

On 25 April 1995, the Nelspruit Private Hospital applied to the SANC to be accredited as extended clinical facility of Kangwane College of Nursing for the following categories:

- Bridging Course for Enrolled Nurses leading to Registration as a General Nurse
- Postgraduate Diploma in Midwifery
- Postgraduate Diploma in Operating Theatre Nursing Science

It was expected that for the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse would commence during August/ September 1995 and the SANC was requested to conduct an inspection before that time to enable students to enrol for the course at the Kangwane College of Nursing (MCN Volume 1:5). Nelspruit Private Hospital and public hospitals agreed that students would be handled in the following way:

- **Bridging Course for Enrolled Nurses leading to Registration as a General Nurse:**
 - Nelspruit Hospital students would be selected and screened by Nelspruit Private Hospital's screening committee
 - Nelspruit Private Hospital would pay an agreed amount to Kangwane College of Nursing as well as student salaries, and
 - Placement for clinical learning opportunities: Nelspruit Private Hospital students would be placed at Rob Ferreira or Themba Hospitals to enable them to fulfil the SANC requirements.
- **Postgraduate Diploma in Midwifery**
 - Nelspruit Private Hospital students would be selected and screened by the Nelspruit Private Hospital screening committee
 - Nelspruit Private Hospital would pay an agreed amount to the Kangwane College of Nursing as well as student salaries
 - Placement for clinical learning opportunities: Nelspruit Private Hospital students would be placed at Rob Ferreira or Themba Hospitals to enable them to fulfil the SANC requirements
 - In exchange, it was suggested that nurses in the public hospitals who were not exposed to equipment that is more modern be placed in Nelspruit Private Hospital for exposure to modern technology. No fees would be attached to this opportunity.
- **Postgraduate Diploma in Operating Theatre Nursing Science**
 - Nelspruit Private Hospital requested Eastern Transvaal College of Nursing to inspect the Nelspruit Private Hospital facility for training in the postgraduate

Diploma in Operating Theatre Nursing Science as a possible clinical facility for students from both private and public sectors. Nelspruit Private Hospital would employ a clinical preceptor in the theatre

- Nelspruit Private Hospital undertook to source a curriculum already approved by the SANC from SG Lourens Nursing College
- The Kangwane College of Nursing would negotiate with the Medical University of Southern Africa (MEDUNSA) to appoint a moderator
- Nelspruit Private Hospital was prepared to appoint a tutor to present the course should the Eastern Transvaal College have a vacancy. Should it be the case, the Kangwane College of Nursing would not be paid a tuition fee, but Nelspruit Private Hospital would remunerate the tutor.

Ms W Potgieter submitted the application and supporting documents to the SANC (MCN Volume 1:7). On 15 Augustus 1995 the SANC responded to the request and indicated that, the Kangwane College of Nursing and not the clinical facility (MCN Volume 1:9) should submit the application. It appeared that the relevant official at the Kangwane College of Nursing informed Nelspruit Private Hospital management that the application had already been submitted. Ms W Potgieter resigned from the Nelspruit Private Hospital in September 1995 (MCN Volume 1:9).

Nelspruit Private Hospital then approached the Kangwane Nursing College on 28 March 1996 with a formal request to establish an agreement between the two parties for the training of registered nurses in the postgraduate Diploma in Medical and Surgical Nursing in the specialised field of Operating Theatre Nursing Science according to Government Notice R212 of 19 February 1993 (MCN Volume 1:13). The management of Hospiplan in the person of Dr JC van der Walt supported the proposal. Ms J Buber who was appointed as programme co-ordinator forwarded copies of the agreement and a curriculum to the SANC. Ms E Monama from the SANC responded to the submission by sending a letter to Kangwane College of Nursing (MCN Volume 1:15). Her advice to Kangwane College of Nursing was to present the programme with Nelspruit Private Hospital as a clinical facility. A situation analysis for Nelspruit Private Hospital had to be done with specific reference to the operating theatre learning opportunities, accompanied by an indication by Kangwane College of Nursing that it met with the minimum requirements for training. Furthermore, the Kangwane College of Nursing had to indicate whether the philosophy and the mission in the curriculum were

compatible with its own. The Kangwane College of Nursing was requested to handle all correspondence in order to expedite the process of approval (MCN Volume 1:21).

The DoH Mpumalanga Region eventually forwarded the application to the SANC on 2 May 1996 (MCN Volume 1:25). The government of Mpumalanga agreed to work with the private sector in the training of nurses in the postgraduate Diploma in Medical and Surgical Nursing: Operating Theatre Nursing Science. Kangwane College of Nursing would be the school of nursing with Mr J Themba in charge. Hospiplan would appoint Ms CJ Buber and Ms JM Barnard in an honorary capacity. The programme leader, Ms CJ Buber would also be the examiner with Ms PR Brugman, an independent practitioner, being the moderator. The letter was signed by Dr GH Carim (MCN Volume 1:25).

Nelspruit Private Hospital had an agreement with the Kangwane Nursing College for the training of students in the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse. Ms J Buber, who was in charge of the nursing school, expressed her concern with regard to the number of students from Nelspruit Private Hospital, which were accommodated by the Kangwane College of Nursing for training. The number of students in training did not satisfy the needs of the Nelspruit Private Hospital. It was then decided to apply for approval as nursing school in its own right for the Bridging Course leading to Registration as a General Nurse (MCN Volume1:35).

On 28 August 1997, a curriculum that had been purchased from BG Alexander Nursing College, including a complete set of information on course material consisting of the following documents was submitted to the SANC for approval (MCN Volume 1:40):

- Modules on Integrated Nursing Science I and II
- Ethos and Professional Practice I and II
- Social Science I and II
- Course objectives
- Recommended booklist
- Course maps and evaluations
- Practica assessment forms and practica control sheets formative evaluation instrument
- Patient care assessment and evaluation instrument
- Patient care assessment guidelines

- Example for one OSCE station on CPR with student instruction sheet, equipment sheet, memorandum and score sheet, and
- Workbooks for students

The curriculum was adjusted to the mission, vision and philosophy of Nelspruit Private Hospital to address their specific needs. A situation analysis was also included (MCN Volume 1:42). The SANC requested more information on the implementation of the course for the application to be tabled to the education committee, which was duly submitted by Nelspruit Private Hospital. The application was approved by the executive committee of the SANC at its meeting held on 22 January 1998 (MCN Volume1:52).

Medi-Clinic acquired Hospiplan Group, under which Nelspruit Private Hospital operated. A letter was written to the SANC to request a name change to that of Nelspruit Learning Centre aligned to the new name of the hospital, Nelspruit Medi-Clinic (MCN Volume 1:55). Nelspruit Learning Centre utilised the clinical facilities listed in Table 5.4:

Table 5.4 Clinical facilities accredited for Nelspruit Learning Centre

Clinical Facility	Number of Placements	
	Enrolled Nurse Students	Bridging Course Students
Nelspruit Medi-Clinic	8	6
Highveld Medi-Clinic	16	10

The next section covers the history of the Limpopo Learning Centre.

5.8 LIMPOPO LEARNING CENTRE (S 1449)

The Limpopo Learning Centre was established in 1996. It was accredited for the courses:

- Course leading to Enrolment as a Nursing Auxiliary (Government Notice R2176 of 19 November 1993), and
- Course leading to Enrolment as a Nurse (Government Notice R2175 of 19 November 1993).

Limpopo Medi-Clinic is the only clinical facility accredited for placement of students, with the numbers allocated as indicated in Table 5.5:

Table 5.5 Clinical facility accredited for Limpopo Learning Centre

Clinical Facility	Number of Placements	
	Pupil Enrolled Nurses	Bridging Course Students
Limpopo Medi-Clinic	24	12

The Curamed learning Centre was acquired by Medi-Clinic in 2003 (MCCura Volume 2:156). A discussion on the history of Curamed before 2003 will be included in the next section.

5.9 CURAMED LEARNING CENTRE (S 220)

Curamed was established under the name of Muelklin Verpleegskool (Nursing School) Curamed, part of the Muelmed Hospital and Astrid Clinic, in 1990 (MCCura Volume 1:1). The matron, Ms B Smith submitted an application to the SANC on 31 August 1990, applying for accreditation as a nursing school to train nursing assistants of all races and genders. The plan was to train 10 students per year. The application also requested permission to present a short course in cardiothoracic nursing and cardiology. Final approval was granted as from 1 April 1991 (MCCura Volume 1:9). On 23 December 1991, Ms B Smith applied for accreditation of the Course leading to Enrolment as a Nurse (MCCura Volume 1:11). The application was only approved on 22 February 1992 (MCCura Volume 1:12).

Due to the opening of the Pretoria Heart Hospital, the cardiothoracic nursing course and cardiology course were discontinued in February 1999 (MCCura Volume 1:13). On 12 March 1999, an application was submitted to the SANC to change the name of the school to Curamed Nursing School, as a result of a change in the name of the holding company to Curamed Hospitals (Pty) Ltd (MCCura Volume 1:34). An undated letter was received by the SANC on 23 November 1999 (MCCura Volume 2:37). The letter expressed the intention of the Curamed Nursing School to present the following courses:

- Postgraduate Diploma in Medical and Surgical Nursing: Critical Care Nursing
- Postgraduate Diploma in Medical and Surgical Nursing: Operating Theatre Nursing
- Postgraduate Diploma in Midwifery
- Postgraduate Diploma in Advanced Midwifery
- Postgraduate Diploma in Neonatal Care
- Course leading to Enrolment as a Nursing Auxiliary
- Bridging Course for Enrolled Nurses leading to registration as a General Nurse, and
- Short course in Cardiology, Cardio-Thoracic and Vascular Surgery Nursing.

The application was submitted without supporting documents and Ms S Labuschagne, education co-ordinator, was requested to submit the curricula before the application could be considered.

On 10 May 1999, Ms S Labuschagne informed the SANC of a decision to discontinue all nursing education at the school as a temporary measure (MCCura Volume 1:40). On 23 December 2001 the group nursing services manager, Ms A Meiring, expressed her concern with regard to NEI placing students at hospitals without having curricula and clinical facilities approved in advance. According to the records of Curamed, the following schools and programmes were approved (MCCura Volume 2:44):

- University of Pretoria
 - Critical Care Nursing Science
 - Emergency/Trauma Nursing Science
 - Advanced Midwifery and Neonatology
 - Child Nursing Science
- SG Lourens Nursing College
 - Midwifery
- Netcare Training Academy
 - Critical Care Nursing Science
 - Emergency/Trauma Nursing Science
 - Diploma in Operating Room Nursing Science
 - Orthopaedic Nursing
 - Bridging Course for Enrolled Nurses leading to Registration as a General Nurse
 - Course leading to Enrolment as a Nurse
- South African Medical Services
 - Critical Care Nursing Science
 - Diploma in Operating Room Nursing Science
 - Bridging Course for Enrolled Nurses leading to Registration as a General Nurse
 - Course leading to Enrolment as a Nurse
- Technicon Pretoria
 - Critical Care Nursing Science

- Oncology Nursing
- B Tech Nursing four-year programme
- Thuto Bopelo Nursing Academy
 - Course leading to Enrolment as a Nursing Auxiliary
 - Course leading to Enrolment as a Nurse
- Rand Afrikaans University
 - Critical Care Nursing Science
 - Emergency/Trauma Nursing Science
 - Advanced Midwifery and Neonatology
 - Diploma in Operating Room Nursing Science
- Technicon SA
 - Diploma in Operating Room Nursing Science
 - Bridging Course for Enrolled Nurses leading to Registration as a General Nurse
- UNISA
 - Critical Care Nursing Science

The response from the SANC could not be traced in the archived file.

On 5 August 2002, Ms A Meiring expressed the intent of Curamed Nursing School to re-commence with training of nursing students (MCCura Volume 2:53). The application included the following courses:

- Course leading to Enrolment as a Nursing Auxiliary (Government Notice R2176 of 19 November 1993)
- Course leading to Enrolment as a Nurse (Government Notice R2175 of 19 November 1993), and
- Bridging Course for Enrolled Nurses leading to Registration as a General Nurse (Government Notice R683 of 16 April 1989).

The clinical facilities would be Muelmed Hospital, Medforum General and Heart Hospital, Pretoria Heart Hospital, Pretoria Gynaecology Hospital and Curamed Thabazimbe Hospital. The application was conditionally approved on 7 March 2003, pending an inspection of the facilities (MCCura Volume 2:55). On 18 June 2003 the SANC informed Curamed Nursing School that the application to re-commence training was approved for the Course leading to Enrolment as a Nursing Auxiliary, Course leading to Enrolment as a Nurse, but the Bridging

Course for Enrolled Nurses leading to Registration as a General Nurse could only commence after the shortage of staff had been addressed and evidence of such had been submitted to the SANC (MCCura Volume 2:56).

On 3 June 2004, the SANC education committee was notified that Curamed became a member of the Medi-Clinic Corporation in December 2002 (MCCura Volume 2:58). Due to this, a restructuring process of the area was necessary. This resulted in Brits Medi-Clinic then becoming part of the Curamed/Tshwane region. Brits Medi-Clinic had always been sending their students to Sandton Learning Centre. The Curamed Learning Centre was then identified as Learning Centre of choice for Brits Medi-Clinic.

The SANC conducted a clinical inspection at Kloof Medi-Clinic as clinical facility in February 2004 (MCCura Volume 2:63). As there were no students placed at the Kloof Medi-Clinic at that time, Curamed Learning Centre applied to the SANC for the placement of first and second year students at this clinic in the Course leading to Enrolment as a Nurse as well as students in the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse as soon as possible. These outcomes-based curriculums were approved by the SANC in 2002 (MCCura Volume 2:65). A further development was that other NEI that placed students at Kloof Private Hospital would no longer be allowed to utilise the facility. These were the Healthnicon and Netcare Training Academy. Some of those students affected by the change were taken on by Curamed Learning Centre in order to assist them to finish their training (MCCura Volume 2:66).

Curamed Learning Centre was approved for two intakes of 20 students per intake for the Course leading to Enrolment as a Nursing Auxiliary (Government Notice R2176 of 19 November 1993), Course leading to Enrolment as a Nurse (Government Notice R2176 of 19 November 1993) and the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse (Government Notice R683 of 14 April 1988) since August 2002 (MCCura Volume 2:68). These 20 students per intake were spread between the existing hospitals as illustrated in Table 5.6:

Table 5.6 Clinical facilities accredited for Curamed Learning Centre

Clinical Facility	Number of Placements	
	Enrolled Nurse Students	Bridging Course Students
Muelmed Hospital	8	8
Medforum Hospital	8	8
Pretoria Gynaecological Hospital	2	2
Pretoria Heart Hospital	2	2
Brits Medi-Clinic	0	2
Kloof Medi-Clinic	0	8

Curamed Learning Centre requested the SANC to approve of the following (MCCura Volume 2:70):

- Extended facilities at Kloof- and Brits Medi-Clinic for the three courses mentioned previously
- Increase in number from two intakes of 20 each to two intakes of 30 students each per year.

Curamed indicated that it was aware of the moratorium on new schools and facilities, but in the light of the urgent need of trained nurses in the country SANC was requested to pay urgent attention to the application and consider it favourably based on the reputation of Curamed as an accredited and credible NEI. The application was submitted by Ms CM Erasmus and Ms A Meiring.

The SANC approved the application after conducting an accreditation visit at Curamed Learning Centre and reported on it on 27 May 2003 (MCCura Volume 2:71). The Bridging Course leading to Registration as a General Nurse was conditionally approved pending submission of evidence to SANC that the staff shortage had been addressed (MCCura Volume 2:72). Curamed Learning Centre was allowed to increase the intakes for the Course leading to Enrolment as a Nursing Auxiliary and Course leading to Enrolment as a Nurse to two intakes per year of 20 students each. Once the Bridging Course leading to Registration as a General Nurse was fully approved, the number of intakes would be two per year of 20 students each.

General developments that affected all Medi-Clinic Learning Centres and which were managed for the head office will be discussed in the next section.

5.10 OVERVIEW OF GENERAL DEVELOPMENTS

Medi-Clinic had a central office where most of the administration with regard to accreditation was managed. The five approved learning centres were not autonomous in the true sense of the word. All courses were standardized and regulated from this office. Overarching applications were done from this office on behalf of the learning centres (Wepener and van Zyl, 2010:2). An overview of issues managed at head office level is given in the following section. Aspects included in this section are general management of learning centres within Medi-Clinic, engagement in learnerships, the scope of practice of the Enrolled Nurse, Medi-Clinic-Technicon SA partnership and expansion of the Bridging Course for Enrolled Nurses leading to Registration as a Nurse as well as the restructuring of the learning centres.

5.10.1 GENERAL MANAGEMENT OF LEARNING CENTRES

Nursing education within the Medi-Clinic Corporation was formalised in 1997. Mrs AH Neethling submitted an application for approval of a nursing school in Cape Town to present the Course leading to Enrolment as a Nursing Auxiliary on 12 May 1997 (MLC Volume 2:124). In reply the SANC requested written permission from the Medi-Clinic Corporation head office as well as a list of teaching aids before the application could be tabled to the SANC (MLC Volume 2:126). The letter of permission was then submitted on 6 June 1997 (MLC Volume 2:127). The head office based its motivation on the central location of the Louis Leipoldt Hospital, which made it ideal for training of all staff within the Western Cape Region. Medi-Clinic would operate two nursing schools, namely the Sandton Medi-Clinic and Louis Leipoldt Medi-Clinic. The application was approved on 21 August 1997 subject to a positive inspection of the clinical facilities (MLC Volume 2:138).

Medi-Clinic learning centres recruited students from the staff corps as well as from the community. More or less 4000 applications were received on an annual basis. Applications were drawn from all over the country. Applicants would be referred to the nearest learning centre in a specific region. All students were treated like full time employees with employment benefits. The company's needs and available financial resources determined the number of students. These students were obliged to serve in Medi-Clinic as stipulated in

the service agreement. A student was liable for any outstanding fees should he leave Medi-Clinic before the completion of the agreement. (Wepener and van Zyl, 2010:2).

The learning centres applied a block system. The first year consisted of a four-week orientation and theoretical block, followed by a four-week practical block. Teaching and clinical learning were integrated in that students would be allocated to the relevant clinical practice area which was covered in the preceding theoretical block, e.g. after completion of the cardiovascular system, students would be placed in the medical ward and complete the cardio pulmonary resuscitation course (Wepener and van Zyl, 2010). Students would then attend theory every second month until completion of the academic year. Clinical facilitators at the learning centres were also involved in accompaniment and structured clinical guidance of students. Accompaniment took place on a weekly basis. Each student was assigned a mentor to coach in the practical area.

The SANC published Circular 5 of 2000 dated 11 November 2000 requesting all NEI to revise the existing curricula and submit it to the SANC in the format required by the SAQA. These documents were submitted to the SANC in May 2002 (MCL Volume 3:310).

On 23 April 2004, the SANC requested the Medi-Clinic Corporation to submit an update on the accredited NEI (MCL Volume 3:347). The information was submitted as one corporate document. There were six accredited NEI:

- Medi-Clinic Learning Centre (S 917)
- Nursing School Bloemfontein (S 1495)
- Sandton Learning Centre (S 995)
- Limpopo Learning Centre (S 1449)
- Nelspruit Nursing School (S 1478)
- Curamed Learning Centre (S 220).

The detailed information on clinical facilities, accredited learning programmes and number of placements is discussed under each individual learning centre

In November 2005, Ms A Stroh attended a workshop at the SANC on accreditation. The purpose of the workshop was to explain the accreditation process of existing NEI. SANC requested all NEI to submit proposed changes in the curricula and clinical facilities for review (MLC Volume 3:348). Medi-Clinic proposed to:

- Review the existing curriculum for the Course leading to Enrolment as a Nurse and align it to the scope of practice and new guidelines for the staff nurse qualification
- Develop an upgrading programme to equip current enrolled nurses with skills and knowledge to function on the level of the staff nurse⁴¹
- Roll out of the changes to all six accredited learning centres in the Medi-Clinic Corporation
- Apply for the accreditation of the Pietermaritzburg-, Welkom- and Kimberley Medi-Clinic as satellite campuses for Bloemfontein Learning Centre
- Increase the number of clinical placements at the approved clinical facilities
- Expand the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse to all learning centres
- Submit a curriculum to the SANC for the training of nurses over a three to four year period with an option in the fourth year to choose a specialised area of midwifery, operating theatre, critical care, emergency care, community health, or psychiatry. It was proposed that such a curriculum should offer exit opportunities at staff nurse level with specialisation in operating theatre nursing and critical care nursing on that level
- Explore possible affiliation agreements with universities to offer the postgraduate programmes
- To submit a curriculum for the training of midwives, especially for those nurses with a qualification in general nursing only
- Request that the SANC should lift the moratorium on accreditation of courses and clinical facilities.

The rationale behind these changes was to meet the demand for trained nurses as best as possible; to meet the needs of Medi-Clinic Limited, as well as assist in meeting the needs of the country in the training of nurses and to try to alleviate the shortage of nurses that all health care providers faced, as soon as possible.

On 14 June 2005 Dr E Hertzog submitted an application on behalf of Medi-Clinic Learning Centres to the DoE for registration as a private Further Education and Training (FET) institution (MLC Volume 3:351). The publication of the Further Education and Training

⁴¹ Under the Nursing Act, Act No. 33 of 2005, the title of Staff Nurse will be used instead of Enrolled Nurse

Colleges Act, No. 16 of 2006 required all private education institutions, including NEI to register with the DoE. At the same time, Medi-Clinic had to submit an application for accreditation to Umalusi, the Council for Quality Assurance in General and Further Education and Training. This registration as a private FET college would cover the Course leading to Enrolment as a Nursing Auxiliary and Course leading to Enrolment as a Nurse.

The Medi-Clinic Learning Centres also presented the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse and postgraduate diplomas. In order to practice legally, Medi-Clinic also had to apply to the DHET for registration as a HEI. The DoE received the application for the registration of Medi-Clinic as a private HEI on 30 June 2006 (MLC Volume 3:3540). The application process was cumbersome and the applicant had to comply with certain regulations. The DHET would screen the application and then inform the applicant accordingly.

The new Nursing Act, Act No. 33 of 2005 was published on 15 December 2005. The new Act introduced drastic changes in the training of nurses and the qualifications to be obtained. Qualifications were aligned to the outcomes-based education format. All nursing curricula had to be revised and aligned to the registered unit standards and outcomes. In March 2006, the Medi-Clinic Learning Centres were ready to adopt the new qualifications and requested SANC to provide guidelines in that regard. At that stage the SANC had not yet been ready to distribute the procedure to the NEI. The SANC undertook to inform NEI as soon as the process commenced (MLC Volume 3:361).

Students from Medi-Clinic excelled in the courses presented and the company boasted an average pass rate of 90% with the industry average being 80% (Wepener and van Zyl, 2010).

To achieve and maintain this

- Additional training and coaching were available to all students and took place on a Friday with the Mentor/Tutor at each learning centre
- Each student was given a mentor to assist them in the ward or division they worked
- A structured programme was in place whereby each student was informed about the policies and procedures that had to be completed and assessed
- Practical demonstrations took place at each clinical facility on a predetermined basis

- Each learning centre had the same learning material and followed the same study method.

An average of 300 students between the six learning centres is in the system at one time. Recruitment takes place to fill vacancies as required. Fifty-four tutors monitor these students during their learning phases to assist them whenever assistance is required (Wepener and van Zyl, 2010:12).

5.10.2 ENGAGEMENT IN LEARNERSHIPS

The HWSETA embarked on the registration of learnerships in the late nineties. Learnerships are formal learning programmes, which provide opportunities to employees as well as unemployed individuals to gain vocationally relevant experience in certain occupations, especially where there is a shortage of skills (<http://www.hwseta.org.za/>). A learnership is a learning programme, which consists of a structured learning component, including practical work experience of a specified nature and duration. It leads to a qualification registered by SAQA and is related to an occupation. A learnership must be appropriately registered with the Director-General of the DoL (<http://www.skillsportal.co.za/page/skills-development/suzanne-hattingh>)

Medi-Clinic was interested in taking part in this initiative. On 26 February 2000, Ms A Lambrechts wrote to the SANC to enquire about the practical implementation of learnerships for the accredited courses leading to Enrolment as a Nursing Auxiliary and Enrolment as a Nurse. She wanted clarification on the following (MLC Volume 3:159):

- Would the SANC as the ETQA, issue certificates of accreditation for each NEI to confirm its accreditation status?
- Should the learning centres register as training providers with DoE for these courses and would the SANC assist them if they had to do so?
- If tutors were trained as assessors and moderators by the HWSETA, would the SANC, as ETQA, register the tutors as assessors for these learnerships?

The response from the SANC was that they were negotiating a memorandum of understanding with the HWSETA on the issue and would communicate the information to stakeholders as soon as it had been finalised (MCL Volume 3:163). The matter had not been addressed until 2003.

5.10.3 SCOPE OF PRACTICE FOR ENROLLED NURSES

On 14 April 2000, Ms A Lambrechts enquired about the scope of practice of the enrolled nurse in taking charge of the table and scrubbing for surgical procedures. According to the Government Notice R2598 of 30 November 1984⁴² regarding the scope of practice, it was not allowed. However, there were enrolled nurses with years of experience who had acquired the skills to practise safely. The question was in which cases this practice may be condoned without compromising the practitioner, employer, as well as patient care. This enquiry showed that the learning centres were also involved in the maintenance of standards in the clinical practice area of the company (MLC Volume 3:160).

Ms M van Loggerenberg, professional advisor from the SANC, responded to the abovementioned issue on 18 April 2000. The scope of practice of the enrolled nurse included acts and procedures in the nursing regimen planned and initiated by the registered nurse, but executed by the enrolled nurse, under the direct or indirect supervision of the registered nurse. The enrolled nurse should be assessed to determine level of competence. An important factor, however, was that scrubbing for a surgical procedure did not happen in isolation, but as integral part of the nursing process. The assessment of the patient and planning of care by the registered nurse formed a vital part of procedure. Another important consideration for the enrolled nurse was the fact that any task delegated to her implied taking responsibility and accountability by the enrolled nurse.

5.10.4 MEDI-CLINIC-TECHNICON SOUTH AFRICA PARTNERSHIP

In 1994, Dr HC Klopper established the Centre for Nurse Leaders (CNL) at the Rand Afrikaans University (RAU), now the University of Johannesburg (UJ). The purpose of the CNL was to offer formal distance education programmes, courses on updates of knowledge and skills and short courses in collaboration with stakeholders to improve the skills of their staff (Klopper, 2011).

During 1995 and 1996, Dr HC Klopper worked with Ms A Lambrechts and Mr K Verster, to offer short courses to Medi-Clinic staff, based on specific needs. These short courses were offered in agreement with RAU (UJ) and included short courses in (Klopper, 2011)

⁴² Scope of practice for nurses

- Intensive care nursing science
- Unit management
- Financial management for non-financial managers, and
- Operating theatre nursing.

In 1996, Dr HC Klopper joined a private education company, College for Open Learning (COLSA), which became the Open Learning Group (OLG) in 1997. It was during 1998 that she started discussions with Technicon South Africa (TSA) about the possibility of developing the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse on a distance education basis. Medi-Clinic had a need for more qualified registered nurses and wanted to provide enrolled nurses the opportunity to improve their qualifications. As most of the enrolled nurses were married with children and had family commitments, they could not vacate their posts for full time studies at a residential institution. Based on this need, the investigation for a distance education programme started (Klopper, 2011).

Dr HC Klopper, on behalf of TSA⁴³ in July 1999 conducted a research project on the feasibility of a distance-learning programme for the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse in July 1999. Louis Leipoldt Hospital was requested to co-ordinate the arrangements for a briefing session including management, facilitators, mentors and representatives of professional nurses and Bridging Course students for Enrolled Nurses leading to Registration as a General Nurse of the Panorama Clinic, Louis Leipoldt Hospital, Constantia Berg Clinic, Paarl and Stellenbosch Hospitals. The briefing session was scheduled for 19 July 1999. The project explored the possibility of presenting the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse on a distance education model. Students would attend contact sessions on a weekly basis and attend clinical learning in their on-duty time. TSA would appoint facilitators in decentralised learning centres for theoretical facilitation and clinical accompaniment. Completed and submitted assignments of students would consequently be submitted for assessment to these facilitators to obtain an examination entry mark. The final examinations would be set by TSA. The project was a huge success and was formally implemented by TSA.

The initiative resulted in a tri-party agreement, i.e. OLG, TSA and Medi-Clinic, as there was overwhelming support for the initiative. Dr HC Klopper compiled the curriculum and it was

⁴³ Technicon SA has merged with UNISA in the mean time.

submitted to the SANC for approval. The course was approved as a pilot in October 1999. (Klopper, 2011). Ms M Kriel was allocated to co-ordinate the programme for TSA. Candidates had to be in possession of a Grade 12 qualification and had to successfully complete a pre-study programme. Furthermore, to be included in the pilot, candidates had to be employed as enrolled nurses at Medi-Clinic Hospitals. Twenty-six students were selected as part of the pilot study (Klopper, 2011).

In January 2000 the National Education Health and Allied Workers Union (NEHAWU) accused Medi-Clinic Corporation of unfair labour practice in the selection of the students for the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse (MLC Volume 3:301). The NEHAWU shop steward committee at Vergelegen Medi-Clinic wrote a letter to the SANC concerning selection criteria for the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse. The selection criteria used by Medi-Clinic were compared to the SANC criteria for the transformation of nursing education and training in South Africa. According to Ms A Vickery from NEHAWU, several enrolled nurses with a Grade 10 certificate and 20 years of experience applied at Medi-Clinic Vergelegen for the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse. The candidates were not selected because they did not have a matric certificate.

Medi-Clinic was accused of not abiding by the criteria set down by the SANC and it was alleged that Medi-Clinic viewed the training of Enrolled Nurses with Grade 10 as a waste of time and money. NEHAWU questioned the validity of the registration of Medi-Clinic as a training school if they did not want to change or transform. NEHAWU declared a dispute with Medi-Clinic based on the current legislation, namely the South African Qualifications Act, Skills Development Act, The Employment Equity Act and recommended selection and entry criteria determined by the SANC and expresses their opinion that the clinic was discriminating against enrolled nurses who had a Grade 10 certificate.

Medi-Clinic Learning Centre explained in return the selection process that was followed:

Invitations were extended to Medi-Clinic hospitals in September 1999 to nominate enrolled nurses who had at least one-year experience as an enrolled nurse, at least one year's experience in the service of Medi-Clinic Hospital and held a senior certificate. Applications had to be accompanied by (MCL Volume 3:315):

- a clinical evaluation by the unit manager

- copy of a senior certificate, and
- proof of current SANC registration.

Apparently, more than 180 applications from enrolled nurses who held a Grade 12 certificate were received. In addition, applications from enrolled nurses who held a Grade 10 certificate were also included for consideration. All the applicants, those with Grade 10 and Grade 12 qualifications had to complete a pre-study programme, which commenced on 1 February 2000. Those candidates who were successful in the pre-study programme would be selected for the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse that was scheduled to commence on 1 June 2000. The available finances determined the final number of candidates selected, as these students would remain in a full-time position with all benefits for the duration of the course. At that time, the company employed 1060 enrolled nurses at the 21 hospitals where the training was offered. The company's training budget exceeded R4 900 00.00 for the 2000/2001 financial year. The training and development department was responsible for the meaningful utilisation of the funds and also to ensure a respectable return on training investment including fair and equitable selections practices within regulatory and other guidelines (MCL Volume 3:315).

Medi-Clinic had been involved in training and development of employees for the past 12 years and expressed its intention to continue to meet their labor needs and the development needs of individuals and teams, within the limitations of affordability and in the interest of safe patient care. Although enrolled nurses with a Grade 10 certificate were accepted into the pre-study programme, TSA as the training school, still had to apply to the SANC for exemption from the required Grade 12 qualification (MCL Volume 3:315).

The SANC responded to both the accusations by NEHAWU and the explanation given by Medi-Clinic on 31 May 2000. The reply to Medi-Clinic was that the selection criteria were found not to be discriminatory against the enrolled categories, but that mechanisms should be put in place to permit the admission of a selected number that do not meet the school's criteria, so as to accommodate the principles of inclusivity and accessibility for such candidates (MLC Volume 3:320).

A letter was sent to the Medi-Clinic NEHAWU shop stewards committee informing them that the council's role is to prescribe minimum education standards to schools. The committee was advised to make use of student/staff representatives to address issues of inequality and

lack of transparency, because issues of that nature did not fall under the jurisdiction of the SANC (MCL Volume 3:321).

5.10.5 EXPANSION OF THE BRIDGING COURSE

In October 2005, Ms A Stroh, who replaced Ms NV Paverd after her resignation, consulted the SANC on the possibility of extending the approval of the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse (Government Notice R683 of April 1989) to all the Medi-Clinic Learning Centres (MLC Volume 3:421). The Curamed Learning Centre was approved for the Bridging Course leading to Registration as a General Nurse and Medi-Clinic wanted to present this course at all the learning centres. All the Medi-Clinic Learning Centres were approved for the Course leading to Enrolment as a Nurse (Government Notice R2176 of November 1993). Each learning centre had a number of full time tutors and assessors. The curriculum for all existing courses was standardised throughout Medi-Clinic. Medi-Clinic used UNISA as the training provider for the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse at that stage as TSA and UNISA merged in January 2004 (http://www.virtualcampuses.eu/index.php/Technikon_SA). Unfortunately, UNISA informed Medi-Clinic that the course would no longer be offered as from January 2006. The termination of the course would have a negative impact on the Medi-Clinic training plan. The following Medi-Clinic hospitals were already accredited as clinical facilities for the UNISA Bridging Course for Enrolled Nurses leading to Registration as a General Nurse:

- Bloemfontein Medi-Clinic
- Brits Medi-Clinic
- Cape Town Medi-Clinic
- Constantiaberg Medi-Clinic
- Durbanville Medi-Clinic
- George Medi-Clinic
- Hoëveld Medi-Clinic
- Hoogland Medi-Clinic
- Kimberley Medi-Clinic
- Kloof Medi-Clinic
- Limpopo Medi-Clinic
- Louis Leipoldt Medi-Clinic
- Medforum Medi-Clinic
- Medi-Clinic Heart Hospital
- Milnerton Medi-Clinic
- Morningside Medi-Clinic
- Muelmed Medi-Clinic
- Nelspruit Medi-Clinic
- New Castle Medi-Clinic
- Paarl Medi-Clinic
- Panorama Medi-Clinic
- Pietermaritzburg Medi-Clinic
- Potchefstroom Medi-Clinic
- Sandton Medi-Clinic
- Stellenbosch Medi-Clinic
- Vereeniging Medi-Clinic
- Vergelegen Medi-Clinic
- Welkom Medi-Clinic
- Worcester Medi-Clinic

An application for approval of Hermanus Medi-Clinic had already been submitted and Medi-Clinic was awaiting the outcome.

Medi-Clinic expressed a desire to assist in addressing the nursing shortage crisis, which South African health care faced, by training as many nurses as possible, as quickly as possible. The large number of clinical facilities provided excellent learning opportunities and the company had at least one clinical facilitator in each hospital (MCL Volume 3:435) Ms A Stroh was informed that the SANC had placed a moratorium on approval of new campuses and on the increase of the number of students. She was requested to submit a clear overview of the previous status of the Bridging Course leading to Registration as General Nurse (Government Notice R683 of 14 April 1988) for Medi-Clinic Learning Centres which would be affected by the extension under discussion (MLC Volume 3:436).

5.10.6 RESTRUCTURING OF THE LEARNING CENTRES

On 6 September 2006 the Medi-Clinic Corporation applied for extension of clinical facilities for the Course leading to Enrolment as a Nursing Auxiliary and the Course leading to Enrolment as a Nurse (MLC Volume 3:378) as follows:

- Bloemfontein Learning Centre applied for the New Castle Medi-Clinic
- Limpopo Learning Centre for Tzaneen Medi-Clinic, and
- Curamed for Legae Medi-Clinic and Thabazimbe Medi-Clinic.

Ms A Stroh indicated that she was aware of the moratorium, which is in place, but requested SANC to seriously consider this application. A professional officer from SANC responded to the application on 9 October 2006 (MLC Volume 3:379). It was not acceptable that the head office submitted an application on behalf of the learning centres. The office of the SANC took notice of the management structure of Medi-Clinic, but reminded Ms A Stroh that, according to legislation, the head of the school as a registered nurse educator and administrator was required to be responsible and accountable for the nursing school. Therefore, it was advisable that the applications be formulated by each head of school, according to the relevant guidelines included in the new accreditation policy. The submitted documents were analysed and found not to meet the requirements for submission to the accreditation committee of the SANC with regard to the following:

- The memoranda of agreement were not formulated according to the SANC requirements, i.e.
 - No signatures of both the Nursing School Head and the clinical facility's Nursing Services Manager

- Not initialled on every page
- Student matters were not appraised
- The nursing school should be responsible to submit, monitor and accompany students at the clinical facility
- The clinical facility, on approval, were meant to add value to all students admitted thereto
- The NEI should not only place students at a specific hospital. It is of great advantage to the students to have a maximum exposure to various clinical facilities, and
- Hospitals that have bed occupancy of less than 70% per unit do not meet requirements to be approved as a clinical facility (Legae Medi-Clinic, Sandton Medi-Clinic and Tzaneen Medi-Clinic).

In the same year, Thabazimbe Medi-Clinic was approved as a clinical facility for Curamed Learning Centre. Since certain information was completely omitted on the document, the application was returned to Medi-Clinic. All learning centres had been informed of this and guidelines were provided for the completion of the documents. The individual learning centres were thus requested to re-submit their applications (MLC Volume 3:380).

On 4 December 2005, the SANC issued self-assessment tools to all PNEI to measure compliance with accreditation requirements. The tool assessed all aspects of management of an NEI. Schools were requested to complete the self-assessment document and to return it to the SANC with evidence of documents, procedures, systems and practices where required. The assessment consisted of the sections as illustrated in Table 5.7.

Table 5.7 Self-assessment tool issued by the SANC in 2005

Conformance Criteria	Type of Evidence Required
General organisational requirements	<ul style="list-style-type: none"> • Company registration • Registration as a legal entity: Private company, closed corporation, FET or HET • Registration with Department of Education • Registered for Skills Development Levy payment, SDL⁴⁴ Number • Sound business plan
Status of the organisation within the SANC sector	<ul style="list-style-type: none"> • Declaration • Details of learning programmes or unit standards the organisation would be offering • Accreditation with other ETQA • Intent of registering with any other ETQA
Ability to achieve learning outcomes	<ul style="list-style-type: none"> • Mission statement demonstrating stakeholder participation • Index to policy and procedure manual ensure quality delivery and assessment • Assets register
Physical, administrative and financial resources	<ul style="list-style-type: none"> • Premises ownership or lease agreement, accessibility of facility • Classroom and laboratory facilities, staff establishment and resource centre • Record keeping system for academic records and administrative documents • Document and data control system • Student document control system • Financial viability, budget and three year financial forecast
Student entry, guidance and support	<ul style="list-style-type: none"> • Entry requirements, non discrimination policy • RPL procedure and support • Induction and orientation • Student representative body • Disciplinary procedure • Student feedback system • Career path planning
Staff Selection, appraisal and support	<ul style="list-style-type: none"> • Legal compliance with recruitment and selection • Performance appraisal • Staff development • Qualifications and SANC licensing • Induction programme
Learning Programmes	<ul style="list-style-type: none"> • Copies of curricula and unit standards • Learning outcomes per programme • Curriculum review process • Entry and exit points

⁴⁴ Skills Development Levy payable by all companies towards the National Skills Development Fund

Conformance Criteria	Type of Evidence Required
	<ul style="list-style-type: none"> • Critical cross field outcomes • Staff suitably qualified and experienced • Programme evaluation and adjustments
Management of clinical practice learning	<ul style="list-style-type: none"> • Service agreement with clinical facility and accreditation with SANC • Clinical learning outcomes • Evidence of exposure of students to clinical learning opportunities • Clinical guidance and support of students • Clinical preceptors ratio and qualifications
Management of assessment and moderation	<ul style="list-style-type: none"> • Assessment policy and procedure • Assessment documents • Moderation policy and procedure • Registered assessors and moderators • Confidentiality and security of assessment process and documents • Publishing of results
Appeals process	<ul style="list-style-type: none"> • Policy and procedure • Record keeping
Record keeping and reporting	<ul style="list-style-type: none"> • Students records system • Issue of certificates • Security
Quality Management System	<ul style="list-style-type: none"> • Quality policy • Quality manual • List of policies and procedures

The SANC would conduct verification visits to verify the information provided in the self-assessment document. These visits took place after 2006.

5.11 SUMMARY

Medi-Clinic Learning Centres developed from hospital schools offering the Certificate for Enrolled Nursing Auxiliaries into efficient development centres for nurses. The focus is on the education of employees within the Medi-Clinic Corporation by offering postgraduate courses annually. The basic programmes create opportunities for members of the community to enter the profession of nursing at a reputable institution, fully compliant with nursing and educational legislation in the country. The location of the learning centres makes the accessibility to education easier and standardisation of the programmes between the learning centres allows for articulation, should it be required.

Over the years, Medi-Clinic put in a huge effort to assist the NDoH in alleviating the dire need for trained nurses. Medi-Clinic Limited regards the accreditation process prescribed and managed by the SANC as its biggest challenge (Wepener and van Zyl, 2010). It was also indicated that Medi-Clinic Limited would be interested in presenting the new proposed qualification for the professional nurse. The challenge lies in the accreditation as a higher education institution and preparing the curriculum and study material accordingly.

CHAPTER SIX

THE HISTORY OF LIFE NURSING COLLEGE

6.1 INTRODUCTION



The Life Nursing College was established in 1998 under the auspices of Life Healthcare (Pty) Ltd. Life Healthcare has been providing health care to mostly private insured individuals across South Africa for at least 25 years. The company believes that nurses form the cornerstone of its operations. Therefore, it has a stake in the training and education of nurses. The Life Nursing College was the product of the merging of a number of smaller schools over a long period. These mergers occurred mostly as independent hospitals and the Life Healthcare Group acquired their existing schools. Afrox Healthcare was the predecessor of the Life Healthcare Group (<http://www.lifehealthcare.co.za/Company/>).

6.2 DATA COLLECTION

As discussed in Chapter 3, paragraph 3.2, data collection was done by means of oral history semi-structured interviews with information-rich individuals. On 3 June 2010, a joint interview (n=1) was conducted with Dr S Vasuthevan and Mrs LA Fletcher at Life Healthcare head office. An abstract from the transcription is attached as Appendix P.

The data obtained from the interview was augmented and verified by an archive search. The SANC archive contained six files (n=6) on Life Nursing College, starting with the Afrox file in 1983. An abstract from the archive notes transcribed by the researcher is attached as Appendix Q. The files included in the data collection were the following:

- Afrox Healthcare S1339
 - AHC Volume 1: 1983 to 1987
 - AHC Volume 2: 1987 to 1992
 - AHC Volume 3: 1992 to 1998
- Life Healthcare S1339
 - AHC Volume 4: 1998 to 2001
 - AHC Volume 5: 2001 to 2008
- Entabeni Hospital S13
 - EH Volume 1: 1946 to 1973
 - EH Volume 2: 1972 to 1985

- EH Volume 3: 1985 to 1995
- EH Volume 4: 1995 to 2004

Data reflected in this chapter was gathered from the archived files. Reference to sources is done where data was obtained from an alternative source. Chapter 6 contains a detailed report on the history of the development of the Life Nursing College.

6.3 AFROX HEALTHCARE GROUP

The Afrox Healthcare Group was established in 1983 when Afrox bought an 85% share in Amalgamated Medical Services Limited (<http://www.afrox.co.za>) accessed 4 August 2011.

Figure 6.1 gives a summary of the development of Life College of Learning with acquisitions and name changes. The first entry in the archived file is a letter from the Ammed Medical Systems (SANC Reference Number S1339) dated 2 July 1985. Ms E Appleyard was requesting a copy of the course curriculum for registered nurses, enrolled nurses, assistant nurses as well as the number of student nurses nationally who took the registered and enrolled nurses final examination each year, and the pass rate (AHC Volume 1:1). Ms V Woodward of the SANC duly supplied this information on 9 July 1985 (AHC Volume 1:2). In August 1988, Ms E Appleyard submitted an application for the registration of the curriculum for the new nursing assistant course, even though the regulations were not yet promulgated (AHC Volume 1:3).

6.3.1 ENTABENI HOSPITAL NURSING SCHOOL

Entabeni Hospital (SANC Reference Number S13) in Durban was established in 1930. The first inspection report in the archived file reflects the date of 27 August 1946 (date stamped by SANC 10 September 1946) (EH Volume 1:1). There is a pencil entry indicating the first date of recognition as Training School as 1933; 1935 (Appendix R). The sister tutor in charge of the school was Sr J van Zyl who qualified in 1941. Forty-two students, all registered with the SANC were in training. Ms CA Nothard conducted the inspection. She reported, "Parts of the hospital are in bad state of repair- a completely new block is to build soon!+(EH Volume 1:2). The training facilities were inadequate but the staff was keen to be involved in training of students. Routine inspections were carried out in 1956 and 1959 (EH Volume 1:17-45). Government Gazette No. 6435 of 8 July 1960 announced the educational standard for admission to training in the course for medical and surgical nurses had been changed.

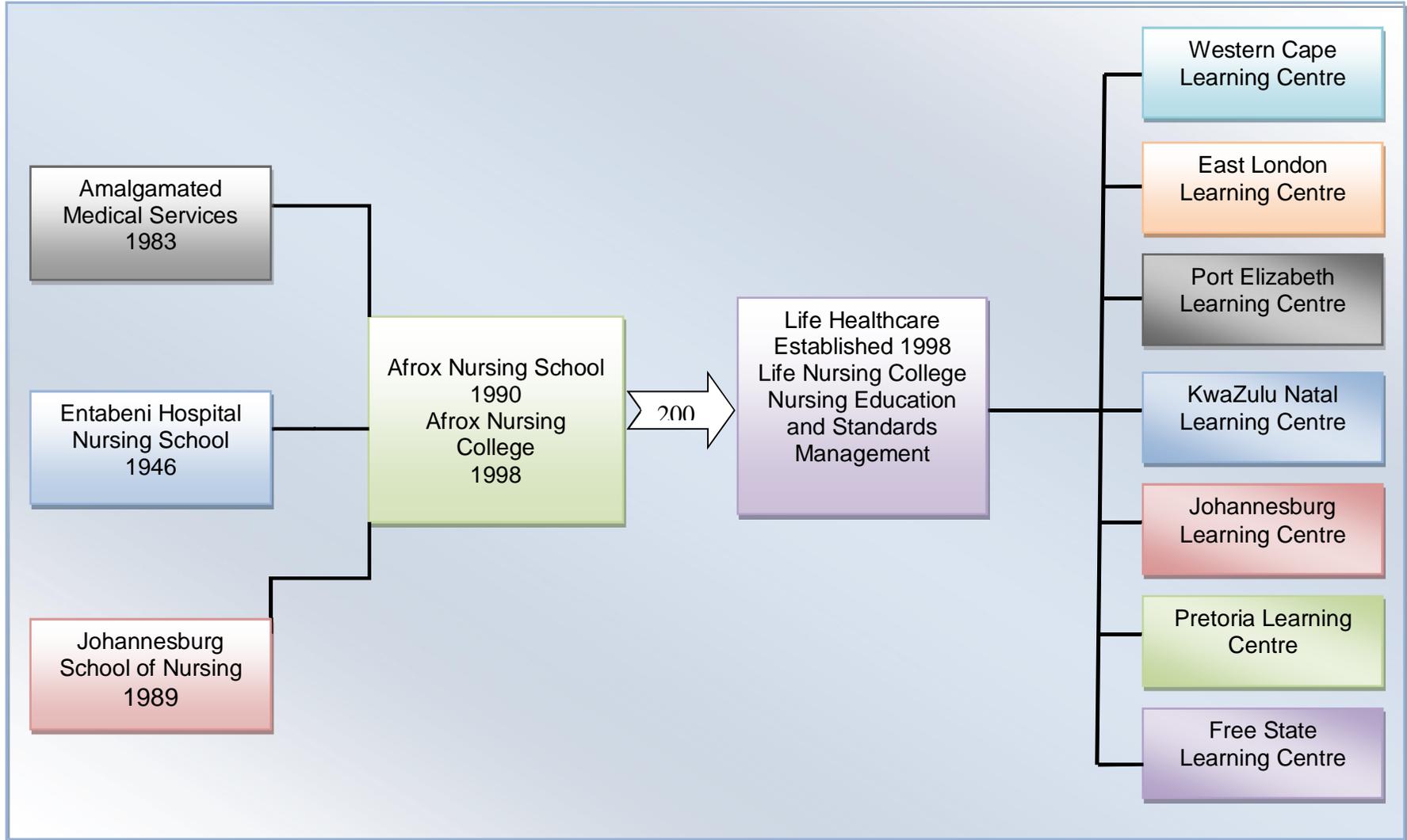


Figure 6.1 Overview of the development of Life Nursing College

Students had to be in possession of a Standard 10 (matriculation certificate). The matron of the Entabeni Hospital expressed her concern, as prospective candidates in possession of a Standard 8 certificate had already been selected for training, should any vacancies occur (EH Volume 1:50). No entries were made for the period 1960 to 1969.

On 31 January 1970, permission was requested from the SANC to be registered to offer the Course for the Certificate for Enrolment as an Auxiliary Nurse according to Government Notice R45 of 9 January 1970 (EH Volume 1:89). The application made provision for training of females only. The SANC granted approval on 1 February 1970 (EH Volume 1:90).

On 16 February 1970, Entabeni- and St Augustine's Hospitals lodged a combined request to the SANC for registration of a nursing college (also see Chapter 4, paragraph 4.3). The proposed name of the college was "Durban Private Hospitals College of Training". It was suggested that both sister tutors, Ms DE Heinen and Ms G Macaigne, would be in charge of the college. Ms G Macaigne was the most senior person and would be recommended if both sister tutors could not be in charge (EH Volume 1:92). The SANC responded that the application would be considered in terms of Government Notice R3901 of 12 December 1969. An inspection of facilities had to be conducted, of which the date was unsure (EH Volume 1:93). The SANC duly informed Entabeni Hospital that an inspection was scheduled for 19 August 1970 (EH Volume 1:94). The inspection report could not be found on the archived file and no evidence was found to confirm that the college was ever approved.

On 16 January 1973, Ms D Chilman submitted an application for the registration of Entabeni Hospital for training of white male and female nursing assistants (EH Volume 2:103). The school was approved on 21 January 1973, with effect from 20 October 1972. However, no males were admitted for training (EH Volume 2:104). On 16 November 1981, Ms DE Archer applied to enrol Indian nurses (EH Volume 2:162). The motivation for the request was the drop in applications received from white school leavers. The SANC indicated that the school could decide on the race of students selected as the Nursing Act, No. 50 of 1978 did not make provision for it (EH Volume 2:163). The first evidence of admission of a non-white student reflected in an inspection report dated December 1984.

On 20 December 1983, Ms DE Archer expressed the intent to train registered nurses in postgraduate Diplomas in Intensive Care Nursing Science and Operating Theatre Nursing Science (EH Volume 2:172). The prepared curricula for these courses were only submitted to the SANC on 24 October 1984 (EH Volume 2:175). The date of approval of these courses could not be verified.

Afrox Healthcare acquired the Entabeni Hospital in 1986 (Volume 3:191). On 22 July 1986, the Natal College of Nursing informed the SANC that Entabeni Hospital had enrolled their staff members for the Four-year Diploma, Education, and Training of a Nurse (General, Psychiatric and Community) and Midwifery leading to registration (Government Notice R425 of 22 February 1985). These students would be placed at Entabeni Hospital for clinical learning as far as suitable learning opportunities were available (EH Volume 3:192).

On 18 November 1988, Entabeni Hospital applied for accreditation of Highway Medical Centre as a clinical facility for the postgraduate Diplomas in Operating Theatre Nursing Science and Intensive Care Nursing Science (EH Volume 3:209). The SANC approved the application on 25 May 1989 (EH Volume 3:212).

On 15 May 1989, Entabeni Hospital applied for recognition as training school for the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse (EH Volume 3:213). The application was approved on 28 August 1989, giving permission to conduct examinations on behalf of the SANC (EH Volume 3:217). The School was informed that:

- Successful candidates would be awarded a SANC diploma
- SANC will appoint a moderator. The school had to appoint internal examiners and forward their names to SANC
- Examination papers and answer guides had to be submitted to the moderator before the examination session
- Marked scripts had to be submitted to the moderator
- Any deviation from the examination schedule had to be approved by the SANC in advance
- Details of practical components and evaluation instruments had to be submitted to SANC, and
- An examination fee had to be paid to the SANC. The SANC would pay the moderator.

The school was then informed that Ms SC Janse van Rensburg was appointed as moderator (EH Volume 3:218).

In December 1989, following the publication of Government Notice R1571 of 21 July 1989, a formal application was lodged to be approved for the nursing assistant course (EH Volume 3:220). On 3 August 1990, Ms B Badendoch was appointed to take charge of the nursing school (EH Volume 3:235).

A number of new courses were approved in the following years (EH Volume 3:249):

- Listed course in Neuro-Surgical Nursing (Letter of approval not dated and date stamp illegible)
- Listed Course Orthopaedic Nursing (Letter of approval not dated and date stamp illegible)
- Course Leading to Enrolment as a Nurse (20 October 1994) (EH Volume 3:255).

The publication of Government Notice R212 of 19 February 1993, postgraduate Diploma in Clinical Nursing Science leading to registration of an additional qualification required nursing schools to sign an agreement with a HEI, should they intend to continue presenting such courses. The SANC presented three options to Entabeni Nursing School (EH Volume 3:265):

- Entabeni Nursing School becomes a clinical facility for a nursing college offering postgraduate diplomas
- Entabeni Nursing School enters an agreement with a university, or
- Entabeni Nursing School becomes a sub-campus of a nursing college to offer postgraduate courses.

Entabeni Nursing School opted to enter an agreement with the University of Natal, signed on 3 August 1995 (EH Volume 4:271). The formal application including the curricula was lodged on 23 May 1996 (EH Volume 4:279). Due to uncertainty with regard to the status of Entabeni Nursing School, the application was denied. The SANC was unsure if Entabeni Nursing School was a sub campus of the Natal College of Nursing. The application was tabled at the executive committee meeting in July 1996, but the lack of a quorum resulted in a decision being withheld. The matter was then referred to the executive committee meeting scheduled for 18 September 1996. The application was finally approved in September 1996 (EH Volume 4:285).

The SANC conducted inspections at Entabeni Nursing School in 1998 and 2001. Both reports were positive (EH Volume 4:300 & 305). On 16 April 2004, Entabeni Nursing School informed the SANC that it was no longer operational but functioned as a Learning Centre for the Afrox School of Nursing (EH Volume 4:321).

The next section focuses on the development of the Johannesburg School of Nursing, as the Afrox Nursing School was previously known.

6.3.2 JOHANNESBURG SCHOOL OF NURSING

As stated in paragraph 6.3, Afrox Healthcare was established in 1986. The Entabeni Hospital Nursing School continued functioning as an independent hospital nursing school. It

was then decided to establish a nursing school in Johannesburg, of which Ms L Keen was the first tutor (Fletcher & Vasuthevan, 2010). This school was named the Johannesburg School of Nursing as reflected in the archived file (AHC Volume 1:55) but no evidence could be found of when it was registered under this name.

Ms L Keen enquired about the requirements for the registration of a Nursing School to present the Course leading to Enrolment as a Nursing Assistant in 1988 (AHC Volume 2:57). In spite of the reply from the SANC that the course was not yet promulgated, she proceeded to submit an application for the Course leading to Enrolment as a Nursing Assistant, suggesting that Brenthurst Clinic, The Florence Nightingale Nursing Home, Princess Nursing Home, Lady Dudley Hospital and The Glynnwood Hospital would be utilised as clinical facilities. The application consisted of a motivation for the approval of Afrox Healthcare Division Hospital in Johannesburg as a training school for the Course leading to Enrolment as a Nursing Assistant, the curriculum outline, the syllabus outline and an example of a practical file. She requested the SANC to table this application at the education committee meeting scheduled for February 1989 and wished to commence training in June of the same year. The reply from the SANC was again that the course was not yet promulgated and the application could not be processed (AHC Volume 2:59).

Afrox Healthcare negotiated an agreement with the Transvaal Provincial Administration and in particular BG Alexander Nursing College to become involved in postgraduate diploma courses. The agreement included the postgraduate Diploma in Operating Theatre Nursing Science and Intensive Care Nursing Science (AHC Volume 2:61). In March 1989, the SANC was requested to conduct an inspection of the proposed clinical facilities to be utilised for the training. The conditions of the agreement between Afrox Healthcare and the Transvaal provincial administration were (AHC Volume 2:62):

- A maximum of five students per group would be allowed of which only one may be of one of the other race groups⁴⁵
- That all students must comply with the selection requirements of the college, and
- That the date of commencement of training should be determined after the amount payable for each student has been agreed upon and approved by treasury.

The planned commencement date for the training was June of 1989. The SANC duly conducted inspections of The Florence Nightingale- and Princess Nursing Homes on 13 April 1989 and Brenthurst Clinic and Lady Dudley Hospitals on 14 April 1989 (AHC Volume 2:71). The inspection report reflected a positive attitude and great enthusiasm with regard to the involvement of the nursing staff in bringing about the changes necessary to secure an

⁴⁵ BG Alexander Nursing College was approved to train only white students

infrastructure conducive to a teaching environment. The facilities were approved for training in the postgraduate Diplomas in Operating Theatre Nursing Science and Intensive Care Nursing Science (AHC Volume 2:79).

6.3.3 AFROX SCHOOL OF NURSING

Ms L Keen submitted an application to register the Johannesburg School of Nursing as a training school for the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse on 10 July 1989 (AHC Volume 2:83). The Johannesburg School of Nursing was derived from the Entabeni Nursing School and was situated at Phoenix Place at Brenthurst Clinic. This was the first reference to the name of Johannesburg School of Nursing, and as mentioned before no evidence could be found on the date when this name was approved. Ms L Keen indicated that the school was going to present the:

- Bridging Course for Enrolled Nurses leading to registration as a General Nurse for Enrolled Nurses
- Course leading to Enrolment as a Nursing Auxiliary
- Postgraduate Diploma in Intensive Care Nursing Science, and
- Postgraduate Diploma in Operating Theatre Nursing Science offered by BG Alexander College of Nursing.

The clinical facilities for the Johannesburg School of Nursing were again Brenthurst Clinic, The Florence Nightingale Nursing Home, Princess Nursing Home, Lady Dudley Nursing Home and The Glynnwood Hospital. The academic documents were obtained from Entabeni Nursing School, who had permission from Natal College of Nursing to use the documents with the necessary modification to suit the specific needs of Entabeni Nursing School (Entabeni Nursing School was now part of the Afrox Healthcare Group). A complete application for the registration of the Nursing School was submitted on 2 August 1989 after consultations with Ms K De Witt, a professional officer at the SANC (AHC Volume 2:85).

In August 1989, an application was again submitted to the SANC. The request then was to register a curriculum for a short course in Ophthalmic Nursing (AHC Volume 2:88). The necessary motivation, curriculum and evaluation documents were submitted. The SANC approved this application on 18 January 1990.

The inspection of the afore-mentioned clinical facilities took place in September 1989 (AHC Volume 2:86). The school had to pay an amount of R837.00 to the SANC before the inspection could be conducted. The inspection report was positive although there was uncertainty about the number of students as well as the number of intakes that were planned, as this would be based on the company's needs. Ms L Keen, the nurse educator,

who was also in charge of the school, was identified as the co-ordinator and the plan was to involve each clinical sister in aspects of the theoretical input. The same findings applied to the clinical facilities. The SANC was concerned about Ms L Keen being the only tutor and appointed in a half-day post. She was also responsible for the clinical accompaniment of students in the postgraduate Diplomas in Operating Theatre Nursing Science and Intensive Care Nursing Science (AHC Volume 2:89). The appointment of another registered nurse to assist with the teaching was planned for the near future.

The inspection committee was satisfied that Brenthurst Clinic and The Florence Nightingale Nursing Home met the requirements for clinical learning for the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse and Course leading to Enrolment as a Nursing Auxiliary. Other facilities, namely Princess Nursing Home, Lady Dudley Nursing Home and The Glynnwood Nursing Home did however not meet with the minimum requirements. The staff structure was problematic for the following reasons:

- There was a heavy complement of agency staff in two of the above nursing homes
- The agency staff was not involved in the teaching of students
- The clinical sister already had a full work commitment without the additional involvement in these programmes
- There was not always registered nurse cover in the wards, and
- The ward sister/staff were not adequately prepared for the involvement in student training.

The recommendation was that the number of candidates from each clinic or nursing home should be limited with adequate accompaniment for all categories of students. The orientation of present staff with regard to the implementation of both the bridging and the assistant nurse programmes had to be given priority and special attention. It was further recommended that placement of students should be organised according to the availability of expertise and learning opportunities at different hospitals. A follow-up inspection was scheduled for October 1989 to the three facilities that did not meet the minimum requirements (AHC Volume 2:94).

The follow-up inspection was conducted on 27 October 1989. The findings were positive in that additional registered nurses had been appointed and the balance of the vacant posts would be filled once the hospital was operational. One of the matron posts had been converted to a clinical post to ensure adequate accompaniment of students. An intensive programme was conducted about patient documentation and the teaching role of the ward sister (AHC Volume 2:94).

At Princess Nursing Home, certain wards were identified for student placement. Additional permanent registered nurses were appointed and an additional registered nurse post was converted to a clinical post to ensure adequate accompaniment of students. However, the hospital still relied heavily on agency staff for night duty, in that approximately 50% of the night duty staff was agency staff (AHC Volume 1:94).

It was then found that both The Glynnwood Hospital and Princess Nursing Homes met the minimum requirements for training of students for the Bridging Course and Assistant Nurse Course. Additional tutoring staff was appointed in January 1990. Sr H Craven was appointed at Princess Nursing Home and Mrs LA Fletcher was appointed as tutor for the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse (AHC Volume 1:94).

The correspondence was under the name of Afrox School of Nursing. There was no evidence that an application to change the name of the NEI was submitted or approved by the SANC. The SANC gave permission to Afrox School of Nursing to conduct the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse-examinations on behalf of the SANC. The conditions were clearly stipulated:

- Successful candidates would be awarded a SANC diploma
- The SANC would appoint a moderator and inform the hospital accordingly
- The names of internal examiners had to be submitted to the SANC
- Prior to the examination, the hospital should submit the examination paper and answer guides to the moderator
- Once the examination scripts have been marked, all scripts had to be forwarded to the moderator
- Should the nursing school deviate from the examination format as set out in the regulation and the directive for this course with regard to the number, duration and content of examination papers and dates of the examination, the SANC had to be informed of the proposed format and dates
- Details of the practical component of the course had to be submitted to the SANC as well as examples of the evaluation instruments used for continuous evaluation of the candidates during the course
- The examination fee was payable to the SANC, and
- The moderator would be remunerated by the SANC.

The registrar made it clear that non-compliance with the regulations on conducting examination would not be tolerated (AHC Volume 95). The Entabeni Nursing School was

already approved to conduct examinations on behalf of the SANC and the two institutions worked closely together.

This application was approved in November 1989. Afrox School of Nursing was given permission to conduct the first year examination of the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse with Entabeni Nursing School assisted by a professional advisor (AHC Volume 2:97).

The outstanding approval of clinical facilities for Brenthurst Clinic and The Florence Nightingale Nursing Home was received in January 1990. Approval was backdated to 1 December 1989 (AHC Volume 2:99). The Lady Dudley Hospital was approved as a clinical facility for the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse in February 1990 (AHC Volume 2:98). Ms L Keen motivated for registration of fourteen students for the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse in a letter dated 21 November 1989 (AHC Volume 2:100). None of these candidates had a Grade 12 certificate, which was the entry requirement for the course. The SANC requested a motivation form from the employer on the conduct and performance of the candidates (AHC Volume 2:103). The motivation could not be traced in the archived file.

On 10 December 1989, Ms L Keen then applied on behalf of Princess Nursing Home for the listing of a postgraduate Diploma in Neuromedical and Neurosurgical Nursing. Included in the application were the curriculum for the postgraduate Diploma in Neuromedical and Neurosurgical Nursing, a motivation for the course as well as the situation analysis, course objectives and evaluation instruments (AHC Volume 2:110). Five registered nurses were identified to be involved in the training and accompaniment of students.

The SANC appointed an ad hoc committee to consider applications from institutions seeking approval for exemption from Grade 12 or equivalent, for prospective students in the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse. The meeting took place on 27 and 28 November 1989. The convener was Ms K De Witt with members Ms A Knoll, Ms HM Findlay and Ms JN Slabbert (AHC Volume 2:114). Although no documented recording of the resolutions of this committee could be found, it is known by the researcher that students were given exemption from Grade 12 provided that:

- The employer submitted a motivation recommending the student for the course, and
- Two recent clinical evaluations were included with the employer's recommendation.

Afrox Healthcare acquired the St Dominique's Hospital in East London. Afrox School of Nursing then entered into an agreement with the provincial administration of the Cape of

Good Hope by allowing students from the Frere Nursing College to utilise St Dominique's Hospital as an ascending clinical facility for the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse (AHC Volume 2:116). The agreement was effective from 20 February 1990.

The SANC conducted an inspection for approval as a clinical facility for the postgraduate Diploma in Intensive Care Nursing Science at Lady Dudley Nursing Home on 26 April 1989 (AHC Volume 2:120). The registrar then indicated that the SANC was investigating the possibility of rescinding of national postgraduate diplomas, particularly the postgraduate Diploma in Intensive Care Nursing Science. Ms L Keen expressed her concern in this regard in a letter to the registrar (AHC Volume 2:127). According to Ms L Keen, the proposed new curriculum for the postgraduate Diploma in Intensive Care Nursing Science was confusing, in the sense that it did not define General Intensive Care as a clearly identified entity. The care of a compromised patient that provided sufficient depth to lend specialisation in an aspect of intensive care nursing was not clearly defined.

It was also proposed that examinations in postgraduate diploma courses be decentralised to individual schools and colleges. Ms L Keen was convinced that crediting a curriculum and a college or school did not guarantee maintenance of standards. Most education research has found that there were often discrepancies between what the curriculum stated and the reality of a situation and the standards achieved. At a time when most international countries were moving to centralized standardized examinations, the SANC seemed to be moving in the opposite direction. Health care services in the country were in a state of crisis. Rescinding national postgraduate diplomas at that time would have added to the chaos and crisis and not reduced it (AHC Volume 2:127).

Ms L Keen was of the opinion that national examinations for postgraduate diplomas would ensure that, no matter how the curriculum was implemented in various colleges or schools, at the end of the day, standards were maintained in licensing the registered nurses to practise in the area of specialisation. Special training in intensive care should remain an addition to the general intensive care training, i.e. an additional six-month course and not merely an extension of the curriculum as proposed. To ensure maintained standards throughout the country, she recommended the maintenance of national examinations in various postgraduate diplomas (AHC Volume 2:127).

Mrs LA Fletcher was appointed as tutor for the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse in September 1990 and had the following qualifications: Diploma in General Nursing, Diploma in Midwifery, Diploma in Nursing Education, B Cur in

Nursing Administration and Community Health Nursing and BA Honours in Psychology (AHC Volume 2:130).

Mrs LA Fletcher recalls the first day at Phoenix Place where the school was then situated. It was housed in an apartment that consisted of a lounge and dining area, which were used as the only classroom. Two bedrooms were equipped as offices and the third bedroom served as a boardroom. The lounge had double doors that opened up and the students could go out into the gardens there at Phoenix Place and so on. It was quite nice+ (Vasuthevan & Fletcher, 2010:1). The school was not yet approved and only one office was fully furnished. The area that was designated for the classroom was used as a storeroom and full of beds and other hospital equipment.

Ms L Keen left the employment of Afrox School of Nursing in August 1990 and Mrs LA Fletcher was then appointed as nursing education co-ordinator. She was the only tutor and was responsible for theoretical teaching as well as clinical accompaniment of students enrolled for the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse (AHC Volume 2:131).

Afrox School of Nursing on behalf of the SANC, who appointed Mrs LA Whelan as moderator, conducted the examination that was scheduled for February 1991. At the same time, the SANC notified Afrox School of Nursing that it was repealing the approval to conduct the examinations for the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse on behalf of the SANC that was granted on 14 December 1989. It was stated that a school would only qualify to conduct an examination on behalf of the SANC when such a school could be incorporated in the formal examination system of a college of nursing in association with a university (AHC Volume 2:138).

An application for listing of a short course in Orthopaedic Nursing Science was submitted to the SANC on 31 October 1990. The motivation for the course was based on a need expressed by the sister in charge of the orthopaedic unit at Brenthurst Clinic, Mrs L Hubert who stated the following (AHC Volume 2:140):

- A formal course would incorporate more interest and intelligent insight into the nursing of orthopaedic patients
- High level of skills and knowledge concerning orthopaedic conditions would result in the rendering of a higher quality nursing care
- Doctors would have more confidence in the professional competence of nursing staff, and

- Because of the challenges engendered by the course, staff would become more motivated and stimulated and more nurses would be attracted to the orthopaedic ward.

In addition, there was an expectation that such a course would enhance the reputation of both Brenthurst- and The Glynnwood Hospital, as health care centres with highly skilled and efficient orthopaedic nursing care. The aforementioned Afrox Clinics, Brenthurst Clinic and The Glynnwood Hospital were proposed as clinical facilities for the short course in Orthopaedic Nursing. Table 6.1 shows information revealed in the situation analyses at these hospitals:

Table 6.1 Clinical learning opportunities at Brenthurst Clinic and The Glynnwood Hospital

Clinical Learning Opportunity	Brenthurst Clinic	The Glynnwood Hospital
Orthopaedic doctors	7	3
Beds in orthopaedic wards	34	30
Number of patients per month	371	150
Number of patients per year	4457	1800

This application was approved by the SANC. It was also suggested that the title of the programme should be adapted to Certificate in Nursing of Orthopaedic Patients (AHC Volume 2:144).

The nursing personnel working in operating theatres in Afrox Hospitals identified a need for a short course in anaesthetic nursing skills and Mrs LA Fletcher submitted an application in that regard on 30 January 1991. The motivation for the application was built around the modern anaesthetic process that required many skills and a wide appreciation of medical and scientific principles. It is the second largest medical specialised field in modern time and the anaesthetic team must have people with many different skills, including medical, surgical, nursing and technical skills (AHC Volume 2:149). The response from the SANC was that such a course could not be approved as it was not directed towards a nursing function, but fell within the scope of registration controlled by the South African Medical and Dental Council. Furthermore, the number of periods allocated to this proposed programme was more than were required for the postgraduate Diploma in Operating Theatre Nursing Science. The proposed content of the course was dominated by theory of anaesthetics, which was not considered to be a nursing function. The SANC recommended that the application should be submitted to the South African Medical and Dental Council since eight people were registered as anaesthetic assistants in December 1989. The SANC was of the opinion that all the knowledge and skills required by registered nurses to function within the

scope of practice in assisting the anaesthetist in theatre was sufficiently covered in the Diploma in Operating Theatre Nursing Science. Government Notice R47 of 22 January 1982 (as amended) and Government Notice R2559 of 15 November 1985 were used as references (AHC Volume 2:151).

In May 1992, the SANC expressed its concern with regard to the noticeable discrepancy between high marks obtained in the practical examination conducted by the school and the low theoretical marks obtained by certain candidates in the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse final examination (AHC Volume 3: 162). Furthermore, a disturbing tendency was observed regarding insufficient knowledge related to ethos and professional practice and application thereof. Keeping in mind that the candidates were being prepared for registration, that part of the curriculum should serve as the point of departure in nursing education. Afrox School of Nursing was requested to submit the micro curriculum for the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse, the evaluation instrument for the objective structured clinical examination (OSCE) as well as an explanation on how the practical examination was conducted to the SANC before 22 June 1992. The necessary reply was forwarded to the SANC on 4 June 1992 (AHC Volume 3:163). The OSCE procedure was explained as follows:

First-year students: In order to meet the SANC requirements of continuous assessment of the student an average of the under mentioned had to be obtained:

- Assessment of two case presentations
- Ward and theatre assessments . one per unit
- Two formative OSCE conducted at set times during the year, and
- Final OSCE conducted

The final mark consisted of the average between the formative assessments and the final OSCE.

Second year: An average of the under mentioned had to be obtained:

- Ward assessment . one per unit
- Assessment of the student's teaching skills
- Evaluations of a symposium organised and presented entirely by the students
- Evaluation of a mini-research project marked by a registered nurse with a Master's degree in nursing

The final mark consisted of the average mark obtained by combining the average of the abovementioned assessments with the mark obtained for the final OSCE.

Afrox School of Nursing negotiated with Ann Latsky College of Nursing to enrol Afrikaans speaking students for the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse from January 1993. These students would be placed at Afrox Hospitals for clinical learning i.e. Brenthurst Clinic, The Glynnwood Hospital and Florence Nightingale Clinic were made available (AHC Volume 3:181).

Mrs LA Fletcher adjusted the curriculum for the course in Anaesthetic Nursing that was rejected by the SANC and re-submitted it on 31 July 1992. It was then presented as a short course for listing by the SANC and duration of 6 months. The listing title was the Certificate in Anaesthetic Nursing Science (AHC Volume 3:183). This application was approved in November 1992 (AHC Volume 3:193).

The next entry in the archived file of the Afrox School was a notification of an intended inspection of facilities at the BG Alexander Nursing College, SG Lourens Nursing College and Ann Latsky Nursing College (AHC Volume 3:200). The proposed date for the inspection was 12 July 1993 and included Princess Nursing Home, Florence Nightingale Clinic Brenthurst Clinic and The Glynnwood Hospital. At that stage, Princess Nursing Home had closed and could no longer be used as a training facility (AHC Volume 3:202). The date for the inspection was subsequently changed to October 1993 (AHC Volume 3:203). Afrox School of Nursing expanded its clinical facilities to Springs Parkland Clinic in Benoni after the Afrox Healthcare Group acquired it in 1993 (AHC Volume 3:206). The intension was to use Springs Parkland Clinic for the training of students that were doing the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse and Benoni Day Clinic as an extension of The Glynnwood Hospital for the training in the Course leading to Enrolment as a Nursing Auxiliary. Benoni Day Clinic employed six registered nurses and consisted of a total number of 15 beds where most surgical cases were admitted. The types of cases ranged from surgical to minor general surgery. The bed occupancy was about 150 cases per month (AHC Volume 3:206). The clinical sister at The Glynnwood Hospital would do student accompaniment. Springs Parkland Clinic was a general hospital registered for 181 beds, including intensive care, paediatrics, general surgery, orthopaedics and medical cases. The staff consisted of 58 registered nurses, 22 enrolled nurses and 85 enrolled auxiliary nurses. The clinical tutor, registered nurses and nursing school personnel were responsible for clinical accompaniment (AHC Volume 3:206). The plan was for students to receive theoretical components of their courses at the Afrox School of Nursing under the curricula for the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse and auxiliary nurse training which the SANC approved previously. The Glynnwood Hospital, which was already approved as a training facility for the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse, would also be used as a resource for students in

the course leading to Enrolment as Nursing Auxiliary. Since an inspection had been planned for October 1993, these two facilities were included in the same inspection plan (AHC Volume 3:206).

The SANC postponed the inspection again due to logistical reasons and it took place in 1994 (AHC Volume 3:220). Mrs LA Fletcher was still the nursing education co-ordinator. The school offered the following programmes:

- Bridging Course for Enrolled Nurses leading to Registration as a General Nurse
 - Students registered: 16
 - Training was for employees from four hospitals only
 - Only 4 students were placed per clinical facility
- Certificate for Enrolment as a Nursing Auxiliary
- Postgraduate Diplomas
 - Diploma in Operating Theatre Nursing Science
 - Diploma in Critical Care Nursing Science
 - Certificate in Anaesthetic Nursing Technique
 - Certificate in Nursing of Orthopaedic Patients
 - Certificate in Ophthalmic Nursing Science

Staff complement consisted of Mrs LA Fletcher and Ms BG Hamilton who co-ordinated the Diploma in Critical Care Nursing. Personnel who were part of the staff establishment of the Afrox Healthcare Group of hospitals assisted the nursing school staff in the teaching and accompaniment of students in the postgraduate courses:

- Certificate in Anaesthetic Nursing . Ms J Dennett
- Certificate in Nursing of Orthopaedic Patients . Mrs L White
- Certificate in Ophthalmic Nursing . Mrs V Paton

The SANC resolved that Springs Parkland be approved as clinical facility for Bridging Course for Enrolled Nurses leading to Registration as a General Nurse. However, Benoni Day Clinic could not be approved as an extended clinical facility for the course leading to Enrolment as Nursing Auxiliary as the learning opportunities were intermittent and inadequate for the programme (AHC Volume 3:226).

Afrox School of Nursing also assisted hospitals to ensure that nurses practised within the legal framework and scope of practice. Evidence thereof was found in the form of a letter written to the SANC about the role of the professional nurse when nursing a patient with an indwelling epidural catheter (AHC Volume 3:229). There was uncertainty as to whether it was the responsibility of the nurse to be present when the catheter was inserted and to

record it as such. The reply from the SANC stated clearly that recording is a part of the nursing process and that the nurse should record the insertion of the catheter indicating the position as reported and confirmed by the medical doctor who performed the procedure (AHC Volume 3:230).

As stated earlier, the SANC planned to withdraw permission from schools of nursing to present postgraduate diploma programmes if the school was not a sub-campus of a college or had an affiliation agreement with a university. The Entabeni Hospital Nursing School had such an agreement with the University of Natal but the course was discontinued and thus the affiliation to the Natal College of Nursing and the University of Natal had lapsed. In a letter to the SANC dated 2 February 1995, Mr B Davidson enquired about the possibility of Afrox School of Nursing getting permission to continue with the training of nurses in the postgraduate programmes (AHC Volume 3:239). The reply from the SANC was that the request could not be granted, as it did not meet the requirements of the regulation (AHC Volume 3:241). Mr B Davidson mentioned the shortage of qualified operating theatre and intensive care nurses by referring to the 2 743 intensive care and 3 617 theatre nurses registered in the Republic of South Africa at that stage, out of a population of 78 000 nurses. The recommendation for Afrox School of Nursing was either to become a sub-campus of an approved college, or alternatively to enter into an agreement in co-operation with a University (see also paragraph 6.3.1). According to Mrs LA Fletcher, Mr Brian Davidson was a driving force behind the development and growth of Afrox Nursing College (Vasuthevan & Fletcher: 2010). On 1 July 1996, Afrox School of Nursing relocated to Bedfordview. The physical address changed to AMR Park 2, First Floor, Concord Road East, Bedfordview (AHC Volume 3:244).

Afrox School of Nursing applied for accreditation of the curriculum for the Course leading to Enrolment as Nurse in September 1996 (AHC Volume 3:247). New regulations for this training programme were published in 1993 and Afrox School of Nursing now wanted to expand its product mix to include this course. At the same time, the curriculum for the Course leading to Enrolment as Nursing Auxiliary was acquired from SG Lourens Nursing College (AHC Volume 3:249). The principal of SG Lourens Nursing College gave permission to Afrox School of Nursing to adjust their curriculum and submit it to the SANC for accreditation. Afrox School of Nursing had to align the curriculum to its own mission and philosophy statements and also conduct situational analyses of clinical facilities and apply the findings thereof to the curriculum document. Both programmes were approved on 14 April 1997 (AHC Volume 3:250).

Lesedi Clinic in Soweto was identified as a possible clinical facility for Afrox School of Nursing (AHC Volume 3:254). The Afrox Healthcare Group acquired the hospital and thus a formal agreement for the placement of students was not required. The situation analysis indicated that the facility met the minimum requirements for the training of students and the plan was to place only five students at the hospital. Students would be placed at The Glynwood Hospital for exposure to casualty, as there were limited learning opportunities at Lesedi Clinic. The SANC approved the application conditionally pending an inspection in May 1997. The final inspection report reflected positively on the learning opportunities at Lesedi Clinic (AHC Volume 3:256).

Afrox School of Nursing relocated again on 29 March 1997 to MIS Building, Fourth Floor, 16 Kings Road, Bedfordview (AHC Volume 3:259). Ms MEC Potgieter joined the Afrox Healthcare Group as nursing education standards manager.

The Afrox Healthcare Group opened an oncology ward at Brenthurst Clinic in Johannesburg and St George's Hospital in Port Elizabeth and The Glynwood Hospital in Benoni to accommodate the ever-increasing number of cancer patients who needed specialised treatment and care. The nurses at these clinics had no formal training in oncology nursing to provide quality care to these patients, while doctors were more than willing to teach on an informal basis. Afrox School of Nursing was of the opinion that a formal structured programme, specifically designed for training of registered nurses in oncology nursing, would provide an acceptable level of professional skills and knowledge required (AHC Volume 3:260). Dr BL Rapoport, specialist physician, medical oncologist, expressed his willingness to accommodate students to observe the management and treatment of the outpatients, which will include chemotherapy at the Medical Oncology Centre of Rosebank (AHC Volume 3:261).

The proposal was to offer the course through a modular system using a self-paced learning package, block and study day system including continuous assessment in theory and practical work of students to ensure effective learning. The course facilitator and oncology registered nurses working in the oncology departments will undertake accompaniment of the students. The course facilitator had a diploma in oncology nursing and extensive clinical oncology nursing experience in adult and paediatric oncology nursing and bone marrow transplant in the United States of America. According to the feedback from the SANC on the evaluation of the application, the course was over weighted. The SANC finally approved the course in July 1998 (AHC Volume 3:270).

6.3.4 AFROX NURSING COLLEGE

On 28 October 1998, Ms MEC Potgieter notified the SANC that Afrox School of Nursing was in the process of converting to a tertiary education institution. The proposed name for the institution was Afrox Nursing College. The College would engage with the University of Port Elizabeth in negotiating an affiliation agreement (AHC Volume 3:276).

The motivation for the transition was that a nursing school, of which there were three within the group at that point in time, could not present postgraduate diploma courses. The nursing education offered by Entabeni Nursing School in Durban, Eugene Marais Hospital in Pretoria and Flora Clinic, Johannesburg was limited and did not meet the needs of the Afrox Healthcare Group in totality. The Afrox Healthcare Group had to solicit services from universities and nursing colleges at high cost and was often unable to secure placements for students at these institutions. Afrox Healthcare decided to merge the existing hospital schools into a fully-fledged nursing college, offering basic and post graduate courses. All nursing education within Afrox was centralised to take place through Afrox Nursing College (AHC Volume 3:283).

It was proposed that existing nursing schools became learning facilities of the central college once the existing students completed training. The central office in Bedfordview became a nursing education support unit, co-ordinating the management of education and teaching. The principal undertook to submit curricula for the proposed programmes for all new intakes as from 1999 as well as the signed association agreement with the University of Port Elizabeth as soon as it was ready. As from 1 November 1998, Afrox School of Nursing became Afrox Nursing College (AHC Volume 4:288).

On 25 November 1998, Afrox Nursing College submitted an application to offer a postgraduate Diploma in Medical and Surgical Nursing Science, Government Notice R212 of 19 November 1993 in association of the University of Port Elizabeth (AHC Volume 4:289). The proposed implementation date was 1 April 1999. The following curricula approved by the University of Port Elizabeth were submitted:

- Diploma in Medical Surgical Nursing; Critical Care Nursing
- Diploma in Medical Surgical Nursing: Operating Theatre Nursing and
- Diploma in Medical Surgical Nursing: Orthopaedic Nursing.

Clinical facilities for the postgraduate Diploma in Medical Surgical Nursing: Critical Care Nursing was Entabeni Hospital, Eugene Marais Hospital, Flora Clinic, The Glynnwood Hospital, Mercantile Hospital, Springs Parkland Clinic, St George's Hospital, and Pretoria

Heart Hospital. Clinical facilities for the postgraduate Diploma in Operating Theatre Nursing would be utilised at Anncron Clinic, Brenthurst Hospital, Entabeni Hospital, Eugene Marais Hospital, Flora Clinic, The Glynnwood Hospital, Mercantile Hospital, Springs Parkland Clinic and St George's Hospital. Clinical facilities for the postgraduate Diploma in Orthopaedic Nursing were Eugene Marais Hospital, Flora Clinic, Glynnwood Hospital and St George's Hospital (AHC Volume 4:289).

There were also agreements negotiated with Port Elizabeth Provincial Hospital and Livingstone Hospital, which were already approved as clinical facilities by other NEI. Clinical accompaniment and evaluation would be done by the nurse educator situated at the particular hospital or by a mentor who was specifically assigned for that purpose. Ms MEC Potgieter submitted the substantiating documents on 2 December 1998 (AHC Volume 4:294). The SANC approved the application on 28 January 1999 (AHC Volume 4:296).

Following the approval as stipulated in the previous paragraph, the Afrox Nursing College then planned to offer the short course in Oncology Nursing Science at St George's Hospital in Port Elizabeth starting in April 1999 (AHC Volume 4:300). However, the learning opportunities at the hospital were inadequate. On 29 January 1999, Port Elizabeth Provincial Hospital was identified and approved as an additional facility (AHC Volume 4:305).

Afrox Healthcare Group offered bursaries to students registered for the Diploma in Nursing (General, Psychiatry and Community Health) and Midwifery at the University of Port Elizabeth (AHC Volume 4:307). These bursars had to complete their clinical hours required for registration as a registered nurse, midwife and psychiatric nurse as far as possible at Afrox Hospitals in Port Elizabeth, namely St George's Hospital, Mercantile Hospital and Hunters Craig Hospital. Ms JM Chopins, nursing services manager, informed the SANC of this arrangement in December 1998. No records for the period January 1999 to June 2001 could be found in the SANC archive. A series of applications for accreditation of clinical facilities for different courses were made over the next two years. The detail is illustrated in Table 6.2.

The SANC conducted examination for all basic nursing courses. Afrox Nursing College was concerned about the quality of some of the examination papers and in particular those of the July 2001 examination period for the second year of the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse (AHC Volume 4:315). The Afrikaans version of the examination paper contained a number of grammatical and spelling errors, which were considered to be to the disadvantage of candidates. Ms P Ballard Ellis pointed those out to the examination department in a letter dated August 2001. The SANC responded positively

by appointing an experienced nurse educator whose first language was Afrikaans to translate and edit examination papers. The SANC policy was to take errors in examination papers into consideration during the marking and moderation, so that candidates were not disadvantaged. This was emphasised in their response to Ms P Ballard Ellis.

In 2001, Afrox Nursing College embarked on a model for the optimization of scarce resources (AHC Volume 4:311). Afrox Nursing College and the School of Nursing at the University of the Free State agreed to combine forces in delivering the postgraduate Diploma in Medical Surgical Nursing: Critical Care Nursing and Diploma in Medical Surgical Nursing: Operating Theatre Nursing to students in Bloemfontein. Lecturers from the university would act as facilitators using Afrox Nursing College education model and curriculum, including formative and summative assessment. This initiative not only enabled Afrox Nursing College to offer the programme in the most cost-effective way, but also provided for optimal use of resources and expertise in the area. The agreement did not replace the existing agreement between Afrox Nursing College and the University of Port Elizabeth and had no impact on said agreement. Diplomas would be issued by Afrox Nursing College and endorsed by the University of Port Elizabeth with an inscription "Programme facilitated by the University of the Free State".

Table 6.2 Accreditation of courses and clinical facilities

Course	Clinical facility	Date submitted	Date approved
Bridging Course for Enrolled Nurses leading to Registration as a General Nurse	• City Hospital	13 July 2001	26 September 2001
	• Suikerbosrand	13 July 2001	26 September 2001
	• Klerksdorp Hospital	3 September 2001	Date unknown
	• Gray Monument Private Clinic	5 September 2002	12 March 2003
	• Queenstown Private Clinic	5 September 2002	12 March 2003
	• St Mary ϕ Hospital	5 September 2002	12 March 2003
	• Carstenschof Clinic	20 May 2003	8 October 2003
Programme leading to Enrolment as Nurse	• City Hospital	13 July 2001	26 September 2001
	• Suikerbosrand	13 July 2001	26 September 2001
	• Klerksdorp Hospital	3 September 2001	Date unknown
	• Gray Monument Private Clinic	5 September 2002	12 March 2003
	• Queenstown Private Clinic	5 September 2002	12 March 2003
	• St Mary ϕ Hospital	5 September 2002	12 March 2003
	• Carstenschof Clinic	20 May 2003	8 October 2003
Programme leading to Enrolment as Nurse Auxiliary	• City Hospital	13 July 2001	26 September 2001
	• Suikerbosrand	13 July 2001	26 September 2001
	• Klerksdorp Hospital	3 September 2001	Date unknown
	• Gray Monument Private Clinic	5 September 2002	12 March 2003
	• Queenstown Private Clinic	5 September 2002	12 March 2003
	• St Mary ϕ Hospital	5 September 2002	12 March 2003
	• Carstenschof Clinic	20 May 2003	8 October 2003
	• St Barnabas Hospital	15 March 2003	15 March 2004
• Pelonomi Hospital	27 June 2003	15 March 2004	
Diploma in Medical and Surgical Nursing Science: Critical Care Nursing	• City Hospital	13 July 2001	26 September 2001
	• Peglerae	15 March 2004	15 March 2005
	• Roseacres	15 March 2004	15 March 2005
	• Suikerbosrand	09 July 2002	15 March 2004
	• Little Company of Mary	29 May 2002	15 March 2004
	• Anncron	5 September 2002	September 2003
	• Gray Monument Private Clinic	5 September 2002	13 August 2002
	• Queenstown Private Clinic	5 September 2002	12 March 2003
	• St Mary ϕ Hospital	20 May 2003	12 March 2003
	• Carstenschof Clinic	15 March 2004	12 March 2003
	• Bedford Gardens	24 March 2004	8 October 2003
Diploma in Medical and Surgical Nursing Science: Operating Theatre Nursing	• City Hospital	13 July 2001	26 September 2001
	• Peglerae	15 March 2004	March 2005
	• Roseacres	15 March 2004	March 2005
	• Suikerbosrand	9 July 2002	September 2003
	• Little Company of Mary	5 September 2002	12 March 2003
	• Gray Monument Private Clinic	5 September 2002	12 March 2003
	• Queenstown Private Clinic	5 September 2002	12 March 2003
	• St Mary ϕ Hospital	20 May 2003	15 March 2004
	• Carstenschof Clinic	1 September 2003	7 October 2003

Course	Clinical facility	Date submitted	Date approved
	<ul style="list-style-type: none"> • Zuid Afrikaans Hospitaal • Bedford Gardens • Faerie Glen 	15 March 2004 24 March 2004 24 March 2004	15 March 2005 15 March 2005 15 March 2005
Diploma in Medical and Surgical Nursing Science: Emergency Care Nursing	<ul style="list-style-type: none"> • Eugene Marais Hospital, • Entabeni Hospital • Flora Clinic • Glynnwood Hospital • Emergency Services Metropolitan Council of Greater Johannesburg and Pretoria • Vincent Pallotti Hospital • St George's Hospital 	30 August 2001 30 August 2001 30 August 2001 13 December 2002 7 August 2002 7 August 2002 8 September 2002	29 January 2002 30 August 2001 30 August 2001 March 2003 13 August 2002 13 August 2002 June 2003
Diploma in Medical and Surgical Nursing Science: Orthopaedic Nursing	<ul style="list-style-type: none"> • Wilgers Hospital • Anncron Clinic • Little Company of Mary • Vincent Pallotti 	22 February 2002 29 May 2002 9 July 2002 8 September 2003	13 August 2002 13 August 2002 3 September 2003 8 October 2003
Certificate in Oncology Nursing	<ul style="list-style-type: none"> • Wilgers Hospital 	22 February 2002	13 August 2002
Certificate in Physical Rehabilitation	<ul style="list-style-type: none"> • Eugene Marais Hospital Pretoria • New Kensington Clinic in Kensington • Pasteur Hospital Bloemfontein • Riverfield Lodge in Muldersdrift 	27 September 2002 27 September 2002 27 September 2002 27 September 2002	12 March 2003 12 March 2003 12 March 2003 12 March 2003
Certificate in Neonatal Intensive Care	<ul style="list-style-type: none"> • Johannesburg Hospital Paediatric Unit • Glynnwood Hospital, Brenthurst Clinic • Flora Clinic. • Bedford Gardens Clinic • Carstenschof Clinic • St Dominic's 	7 October 2002 13 December 2002 20 May 2003 October 2003 24 March 2004 24 March 2004	12 March 2003 12 March 2003 12 March 2003 13 April 2003 March 2005 March 2005
Anaesthetic Nursing	Faerie Glen Hospital	24 March 2004	15 March 2005

In April 2002, Afrox Healthcare Limited acquired the company Amalgamated Hospitals Limited in KwaZulu Natal, also known as Amahosp, which included Westville, Crompton, Mount Edgecombe and Chatsmed Hospitals (AHC Volume 5:320). Westville Hospital had a Nursing School. It was decided that the Westville Hospital Nursing School would close down and be incorporated into Afrox Nursing College. Hospitals in the former Amahosp Group have already been approved as clinical facilities for Afrox Nursing College for both basic and postgraduate courses since 1 January 2001.

Afrox Nursing College submitted a number of curricula to the SANC between November 2001 and October 2002, which are reflected in Table 6.3.

Table 6.3 Postgraduate diplomas and short courses submitted November 2001 to October 2002

Course	Motivation	Date submitted	Date approved
Certificate in Orthopaedic Nursing	Align to SAQA requirements	16 November 2001	Date unknown
Certificate in Infection Control Nursing	Priority area for training within Afrox	25 June 2002.	Date unknown
Certificate in Adult High Care Nursing	Eugene Marias Nursing School not functioning anymore, transfer to Afrox Nursing College Aligned to SAQA requirements	25 June 2002	Date unknown
Certificate in Anaesthetic Nursing	Aligned to SAQA requirements	19 September 2002	12 March 2003
Certificate in Physical Rehabilitation	To equip registered nurses with the relevant knowledge and skills for the important role within the rehabilitation units run by Afrox Rehabilitation, which is a section of Afrox	27 September 2002	12 March 2003
Certificate in Neonatal Intensive Care	Public Private Partnership with Johannesburg Hospital Affiliation with Wits University	7 October 2002	12 March 2003

In April 2002, Afrox Healthcare Limited acquired the company Amalgamated Hospitals Limited in KwaZulu Natal, also known as Amahosp, which included Westville, Crompton, Mount Edgecombe and Chatsmed Hospitals (AHC Volume 5:320). Westville Hospital had a Nursing School. It was decided that the Westville Hospital Nursing School would close down and be incorporated into Afrox Nursing College. Hospitals in the former Amahosp Group have already been approved as clinical facilities for Afrox Nursing College for both basic and postgraduate courses since 1 January 2001.

In April 2001, Afrox Nursing College again expressed concern about the format of examination papers set by the SANC. The format for examination papers used by the SANC seemed to be very confusing for students. Students omitted questions or portions of questions, because they had difficulty in following the flow of the paper, especially when questions or sub-questions flowed over to another page. In an effort to improve, the quality of examination papers Afrox Nursing College suggested using the format that other tertiary institutions used: English and Afrikaans versions of a question should rather be placed directly below each other. It was considered less confusing and that those students whose first language was either English or Afrikaans, could read the questions in both languages for clarification sake. Afrox Nursing College again pointed out the poor use of Afrikaans in examination papers for the certificate for enrolment as nurse. The context of questions translated from the English had a different meaning. The SANC responded in a non-committal fashion to this letter, expressing gratitude for the concern about quality in nursing education (AHC Volume 4:327).

One of the functions of the SANC was to monitor the quality of Nursing Education on the theoretical as well as the practical domains. To ensure standards were met in the practical domain, quality promotion visits were conducted before a new course could be implemented and before students could be placed at facilities for clinical learning exposure. The procedure was to immediately send a preliminary report on the findings and recommendations to the education committee before the final report was presented at an official SANC meeting. Only then would the report be sent to the NEI.

In February 2001 the SANC conducted a quality promotion visit to a number of facilities for Afrox Nursing College of which reports were submitted to the SANC in July 2001 (AHC Volume 4:330). Afrox Nursing College received the feedback report only in February 2002 after several communications between them and the SANC. In spite of the late receipt of the report, the SANC expected Afrox Nursing College to comply with the recommendations. Provisional accreditation was granted for one year starting on 27 February 2001 to 26 February 2002.

Afrox Nursing College functioned on a relation practice-based nursing education model (AHC Volume 5:341). The structure consisted of a central learning site where most of the theoretical instruction took place after which practical learning opportunities were provided at clinical facilities. Afrox Nursing College employed the minimum number of staff, but there was a clinical tutor at each hospital to assist with clinical accompaniment of students. In response to the SANC recommendations, the structure was addressed by transferring all nurse educators from the hospital staff establishment to that of the Afrox Nursing College. Seven decentralized learning centres were thus established (Vasuthevan & Fletcher, 2010:8). Figure 6.2 gives a layout of the different learning centres with linked clinical facilities according to the model.

As previously mentioned, there was an affiliation agreement with the University of Port Elizabeth. At that time, the Afrox Nursing College started the process of obtaining accreditation as a private HEI from the Council for Higher Education (AHC Volume 4:341).

The governing structures within the college were aligned to the requirements of the Higher Education Act, Act No. 101 of 1997 and consisted of a College council, college senate and student representative council (AHC Volume 4:345). A divisional training manager acted as college head. Two positions reported directly to the College Head, namely the Nursing Education Standards Manager and Nursing Education Manager. The seven learning sites reported to the Nursing Education Manager. These learning sites were not autonomous

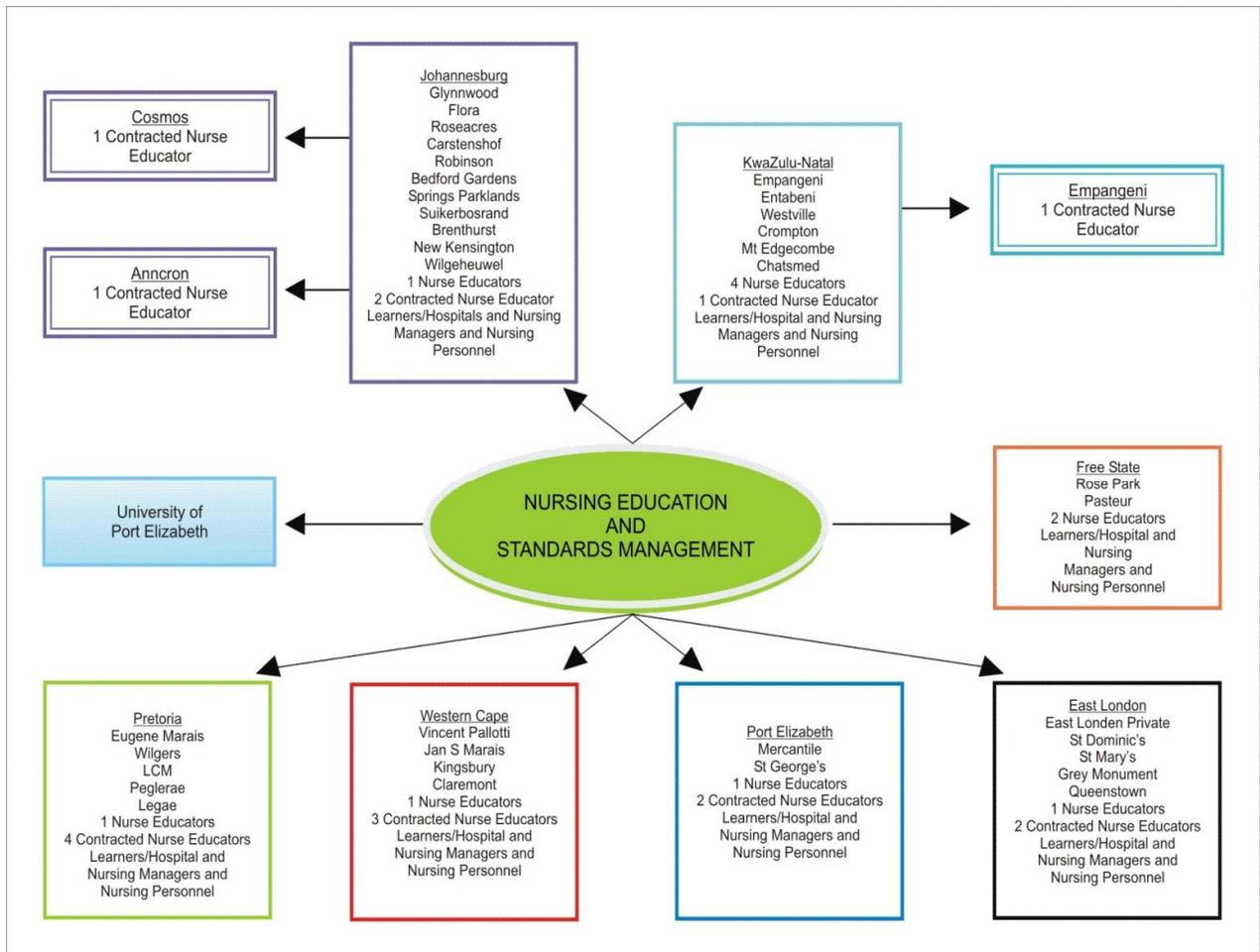


Figure 6.2 Relation practice-based nursing education model (AHC Volume 4:335)

institutions, but were governed and regulated by the central office at Afrox Nursing College. Each learning site had its own learning site manager responsible for the operational functioning of the learning site (refer to Figure 6.2).

The college manager, Dr S. Vasuthevan was of opinion that it appeared from the SANC quality promotion visit report that the model was not fully understood by the team who visited the college. Consequently, many unjust comments portrayed the college in a negative light. College management requested an opportunity to make a presentation to the SANC in order to correct this negative image. This presentation was done on 1 August 2002 (AHC Volume 5:349).

The SANC insisted on upholding the resolutions of the quality promotion visit of February 2001. A follow-up visit after one year was recommended. This visit was scheduled for 23 August 2002 (AHC Volume 5:350). Afrox Nursing College requested the date to be brought

forward to 12 August 2002 due to prior commitments. To fit into the SANC calendar, the date was set for 15 August 2002 and later postponed to 26 September 2002 (AHC Volume 5:352). The final report declaring that the Afrox Nursing College had full accreditation was only issued after this inspection was completed. The status of Afrox Nursing College was as follows:

- Number of students in training . 110 basic students in all provinces
- Post-basic: Not specified . it is need driven
- Community served: National and International
- Bed capacity: Occupancy - not applicable
- Staff establishment: 18 tutors, and
- Ratio: 1 to 15.

In September 2002, Afrox Nursing College identified a need for further education programmes for enrolled nurses (AHC Volume 5:355). There was no provision for lateral development of enrolled nurses to equip them with specialised knowledge and skills to become experts in a specific discipline, although they played an important role in assisting the registered nurse in specialised areas such as high care and critical care units, operating theatre, recovery rooms and anaesthetic units. The only opportunity for further development for enrolled nurses was to enrol for the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse. Due to various reasons, this was not always feasible and some enrolled nurses wished to rather maintain their current position. These enrolled nurses expressed a need to study and extend their knowledge regarding the nursing of patients in high-risk areas, enabling them to develop themselves to play a more significant role in the health team and to be of better service to their patients. The Afrox Nursing College developed certificate programmes and short courses for enrolled nurses to gain competence in selected specialised disciplines. Enrolled nurses would be equipped with adequate knowledge and skills to render safe patient care within a specific working environment and within the scope of practice. In view of the above, Afrox Nursing College urged the SANC to consider establishing a mechanism of recognition, similar to the listing of additional qualifications for registered nurses, for all enrolled nurses who have completed additional nursing programmes

Clinical placements were a well sought after commodity needed by all NEI. In March 2003, Afrox Nursing College was approached by three independent PNEI with a request for clinical placement of students in the Afrox Healthcare Group (AHC Volume 5:361). Afrox Nursing College then entered into a nursing education management contract with independent private nursing schools, namely Empilweni Education, Healthnicon and Letjhabile-Libalele

Nursing School⁴⁶. These NEI got permission to utilise Afrox Healthcare Hospitals for clinical learning after those were accredited by the SANC. Afrox Nursing College would oversee the clinical placement and assessment of learners during their placement in Afrox Healthcare hospitals, which was regarded as a contribution to ensure that nursing schools met the minimum requirements of quality assurance as prescribed by the SANC. This project also created additional resources for recruitment and selection of nursing staff for the Afrox Healthcare Group since the students at independent NEI were self-funding and not linked to an employer. The allocation of clinical facilities to the schools was based on the geographical location, which facilitated easy access for both students and tutors:

Healthnicon Pretoria Region: Little Company of Mary

(Pretoria Region) Faerie Glen Hospital
Eugene Marais Hospital
Wilgers Hospitals

Empilweni Education: Bedford Gardens
(Johannesburg Region) The Glynnwood Hospital
Springs Parklands Clinic
New Kensington Hospital
Wilgeheuwel Hospital
Peglerae Hospital
Robinson Private Hospital
Carstenschhof Hospital
Dalview Hospital

Letjhabile-Libalele Nursing School: Brenthurst Hospital

The application was approved in principle on September 2002, on condition that each NEI submit situational analysis and signed agreements with the individual clinical facilities before students could be placed at said facilities (AHC Volume 5:362). Dr A Basson from Empilweni Education was the first to comply with this requirement in September 2002 (AHC Volume 5:366).

7.1 THE DIPLOMA IN NURSING (GENERAL, PSYCHIATRY AND COMMUNITY HEALTH) AND MIDWIFERY

On 29 April 2003, Afrox Nursing College submitted an application for approval of the Diploma in Nursing (General, Psychiatry and Community Health) and Midwifery (Government Notice 425 of 18 February 1985) to the SANC (AHC Volume 5:367). The programme would be

⁴⁶ Independent PNEI not linked to a private hospital

offered in association with the University of Port Elizabeth and the University Board of Studies approved the curriculum on 1 April 2003 (AHC Volume 5:368).

Afrox Healthcare Limited identified the training of registered nurses with a comprehensive knowledge base as a priority area. This programme was developed to enable the company to gain and retain a solid core of health professionals in order to provide a quality health service. At the same time, Afrox Healthcare Limited was of the opinion that it could provide study opportunities for school leavers who were unable to gain entry at other education institutions. The intention was to utilise all clinical facilities then approved for Afrox Nursing College. In addition, facilities needed to meet the requirements for specialisation areas, which would be sourced and added. A comprehensive situational analysis of Afrox Healthcare Group was conducted, and private and public partnerships such as the one existing between Afrox Healthcare Limited and Johannesburg Hospital for the training of neonatal intensive care nurses were also envisaged (AHC Volume 5:367).

The Nursing Education Standards Manager, Ms MEC Potgieter requested the SANC to approve the application in principle based on existing facilities utilised for the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse as these were deemed adequate for the first two years of the programme. In the mean time, Afrox Nursing College would secure additional facilities to ensure that all training needs were met (AHC Volume 5:367).

The letter from the University of Port Elizabeth confirming that the board of the faculty of health sciences approved the curriculum for the Diploma in Nursing (General, Psychiatry and Community Health) and Midwifery based on Government Notice 425 of February 1985, was submitted to the SANC on September 2002. The SANC soon responded to the application indicating that there were several outstanding issues that needed to be rectified before the application could be approved (AHC Volume 5:372). The main concerns were around the affiliation agreement with the University of Port Elizabeth and sufficient clinical facilities for the placement of students. A final list of clinical facilities for all disciplines could not be provided although the Afrox Nursing College was negotiating with different hospitals to accommodate students for clinical learning. This was a major concern for the SANC in that the education and training of nurses involved the correlation of theory and clinical practice. The SANC could not recommend the approval of a curriculum that lacked clinical facilities for provision of learning experiences for students. Approval could only be given once the programme was in line with the set requirements of the SANC and the relevant regulations for the programs. Additional information was submitted on 10 October 2003 (AHC Volume 5:375).

On 9 January 2004, the SANC requested the following information in order to prepare the application for submission to the Education Committee (AHC Volume 5:378):

- The clinical facilities for various disciplines such as General Nursing, Psychiatry and Community Health Nursing and Midwifery
- Names and qualifications of the persons responsible for the programme
- Names and qualifications of the persons responsible for theory and clinical accompaniment according to the stated disciplines
- Number of students per intake
- Number of intakes per year
- Exit Level: First academic year . clinical hours do not meet the minimum requirements of SANC Government Notice 2175 of 19 November 1993
- Exit Level: Second academic year . curriculum hours do not meet the minimum requirements of SANC Government Notice 2175 of 19 November 1993
- Indicated total clinical hours for each area: Nursing and midwifery, as reflected in Government Notice 425 of 15 February 1985.

Although the requested information was submitted to the SANC, a subsequent request for additional information on the following issues was received on 26 January 2004 (AHC Volume 5:382):

- Number of students each clinical facility can accommodate at a time
- Other NEI utilizing the facilities
 - Anncron Clinic, Bedford Gardens, Carstenschof, Brenthurst, East Rand Care Centre, Flora Clinic, Glynnwood Hospital, Randfontein Hospital, Riverfield Lodge, Springs Parkland Hospital, Suikerbosrand, Victoria Private Hospital, Legae Private Hospital, Tsolwana Care Centre, Rosepark Hospital, eThekwini Care Centre, Richmond Care Centre, Westville, East London Private Hospital, Nkqubela Hospital, Queenstown Private Hospital, Akwa Frail Care Centre, Claremont Hospital, Jan Marais, Kingsbury, Knysna Private Hospital.
- Specify the discipline students would follow in each clinical facility according to Government Notice 425 of 19 February 1985.

The Afrox Nursing College was also advised to negotiate for additional clinical facilities for Community Health Nursing Science (AHC Volume 5:382). The documents were returned to the Afrox Nursing College for revision and re-submission as a unit with the curriculum once the requested information was added. On 8 June 2004, documents were re-submitted to the SANC. The situational analyses for the following clinical facilities were included (AHC Volume 5:388):

- Lifemed Nkqubela Hospital
- Richmond Care Centre
- Rosepark Hospital
- Tsolwana Care Centre
- Waverly Care Centre
- Southern eThekweni Municipality

The Afrox Nursing College acknowledged that clinical facilities for the disciplines of Psychiatric Nursing and Midwifery were still insufficient and needed to be augmented. Relevant authorities were approached for placement of students and feedback was awaited. These facilities would only be utilised in the third and fourth year of the programme, which was at least 3 years away, but the SANC was not satisfied with this approach. The SANC pointed out that it was responsible for ensuring that the programme would meet all quality standards and not only certain phases. It thus had to ensure that all learning outcomes, which included theoretical and clinical learning outcomes, would be catered for before the programme could be approved (AHC Volume 5:389).

Afrox Nursing College attempted to accredit all the learning sites for the Diploma in Nursing (General, Psychiatry and Community Health) and Midwifery at once which proved to be problematic. The SANC requested the application to indicate exactly which learning sites would utilise which clinical facilities, how many students would be enrolled at each learning site, the number of intakes per learning site and staff responsible for various disciplines per learning site as well as qualifications of the staff involved in the programme (AHC Volume 5:394). Eventually, in July 2004, the SANC was satisfied that Johannesburg, Durban and Free State Learning Centres had adequate learning opportunities for the four disciplines of the learning programme. The application was presented to the education committee on 14 July 2004 and to the accreditation committee on 10 August 2004. The application was not approved for these centres due to the following reasons (AHC Volume 5:398):

- Private Hospitals were submitted as prospective clinical facilities for the midwifery discipline. There was no confirmation that student midwives would give forth confinements at these facilities. Facilities should provide students with adequate learning opportunities for all midwifery learning areas: antenatal, labour ward, postnatal, neonatal care, and
- Clinical facilities for psychiatric nursing science should also offer or provide learning opportunities in all aspects: acute psychiatric nursing, chronic psychiatric nursing, psycho geriatric nursing, community psychiatric nursing, and mental retardation.

These requirements applied to all learning centres. Afrox Nursing College planned to utilise birth units, but the licence status of these units from the DoH was questioned by the SANC. The Afrox Nursing College was also reminded that agreements with non-Afrox facilities were to be finalised before final approval could be granted. The Afrox Nursing College submitted situation analysis for the following clinical facilities on 28 July 2004 (AHC Volume 5:403):

- Dora Nzinga Hospital
- Livingstone Hospital
- Port Elizabeth Hospital
- Elizabeth Duncan Psychiatric Hospital
- Nelson Mandela Metropolitan Municipality
- Endumeni Clinic (KZN)
- Silverton Clinic (Pretoria)
- Mabandla Clinic (Uitenhage)
- Rosedale Clinic (Uitenhage)

The same information was again requested with regard to names and qualifications of persons responsible for clinical accompaniment and number of Afrox Nursing College students.

Dr S Vasuthevan wrote to the SANC on 18 August 2004 with regard to the SANC decision not to approve the application for Johannesburg, Durban and Free State Learning Centres, informing them that the application was only for the Johannesburg Learning Centre. Once this process was completed successfully, the other learning centres would submit applications for accreditation. The proposed commencement date was 2005 with an intake of 30 students. The SANC was requested to assist in the approval of all the necessary clinical facilities for the practica requirements for Johannesburg Learning Centre (AHC Volume 5: 409).

Matikwana Hospital in Mkhuhlu, was presented as a clinical facility for midwifery in addition to the other entire private hospitals under the auspices of Afrox Nursing College (AHC Volume 5:414). This facility would provide learning opportunities primarily for antenatal care, postnatal care, neonatal care and placement for students in the labour ward. Matikwana Hospital was part of the Life Care Group and belonged to Afrox Healthcare. Students and educators would be transported to the hospital and accommodated at the facility. Dr T Frankish described Matikwana Hospital as follows: %Matikwana Hospital is a community hospital managed by Life Care Special Health Services on behalf of the DoH, Limpopo Province. The initial contracts were entered in 1987 with the government of Gazankulu (as the property owner), and was then succeeded by the Limpopo provincial government as

property owner. A building suitable for use as a hospital was to be erected to include medical, surgical, paediatric and maternity patients as well as outpatients. The total number of beds would not be less than 176. Activities of the hospital would be under the general control of the property owner (now DoH, Limpopo Province). The DoH is entitled to decide on the admission and discharge of patients at the hospital and the period and nature of treatment while in hospital. The Department of Health and Social Development paid a capitation tariff for inpatients and a proportion for outpatients. The department also employed five doctors to work at Matikwana and appointed a chief medical officer to manage the medical staff. Life Care also employed six doctors. Services provided are expected to conform to those of a district provincial hospital. Thus, this can be seen to be a provincial hospital operated and managed by a private company and not operating as a private hospital.+(AHC Volume 5:415).

The Afrox Nursing College submitted situation analysis of 16 clinical facilities, which provided learning opportunities for psychiatry. The facilities included acute psychiatric nursing, chronic psychiatric nursing, psycho geriatric nursing, community psychiatric nursing and mental retardation (AHC Volume 5:420).

After more than two years, the curriculum for Diploma in Nursing (General Psychiatry and Community Health) and Midwifery met the required standards and was approved for Afrox Nursing College on 10 December 2004 (AHC Volume 5:415). However, there were more conditions for compliance before it could actually be implemented:

- Proof of registration as a private HEI
- Registration certificate in terms of Section 51 of the Higher Education Act 101 of 1997
- A favourable report of a site visit of Johannesburg Learning Centre conducted by the SANC
- A favourable report of a site visit conducted by the SANC of Matikwana Hospital to assess the suitability of the hospital to meet the prescribed midwifery requirements of this programme

The SANC requested the Afrox Nursing College to indicate the period needed to prepare for necessary site visits, which would then be arranged to verify the information provided in the submitted situational analysis. It was clearly stipulated that the course could not commence before all abovementioned conditions were met and the SANC formally notified the Afrox Nursing College in writing.

On 23 July 2003, Afrox Nursing College submitted an application to the Education Training Development Practices Sector Education Training Authority (ETDP SETA) for accreditation

as a provider for the assessor's course (AHC Volume 5:417). Due to several issues, the approval was not granted, but there was an opportunity to align the programme to the requirements of the ETDP SETA⁴⁷. Provisional approval was granted on 24 November 2003. The ETDP SETA was, however, not fully satisfied with the previous changes made to the programme and suggested more alignment to the registered unit standard, after which full accreditation was granted (AHC Volume 5:428).

In March 2003, Afrox Nursing College engaged in negotiations with provincial hospitals in the Free State for placement of students in the Course leading to Enrolment as a Nursing Auxiliary (AHC Volume 5:437). Permission was obtained on 10 March 2003 from Dr S Kwabena, the then chief executive officer of the Universitas Academic Complex⁴⁸, as well as from Mrs NV Mokele, assistant director at Pelonomi Hospital for the placement of students at Pelonomi Hospital. Some of the terms of the agreement were that indemnity and the accompaniment would remain the responsibility of Afrox Nursing College. Pelonomi Hospital accommodated more or less 200 students from various Nursing Schools at the time from basic courses e.g. Diploma in Nursing (General, Psychiatry and Community Health) and Midwifery and the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse, to postgraduate Diplomas in Critical Care Nursing Science, Operating Theatre Nursing Science, Paediatric Nursing, Midwifery, Primary Health Care, Orthopaedic Nursing, as well as Advanced Midwifery.

On 25 March 2004, another application for the approval of Pelonomi Hospital as an additional clinical facility for the Certificate leading to Enrolment as Nurse was submitted to the SANC (AHC Volume 5:442). Pelonomi Hospital has determined the need to train enrolled nurses in order to develop their staff and to meet the needs of the hospital. As there was no NEI in Bloemfontein that offered this programme they approached Afrox Nursing College to assist them in that regard. Pelonomi Hospital was already approved as a clinical facility for this college for the Certificate leading to Enrolment as a Nursing Auxiliary in March 2003. Public Private Initiative (PPI) between Pelonomi Hospital and Afrox Healthcare Limited has developed because of this. This provided an opportunity to include some of the nursing auxiliaries employed by Pelonomi Hospital in the second year in the Certificate leading to Enrolment as Nurse, which was offered by the Bloemfontein Learning Centre.

Pelonomi Hospital had submitted a curriculum for the Course leading to Enrolment as Nurse previously without any feedback from the SANC up to March 2003. The hospital initially wanted to use the curriculum of Afrox Nursing College and facilitate the course themselves,

⁴⁷ Education Training Development Practices Sector Education Training Authority

⁴⁸ Universitas Academic Complex and Pelonomi Hospitals are both situated in Bloemfontein

but Afrox did not agree to this. It was then decided that Afrox Nursing College would be the training provider and Pelonomi Hospital would provide clinical placements and assist with accompaniment and assessment (AHC Volume 5:426). The majority of these candidates had been enrolled as nursing auxiliaries for a long time before Government Notice R2176 and R2175 of November 1993 were implemented. Afrox Nursing College would then assist Pelonomi Hospital to prepare these nurses by means of an upgrading programme to enter the admission examination for the Course leading to Enrolment as Nurse. The arrangement was that students would do their clinical practica at Pelonomi Hospital and attend theoretical classes at Afrox Nursing College Learning Centre.

Soon after this application was submitted to the SANC, a similar request was made for the approval of Universitas Hospital on 11 May 2004 (AHC Volume 5:430). The motivation for the application was the same as for Pelonomi Hospital, namely upgrading of enrolled nursing auxiliaries to assist them to register for the admission examination for the Course leading to Enrolment as Nurse. Bloemfontein Learning Centre of Afrox Nursing College was approached, as there was no other NEI accredited for the Course leading to Enrolment as Nurse available in the Free State.

Supporting documents including service level agreements, permission from DoH officials, situation analysis and learning opportunities available at the hospitals were submitted to the SANC for approval (AHC Volume 5:435). There were a number of enquiries made by the SANC and the approval of the clinical facilities was eventually done on 19 September 2005 (AHC Volume 5:451). The process took more than eighteen months to be completed delaying the implementation of the learning programme accordingly, impacting on funding granted by the HWSETA for learnerships (AHC Volume 5:453). The final agreement allowed Afrox Nursing College to utilise the facilities as follows (AHC Volume 5:456):

- Certificate for Enrolment as Nurse . 30
- Certificate for Enrolment as Nursing Auxiliary . 20
- Diploma in General Nursing . 10

The number of placements was the same for both Pelonomi and Universitas Hospital.

In July 2003 African Oxygen Limited announced that it was re-evaluating its shareholding in Afrox Healthcare and considered selling its stake in the company (AHC Volume 5:459). After months of discussion, Afrox Healthcare Limited had a new owner, a consortium consisting of Brimstone, Mvelaphanda Medical and other shareholders including broad-based empowerment groupings and healthcare industry stakeholders. The decision to sell Afrox Healthcare was finalised on Friday, 14 November 2003 when the boards of all these

organisations involved in the transaction, approved the sale of the business. The sale of Afrox Healthcare still needed regulatory approval, including ratification by the competitions commission and it was expected that this would take place towards the middle of February 2004. Importantly, for the first time since inception, a South African consortium would own Afrox Healthcare. With the newly gained independence, Afrox Healthcare was more than ever empowered and equipped to place healthcare at the very heart of its business. The singular core business focus would enable the company to maintain its competitive edge in the market place and continue to add value to its business partners and citizens of the country. The new shareholders requested that the current Afrox Healthcare management team remained intact and unchanged. Mr M Fleming expressed the wish that the SANC would continue to be a strategic partner of Afrox Healthcare on its new voyage (AHC Volume 5:459).

Afrox Nursing College experienced major problems and delays in the registration of students for courses, examinations and on completion of training (AHC Volume 5:460). On 7 July 2003, the Nursing Education Standards Manager wrote a letter to the SANC in this regard. It was alleged that students, who have been in training for six months or longer, were still not registered as students by the time they had to be entered for examination. In some cases, the confirmation of registration as a student was received only two days before the date of the examination. It was not an isolated incident, but happened with all applications for registration submitted to the SANC over a period. In addition, the Afrox Nursing College did not receive a receipt for the fees paid for the registration (AHC Volume 5:460). A student who completed a course could not practice in the new capacity before proof of registration as such was received from the SANC. The delay was sometimes up to six months, resulting in these students not being able to be employed or promoted according to the new level based on the achievement of the qualification. There was a attitude among officials at the SANC to blame the NEI for non-submission of documents which was not true in most cases, as some institutions actually delivered the necessary documentation by hand at the SANC offices (AHC Volume 5:460). The situation was further complicated by the fact that funding by the HWSETA required that certain due dates had to be met to qualify for the funding. Afrox Nursing College requested the registrar to investigate the situation in order to find an amicable solution to the problems for all parties involved. The problem was however not really resolved and caused a lot of conflict between SANC officials, NEI and students. Looking at the time that had elapsed between submission of application for approval of curricula and clinical facilities, also portrayed the seriousness of the administrative inefficiencies at the office of the SANC (AHC Volume 5:460).

In August 2004 Ukwazi Nursing School, an independent PNEI applied for permission to place students in Afrox Healthcare facilities for clinical exposure (AHC Volume 5:464). The request was granted under the same conditions that applied to Empilweni Education, Healthnicon and Letjhabile-Libalele Nursing School. The signed agreement allowed Ukwazi School of Nursing to place students at the following hospitals:

Flora Clinic:	20 pupil nursing auxiliaries
	Ten pupil enrolled nurses
Robinson Hospital:	Seven pupil enrolled nurses
Wilgeheuwel:	10 pupil enrolled nurses

Although Afrox Healthcare agreed to accommodate students from Ukwazi School of Nursing, its application was subject to SANC approval. Ukwazi School of Nursing obtained written agreements from mentioned hospitals.

7.2 LIFE NURSING COLLEGE

In January 2005, Life Care Training Centre and Afrox Nursing College merged into one entity following the sale of the health care component of Afrox Oxygen Limited/Afrox Healthcare Limited (AHC Volume 5:469). The newly established company known as Life Health Care Pty (Ltd) consisted of the following components: Life Hospitals, Life Esidimeni, Life Occupational Health, Life Rehabilitation, Life Nursing College, Life Pharmacy Management Services and Life Partnership Group. Life Care Training Centre was part of the Life Care Special Services, which then resorted under Life Esidimeni.

In view of the above, the previous Life Care Training Centre merged with the former Afrox Nursing College and became Life Nursing College. The SANC was requested to transfer clinical facilities previously approved for Life Care Training Centre to Life Nursing College. Life Nursing College then also relocated to the premises of Life Healthcare head office at the first floor, Oxford Manor, 21 Chaplin Road, Illovo. All contact details were submitted to the SANC. Life College of Learning consisted of a School of Nursing with eight learning centres, a Management and Leadership Unit and a School of Health Sciences (Vasuthevan & Fletcher, 2010:34). The diversification of the education and development ensured that all employees within Life Health Care could benefit from training and development initiatives. Dr S Vasuthevan (Vasuthevan & Fletcher, 2010:35) saw this development as one of the biggest achievements.

The SANC informed Life Nursing College that it was illegal to relocate without the new premises being accredited by the SANC (AHC Volume 5:473). However, the SANC placed a moratorium on accreditation visits. The Life Nursing College was requested to submit a

comparative situational analysis indicating whether the new premises offered adequate facilities compared to the old premises. There were also uncertainties from the SANC on the following issues with regard to the merger between Life Care Training Centre and Afrox Nursing College:

- Was Life Care Training Centre going to be closed completely?
- What would happen to present students who had been at Life Care Training Centre since their registration with the SANC under Life Care Training Centre?
- How does the integration affect the approval numbers per intake for Afrox?

The transfer of clinical facilities utilised by Life Care Training Centre could not be transferred to Afrox Nursing College automatically. The Life Nursing College had to apply for approval to utilise those facilities (AHC Volume 5: 475). The information was forwarded to the SANC on March 2006, as requested (AHC Volume 5:478). The SANC still wanted more information regarding programmes and clinical facilities previously approved for Life Care Training Centre (AHC Volume 5:480):

- Actual number of students.
- Clinical placement for each clinical facility.
- Duration of clinical placement of students in clinical facilities that are Health Care Training Centres.
- Impact of numbers of students versus previously approved numbers and programmes for Life Healthcare Group.

The Life Nursing College was requested to clearly indicate existing approvals, the acquired programmes and clinical placement numbers previously allocated to Life Care Training Centre. Again, there was an inquiry from the SANC to furnish them with more information on clinical placement per facility and the utilisation of the facilities by other Institutions (AHC Volume 5:484). They also needed clarity on Bedfordview Learning Centre status as the new Life Nursing College relocated to the premises previously used by Life Care Training Centre. On 13 October 2005, the SANC eventually conducted the accreditation visit for the new physical premises (AHC Volume 5:487).

On 27 May 2005, Life Nursing College applied for the approval of Empangeni Garden Clinic as a clinical facility for the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse, a hospital of Life Healthcare Group (AHC Volume 5:489). The hospital consisted of a total of 113 beds and construction of another 28 beds was in progress to bring the number of beds to 142. It was already approved for the Course leading to Enrolment as a Nursing Auxiliary and the Course leading to Enrolment as Nurse. The hospital management expressed a need for offering the Bridging Course for Enrolled Nurses leading

to Registration as a General Nurse due to the shortage of staff and staff migration. Employees who were selected for the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse were previously sent to Entabeni Nursing School, but it proved to be too expensive. Another problem was that students did not want to return to Empangeni Hospital once they had completed the course, but preferred to stay on in Durban. This resulted in Empangeni Hospital investing large amounts of money in the development of its staff, only to lose them to hospitals in Durban. The SANC responded to the letter on 17 August 2005 indicating that the facility could not be approved due to a moratorium placed on approval of all new schools, sub-campuses, programmes, clinical facilities and change in numbers (AHC Volume 5:492).

Dr S Vasuthevan has also identified the cumbersome processes of registration and accreditation imposed on NEI in South Africa as the biggest challenge for Life Nursing College (Vasuthevan & Fletcher, 2010:39). She is of the opinion that the processes should be streamlined and aligned to augment each other instead of NEI having to go through three different accreditation processes (Vasuthevan & Fletcher, 2010:40).

The view of the SANC on PNEI should also change (Vasuthevan & Fletcher, 2010:40). The SANC as the regulator does not always understand the difference between a hospital-based training provider like the Institutions included in this study and the independent training providers who are not linked to a hospital group. Although a large, often international company with excellent resources supports hospital-based PNEI, they are often put in the same category as independent PNEI. PNEI should be seen as strategic partners to the SANC (Vasuthevan & Fletcher, 2010).

The imposing of a moratorium on PNEI is seen as punitive to private health. Dr S Vasuthevan questions the acceptability and applicability of a moratorium during a period of a nursing crisis. Life Nursing College struggled for 5 years to convince the SANC that this moratorium should be lifted. Such treatment by the regulator is seen as discriminatory. There seems to be two sets of rules, one for public institutions, and one for private institutions. As a member of the SANC, Dr S Vasuthevan fights for the rights of fair treatment to PNEI and the same criteria as applied to public NEI (Vasuthevan & Fletcher, 2010).

PNEI are of the opinion that they are contributing by the training of nurses in the country. The contribution by the private sector actually goes beyond the training in nursing, but also in the sense that it offers support and input to universities and public NEI free of charge. There is a perception that PNEI are only in the business to make money and do not care about

standards. Dr S Vasuthevan indicated that, "The SANC needs to change the way they see PNEI, because they are making a big contribution and that is not sufficiently acknowledged" (Vasuthevan & Fletcher, 2010).

Dr S Vasuthevan's vision for Life Nursing College is becoming a Private University (Vasuthevan & Fletcher, 2010:42). She feels that the new qualifications, as stipulated in the Nursing Act, Act No. 33 of 2005 to be implemented in the future, come with many opportunities for PNEI. Life Nursing College is going to concentrate on training more staff nurses for the national diploma in nursing. They were still considering the possibility to participate in postgraduate diplomas. Once again, these will be driven by business needs and those are areas where Life Healthcare has the biggest need. However, the implications are that existing staff members would have to be assisted to improve their qualifications. According to the requirements of higher education, the educator must have a qualification on a higher level than the one he is presenting. Dr S Vasuthevan expresses her vision as "that some day we in the private sector will join hands and instead of re-inventing the wheel in our small little patches, that we will really pull nursing education together and show the other groups how you can do it right. Because I think what we do have to our benefit is that we have great hospitals. They are the best environment for students to learn" (Vasuthevan & Fletcher, 2010).

The achievements of Life Nursing College lie in the growth and development over years (Vasuthevan & Fletcher, 2010:43). Most of the learning centres started from a one-room facility, often shared with other departments or hidden away at the back of the hospital where no one could find it to fully-fledged NEI. Dr S. Vasuthevan proudly stated: "I am so proud of where we were and what we have achieved. You know we didn't have basics like a desk to work on and for students. In addition, over the years you buy twenty at a time. Twenty desks and twenty chairs and all. In addition, we have really grown. That is why I always say, you know, you must not stay too long, because now I get very sensitive when people say we have nothing. I am like: What? You don't know what nothing is" (Vasuthevan & Fletcher, 2010:44). Another achievement is the focus on our staff development. There has always been a need to develop even though there was resistance. Life Nursing College ensured staff remained updated about changes in legislation, educational approaches and nursing in particular (Vasuthevan & Fletcher, 2010).

Life Nursing College was involved in a number of public private partnerships. These involved training of staff for the Free State provincial government, the Western Cape provincial government and the Limpopo provincial government. The partnership with the HWSETA on learnerships gave the college a boost with regard to the number of students in training.

7.3 SUMMARY

Life Nursing College evolved in a similar way to Mediclinic Limited. It is apparent that changes in legislation shaped the history of both institutions as expected due to the statutory nature of nursing education in South Africa. The history of the two institutions followed a similar path with differences based on the nature and culture of the holding company.

Life Nursing College started out as a small hospital-based school at Entabeni Hospital and developed into a PNEI with a national footprint and international partnerships. It realised the vision of becoming a centre of excellence for all employees within the company, by establishing the Life College of Learning. The Life College of Learning provides development opportunities to different categories of staff with a strong emphasis on leadership and management development.

The visionary leadership of Dr S Vasuthevan was and still is the driving force behind the success of the institution. Dr S Vasuthevan has a passion for nursing and for training and development. She is a well-known and respected leader within the nursing profession.

The contribution made to nursing education by Life Nursing College goes beyond numbers. The quality of educational programmes and their proactive approach need to be acknowledged. Life Nursing College is regarded as a strong leader in nursing education.

CHAPTER SEVEN

THE HISTORY OF GANDHI MANDELA NURSING ACADEMY

7.1 INTRODUCTION



Joint Medical Holdings Ltd. (JMH) is a progressive healthcare organisation. A group of visionary medical practitioners, led by the chairperson, Dr R Bhoola, launched it. The JMH group of hospitals and medical centres is a leading, predominantly black-owned independent hospital group with a record of accomplishment for service excellence and delivery in performance, as well as state-of-the-art health care for all patients. The JMH Group is also committed to adding value to their shareholders, and exercising their social and environmental responsibilities, within the framework and budget of top class customer service. Against this background, the JMH Group is committed to the following milestones:

- To grow the market share
- To solicit higher levels of loyalty from doctors while improving facilities, and
- To deliver exceptional service to all their patients.

The management and staff have pledged to provide patients with quality service every day, everywhere and in everything, they do.

7.2 DATA COLLECTION

The researcher visited the Gandhi Mandela Nursing Academy in Durban to conduct an oral history semi-structured interview (n=1) with the current principal and vice-principal. The principal, although in a different capacity was involved in the establishment of the school since the planning phase up to 2010. The interview was conducted in August 2010 (Appendix S). The same procedure was followed as described in Chapter 3, paragraph 3.2. The researcher had access to the school's archive and files for students who have completed training at the school could be accessed. Copies of correspondence to SANC were also given to the researcher.

The archive file of the Gandhi Mandela Nursing Academy (S 1688) consisted of only one volume (Appendix T). The file contained the original application for accreditation letter dated 30 May 2002. Subsequent correspondence to and from the SANC was filed in chronological order. These were used as primary sources because it was original documents. The signatures on the documents corresponded to that on the copies of documents that was given to the researcher by the principal. The history of the development of the Gandhi Mandela Nursing Academy will be described in this chapter.

7.3 JOINT MEDICAL HOLDINGS

JMH City Hospital used to serve as a clinical facility for the Michaelmas Nursing School. Mrs M Vilakazi was the tutor at Michaelmas Nursing School. Many staff members from the JMH Group enrolled at Michaelmas Nursing School to further their training (Vilakazi, 2010:1).

The directors became interested in opening a nursing school. Dr R Bhoola initiated the project by consulting various stakeholders and collecting information on how to achieve this goal. Ms S Pakkiri was recruited as prospective principal to assist in the process of preparing an application for approval of a nursing school to the SANC. At the time, Ms M Vilakazi was appointed as Nursing Services Manager at Isipingo Hospital in the group and acted as a consultant to Ms S Pakkiri (Vilakazi, 2010).

On 30 May 2002, an application for the approval of a nursing school under the name of JMH Academy of Nursing was submitted to the SANC. The application was for the Course leading to Enrolment as a Nursing Auxiliary (Government Notice R 2176 of November 1993), Course leading to Enrolment as a Nurse (Government Notice R 2175 of November 1993), and the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse (Government Notice R 683 of 16 April 1989). The curricula for the different courses were submitted as well as samples of formative and summative tests with memoranda, timetables, course objectives, situation analyses, disciplinary code, practical evaluation instruments, and an orientation programme.

The staff complement consisted of:

- Ms S Pakkiri registered nurse; registered midwife; nurse educator, nurse administrator (then nursing services manager)
- Ms S Naicker registered nurse; registered midwife; nurse educator; nurse administrator (then clinical facilitator)
- Ms M Mohammed registered nurse; registered midwife; nurse educator, ICU (then ICU registered nurse)
- Ms A Ram registered nurse; registered midwife; nurse educator, nurse administrator (then trauma registered nurse)
- Ms IE Mundhree registered nurse; registered midwife (then clinical accompanist)
- Ms R Jaikaran computer training (then secretary)

A list of equipment and teaching aids was attached to the application. The admission requirement and selection consisted of a matriculation certificate, selection test, and positive monthly appraisals for existing staff members. On 7 June 2002, Ms S Pakkiri requested the

SANC to return the application in total because it was incomplete. The SANC duly returned the documents to Ms S Pakkiri, enclosing copies of Circular 5 of 2000 (Submission of qualifications (in SAQA format) to SAQA) and Circular 2 of 2001 (Criteria for the approval of clinical/additional clinical facilities) as guidelines for the preparation of the application.

A new application was then submitted on 11 June 2002 under the proposed name of JMH Academy of Nursing. The application was for the same courses as above namely Course leading to Enrolment as a Nursing Auxiliary (Government Notice R 2176 of 19 November 1993), Course leading to Enrolment as a Nurse (Government Notice R 2175 of 19 November 1993) and then also Bridging Course for Enrolled Nurses leading to Registration as a General Nurse (Government Notice R 683 of April 1989). The City Hospital and Isipingo Hospital were proposed as clinical facilities.

The SANC gave feedback on the application on 16 August 2002. It was recommended that the curricula be aligned to the SAQA format with regard to programme content and credits, programme objectives, exit level outcomes, associated assessment criteria and critical cross-field outcomes. The number of students per programme and the intended number of intakes per year were also requested. Additional information on the student contract, selection criteria, admission requirements, and academic support for weak students was requested.

Confirmation of the approval of the Course leading to Enrolment as a Nursing Auxiliary and Course leading to Enrolment as a Nurse was received on 5 June 2003. The clinical facilities and placements were as follows:

Table 7.1 Approved clinical facilities for JMH Nursing Academy, June 2003

Clinical Facility	Enrolled Nursing Auxiliary	Enrolled Nurse
City Hospital	24	24
Isipingo Hospital	16	16
Maxwell Clinic	4	4
Durdoc Hospital	6	6

JMH Nursing Academy was informed that they were not allowed to commence training before a site visit to the school as well as the clinical facilities was done. Furthermore, the approval for the Bridging Course was put on hold. The school had to be monitored on the standard of training and performance of students before any other courses would be approved. The SANC conducted the quality assurance visit on 20 June 2003. The recommendation had to be tabled at the education committee meeting, the executive committee of the SANC before the approval could be ratified, and a licence issued.

Ms S Naicker, principal of the school was concerned about the time that had elapsed between the quality assurance visit and the issuing of the licence. There was a group of 40 potential students who had completed the first year of the enrolled nursing course, were unemployed, and wished to commence the second year of training in the enrolled nursing course in August 2003. This would enable these students to be eligible to write the examination in May 2004 having completed 10 months of training. On 7 August 2003, Ms S Naicker informed the SANC that the JMH Nursing Academy was still waiting the issuing of a license. At the same time, she applied for a name change to the Gandhi Mandela Nursing Academy. The physical address of 52 Lorne Street, Durban would remain the same.

The accreditation was further delayed. On 18 September 2003, Dr R Bhoola addressed a letter concerning the accreditation to the Registrar, Ms H Subedar. Dr R Bhoola referred to numerous communications with officers at the SANC without getting a decent response. Dr R Bhoola explained that the company had incurred tremendous costs in purchasing a property for the nursing school valued at R1 000 000.00 with a monthly expenditure on running expenses at none less than R30,000.00. The delay in obtaining the official licence rendered the school unable to enrol students and generate an income. The officials who conducted the site visit indicated that it would take about three months to issue the license, which had not happened until the time of the letter. The explanation was that a new SANC was elected and that no education committee meeting would take place until the new SANC members were inaugurated. Dr R Bhoola requested Ms H Subedar to issue a provisional licence to allow the school to start functioning whilst SANC sorted out its internal issues. The application was finally approved on 26 November 2003 as JMH Nursing Academy. Permission was given to run the Course leading to Enrolment as a Nurse and Course leading to Enrolment as a Nursing Auxiliary. The approved number of intakes per annum was one for each course with 50 students per course and 50 clinical placements to be utilised at the accredited clinical facilities as set out in Table 7.1. The school was requested to notify SANC of the exact date of commencement of the courses.

Immediately on receipt of the accreditation letter, Ms S Naicker reminded the SANC of the application for a name change, dated 7 August 2003. The request was to change the name of the school from JMH Nursing Academy to that of Gandhi Mandela Nursing Academy. A copy of a Cipro certificate bearing the proposed name was attached to the correspondence. Mrs O James, academic advisor at the SANC acknowledged the name change request on 14 January 2004. She explained that the procedure was to first get the initial accreditation finalized under the JMH Nursing Academy and then change the initial name to a new name. Ms S Naicker was informed that SANC did not issue a special licence certificate for NEI but

that the letter of approval served as an authentic document. The SANC was in the process of designing certificates for all NEI that were approved.

7.4 GANDHI MANDELA NURSING ACADEMY

On 15 June 2004, the Gandhi Mandela Nursing Academy applied for a second intake of 50 students for the Course leading to Enrolment as a Nurse (Government Notice R 2175 of 19 November 1993). The JMH Limited group of hospitals used to accommodate students to the sixty students from private schools such as Michaelmas Nursing School, Candlelight Nursing School and Protea Nursing School for clinical placement. The number of licensed beds in the JMH Limited group of hospitals had also increased since February 2004 resulting in increased learning opportunities for students. A situational analysis was completed reflecting the following information:

Principal: Ms S Naicker

Tutor: Ms M Vilakazi

Clinical teaching: Sr Hurrishun; Sr I Peters; Sr V Hunsrajh

Clinical preceptors: City Hospital: Sr F Alley; Sr C Singh; Sr A Naidoo

Isipingo Hospital: Sr M Tshabalala; Sr A Odayar; Sr B Cassim

Durdoc Hospital: Sr H Danisa

Physical facilities and equipment:

Offices: Principal x 1

Secretary x 1

Academic staff X 2

Classrooms: Three classrooms with seating capacity of 50

Clinical simulation laboratory with all the necessary teaching aids

Library with prescribed and reference text books for students use whilst in the nursing college

Resources in the library: Computer with internet access X 2

Photocopier and fax machine

Clinical areas for placements

- City-Maxwell Hospital - 178 beds
- Durdoc Clinic - 50 beds
- Isipingo Hospital -140 beds

The application to increase the number of intakes from one to two per year, consisting of 50 students each, was approved on 27 October 2004.

When the initial application was lodged, the Gandhi Mandela Nursing Academy applied for permission to present the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse (Government Notice R 683 of 16 April 1989). The resolution from the SANC

was that the school had to prove its ability to run the enrolled nursing auxiliary and enrolled nurses course before permission would be given to present the bridging course. The response came from the SANC on 3 March 2004 stating that the curriculum that was submitted before was not approved. The Gandhi Mandela Nursing Academy was advised that an application could be submitted in March 2006. A curriculum for the Bridging Course for Enrolled Nurse leading to Registration as a General Nurse had to be submitted. Further to the situational analysis proof of registration with the DoE as a FET Institution, proof of registration with the South African Revenue Services (SARS) and audited financial statements had to be submitted.

The Gandhi Mandela Nursing Academy applied to the DoE for registration as a FET institution as required by the Further Education and Training Act, No 98 of 1998. The DoE and Umalusi required confirmation of registration with a practice licence number on a formal SANC letterhead. The Gandhi Mandela Nursing Academy also intended to register with the HWSETA as a provider, which also requested proof of accreditation with the SANC. Proof of submission of the FET application of Gandhi Mandela Nursing Academy was submitted to SANC on 14 June 2006.

The Gandhi Mandela Nursing Academy trained nurses in the Course leading to Enrolment as a Nursing Auxiliary since 2003. Enrolled nursing auxiliaries could apply to be admitted to the second year of the Course leading to Enrolment as a Nurse. On 3 March 2005, Gandhi Mandela Nursing Academy applied for permission to have one intake of 30 learners directly into the second year of the Course leading to Enrolment as a Nurse. SANC responded on 14 December 2005 indicating that it had no special approval for once-off provision of programmes. The Gandhi Mandela Nursing Academy had to follow the same accreditation procedure indicating among others an addition of resources to accommodate an additional intake and number of learners. It was agreed that since the Gandhi Mandela Nursing Academy had been approved for 50 students in the programme and the school did not take 50 first year students, the total approved number of 50 times two intakes per year might be taken at second year level, as long as the approved number was not exceeded.

The Gandhi Mandela Nursing Academy enrolled students on a self-funding model. The model implied that students had to pay a tuition fee for training and did not receive a salary for clinical learning in the hospital. On 29 March 2005, a disgruntled parent wrote a letter to SANC complaining that his daughter was enrolled at the Gandhi Mandela Nursing Academy and had written the examination on 24 March 2005. The student was placed at the Durdoc Hospital and City Hospital for clinical learning and had not been remunerated for services rendered. The parent requested SANC to intervene. The SANC response was that it could

not intervene, as this was a labour issue and did not fall in the jurisdiction of the SANC. The parent was advised to seek the assistance of a labour organisation like DENOSA. No follow-up communication on the outcome of the issue could be traced in the file.

Mrs S Pakkiri replaced Ms S Naicker as principal of the Gandhi Mandela Nursing Academy on 1 August 2006. The Gandhi Mandela Nursing Academy expressed interest in lodging an application for approval to present the Diploma in Nursing (General, Psychiatry and Community Health) and Midwifery (Government Notice R425 of 18 February 1988) on 30 August 2006. The motivation was based on the shortage of registered nurses for the JMH group. The JMH group was concerned about safe quality nursing care to the community and patients. The JMH group made use of agency staff to combat the shortage, which undermined the quality drive. Learning opportunities in midwifery would be augmented by a facility where midwife assisted deliveries to members of the community (who did not belong to a medical aid) was rendered, which would provide ample learning opportunities for students in the Four-year Diploma Course.

Unfortunately, the application was submitted when the SANC imposed a moratorium on the approval of new schools and sub-campus of private schools, new programmes, increase of intakes, and increase of student numbers. On 2 August 2006, Ms S Pakkiri submitted an application to offer the Bridging Course for Enrolled Nurses leading to Registration as a General Nurse (Government Notice R 683 of 14 April 1989). The response was again that the moratorium was in place and no applications from private schools would be considered.

As mentioned earlier, the Gandhi Mandela Nursing Academy applied to the DoE of Education and Umalusi for registration. A certificate of accreditation had to be submitted as part of the application. SANC informed the Gandhi Mandela Nursing Academy that certificates were not issued as such and that they were in consultation with Umalusi in that regard. The application was however submitted without the certificate and registration was obtained in 2007, which is beyond the scope of the study. The first graduation ceremony was held in 2006. All the students who completed training between 2003 and 2006 were invited to the first graduation ceremony - in total about 400. Since then the graduation was held annually. The throughput is reflected in Table 7.2.

Table 7.2 Gandhi Mandela Nursing Academy student throughput: 2003 to 2006

Course	Nov 2004	March 2005	July 2005	March 2006
Enrolled Nursing Auxiliary	47	58	50	47
Enrolled Nurse	30	43	34	12

The Gandhi Mandela Nursing Academy maintained a pass rate of above 90% in the Course leading to Enrolment as a Nursing Auxiliary (Government Notice R 2176 of 19 November 1993) for the period of the study. The pass rate for the Course leading to Enrolment as a Nurse (Government Notice R 2175 of 19 November 1993) was also above 90%.

The catchment area for the Gandhi Mandela Nursing Academy was mainly Durban and the outskirts of Durban. The Gandhi Mandela Nursing Academy received a large number of applications from the rural areas of KwaZulu-Natal and the Eastern Cape. It happened that different members of the same family would enrol at the school, one following the other. This is an indication of the trust relationship between client and provider and the trust in the good quality of training provided by the school.

7.5 SUMMARY

The Gandhi Mandela Nursing Academy is a small and young Nursing Education Institution. During the three years of existence, it has doubled its initial number for accredited placements. The staff seems to be passionate about the school and its activities and proud of its achievements within such a short period.

CHAPTER EIGHT

CONTRIBUTIONS OF PNEI IN SOUTH AFRICA (1946–2006): A HISTORICAL PERSPECTIVE

8.1 INTRODUCTION



The previous five chapters gave a comprehensive description of the history of the five PNEI (from 1946 to 2006) included in the study, that is the Gold Fields Nursing College, Netcare Training Academy, the Life Nursing College, the Medi-Clinic Learning Centres and Gandhi Mandela Nursing Academy. The aim of the study was to describe the history of the development of PNEI in South Africa. This aim was achieved and the results were described in Chapters 3 to 7. A further two objectives remain to be addressed, i.e. firstly, the motivation of each of these institutions to establish themselves as PNEI, and secondly, the contribution these PNEI made to nursing education in South Africa. This chapter focuses on the results of these two objectives. However, a short overview of the method of data collection and data analysis will be given, followed by the results.

8.2 DATA COLLECTION AND DATA ANALYSIS

The researcher collected data to answer the research questions in two ways:

- Individual oral history semi-structured interviews with information-rich individuals and narratives written by information-rich individuals
- Tracing of documents relevant to the topic of investigation.

Five PNEI were identified according to the sample criteria and context of the study. The oral history semi-structured interviews were conducted with information-rich individuals with the aim of reconstructing the how, what and when of the PNEI included in the study. The researcher took cognizance of the study of memory and its relation to recall. Openness was ensured in that there were no set standards or rules to the interview. Interviews were conducted with purposefully identified information-rich individuals (n=10) who were directly involved in the PNEI from a historical, developmental or management perspective. Interviews were recorded and transcribed verbatim to ensure accuracy of data for purposes of analysis. In addition and according to the principles of network sampling, additional information-rich individuals (n=13) were identified and interviewed. It was however, difficult to expand the number of information-rich individuals as some of them have passed away.

Since this study applied the historical approach, data was also collected through the study of documents reflecting the development of the PNEI between the periods 1946 to 2006. Fifty primary sources (n=50) and twenty-five secondary sources (n=25) were studied. Primary

sources are classified as documents originating from the period of study whilst secondary sources are produced later by historians studying that earlier period and making use of the primary sources (Marwick, 2001:156). Fifty files on the five PNEI (n=50) were drawn from the archive of the SANC. The SANC is the regulator of nursing education and NEI in South Africa. All correspondence between NEI and the SANC are kept on record at the offices of the SANC in Pretoria, South Africa. Individual NEI also keep copies of correspondence to and from the SANC on file. Original, hand written documents (n=8) of which only one copy each is available were found in first volumes of Gold Fields Nursing College, St Augustine's Hospital as part of Netcare Training Academy and Entabeni Hospital as part of the Life College of Learning. Primary sources were used because it was easily accessible. Secondary sources were used to augment data and for authentication and verification of data.

Documents such as business and strategic plans, accreditation and re-accreditation records, minutes of meetings, protocols, standard operating procedures and policies, student registration and academic records and examination results were explored. Internal documents include correspondence to staff and students, memoranda, circulars, minutes of meetings. External documents included official correspondence to SANC, affiliated HEI and other relevant institutions. External documents were extended to correspondence received from external role players. These documents were traced by means of archive searches of the identified institutions.

Specific events were also included in the study. Primary events are those directly witnessed by the researcher whilst secondary events are those reported by others. The researcher was able to obtain data on primary events, as the researcher was the principal of the Gold Fields Nursing College for more than ten years. Certain sections of the data obtained on the other three PNEI were also primary events as the interviewees were employed at the PNEI during the period 1946 . 2006. Informed consent was obtained from all participants. Permission was obtained to record and transcribe the interview and to refer to the participant as a source of reference.

Data analysis was done by means of narrative analysis and document analysis. Narratives in the human sciences is defined as discourses with a clear sequential order that connect events in a meaningful way for a definite audience and thus offer insights about the world and/or people's experiences of it+ (Hinchman & Hinchman, 1997:xvi). Oral history semi-structured interviews (n=11) were transcribed and ordered in a chronological meaningful way in instances where the interviewee's recall of events and incidents were not naturally arranged in that way.

Document analysis was done by authenticating each document in terms of the author, place and date of writing. The authors of the documents could be linked to the data obtained in interviews as well as other documents, which confirmed that a certain individual was appointed in a certain position for a certain period. The researcher identified a chain of documents in all the files that were studied in the sense that the PNEI would respond on written communication from the SANC and vice versa. Documents also carried a reference number linking it to a specific PNEI, and most correspondence was written on a distinctive company letterhead and stationary and bore an official stamp of the institution. To ensure reliability, the narratives of interviewees were compared to determine the periods and chronology of events, and were compared to information found in documents relevant to the period. Validity was ensured by allowing the interviewee to set the pattern for timing, sequence and context of topics discussed.

The services of an experienced qualitative researcher were used as co-coder to assist the researcher with data analysis. The analysis was based on a series of interventions:

- The researcher and co-coder analyzed the data independently
- Themes and sub-themes were identified
- A consensus discussion was held between the researcher and co-coder to compare the identified themes and sub-themes; and
- Recurrent themes were identified from the interviews, archived files and other relevant documents.

Although the purpose of this analysis was on the contribution of PNEI and their motivation for becoming a PNEI, the researcher and co-coder also decided to include the similarities between the PNEI, as it was a central theme that emerged during the data analysis. The results will now be presented.

The data obtained on the historic development of the PNEI, was described in detail in Chapters 3 to 7 of the study. Each chapter dealt with a specific PNEI. The results of these chapters will be presented in the following format:

- Summary of the similarities between the development of PNEI.
- Contributions to nursing education and motivation for involvement.

8.2.1 SIMILARITIES BETWEEN THE DEVELOPMENT OF THE GOLD FIELDS NURSING COLLEGE, NETCARE TRAINING ACADEMY, LIFE NURSING COLLEGE, MEDI-CLINIC LEARNING CENTRES AND GANDHI MANDELA NURSING ACADEMY

Although there were distinct individual differences in the history of the development of the five PNEI in the study, a number of similarities were also identified. The differences were based on the development of the holding company and the effects thereof on the particular PNEI within the company. The similarities followed the same path to a certain extent, in that the SANC as the regulatory body dictated it. Nursing education in South Africa is regulated by legislation. Any changes in nursing related legislation or those ratified by the SANC caused a ripple effect into all PNEI.

The similarities identified are in relation to accreditation as a PNEI with the SANC, the types of programmes presented at each PNEI, alignment of course material to SAQA requirements and outcomes-based education approach, compliance with legislation for FET registration and acquisition of additional hospital nursing schools as part of a business transaction.

All PNEI had to comply with SANC requirements for accreditation, as this is a pre-requisite for operation as a PNEI. The process was easier in the early years, from 1946 to 1990. Applications for accreditation were handled efficiently and in some cases accreditation was obtained by default. Since 1990, the process became more cumbersome. On the one hand, the requirements for accreditation became stricter and on the other hand, the systems and inefficiencies at the SANC delayed the process.

The types of programmes presented by the PNEI included in the study were the same throughout the different time spans. The SANC issued the regulations and this dictated changes, introduction of new programmes, the duration, content and clinical component of each programme. PNEI that did not comply with these would not be having been allowed to continue training of nurses. This is relevant for basic and postgraduate programmes, with the exception of the short courses that were exempted from this SANC regulation after 1999.

Alignment of course material to SAQA requirements and the outcomes-based education approach were linked to legislative changes in the education field in South Africa. All PNEI were obliged to align programme material and the education approach to that required by the DoE.

All PNEI were required by law to register as private FET institutions. This process started towards the end of the period covered by the study, but all PNEI complied with this at the time of data collection, which happened in 2010. Some PNEI had already embarked on the process of obtaining registration as HEI.

Acquisition of additional hospital nursing schools as part of a business transaction or merger between companies was found in four of the five PNEI included in the study. These transactions allowed for growth within the company as well as expansion of the client base, internally and externally, of the PNEI. The result of mergers and acquisitions were not always positive but the PNEI found ways to survive in spite of unfavorable circumstances. It also facilitated growth in the PNEI, which resulted in an increased throughput. This affected positively on the contribution made by PNEI on nursing education in South Africa between 1946 and 2006.

The above-mentioned are the most prominent similarities identified between the five PNEI included in the study. A short comparison of all similarities between the development of the five PNEI included in the study is displayed in Table 8.1.

Table 8.1 Similarities between the development of PNEI included in the study

ACHIEVEMENT	GOLD FIELDS NURSING COLLEGE	NETCARE TRAINING ACADEMY	LIFE NURSING COLLEGE	MEDI-CLINIC	GANDHI MANDELA NURSING ACADEMY
Established as hospital based nursing school / independent nursing education institution	<ul style="list-style-type: none"> 1945 - Simmer and Jack Native Hospital School 	<ul style="list-style-type: none"> 1951 - St Augustine Hospital 	<ul style="list-style-type: none"> 1946 - Entabeni Hospital 1986 - Johannesburg School of Nursing 	<ul style="list-style-type: none"> 1974 - Louis Leipoldt Hospital 1974 - Sandton Medi-Clinic 	<ul style="list-style-type: none"> 2003 - JMH Nursing Academy
Name changes over the period of the study	<ul style="list-style-type: none"> Gold Fields Bantu Male Nurses School Gold Fields Nursing College 	<ul style="list-style-type: none"> Clinic Holdings Education Division Netcare Training Academy 	<ul style="list-style-type: none"> Afrox School of Nursing Afrox Nursing College Life Nursing College 	<ul style="list-style-type: none"> Sandton Clinic Hospital School Hydromed Hospital School Medi-Clinic Learning Centre Curamed 	<ul style="list-style-type: none"> Gandhi Mandela Nursing Academy
Merger/acquiring of companies/hospital based nursing schools	<ul style="list-style-type: none"> 1958 - four hospital schools merged 	1989: <ul style="list-style-type: none"> Green Acres- Milpark- Krugersdorp Private- Jacaranda- Chris Barnard Memorial Hospital 	<ul style="list-style-type: none"> 1983 Amalgamated Medical Services 1989 Afrox Health Care 1997 Life Health Care 	<ul style="list-style-type: none"> 1995 Hydromed Holding 1997 Limpopo Learning Centre 1998 Hospiplan . Nelspruit Private Hospital 2002 Curamed 	
Approved for Diploma in General Nursing	<ul style="list-style-type: none"> 1958 - 12 White Males 1969 Black males 	<ul style="list-style-type: none"> 1958 	<ul style="list-style-type: none"> 1958 		

Table 8.1 Similarities between the development of PNEI included in the study

ACHIEVEMENT	GOLD FIELDS NURSING COLLEGE	NETCARE TRAINING ACADEMY	LIFE NURSING COLLEGE	MEDI-CLINIC	GANDHI MANDELA NURSING ACADEMY
	<ul style="list-style-type: none"> • 1984 White and Black Males 				
Approved for training of Assistant Nurses	<ul style="list-style-type: none"> • 1970 Black males • 1981 Black females 	<ul style="list-style-type: none"> • 1954 	<ul style="list-style-type: none"> • 1989 	<ul style="list-style-type: none"> • 1974 	
Course leading to Enrolment as a Nursing Auxiliary (R2176 of November 1993)		<ul style="list-style-type: none"> • 1994 	<ul style="list-style-type: none"> • 1996 	<ul style="list-style-type: none"> • 1998 	<ul style="list-style-type: none"> • 2003
Course leading to Enrolment as a Nurse (R2175 of November 1993)	<ul style="list-style-type: none"> • August 1996 	<ul style="list-style-type: none"> • 1996 	<ul style="list-style-type: none"> • 1996 	<ul style="list-style-type: none"> • 1996 	<ul style="list-style-type: none"> • 2003
Diploma in Nursing: (General, Psychiatry and Community Health) and Midwifery (R425 of February 1985)	<ul style="list-style-type: none"> • 1991 		<ul style="list-style-type: none"> • 10 December 2004 (provisional) 		
Bridging Course for Enrolled Nurse leading to Registration as a General Nurse (R683 of April 1989)	<ul style="list-style-type: none"> • 2 March 1990 	<ul style="list-style-type: none"> • 1989 	<ul style="list-style-type: none"> • 1989 	<ul style="list-style-type: none"> • 1994 	
Accreditation as institution for training of males and females	<ul style="list-style-type: none"> • 1987 				
Approved for postgraduate courses	<ul style="list-style-type: none"> • 1994- R276 Community Nursing 	<ul style="list-style-type: none"> • R212 Critical Care Nursing 	<ul style="list-style-type: none"> • 1989-R212 Operating Theatre Nursing 	<ul style="list-style-type: none"> • 1987-R212 Operating Theatre Nursing 	

Table 8.1 Similarities between the development of PNEI included in the study

ACHIEVEMENT	GOLD FIELDS NURSING COLLEGE	NETCARE TRAINING ACADEMY	LIFE NURSING COLLEGE	MEDI-CLINIC	GANDHI MANDELA NURSING ACADEMY
	<ul style="list-style-type: none"> • 1994- R 212 Operating Theatre Nursing • 1996- R 212 Primary Health Care Facilitators 	<ul style="list-style-type: none"> • Trauma Nursing • Operating Theatre Nursing • Various others 	<ul style="list-style-type: none"> • 1989- Intensive Care Nursing 	<ul style="list-style-type: none"> • Intensive Care • Various others 	
Obtained College Status	<ul style="list-style-type: none"> • 5 November 1987 	<ul style="list-style-type: none"> • 1998 	<ul style="list-style-type: none"> • 1 November 1998 		
Affiliation with University	<ul style="list-style-type: none"> • 1987 • PU for CHE/NWU 	<ul style="list-style-type: none"> • 1998 • Rand Afrikaans University 	<ul style="list-style-type: none"> • 1 April 1999 University of Port Elizabeth/NMMU 	<ul style="list-style-type: none"> • UNISA • RAU 	
First Graduation Ceremony	<ul style="list-style-type: none"> • 1995 	<ul style="list-style-type: none"> • 2000 	<ul style="list-style-type: none"> • 1998 	<ul style="list-style-type: none"> • 1999 	<ul style="list-style-type: none"> • 2004
Approval of sub-campus		<ul style="list-style-type: none"> • 1998 			
Accreditation of independent learning sites		<ul style="list-style-type: none"> • 1998 Cape Town • 1999 KwaZulu-Natal • 2003 Eastern Cape • Gauteng • Pretoria 		<ul style="list-style-type: none"> • Medi-Clinic Learning Centre • Sandton Learning Centre • Bloemfontein Learning Centre • Nelspruit Learning Centre • Limpopo Learning Centre 	

Table 8.1 Similarities between the development of PNEI included in the study

ACHIEVEMENT	GOLD FIELDS NURSING COLLEGE	NETCARE TRAINING ACADEMY	LIFE NURSING COLLEGE	MEDI-CLINIC	GANDHI MANDELA NURSING ACADEMY
				• Curamed Learning Centre	
Courses aligned to SAQA requirements	• 2000	• 2000	• 2000	• 2000	• 2003
HWSETA Learnerships	• 2006	• 2003	• 2000	• 2003	• 2004
FET Registration	• 2006 (Pending)	• 2006 (Pending)	• 2006 (Pending)	• 2006 (Pending)	• 2006 (Pending)
Umalusi Registration	• 2006 (Pending)	• 2006 (Pending)	• 2006 (Pending)	• 2006 (Pending)	• 2006 (Pending)
CHE Registration	• 2006 (Pending)	• 2006 (Pending)	• 2006		

The motivation for involvement and contributions to nursing education will be discussed in the next section.

8.2.2 MOTIVATION FOR INVOLVEMENT AND CONTRIBUTIONS TO NURSING EDUCATION

Although each PNEI is independent and autonomous and a subsidiary or department of a bigger holding company, certain recurrent themes were identified from the data. These themes answered the research question:

Which factors contributed to the establishment of PNEI in South Africa?

The broad recurrent themes are the following:

- Motivation for involvement
 - Reasons for existence
 - Sense of pride
- Contributions to nursing education
 - Visionary leadership
 - Monitoring and evaluation of quality education valued
 - Challenges regarding supervision and management
 - Collaboration with stakeholders
 - A journey of growth
 - Growth in numbers

Each of these results will be discussed in detail in the next section.

8.2.2.1 MOTIVATION FOR INVOLVEMENT

Private hospitals are profit driven business entities and focus on the core business. The core business of private hospitals is patient care. It is quite unusual to find NEI in a private hospital setting. The reasons for existence and motivation for involvement were explored in the study and the results will be described in the next section.

8.2.2.1.1 REASONS FOR EXISTENCE

The motivation for the establishment and existence of the PNEI included in the study is based on a *vision by the management to train nurses*. All five nursing education institutions are linked to a specific private hospital group who realized that nurses are the most important cadre of health professionals employed by them. This is reflected in the statements by interviewees (Some interviews were conducted in Afrikaans. A short translation is given in brackets and in blue font colour):

“So, as the hospitals were coming together, they felt a need to train their own nurses. And then they got a very big acquisition through PresMed group. And then they acquired a nursing school with that group which kind of reinforced it. But I just must say that from a business point of view, I mean already then they had a vision for wanting to educate their own nurses.”

Another participant stated the following:

“... in 1997. Hulle het natuurlik hierdie behoefte gesien vir opleiding en dat die moontlikheid daar is en dat ook die kliniese fasiliteite voldoende is, jy weet, opleiding situasies en ons het begin met... jy weet, Sandton Kliniek; Sandton Medi Clinic het aanvanklik begin met verpleegopleiding, die heel eerste assistent verpleegopleiding. En toe't ons nou hier in die Kaap begin met verpleegopleiding...” (in 1997. They obviously saw the need for training and that the clinical facilities met the requirements for training and then we started, you know, with Sandton Clinic; Sandton Medi-Clinic started with the training of assistant nurses first. And then we here in the Cape followed).

“Basically, the motivation of that was basically to provide the ... training for the nurses ja, for the company for that time that was the reason and they concentrated more on them because at that point it was only males, that's what was happening.”

“Nursing: the development in the area of nursing training was in harmony of Clinic Holdings Mission...the role of the private sector was seen as complementary to these...”

“If you think of it, they started educating nurses even before we established a nursing function in this company. And for me that show that the business leaders at the time already had a vision for us, you know a vision for education of nurses”

Private Hospitals **identified a need for training of nurses** based on investigations into the profession by various commissions, i.e. the Roux Commission, the Van Wyk Commission and the Mount Grace Commission. The recommendation was for the SANC to explore the possibility of engaging with the private hospitals groups with regard to education of nurses and to encourage public private partnerships. *Based on recommendations from the various commissions and reports and the admission the top management of Clinic Holdings decided during 1998 that there's a need to contribute to the national needs of private training.”*

“Once again driven by business needs, those are the areas where we have biggest need. And we feel if we just focus on that, that’s where we will be able to meet the resourcing needs of our company.”

Training of nurses became a **strategic issue** in overall business planning and operational management. The core business of private hospitals is patient care. Without sufficient numbers of suitably qualified nurses, the hospitals would not be able to deliver quality patient care. Although private hospitals are profit-driven, they are not prepared to sacrifice on quality:

“If you think of it, they started educating nurses even before we established a nursing function in this company.”

“That’s our vision for where we want to be in 2012 in terms of our accreditation. Therefore, we will be working on that. But obviously that requires planning.”

Private Hospitals were blamed for **“stealing nurses”** from the public sector and thus depleting the dwindling number of nurses in the public sector. The main producer of nurses used to be the public sector as all training of registered nurses resorted under the public nursing colleges and universities. The promulgation of the regulations for the Bridging Course leading to Registration as a General Nurse kick-started a new era in nursing education by the PNEI.

“They were not going to sit back and say we are going to get nurses from the public sector; they wanted to train their own...”

“Once again driven by business needs, those are the areas where we have biggest need. And if we, we feel if we just focus on that that’s where we will be able to meet the resourcing needs of our company.”

“They used to draw from the government which was to their disadvantage. So we applied for our own school.”

Private Hospitals embarked on initiatives to **develop own staff as nurses** and thus retain a well trained and experienced staff corps. The development of the nurses in the service of the company was seen as a retainer and also an incentive for serving the company over a number of years. The private hospital groups also realized that they would only be able to satisfy their own staffing needs by training and developing the nurses in their service.

“...but it was with the advent of the Bridging Course that they decided to start their nursing school. Because they had a lot of nurses, at the Princess especially that were from the UK...”

“...but, but it didn't necessarily mean when they were recruited for training, there were other taken from their own employees...”

“...Ja as jy dink aan Peter Sauls, hy was 'n portier in teater en hy het op die ou end die 'post graduate' teater diploma by my gedoen... en hy is in Australië op die oomblik...” (Yes, if you recall Peter Sauls who was a porter in the theatre and he eventually completed a post graduate Diploma in Operating Theatre Nursing...he is now working in Australia”)

“It also means that we have to look at our own staff. Because to give a ... do a postgraduate diploma it means that you must have a Master's (degree) in that area and we don't, we still working on that, whether our staff will all meet that and how will we mitigate that kind of risk where you have a great nurse educator, she is a specialist, but she doesn't have the higher qualification, so what do you do?”

“...and we have always focused on our staff development. That has always been something, irrespective of how small or how big we were. I always said that they need to be developed. And there is a crowd who has always been resisting. We used to bring them up once a year and we used to work until 8 o'clock at night. Oh, they hated it; they hated it with a passion.”

Private Hospitals view nursing training as part **of their social responsibility** to ensure quality service and care to the communities they serve and to support government initiatives. The private hospital groups have always been known to give back to the community and ensure that the quality of care is acceptable to the expectation of the patients.

“...al ons studente word werknemers van die maatskappy. Hulle kry ook 'n salaris en hulle is ook 'n pos gewaarborg, binne die maatskappy wanneer hulle klaar is.” (All our students become employees of the company. They receive a salary and they are guaranteed a post within the company on completion of the course.)

“...they were getting a salary they were treated as employees they've got medical funds uh and they contribute to the uh...pension fund, they have stayed in the mine accommodation and they have been transported from there.”

“... then we see the Nursing Education Association (NEA) as our social responsibility as well. Because we give up of our time, our efforts. NEA operates out of this building, or for now. All the printing happens from here. Mailing, all the secretarial services, everything happens for NEA. So, that’s what we do.”

8.2.2.1.2 SENSE OF PRIDE

A common trait that could be followed like a golden thread in all the PNEI included in the study is a sense of pride. College and campus managers basked in the opportunity to share the achievements of the institutions they were representing with the researcher. The pride taken in the work that they do and the achievements was interpreted as a motivation for the existence of the PNEI and involvement in nursing education:

“I have been here now for 9 years in the college, I am so proud of where we were and what we have achieved. You know we didn’t have basics like a desk to work on and for students. And over the years you buy 20 at a time. 20 desks and 20 chairs and all. And we have really grown. And that is why I always say, you know, you mustn’t stay too long because now I get very sensitive when people say we have got nothing. I am like: what? You don’t know what nothing is. This is what we have achieved over the years by just asking people, working with people. And now you say we have nothing! I want to kill you! Get out of here! You get sensitive about what you won”

At last we got our own facilities in 2003 when a new office block was constructed, we had 12 offices for the tutors and three classrooms We had the 60th anniversary in 2006. And it was attended by the CEO and others from head office and people like Steve Terblanche and Mr Mpho, Mr Ndlovu who were students of the college.”

Obtaining of **college status** is seen as an important achievement. College status was regarded more prestigious than being a nursing school. The difference between a college and a nursing school lies in the type of courses and is based on an affiliation agreement with a university or HEI.

“ I think also it is being...the achievement of moving from being a nursing school to being a college; it’s one of the biggest achievements. And looking at the same time, Gold Fields is the first private nursing college in SA. That is one of the achievements.”

“...and we also applied for the four year programme. And did all our accreditation and had everything done. And we still have the letter from SANC where it was said that it was approved pending our CHE approval. And then when we got CHE approval in 2006 or 2007,

and we sent that letter to SANC, then they just decided they are going to keep quiet about it. After so much pain. So we actually have SANC to thank that we have CHE accreditation. Because they pushed us into that direction. But we did a lot of work on that. We even took a batch of students, bright students that we were going to fast track on this four year programme.”

Academic achievement and graduation of students reflect on job satisfaction and sense of purpose. From the data, it is clear that graduation ceremonies mean a lot to the staff of the NEI. Comparison of results with other institutions and with the national results is common practice. Success is measured against the achievement of students based on average pass rate, number of distinctions and pass with honors. Teaching staff measure their own performance against the results obtained by students. Student performance and satisfaction is key to the level of job satisfaction experienced by the staff.

“...our graduations, we used to have two graduations per year one was over here in Jo'burg (Johannesburg) and one was in Durban. In Jo'burg, everyone from Bloemfontein upwards had to graduate in Jo'burg. Then we go to Durban. We were also in charge of it. Then we had to fly students and staff from Cape Town, Port Elizabeth and East London to come to Durban. And everything was done centrally.”

PNEI are **sensitive regarding feedback on quality** education and reputation. It is important for teaching staff to maintain a high standard in the training of students. Tutors take pride in getting positive feedback from clinical facilities and other stakeholders in terms of the conduct and behavior of students. The professional impression made by students is regarded as an asset. The positive experience of the student means that they will refer prospective students to the institution, which plays an important role in marketing of the institution.

“...ek moet sê, wat nogal 'n algemene tendens is van jou privaat instansies se student is die terugvoer wat 'n mens kry. Dis oor die algemeen baie meer positief”. (I must say, a general tendency with private students is that you get more positive feedback.)

Nursing Education Institutions have a **sense of social responsibility**. Teaching staff put a high value to community outreach projects. Students are encouraged to take part in various community projects. The PNEI is often the social responsibility flagship of the holding company. Social responsibility is also seen as giving members of the community at large the opportunity to access education and create a better future for themselves as well as the

family. This then also supports government initiatives to alleviate poverty and wipe out unemployment.

“...ag ja, we can say Rudo Home Based Care. And it is still going and it is still looking good. The foundation of it. It was already...somebody had the passion to start it, but when the college got involved, they started getting them funding from the government and got the community involved. Uh, so I think for the foundation of them.”

“Ja I think also with the involvement of it, we did we mention it? Whereby the Eastern Cape, TEBA? ... Because there was training provided by Gold Fields on the home based care if I remember correctly...”

“dis net die Phelophepa trein⁴⁹, hy kom nou nie hierheen nie maar die ... en Curamed ...hulle neem deel aan daai projek” (It is only the Phelophepa Train, it does not come to this area but Curamed, they support the project.)

...” en dan het ons aan die begin van die jaar gehelp by Stellenbosch Universiteit met ’n HIV projek, wat hulle twee tot drie dae, lyk my van die publiek getoets het en berading, wat ons studente gegee het om te gaan help met die bloed trek en toetse”. (In the beginning of the year we assisted with an HIV project at Stellenbosch University for two days. They assisted with counselling and taking of blood specimens.)

“Meeste van die hospitale neem ook skoolkinders in vir “shadow nursing”, om te kyk is hulle belangstelling in verpleging, om te kyk is dit wat hulle wil doen. Dan gaan werk hulle nou in ’n hospitaal vir ’n paar dae...wat hulle nou net “shadow” doen, jy weet om te kyk, is dit wat ek wil doen of nie.” (Most of the hospitals accept school children to shadow nursing to determine if they have an interest in nursing and to make sure that this is the career that they want to qualify in. They work in the hospital for a few days, you know, just watching and to get an understanding of the profession.)

8.2.2.2 CONTRIBUTIONS TO NURSING EDUCATION

One of the research objectives was to determine the contribution of PNEI to nursing education in South Africa. Contributions were made by means of visionary leadership, monitoring and evaluation of quality education, dealing with CHALLENGES REGARDING supervision and management, collaboration with stakeholders, a journey of growth and growth in numbers. Each of these will be discussed in the next part of this chapter.

⁴⁹ A mobile clinic housed in a train that delivers medical care to remote parts of South Africa; in some of the country’s rural areas, there is just one doctor for every 4 000 patients.

8.2.2.2.1 VISIONARY LEADERSHIP

Managers of PNEI and nurse educators were known to be great leaders and managers.

Visionary leadership mapped the development path of the PNEI in that they initiated sustainable projects. The guidance of great leaders guaranteed the survival and future of some of the PNEI. It also gave direction as to where the energy should be focused to stay ahead of the competition.

"I think you have already mentioned one of the reasons, which is basically the passion from the people who were here, who tried everything to make sure that the college basically survives."

'...and I think also the motivation of the tutors at the same time, because if...despite all the troubles or all the problems they don't ... because if it was in other institutions I believe people would resign and say: 'I am just going'. So I think they were really passionate and motivated to say: 'We will remain here until we know exactly what to do with the learners' and all that."

"...be able to give you management's thinking at the time, is Brian Davidson. and Josie...but Brian especially because he was very instrumental in starting, getting the infrastructure, etc, you know, uhm, uhm...made the infrastructure available for the nursing school."

"dit was inteendeel baie vooruitdenkend teenoor wat die geval was by ander kolleges. Want by die ander kolleges was dit suiwer net die vier-jarige kursus wat onder die ooreenkomste gedek was, en was hierdie ander kursusse, het die Raad daai kontrole behou. So daai inskakeling van die gehalte kontrole van daai na basiese kursusse was 'n vooruitdenkende skuif." (It was actually very forward thinking in comparison with the other colleges. At the other colleges, only the four year course was covered by the agreement, and the postgraduate courses were monitored by the SANC. So the incorporation of quality control of postgraduate courses was very forward thinking.)

"Jy weet sy's 'n "go-getter" gewees en sy, uhm, jong sy's 'n drywer. Uhm in haar bestuurstyl ook, jy weet. Sy't regtig, sy't dinge laat gebeur, jy weet... en vat nie nee vir 'n antwoord nie, jy weet daai tipe van ding. Sy was regtig ...en sy's pro opleiding gewees, jy weet vir die maatskappy. Regtig waar". (You know, she was a go getter and she was a motivator. Her management style was energetic, she made things happen...and would not take no for an

answer, you know, that type of thing. She was really positive towards training for the company.)

Leaders and managers had **good previous experience and expertise** in curriculum development and accreditation of schools and clinical facilities. This is an important attribute, as all activities at the level of the PNEI had to be accredited by the SANC and other governing bodies. Sound knowledge on accreditation and curriculum development smoothed the process of getting new courses accredited and facilities approved.

“...and Marietjie knew the information. She was recruited from the SANC to get the college going, the Afrox School of Nursing. She facilitated an agreement with NMMU.”

“Olga was a real visionary and she knew how to get things done. She had good contacts at SANC who gave advice on curriculum development and so on. She had a compelling personality. She put a high premium on professionalism...I remember her always saying: ‘Not negotiable’...”

“I came from Province, I joined Afrox in 1990, The Afrox School of Nursing and I think it was in 1999, because then Pres-Med, which was also private hospital group, they wanted to open a nursing school and then I went and I opened their nursing school. I was with Pres-Med for three months when we were told that Afrox was going to buy PresMed.”

“Because I was from Michaelmas, and I was from government, and it was like: Oh, you again! Where will we find you, every five years you are moving. Because it was like that, every five years I was actually moving.”

“Do you know how many times you were inspected, they said. Even Sakhisiswe, I went to Sakhisiswe and indirectly, they said something was, the similar pattern about the way that school worked until we had to ask the principal, so who was mentoring you? You can’t be up to the T so much being the first time. And then your name came up. It was my friend, I had to help her, I said.”

Motivation of staff and **encouraging** students. The leadership of the PNEI managed to keep the staff focused on the outcome and encourage them to keep going, even though times were tough and uncertain.

“And then she motivated me to do education. Because I was to do admin and community with UNISA. She said: No, Arthur, you’ve got qualities as an educator. So I have done

UNISA at that time, it was the main reason. The when I was in, I had some second year courses finished, Mrs Lowe was to leave, then there was a vacancy for a tutor. Though I was not qualified that time, they took me to be at the college”.

8.2.2.2 MONITORING AND EVALUATION OF QUALITY EDUCATION

Monitoring and evaluation as part of quality assurance is deemed very important. The SANC is acknowledged as the **regulator and Education and Training Quality Assurer**. The role of SANC as quality assurer was highly respected during the early years. There seemed to be a decline in the value attached to the role of SANC during periods where SANC was struggling to meet the needs of its clients, schools and nurses alike. PNEI expressed a sense of ownership in that they informed SANC of issues that could pose a threat to the quality of training as well as the image of the profession.

“ Uhm. I think the Nursing Council needs to change the way they see privates. Because privates are slow... they are making a big contribution and that is not sufficiently acknowledged.”

“...the whole thing with the Nursing Council where the regulator doesn't always understand, and once again it speaks to what we said earlier, the difference between a hospital-based training provider like ourselves and the independent training provider, you know nursing schools”.

“So...finally, we prepared everything, everything was there and we had set the scenario for SANC to come and inspect and they came...”

“I think it took about twelve months...I think I because...almost twelve months. Not exactly twelve months, but almost twelve months, because uh... like June-July we were like waiting for them to come and inspect and they were not giving us the month and the application has gone through and then they gave us the date and uh I think the first sitting, their first meeting must have been in September, where they said yeh yeh to us.”

The **quality focus** led to improvement in nursing education and administration and management of PNEI.

“... uhm. Word of mouth. I think a lot of them, what is mentioned by a lot of learners, they do actually come for the quality. They don't come, the amount because we tried to look at the

prices. We found that we are not cheaper than all of the colleges but I think from what they have seen from their colleagues, that is why they prefer to come this side.”

“My belewenis altyd van die kollege was, dis omdat die studente so min was, omdat so ’n klein struktuur en sisteem was, was die gehalte van opleiding wat gebied was by die kolleges van die hoogste gehalte. Dit was by uitstek, omdat ek kon vergelyk het ook met die ander Kolleges, en weet jy ook dat verskeie kere ook dan nou gepraat het oor hoe Gold Fields my trots was, en uhm, en die gehalte opleiding, so dit was, ek dink, regtig ’n groot verlies toe daai gehalte opleiding uitfaseer het”. (My perception of the college was, because the students were few, and because of the small structure and systems, the quality of training was exceptionally good. I could compare it with other colleges. And you know how proud I was of Gold Fields, and the quality of training. So, I think it was a great loss when the four year course was phased out.)

“Ek sal sê eerstens die keuringsproses. Dat ons regtig gaan kyk, is dit ’n geskikte kandidaat, wil hulle regtig verpleging kom doen, en dan is dit ook ons personeel. Die dosente is regtig baie goed opgelei en toegerus.” (I, must say, the selection process. We really try to find the most suitable candidates. Do they really want to become nurses? And then our staff...the lecturers are really good, well trained and competent.)

“...ons slaagsyfer is baie goed. Ons het ’n druipsyfer ja, maar is minimaal. Persentasie gewys baie min...ek sal sê ons het ’n 90% slaagsyfer...” (Our pass rate is very good. We do have a failure rate, but is very small. Percentage wise, I would say we maintain a 90% pass rate.)

“We have to do summative (assessment) and re-teach and then do learner support, because it’s like...uh, you can’t say you’re finished, because they have finished the curriculum. You must give back that now, so that we can do formal assessment after the sixth or seventh month. Because you can’t do formal assessment during the...they still finding their way in the wards. And with whatever work you give them and with whatever was demonstrated to them. So during that time, it’s accompaniment, contact day, accompaniment, contact day...”

“We know schools that are not fly-by-nights⁵⁰, but their products, you wouldn’t take them, and you wouldn’t take your daughter there, because you know what is happening...the word goes around...”

⁵⁰ Illegal NEI are commonly known as Fly-by-night schools

The SANC has a **negative perception** of PNEI. There is a perception that the SANC is negative towards all PNEI. The institutions included in the study are all linked to a private hospital group and prefer to be referred to as hospital based PNEI. There should be a distinction between independent PNEI and hospital based PNEI. There is also a perception that the contribution made by these hospital based PNEI is not recognised by SANC.

“But in SANC eyes, there seems to be a level of discrimination. And it’s always attached to the fact that privates make money and privates train their students and I don’t know what. And I feel that for me, if we can get that mindset to change...”

“ Uhm. I think the Nursing Council needs to change the way they see privates. Because privates are slow... they are making a big contribution and that is not sufficiently acknowledged.”

All the PNEI saw the biggest challenge they are facing as the systems and cumbersome processes at the SANC.

“...I am sure there isn’t one school who can say that they never were in trouble with the nursing council for something, you know ...”

“Ja. I agree. I want to almost add, I think the systems at Council are also a bit of a challenge when it comes to student records and you end up with problems as a result of very slow systems at council. But I am not sure if that is fair because I understand that they are busy jacking them up. So...”

“I have to tell you, I am on that permanent campaign at SANC. I actually punish them now for the publics that are left through. I say no, I am not going to let that through. I am objecting and I want my objections to be noted. Because just now we had a private, say asking for the same thing and we said no. So how can we have double standards?”

“...nuwe programme wat goedgekeur moet word... en dan is daar natuurlik die studie gidse en al daai...kyk ons het gekurrikuleer vir die nuwe kwalifikasies voor die nuwe NQF wet uitgekom het, en is by SAQA gelys as aanbieders vir die Auxiliary kursus en vir die Diploma en die nagraadse kursusse, maar is dit natuurlik nie in lyn met die nuwe ...so nou wag ons eers vir die Raad om dit in lyn te trek sodat ons weer kan ons s’n in lyn kan trek...dit was nogal ’n frustrasie hierdie laaste paar jaar wat ’n mens nie kon regtig vordering maak nie, nê? En dan die feit dat goed uifaseer en dan nie uifaseer nie, ja...” *(New programmes that must be approved, and then obviously the study guides. We revised the curriculum before the*

NQF Act was promulgated, and we are listed with SAQA for the Auxiliary course, and the Bridging Course and for postgraduate diplomas. But these are not aligned to the qualifications. We are waiting for the SANC to publish the new course so that we can align ours. We are frustrated, we do not make progress. And then the courses are phasing out and then they are not phasing out...yes.)

8.2.2.2.3 CHALLENGES REGARDING SUPERVISION AND MANAGEMENT

Management did not always ***understand the nursing education context***. The specifics of governance as applicable to the nursing education field were often ignored by the management of the holding company.

“Ek glo, ek glo dat groot skuif het gekom toe Prof. Lowe nie meer daar is nie, en, en, en toe Dr Olga Venter ook nie daar... wat groot, om die Engelse word te gebruik, “champions” was en half beskermend ook was, ’n beskermheer was van hierdie kollege. Uhm...toe hy oorgaan in ’n meer, ek wil half se anonieme struktuur in, waar niemand beskermheer was van hierdie kollege nie, en beseft het wat die bydrae en gehalte was nie. Op die ou einde is net begin kyk na die konkrete, uh finansies, uh uitgawes, net op opleiding, nie na die langer termyn bydrae van die werwing van ’n personeel lid en daai personeel lid wat bekend is binne die strukture en die sisteem, en daai goed begin verloor het nie, het, dink ek waar julle begin het toenemend baie hard moes ’n stryd stry teen half ’n gesiglose sisteem. Wat net gekyk het na getalle, rande en sente, en so aan. Mens beseft dat die myne op daai stadium deur ’n finansiële krisis gegaan het maar dit is jammer dat so ’n goeie opleiding sisteem daardeur geïgnoreer is.”

(I believe the big change came when Prof Lowe resigned and when Dr Olga Venter left. There was no champion to protect the college. And it became a faceless entity, and anonymous structure. Nobody realised what contribution was made by the college and they did not recognise the quality of the training presented. In the long run they only concentrated on financial issues. I think that’s when you had to fight the faceless system. One realises that the mines were experiencing financial difficulties at the time, but it is sad that such a good quality training programme was lost.)

“We had this lecture room and the ceiling was actually caving in and they stuck a pole in there. So there you are with this pole in the middle of the class room. You know, ja, it is always, you wonder why they think that nursing can do with the least and the poorest facilities that are available?”

"I was told that my biggest problem is trying to run an academic institution in a mining environment..."

"You know, this thing, it's still happening from our history; doctors undermine nurses until you find that SANC says, you know what? Uh, we are not interested in this doctor or professor opening the school because it's a school of nurses, it's nurses that should open. Then and only then the matrons could write letters. But initially it was going to be this big thing for doctors."

Nursing Education Institutions experienced a **lack of autonomy**.

"It was a flat and we used the lounge cum dining area as the classroom. We only had the one classroom and then one bedroom was used as an office and another bedroom was another office and then there was another bedroom that we used as a boardroom. But it was quite a nice setting because this lounge had double doors that opened up and we went...the students could go out onto the ... into the gardens there at Phoenix Place and so on. It was quite nice".

"En ek glo dat dit ongelukkig 'n tendens verandering te weeg gebring het toe Dr Venter siek geword het en oorlede is en Prof. Lowe aftree. Nie dat die mense wat agtergebly het dit nie, julle dit nie kon doen nie, regkry nie. Maar daar was 'n hoofkantoor – kollege band wat jy geweet het daar was 'n sterker band wat dit gereguleer het. En toe raak die hoofkantoor konteks meer 'n gesiglose konteks". (And I do believe that drastic change came after Dr Venter became ill and passed away and Prof. Lowe retired, there was no one left to maintain the link with head office. The head office became a faceless entity.)

Limitations by the SANC **restricted growth opportunities**. The SANC imposed a moratorium on PNEI. In some instances it took up to four years to get a new course accredited by the SANC. The planned intake dates were often postponed resulting in a loss of income and a loss of well-trained staff.

" the moratorium on new course and intakes...for five years we were not allowed to expand but we had to survive and make the college financially sustainable...it was quite a challenge, but we managed..."

"It took up to four years to get a programme or clinical facility approved and then you were not allowed to place students before it was approved...we lost a lot of opportunities and income..."

“and SANC, this delay has a huge impact on businesses, which they don’t realise. To me it seems as if SANC is not looking at the interest of the PNEI.”

Poor systems at the SANC led **to frustration and losing trust in the ability of SANC to regulate education**. PNEI were faced with a challenge whenever documents of whatever kind had to be submitted. Documents were always lost and the officers at SANC claimed never to have received such.

“Communication with SANC was very poor. You had to submit the same documents over and over again, they misplaced it and claimed it was never received. It was a nightmare! Even hand delivered documents were lost, claimed not to have been received...also those sent by courier.”

“...students already nine months in training and not yet registered...had to wait up to eight months after completion to receive registration certificate, could not work in that time as employers wanted proof of registration...”

“The quality of examination papers was just so poor. Questions did not make sense, translation was pathetic and the memoranda did not correspond with the question paper.”

“ Security is a concern, papers leak from within Council...”

“ I was threatened by a guy who claimed that the students had the paper before the examination and he was going to expose this. I spoke to our protection service and they handled the situation...Council never responded to my letter...”

“...well in some instances they were justified, because it’s not everybody that a fly-by-night, they should do their work in actually monitoring those schools.”

Uncertainty of the future of nursing education in South Africa. A unified system for nursing education was discussed in 1999. Nursing Education Institutions were asked to comment. By 2006, it was not yet implemented. The outcomes based approach was introduced and all Nursing Education Institutions were required to align curricula but SANC failed to publish regulations and enable schools to implement those. The new Nursing Act was published in 2005 bringing about drastic changes in nursing qualifications. Nursing Education Institutions were eager to align curricula accordingly but SANC could not deliver the guidelines and revised scope of practice per category.

%o remember attending workshop with Olga on the unified system for nursing education...nothing came from it”

“We developed a model for continuing professional development and informed SANC that we would like to present it but their reply was that the legislation was not yet ready. We never heard anything after that.”

“All our courses were aligned to meet SAQA requirements...”

“SANC and Department of Education and Umalusi are not talking to each other”

8.2.2.2.4 COLLABORATION WITH STAKEHOLDERS

Various stakeholders are valued as **strategic partners**. Although the PNEI are in competition with each other, they can also work towards a common goal. All five of the PNEI included in the study serve on the same forums, such as the Hospital Association of South Africa (HASA) nursing sub-committee, The Nursing Education Stakeholders (NES) forum, The College Principals and Academic Staff (CPAS) forum. The common interest is nursing education and co-operation means that the interests of the individual schools are also promoted. Other strategic partners include the HWSETA, the DoE, and Umalusi, CHE, SAQA and various universities. Stakeholders also include independent PNEI, students and their families.

“... it was a combined effort or training intervention where Empilweni registered, no Empilweni recruited the learners and they did the theory. The learners were registered under the name of GFNC and the practical was done in our facilities and the admin was done and a certain fee was paid over to the nursing college...”

“...the university as well has been supportive, ne?”

“‘got some from learnerships from the HWSETA, was that in 2006 or...?”

...2002 but they actually started in 2003. And then after that there was no turning back...”

“Ek kan self ook sê, my eie ervaring van my verhouding met Prof. Lowe en so aan was ’n baie naby, ondersteunende verhouding van uhm, waar hulle gee en ons gee. So dit was ’n gee en neem verhouding waartoe beide partye gegee het. So daar was ook

dan nou onder andere was daar, meer so as met ander kolleges, as bietjie gekom was by herkurrikulering en daai soort goeters was bietjie meer gedoen en gehelp en goeters mee gegee omdat daar 'n trots was op die gehalte wat die kollege gebied het.”
(I have to say, my relationship with Prof.P Lowe was very close, supportive and a win-win situation. They gave some and we gave some, both parties contributed and benefited. So we were more than colleagues. We always gave more to the college when it came to revising the curricula and so on. We were proud of the quality training that was presented by the college)

“The agreement with the University was the saving grace...it protected the rights of the students... Dr O Venter and Prof. M Greeff really fought for the students to be allowed to complete the course”

PNEI offer **expertise and services to public sector**. The private sector is seen as setting the pace in private enterprise and also in health care in South Africa. Certain expertise and skills are more readily available in the private sector than in the public sector. In the case of these five PNEI, a certain pool of expertise has been accumulated over the number of years of their existence. The institutions were more than willing to share the expertise with colleagues in the public sector. A number of public private partnerships evolved over the years. In all cases, the public service officials were equipped with knowledge and skills to continue independently. This always create a win-win situation as the public sector gained knowledge and experience under the guidance of the private sector and could tick off on the score card.

“We had lots of public private initiatives over the years as well with various Departments of Health. Like the Limpopo Department of Health. In 2003 they approached us because they were not offering postgraduate training. And we did postgraduate training for them for at least 4 years through the college with a lot of pain.”

“...and eventually it was like a whole capacity building programme. We helped to develop their own programme for accreditation with SANC; we helped them develop their learning material, their tools. And then they were weaned off us. It was such a tough journey. But that is how they got postgraduates. Up until then they did not have postgraduates”.

“Because you know we do so much for the public sector. Any of the universities or public colleges can phone me and I can run a workshop for them. You know we never

ever charge them, we make ourselves available, and we share our information. And so we feel at our level we are, you know, we cross boundaries, we go and work with the public sector, we make ourselves available.”

The development of the PNEI is seen as a journey of growth. The institutions started small with eight to nineteen students at first registration to now more than 1000 at certain institutions. They grew from hospital based nursing schools to fully-fledged tertiary institutions and even corporate development centres. The journey was very hard at certain periods but they always managed to emerge victorious, going from strength to strength.

In spite of challenges and hardship, the **staff remained positive and motivated.**

Acting in **the best interest of the student.** The student is regarded as the client of the PNEI and deserves quality client service. The commitment to quality service to clients is reflected in statements like the following:

“Ach and I wonder if the students, you know...a sense of responsibility, I think also from the tutors. You feel responsible that you cannot just leave the students.”

“The educator is the advocate for the student; we had to negotiate the best deal for the students. The expectation was created to enroll for a course and complete it. It could not just be terminated like that...”

Decentralization and expansion: The Life Healthcare, Netcare and Medi-Clinic groups all have decentralized learning centres in different provinces and regions of South Africa. By the end of 2006, some were already registered as independent PNEI with SANC.

“Well maybe the establishment of learning centres as kind of, not as distance learning but the establishment of the learning centres... as units, decentralized. So maybe the establishment of Life Nursing College because Life College of Learning is not a nursing college. It is made up of 3 units, it is a School of Nursing that has its 8 learning centres, it’s a Management and Leadership Unit and it’s a School of Health Sciences. So for us that was a big, because that’s where we started to diversify and was in keeping with all the educational requirements that everybody wanted accreditation and that kind of thing. And then getting our learning centres organised from where they were, as little class rooms to established units.”

National and international partnerships. The three big private hospital groups all have international holding companies with hospitals in different overseas countries. The international links are in relation to these not only hospitals but also independent countries.

Vision for the future. Nursing Education Institutions have a positive vision for the future. They envisage the publication and implementation of the new qualifications as a step forward and taking nursing education in South Africa to the next level.

“...Oh, my! It must be a university. No really we just feel that the new qualifications come with a lot of opportunities for us. We are going to concentrate on the National Diploma to train more staff nurses. And we are still thinking whether we will be participating in the postgraduate diplomas. That’s our vision for where we want to be in 2012 in terms of our accreditation. So we will be working on that. But obviously that requires planning.”

“ And for me, my vision is that some day we in the private sector we will join hands and instead of reinventing the wheel in our small little patches, that we will really pull nursing education together and show the other groups how you can do it right. Because I think what we do have to our benefit is that we have great hospitals: they are the best environment for students to learn in...”

8.2.2.2.5 GROWTH IN NUMBERS

All PNEI included in the study have grown significantly over the years of their existence. In the early years the numbers between ten and twenty students (GFNC, Netcare, Medi clinic).

Gold Fields Nursing College is currently accredited to register 250 students in total in the different learning programmes (Lombard and Nkhumane, 2010:34). Netcare Training Academy has expanded its student numbers to more than 3000 in total (Nell, 2012: 23). Mediclinic Learning Centres (van Wyk, 2010:36) and Life Nursing College (Fletcher and Vasuthevan, 2010:42) are registering more than a 1000 students each.

The Gandhi Mandela Nursing Academy was accredited to register twenty five students in the Certificate leading to enrolment as a Nursing Auxiliary and twenty five students in the Certificate leading to Enrolment as a Nurse. In 2006, it obtained approval from the SANC to double their numbers to two intakes of twenty five each per learning programme.

Statistics available from the SANC indicate that PNEI made a substantial contribution to the number of nurses trained between 1996 and 2005. These are reflected in Figure 8.1 and Figure 8.2. It must be noted that the statistics include all PNEI and not only those included in the study.

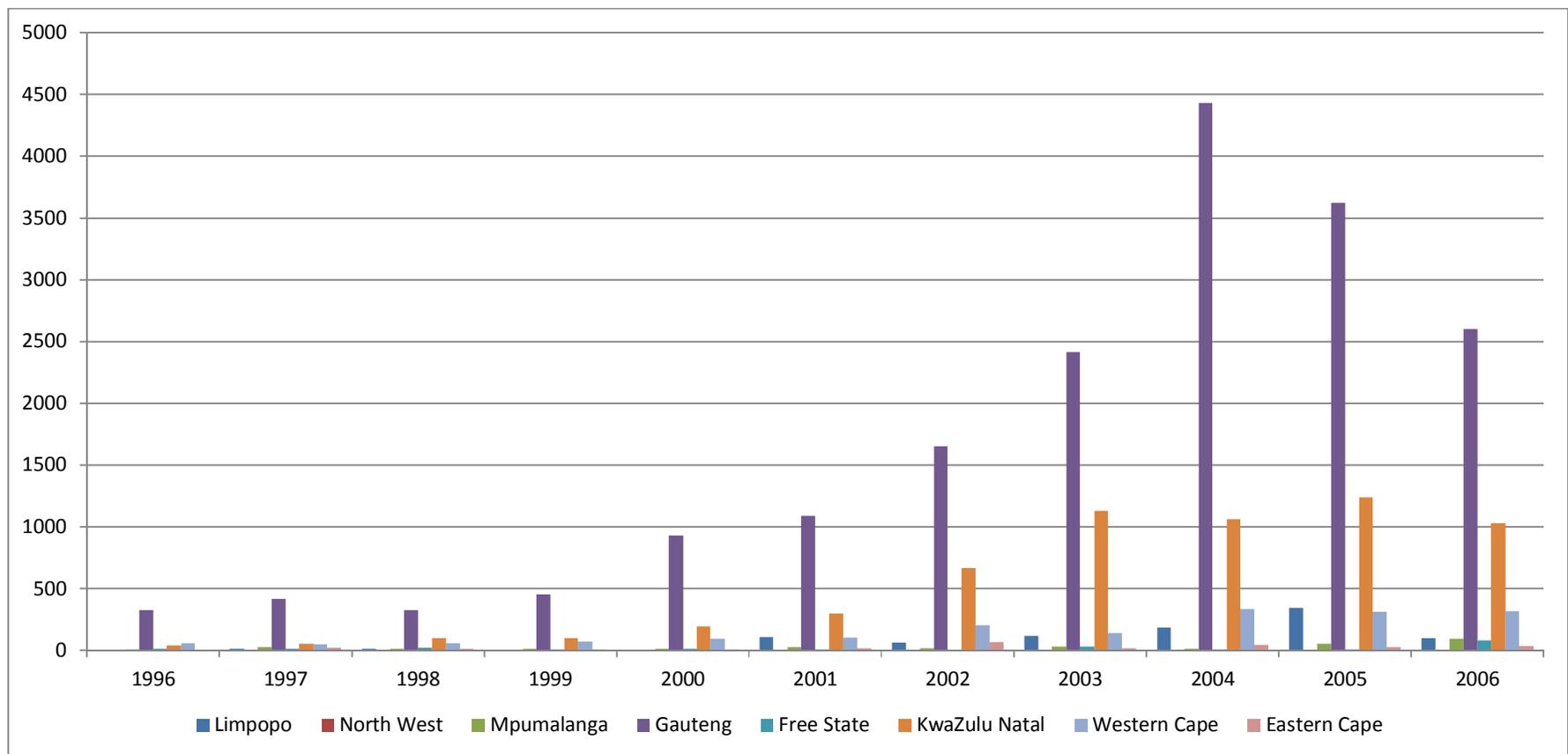


Figure 8.1 Output of pupil auxiliaries by PNEI: 1996 to 2006 (www.sanc.co.za)

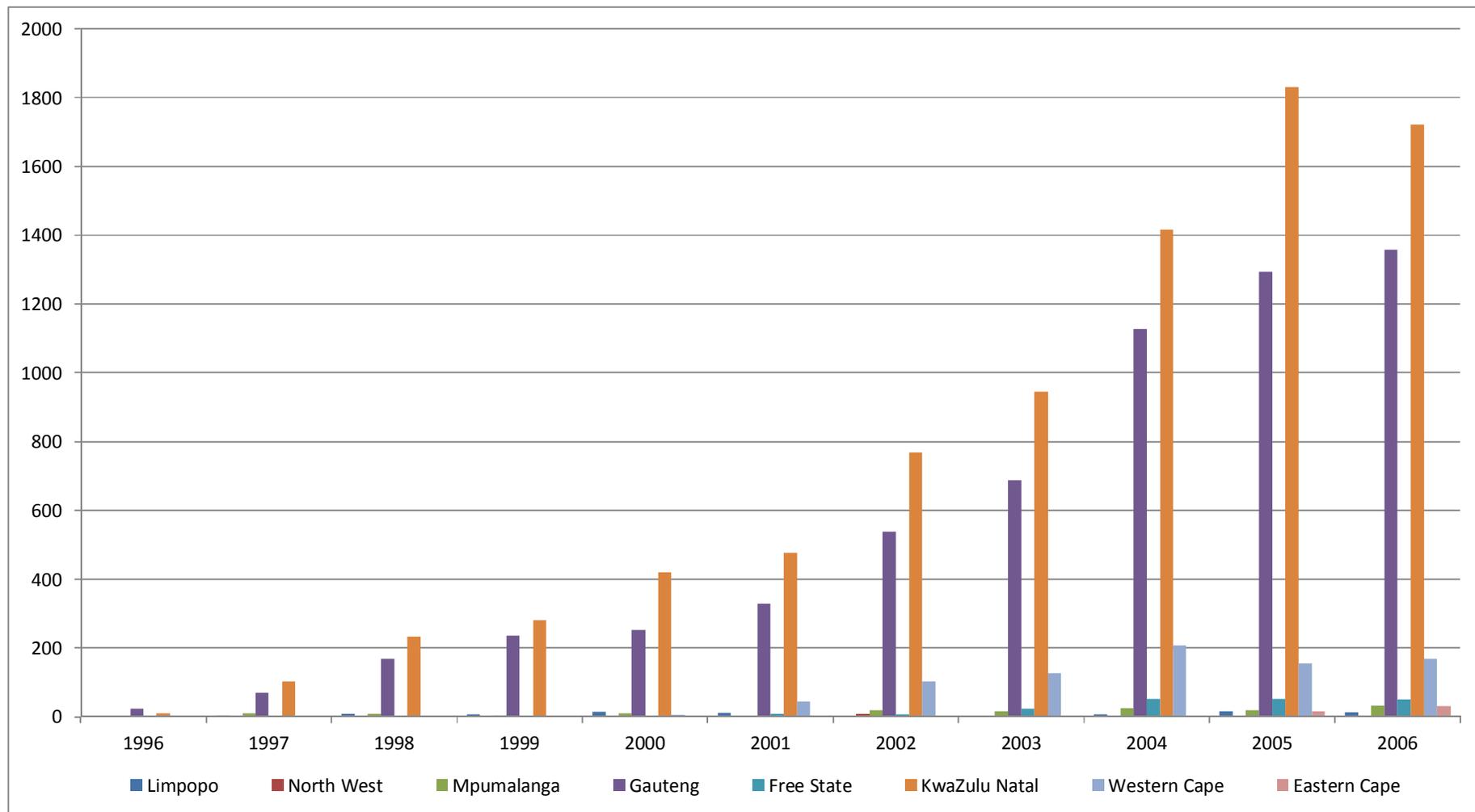


Figure 8.2 Output of pupil nurses by PNEI: 1996 to 2006 (www.sanc.co.za)

8.2.2.3 CONCLUSIONS

The data shows that there are similarities as well as differences in the history of the four PNEI included in the study. The differences are based on the development of the holding company and the effects thereof on the particular PNEI within the company. The similarities followed the same path to a certain extent in that the SANC as the regulatory body dictated indirectly. Nursing education in South Africa is regulated by legislation. Any changes in nursing related legislation or requirements by the SANC caused a ripple effect that permeated into all NEI.

8.2.2.3.1 CONCLUSIONS ON SIMILARITIES BETWEEN THE HISTORY OF PRIVATE INSTITUTIONS IN SOUTH AFRICA

Four of the five institutions have a long and rich history, while one has been operating for only three years. Netcare Training Academy, Life Nursing College and Medi-Clinic Learning Centres belong to the main players in the fields of private health care. The Gold Fields Nursing College belongs to Gold Fields International Mining South Africa, a global gold mining company. The Gandhi Mandela Nursing Academy belongs to an independent private hospital group, Joint Medical Holdings in Durban.

8.2.2.3.2 CONCLUSIONS ON MOTIVATION FOR INVOLVEMENT

The motivation for involvement in all five PNEI included in the study was based on an identified need for the training of nurses to meet the staffing and development needs of the holding company. Nursing training became part of the strategic agenda of these holding companies. The training of nurses recruited from the community at large assisted the PNEI to fulfill their social responsibility role and invest in the community from which they drew their workforce as well as clients.

8.2.2.3.3 MOTIVATION FOR EXISTENCE

The establishment of the PNEI included in the study was motivated by a need for training of nurses to serve the specific needs of a private health care service provider. In the case of the GFNC, the need for trained nurses was identified by the mining houses. They had to provide care to wanted male nurses and mine workers for that purpose. It was unacceptable in those years for white females to nurse black males. Black females were also initially regarded as unsuitable for nursing until the Premier Mine broke the barrier and successfully employed black female nurses.

The development of the PNEI owned by the three main private hospital groups was based on acquisition and growth. In the case of the Life Healthcare Group, it was mainly based on acquisition as the company expanded along that route. Many of the hospitals acquired had already been accredited as nursing schools and it made sense to continue as such. The merging of holding companies influenced the development and the direction of the PNEI. The management and the vision of the person in charge of the institution at a specific time further also influenced it.

NTA was also built on acquisition and growth. The merger of two large private hospital groups resulted in the formalization of nursing education within first Clinic Holdings and then Netcare Group. The Medi-Clinic Learning Centres remained focused on the needs of the company and trained nurses mainly for its own needs.

The development was mainly orchestrated by legislation and regulations promulgated by the South African government and the SANC. The first Nursing Act, which was promulgated in 1945, stipulated the requirements for the training and education of nurses and ever since any changes in the Nursing Act and its regulations determined the educational programmes and qualifications.

Nursing education was however also influenced by the general education legislation in South Africa. The introduction of Outcomes Based Education as the education system in general, further and higher education in general necessitated nursing education to also align its courses. In 1997 the White Paper for the transformation of the health system in South Africa was published which also gave new direction to the education and training of nurses. The shortage of nurses seems to be as old as the profession itself.

8.2.2.3.4 SENSE OF PRIDE

The researcher detected a strong sense of pride among the management and staff of the PNEI included in the study. The achievements of these institutions contributed towards this sense of pride. Some of these institutions faced an ongoing struggle to survive and was on the brink of extinction. The fact is that the staff tirelessly channeled energy into making a success of the institution to prove to the authorities that the institution was financially viable and sustainable.

The achievements of students and the success stories of students progressing in the health care system also contributed to the sense of pride and the level of job satisfaction experienced by managers and academic staff. The fact that a talented young person from a

disadvantaged background was given the opportunity to enter the profession and excel proved to be a highly ranked reward for energy spent on teaching and grooming students.

Achieving college status is also seen as distinguishing milestones in the history of the institutions included in the study. It is something that most institutions strove towards maintaining.

8.2.2.4 CONCLUSIONS ON CONTRIBUTIONS TO NURSING EDUCATION

The researcher concluded that all five PNEI made huge contributions to nursing education in South Africa between 1946 and 2006. Contributions were not only made with regard to producing quality-trained professionals but also to the profession in general and nursing education in particular. Conclusions on the specific contributions made by PNEI to nursing education follow in the next section.

8.2.2.4.1 VISIONARY LEADERSHIP

The leadership provided by the managers of the PNEI contributed to a clear understanding of where the institutions were heading. These leaders also served on committees, which shaped the nursing education landscape in South Africa.

8.2.2.4.2 MONITORING AND EVALUATION OF QUALITY EDUCATION

The role of the SANC in monitoring and evaluation of quality education is acknowledged by all PNEI included in the study. There is however a perception that the SANC is negatively biased towards PNEI. The PNEI included in the study are all linked to a private hospital group. According to them, they should not be placed in the same category as independent PNEI. The distinction should be made based on the quality and availability of clinical learning opportunities and infrastructure. The PNEI are also of the opinion that the SANC does not appreciate the contribution made by PNEI towards nursing education in South Africa.

8.2.2.4.3 CHALLENGES REGARDING SUPERVISION AND MANAGEMENT

In some instances the PNEI were faced by a lack of understanding from the management of the company. The institutions had to function under extreme unfavorable conditions with

regard to facilities. Most institutions did not have dedicated space and sufficient equipment available at the onset of the institution.

The facilities expanded as the institutions grew in size and numbers. By the year 2006, these facilities were comparable to the best in the business and equipped with state-of-the-art equipment. The facilities reflect a certain pride and value attached to the NEI as part of the holding company.

8.2.2.4.4 COLLABORATION WITH STAKEHOLDERS

Stakeholder collaboration is regarded as one of the success factors in the history of PNEI. Stakeholders are regarded as strategic partners in the endeavors of the PNEI. The importance of good relations with stakeholders is reflected in the open communication with the SANC regarding matters of concern.

8.2.2.4.5 A JOURNEY OF GROWTH

The history of the development of PNEI in South Africa is seen as a journey of growth. These institutions not only grew in size over the years but also in status and quality. Even though the oldest institution has been in existence more than 60 years, it is still growing and developing.

8.3 SUMMARY

The study of the history of PNEI over the period 1946 to 2006 brought insight into the origin, motivation and growth and development of each institution as well as the contribution to nursing education in South Africa. In addition, the general changes in nursing education in South Africa were described.

Individual schools experienced specific challenges based on the dynamics of the holding company but there is a golden thread that can be followed through the happenings in all five institutions. Some events happened within the same time span and others were spaced depending on the nature of the event.

In the end, it is clear that all five institutions have a common goal of providing quality-nursing education to the private health care industry in South Africa and to the health care fraternity at large.

CHAPTER NINE

EVALUATION OF THE STUDY, LIMITATIONS AND RECOMMENDATIONS FOR NURSING EDUCATION, NURSING PRACTICE AND NURSING RESEARCH

9.1 INTRODUCTION



The previous chapter dealt with the method for the analysis of data collected from the interviews and document search. The researcher explored and discussed the main themes and sub-themes in detail. This chapter discusses the evaluation, conclusions, limitations and recommendations with regard to the historical perspective of private institutions in South Africa.

9.2 EVALUATION OF THE STUDY

In this section, each chapter is evaluated separately.

9.2.1 CHAPTER ONE: OVERVIEW OF THE RESEARCH

In Chapter 1 an overview of the study was given. The introduction, background, and review of the history of nursing and nursing education assisted the reader to understand the research problem, aim, and objectives. The aim of the study was to describe the history of the development of PNEI in South Africa between 1946 and 2006. The researcher identified a gap in the literature on the history of the development of PNEI in South Africa. Prof. C Searle studied the history of general nursing from the perspective of a white person, and Ms G Mashaba documented the history of black nurses in South Africa while Ms L Evertse reported on the history of coloured nurses. Ms E Potgieter did a study on nursing education for the period between 1860 and 1991. No study was done on the history of the development of PNEI in South Africa between 1946 and 2006, the topic of this study.

The objectives of the study were to:

1. Explore and describe the development of PNEI in South Africa between 1946 and 2006 from a historical perspective
2. Determine the factors that contributed to the establishment of PNEI in South Africa, and
3. Explore and describe the contribution of PNEI to nursing education in South Africa between 1946 and 2006

9.2.2 CHAPTER TWO: RESEARCH DESIGN AND -METHOD

Chapter 2 dealt with the research design and . method as applied in the study. The historical design was used to explore and describe the history of PNEI in South Africa between 1946 and 2006. The historical design was selected because the focus area of the study is history. Furthermore, the explorative design was applied to explore the core aspects of the topic and it was then described in detail to capture the essence of the data. History is a lived experience. It deals with human experience, which needs to be understood from the perspective of the individual. The historical, explorative, descriptive nature of the study enabled the researcher to get a full understanding of the how and when of PNEI over the period of the study.

Three populations were identified and a sample was selected from each population, according to inclusion sample criteria. The purposive and networking sampling methods were applied. These sampling methods were most suitable for uniqueness of the topic. The context of the study was defined and described to facilitate an understanding of the systems, legislation, and governance of PNEI in South Africa, within mainstream education in South Africa.

Data was collected from Sample 1, the five PNEI included in the study, namely Gold Fields Nursing College, Netcare Training Academy, Mediclinic Learning Centres, Life Nursing College and Gandhi Mandela Nursing Academy.

Sample 2 consisted of information-rich individuals who were interviewed by means of oral history semi-structured interviews. At least one oral history semi-structured interview per PNEI was conducted. In instances where information-rich individuals were not available to be interviewed, a written narrative (n=5) of their recollection of the history and development of PNEI were obtained. Data collected through the oral history semi-structured interviews were transcribed and analysed.

Sample 3 was made up of primary and secondary sources of information. The researcher conducted archive searches (n=3), discovering data contained in documents on the development of the PNEI included in the study. The method of data collection used in historical research was that of document analysis.

The process of data collection is explained in Chapter 2, Figure 2.3. Documents represent primary and secondary sources in historical research. The authentication of these documents is explained in Paragraph 2.7.2.

Ethical considerations were acknowledged and ensured in the study. The ethics committee of the NWU, as well as internal ethics committees of certain PNEI approved the study. The principles of informed consent, protection of human rights, right to self-determination, right to privacy, right to fair treatment and right to protection from discomfort were adhered to.

9.2.3 ACHIEVEMENT OF OBJECTIVES

Chapters 3 to 7 gave an overview of data collected on the history of each of the five PNEI included in the study, namely GFNC; NTA; Medi-Clinic Learning Centres; Life Nursing College and Gandhi Mandela Nursing Academy. The data was reported in a chronological narrative report. The data covered aspects and events from the first registration as NEI, courses presented over the period of the study, to changes in management, legislation, and educational approaches.

Objective 1 explored and described the information collected through oral history semi-structured interviews with information-rich individuals (Sample 2) as well as narratives written by information-rich individuals who were not available to take part in the oral history semi-structured interviews. The transcription of each oral history semi-structured interview was done to ensure that data was available for analysis and interpretation.

Data collected through archive searches and document analysis (Sample 2) assisted in the achievement of Objective 1. Data was obtained from primary and secondary sources, which were authenticated. The researcher read each document aloud and recorded it; the recordings were transcribed for data analysis. The data obtained from Sample 1 and Sample 2 was cross-referenced to verify the accuracy of the information.

Data obtained from Sample 1 and Sample 2 was combined and presented as a chronological narrative for each PNEI, as described in Chapters 3 to 7.

Objective 2 was also achieved through the same process of data collection and data analysis as described for Objective 1. The researcher consciously searched for information on the factors, which contributed to the establishment of PNEI in South Africa, by including a question on this in the oral history semi-structured questionnaire. These factors were also cross-referenced, explored, and described.

Objective 3, the contribution of PNEI to nursing education in South Africa, was again achieved through the same processes of data collection and data analysis. The researcher included a question on the contribution of PNEI to nursing education in South Africa in the

oral history semi-structured questionnaire. The information was extracted from the data, explored, and described in Chapters 3 to 7.

9.2.4 RESULTS OF PRIVATE NURSING INSTITUTIONS IN SOUTH AFRICA (1946 – 2006): A HISTORICAL PERSPECTIVE

The results of the study identified similarities as well as differences in the development of the five PNEI included in the study. The differences were based on the development of the holding company and the effects thereof on the particular PNEI within that company. The similarities followed the same path to a certain extent, in that the SANC, as the regulatory body dictated indirectly how PNEI developed over the 60 years covered by the study. Similarities were pronounced on the academic side of the development of the NEI, which was regulated by the SANC. Results on the motivation for involvement and the contribution to nursing education were reported on. These are highlighted in Table 9.1.

Table 9.1 Results on motivation for involvement and contributions to nursing education

	MAIN THEMES	SUB-THEMES
1	Motivation for existence	Vision by management to train nurses A broad need for the training of nurses in the country Training of nurses as part of the company strategy Private sector blamed for stealing nurses from the public sector Internal staff development Social responsibility
2	Sense of pride	Pride in achievements Achievement of college status Academic achievements of students related to quality of training Sensitivity regarding feedback on quality education and reputation Sense of social responsibility
3	Visionary leadership	Great leaders guaranteed the sustainability of PNEI Leaders have good experience and expertise Leaders motivate and encourage staff and students
4	Monitoring and evaluation of quality education	Acknowledge role of regulator and ETQA Focus on quality SANC has a negative perception of PNEI Accreditation is a cumbersome process
5	Challenges regarding supervision and management	Lack of understanding of governance of an academic institution Lack of autonomy Restricted growth opportunities Frustration and lack of trust in the SANC

	MAIN THEMES	SUB-THEMES
		Uncertainty about the future of nursing education
6	Collaboration with stakeholders	Strategic partners Sharing expertise and knowledge with public sector
7	A journey of growth	High morale and staff motivation Acting in the best interest of the student Vision of decentralization, growth and expansion National and international partnerships

It is clear that this study has achieved what was stated in the central theoretical statement and this study therefore makes a unique contribution to the body of knowledge of nursing.

The next section of this chapter deals with the limitations of the study.

9.3 LIMITATIONS

The limitations of the study are those characteristics of design or methodology that set parameters on the application or interpretation of the results of the study; that is, the constraints on generalizability and utility of findings that are the result of the devices of design or method that establish internal and external validity. The most obvious limitation would relate to the ability to draw descriptive or inferential conclusions from sample data about a larger group (<http://education.astate.edu/dcline/guide/limitations.html>).

In this study only six hospital based PNEI were identified according to the sample criteria. One institution refused to take part in the study. The researcher only became aware of another institution when the data collection was completed. Unfortunately, this PNEI could not be included in the study due to time constraints. The researcher proposes to write an article on the history of this PNEI to ensure that the information would be preserved in a similar way as was done in this study.

A limitation identified in the study was that information-rich individuals had limited memory on details of events in the past of the organisation. These individuals could recall recent events with relative ease but events in the more distant past could vaguely be recalled and in less detail. Looking at the rich and interesting facts gathered and described in this study, convinces the researcher that there must be more equally interesting fields contained in the history of nursing and nursing education in South Africa, waiting to be brought to light. The search for information was challenging as a number of important role players in the history of these PNEI had passed away. Their share is lost to the profession forever. Nurses should

enthusiastically embark on research on the history of the profession to prevent this from happening.

The information contained in the archived files at the SANC was easily accessible. The challenge lay in obtaining permission to access the archives, firstly and secondly to arrange a date suitable to both the researcher and the personal assistant of the registrar at the SANC, who is in charge of the archive. It took more than six months to obtain permission from the acting registrar. A new registrar was appointed on 1 July 2010 and within one month, permission was granted to the researcher to access the archive. The personal assistant of the registrar was extremely helpful in retrieving the files from the archive and ensuring that the researcher had a comfortable space to work.

There were about 30 files available and the researcher read each document contained in each file and recorded the information. The documents in the files were in chronological order, which gave the researcher a clear understanding of the development of the institution over the period of the study. There were however periods where no records could be found. Then on the other hand, more than one copy of certain documents was filed. The files did not contain information on actual numbers of students registered in the different courses and no statistics on examination results could be found in the different files.

As the document search continued, the researcher identified other hospital schools that formed part of the history of the five identified PNEI and additional files had to be drawn from the archive. Fifty files were scrutinised at the end of the data collection phase.

PNEI archives were not accessible to the researcher. The archives are mostly managed by the holding company. In the case of the Gold Fields Nursing College, the archive of the holding company moved to a new location and older documents were either destroyed or still packed in containers. It was impossible for the researchers to access these documents. The principal of the college had a couple of files in her office and these were included in the sample. The Gandhi Mandela Nursing Academy had a filing cabinet containing student records as well as correspondence to and from the SANC and other stakeholders, which were made available to the researcher.

As stated in chapters one and two, the archive of the SANC was used as main source of information due to the comprehensive nature of its content. The files on the PNEI contained correspondence from the School as well as correspondence to the school. The researcher was able to reconstruct the history from both the perspective of the regulator and the PNEI. Limited sources relevant to the topic were available, thus the researcher had to rely on

archived files in the repository of the SANC and a handful of information-rich individuals. The researcher rigorously verified data obtained during the oral history semi-structured interviews and documents contained in the SANC archived files. The researcher was able to fill gaps in data collected by integrating the two sets of data.

The researcher was employed by the Gold Fields Nursing College as manager (principal) for fourteen years. The researcher used the technique of reflexivity throughout the study to ensure that bias and subjectivity were reduced to the minimum. It was however, sometimes difficult to distance the personal and emotional involvement from the data. To counteract bias, the researcher reflected on the personal, practical and research purposes of the study. The researcher had a personal motivation to conduct the study because it was part of the everyday life and world of work of the researcher. Different managers within the mining training and development arena mostly ignored the contribution and role of the GFNC in nursing education. This attitude of managers frustrated the college staff immensely. The researcher wanted to highlight the important role played by the GFNC as well as the other PNEI included in the study to the industry. The research purpose was to preserve the history of the PNEI for future generations of nurses. It became apparent to the researcher that nurse educators do not value the history of the profession enough to ensure that novices in the profession take note and appreciate the road travelled by our founders such as Florence Nightingale, Henriëtta Stockdale, Charlotte Searle, Cecilia Makiwane and other pioneers in nursing. The researcher is of the opinion that novice nurses need to build on the foundation of the past to understand how the future of the nursing profession should be shaped.

The researcher had to excavate memories of her own experiences when data was collected. If that were not done, there would be a gap in the history of the GFNC. The researcher also served on various committees and working groups that were established during the period of the study. It was necessary to apply rigorous scientific measures to ensure that the data and research process complied with trustworthiness, validity and reliability and scholarly research.

When the research design was selected, the researcher reflected on what design would be most suitable for the type of study and the aims and objectives of the study. It was necessary to design a conceptual framework that was thorough, concise, and elegant. The historical design was selected as it allowed for a systematic, manageable, yet flexible interaction with the data. The researcher then integrated the data into a coherent document that convinces reader of the proposal the study should be done, can be done, and would be done. Ethical approval was obtained from the North-West University as well as the PNEI and SANC.

During the data collection phase, the researcher reflected on the oral history semi-structured interview as method of data collection. A personal interview is considered invasive but also suitable for historical research since the information-rich individuals cannot really distance themselves from the data. The researcher was able to observe as to events that elicited feelings of discomfort, enthusiasm, passion, regret, pride, and appreciation in the information-rich individuals who took part in the study. The researcher had to decide how certain events had to be phrased to protect the institution as well as individuals.

The researcher is convinced that the study contributed to the profession of nursing but also to the personal and professional development of participants.

The Ferdinand Postma Library at the North-West University (Potchefstroom Campus) keeps a complete set of government gazettes from 1910. The researcher was able to access these in search of legislation relevant to the period of the study. The information was bound in volumes of approximately 10 cm thick, making it very cumbersome. Certain documents were very old, dating back to the year 1890 and thus very fragile and brittle. The researcher felt reluctant to handle these documents in fear of causing irreparable damage, and some of these documents were not relevant to the study.

9.4 RECOMMENDATIONS

The following recommendations are made based on the results of the study:

9.4.1 RECOMMENDATIONS FOR NURSING EDUCATION

The history of nursing and nursing education is included in the curriculum of basic nursing courses. It is often seen as a *‘nice to know’* and not *‘need to know’* module. Students are given the module as a self-study assignment and are never assessed. The researcher is of the opinion that more exciting ways of presenting this module should be utilised to stimulate the interest of nurses in the history of the profession. It was stated that history is the stepping-stones of the profession to its future. Nurses should know the history of the profession to be able to build a future.

Appreciation for the past of the profession should be instilled in the young nurse who enters the profession. However, it should be presented in a way that will stimulate interest and not bore them to death. Reading history should awaken an eagerness to undertake a journey into the past, through which a foundation could be cemented onto which the future of the profession can be constructed. Including history in the learning programme in a creative way as a journey of discovery and engaging students in the *‘reality show’* of nursing could assist

in this. The researcher recommends the development of an interactive game with clues and targets to take the student through the history of the profession.

9.4.2 RECOMMENDATIONS FOR NURSING PRACTICE

The practice of nursing is directly linked to nursing education. The practice of nursing is also directly influenced by nursing education just as education is influenced by the practice of nursing. Research on nursing education will thus be linked to research on the practice of nursing. It is recommended that research on the history of nursing education also be linked to research on the practice of nursing.

History happens in the day to day practicing of the profession, be it in the classroom, in the boardroom, in the community or next to the bed of the patient. By recording incidents by means of minutes, reports, patient records and these days electronically on a writer's blog, social media and diary, history could be preserved for future generations. Informal narratives give a personal flavor to history and make it more digestible for younger generations. The publication of a book on incidents that happened within a hospital of NEI could also assist in preserving the history of the institution. The hospital where the researcher is currently employed initiated such a project in the recent past.

9.4.3 RECOMMENDATIONS FOR NURSING RESEARCH

There is a dire need for more research on the history of nursing in South Africa and in particular on the history of nursing education and NEI. Knowing the past inspires people to create the future. The current generation of nurses has to leave a legacy to future generations in the profession of nursing. This can only be achieved when nurses preserve the past as an inheritance for our successors.

Nursing researchers should engage in studies on the history of nursing in South Africa and the links with nursing on international level. In South Africa, the following aspects of the history of the profession could be researched:

- The history of male nurses in South Africa
- The history of independent PNEI in South Africa
- The history of specialty qualifications in South Africa, and
- The history of Professional Organisations in South Africa

9.5 REFLECTION

Conducting this research study was enriching but also challenging. Sometimes it was plain sailing but mostly it was like pushing an elephant up the stairs. I adopted the quote "Think of

all obstacles as stepping stones to success+ as my personal motto. I was faced with a number of personal losses and went through tough times at the office. As reflected in the study, nursing education underwent a series of changes and at the same time, the company where I was employed added its own share of changes, some for the better, and some for the worse. I also had to face certain personality traits in myself that were not always easy to accept.

On the other hand, I met wonderful, enthusiastic nurse educators who are passionate about nursing education and their students. My colleagues at GFNC were just as enthusiastic about the study as myself. Gerda Fourie made me count my blessings.

I gained insight into the history of South Africa in the early years. Reading the book *An ambulance of the wrong colour* filled me with horror. Some of the other texts on the history of South Africa were actually quite comical.

After all the joy and sorrows of conducting this research, I realized that

~~It's~~ not the kings and generals, who make history,
But the masses, the people
Nelson Mandela

9.6 SUMMARY

The study of the history of the development of PNEI in South Africa brought new insights into the motivation for the establishment of these institutions, the growth and development over the years up to 2006.

It revealed certain similarities common to all the institutions and recurring themes and sub-themes. These include a common motivation for the establishment of the institutions, even though up to 50 years passed between the establishment of the first and the youngest institution. The visionary leadership common to all the institutions included in the study is an attribute, which contributed largely to the growth, development, and survival of these institutions.

The regulation by the SANC, DoE, and Umalusi was experienced as painful and cumbersome processes but the value thereof cannot be ignored. Other stakeholders such as the DoH, universities, and hospitals utilised as clinical facilities and independent PNEI have shaped the history of these institutions in a significant way.

The contribution made by these institutions had an everlasting impact on nursing education in South Africa. These institutions now serve as the benchmark for nursing education in South Africa.

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