



Experiences of nurse educators regarding
the R171 nursing curriculum in
the North West Province

KP Botlhoko



orcid.org/0000-0001-5726-8188

Dissertation accepted in fulfilment of the requirements for the
degree *Master of Nursing Science with Community Nursing
Science* at the North-West University

Supervisor: Ms NE Zenani

Graduation: May 2023

Student number: 22481605

DECLARATION

I, Katlego Patronellah Botlhoko, declare that this dissertation titled “***Experiences of nurse educators regarding the R171 nursing curriculum in North West Province***” submitted for the Master of Nursing Science at the North-West University is my own work, and there is full acknowledgement of all the sources used.

Signature: _____

Katlego Patronellah Botlhoko

Date: _____

23 August 2022

DEDICATION

I dedicate this study to my beloved son, Lethabo Koketso Botlhoko, who motivated me to push harder to be where I am today.

This study is also dedicated to my late father, grandmother and grandfather who always encouraged me to do better in everything I do, and who always wished me to reach my heart desires.

ACKNOWLEDGEMENTS

Foremost, I would like to give thanks to Jehovah for giving me the strength and wisdom to pursue and complete this study.

I would like to acknowledge the following people who played an essential role during this learning process:

To my supervisor, Ms. Nombulelo Zenani, and co-supervisor, Professor Leepile Sehularo, for their assistance and guidance throughout my studies.

Mr. Isaac Mokgaola for co-coding the study.

To my colleagues, Mr. Tshepang Modise and Mr. Masego Phage, for their support and guidance throughout the journey.

To my supervisor at work, Mrs. Ntshediseng Mkhokheli, for her support and encouragement.

To my son, Lethabo Koketso Botlhoko, for his patience and understanding during my time studying.

To my mother, Lebogang Botlhoko, for her constant motivation and support that kept me focused.

To Aobakwe Sega, for the words of encouragements that kept me grounded.

LIST OF ACRONYMS AND ABBREVIATIONS

CHE:	Council for Higher Education
DHE:	Department of Higher Education
DHET:	Department of Higher Education and Training
DOH:	Department of Health
HREC :	Health Research Ethics Committee
NEIs:	Nursing Education Institutions
NWP:	North West Province
NWU:	North-West University
SANC:	South African Nursing Council

Table of Contents

DECLARATION.....	I
DEDICATION	II
ACKNOWLEDGEMENTS.....	III
LIST OF ACRONYMS AND ABBREVIATIONS.....	IV
ABSTRACT	VII
SECTION 1: OVERVIEW OF THE STUDY	1
1.2. BACKGROUND AND RATIONALE FOR THE STUDY.....	1
1.3. PROBLEM STATEMENT.....	4
1.4. RESEARCH QUESTIONS	5
1.5. RESEARCH AIM AND OBJECTIVES.....	5
1.5.1 Research aim.....	5
1.5.2. Research objectives.....	5
1.6. SIGNIFICANCE OF THE STUDY	5
1.7. CONCEPTUAL DEFINITIONS	6
1.8. RESEARCH METHODOLOGY	6
SECTION 2: MANUSCRIPT	20
International Journal of Africa Nursing Sciences (IJANS) MANUSCRIPT	20
SECTION 3: CONCLUSION, LIMITATIONS AND RECOMMENDATIONS.....	55
3.1. INTRODUCTION.....	55
3.2 RESEARCH AIM AND OBJECTIVES.....	55
3.3 CONCLUSIONS.....	55
SUMMARY.....	57
LIMITATIONS.....	57
3.6 RECOMMENDATIONS.....	58
APPENDICES.....	59
APPENDICES.....	59
APPENDIX A: NWU-HREC APPROVAL LETTER	59

APPENDIX B: NORTH WEST DEPARTMENT OF HEALTH APPROVAL LETTER	62
APPENDIX C: PUBLIC NURSING EDUCATION INSTITUTION’S APPROVAL	64
APPENDIX D: NWU-HREC STAMPED CONSENT FORM.....	66
APPENDIX E: RECRUITMENT MATERIAL	71
APPENDIX F: SEMI STRUCTURED INTERVIEW SCHEDULE.....	73
APPENDIX G: CONFIDENTIALITY FORM.....	74
APPENDIX H: EXAMPLE OF AN INTERVIEW.....	77
APPENDIX I: CERTIFICATE OF LANGUAGE EDITING	86
APPENDIX J: PROOF OF MANUSCRIPT SUBMISSION.....	87

ABSTRACT

Background: Nursing education is entering a period of unpredictability due to the disruption in healthcare services by global health crises. An examples of health crises that occurred globally include Covid 19. Therefore, nurse educators will have to seek new and innovative frameworks for their curricula to prepare nursing students to meet evolving healthcare needs. In 2013, there was the introduction of the R171 nursing curriculum in South Africa, and in 2021 to the public nursing college in the North West Province with the aim of producing generalist nurses who were critical thinkers.

Purpose: The main purpose of this study was to explore and describe the experiences of nurse educators regarding the R171 nursing curriculum in North West Province.

Methodology: The study used a descriptive phenomenology research design to achieve the aim and objectives. A non-probability sampling approach was adopted for the study with the use of a purposive sampling technique to select participants who had insight and experience in the phenomenon in question. Prior to conducting the research, the researcher sought ethical permission from the NuMIQ research focus area, and the North-West University Health Research Ethics Committee. Semi-structured individual interviews, through Microsoft Teams, were used to collect data, and analysis used thematic analysis.

Results: Three themes emerged from the findings of this study, namely inadequate resources to implement the R171 nursing curriculum; teaching and learning challenges in implementing the R171 nursing curriculum, and the possible solutions for effective implementation of the R171 nursing curriculum.

Conclusion: This study sought to explore and describe the nurse educator's experiences regarding R171 in the North West Province. To implement the R171 nursing curriculum effectively, there is a need to include nurse educators in the development of the curriculum. There is also a need for a comprehensive support comprising of all available essential resources.

Keywords: R171; Curriculum; experiences; nurse educators; nursing students and South African Nursing Council (SANC)

SECTION 1: OVERVIEW OF THE STUDY

1.1. INTRODUCTION

Nurse educators play a crucial role in facilitating the success of nursing curriculum, which assures a comprehensive structure that prepares competent and safe nursing graduates in today's healthcare service workplace (Linton *et al.*, 2019). Since the implementation of the R171 nursing curriculum in North West Province, there have been no studies conducted to explore the experiences of the nurse educators regarding the R171 nursing curriculum in **the public nursing college in the North West Province**. Therefore, the aim of this study was to explore and describe the experiences of nurse educators regarding the R171 nursing curriculum **in the public Nursing Education Institutions in the North West province**. This overview of the study covers the background and rationale, problem statement, research questions, aim and objectives, significance of the study, conceptual definitions, as well as the brief description of design and methods.

1.2. BACKGROUND AND RATIONALE FOR THE STUDY

Worldwide, we live in an era where change is not only rapid but also profound. All that which was done in the past is of little help in dealing with the future (Feller, 2018:1). In the future of nursing education, there has been a continuous paradigm shift, with evidence of absence of certainty and predictability in describing the economic turmoil surrounding the healthcare, nursing practice and nursing education (Farmer *et al.*, 2017: 104). The market driven policies, changes in patient demographics and the explosion of technology and knowledge are the forces responsible in the rapid change (Feller, 2018:3). The shift of these factors shift towards community health, global health, health promotion, and chronic disease management is to provide the stimulus in nursing education to explore paradigm shift for curricular transformation (Feller, 2018:3). The changes occurring in the curricular transformation further influence changes occurring in healthcare, especially amongst the nurses. Thus, their roles, education, their social standing and how well positioned they are to lead in the profession (Salmond & Echevarria, 2017:12).

In the same light of the global change, nursing education has evolved globally over the years. For instance, in the United States (US), nursing education has advanced since the 1870s, when the Nursing Education Institutions (NEIs) were in hospitals, and moved to nursing colleges outside the hospital settings. Presently, many United States Community College nursing programmes have strengthened their links to university-based baccalaureate programmes (Farmer *et al.*, 2017: 103).

According to Fawaz *et al.* (2018: 109), the Bachelor's degree in Nursing is now available in community nursing colleges in the US, and they offer a four-year programme. Taliaferro *et al.* (2020:138) found that nurse educators experienced challenges relating to transitioning from associate degree nurse to a Baccalaureate programme, which included time constraints, technology, and teaching strategies.

In the African context, NEIs have engaged in planning nursing curriculum change for their nursing programmes in the last decade (Nyoni & Botma, 2020: 2). For instance, in Egypt, entry to the nursing profession follows different pathways, and includes the technical secondary schools of nursing, which nursing students enter while still completing high school, the practical nursing programmes within the technical institutes in the vocational education, and university degrees. However, certain challenges for nursing curriculum in Egypt include under-resourcing and lack of practical training opportunities for nursing students (Brownie *et al.*, 2018: 923). Deane (2017: 240) found there are barriers regarding the nursing curriculum, which include lack of support from the nursing administration, such as course release time or a reduction in workload. **The majority of countries within Sub Saharan Africa such as Malawi, Zambia, Kenya and Zimbabwe are experiencing common challenges, ranging from strained training institutions, due to increased enrolments, and training sites (Bvumbwe & Mtshali, 2018: 9).** The experiences reported in Tanzania were time constraints, the high number of students and the difficulty of incorporating the method in an already tight timetable and detailed curriculum (Tjoflåt *et al.*, 2021: 6).

In South Africa, nursing education has undergone several transformations since its introduction in the country. For instance, Henrietta Stockdale in Carnarvon hospital in Kimberley established the first nursing school in South Africa in 1877 (Breakey *et al.*, 2015: 422). The nursing schools transformed from traditional nursing programmes that were mainly hospital based (Clark 2021:1). In 1955, nursing education moved away from hospitals and introduced into universities (Breakey *et al.*, 2015: 422). In 1985 there was a four-year comprehensive diploma in nursing introduced, prescribed under Regulation 425 of 22 February 1985, commonly known as R425, and the programme offered four qualifications in one, general nursing, community health nursing, psychiatric nursing and midwifery (WHO, 2017: 9). The intention of the policymakers to introduce the four-year comprehensive nursing programme was the production of a generalist nurse to render a generalist level of care, which included community nursing, general nursing, midwifery and psychiatry nursing (WHO, 2017: 9). The four-year nursing programme, prescribed under R425, was now available at both public and private NEIs; this was also the case in North West Province (NWP), the setting for this study.

In 2008, there was the launch of the Nursing Strategy for South Africa to articulate how nursing education and training, practice, resources, social positioning, regulation and leadership would merge to support the nation's health system (The Strategic Plan for Nursing Education, Training and Practice, 2013:12). Furthermore, with the development of the nursing curriculum prescribed under Regulation 171 in 2013, commonly known as R171, public NEIs needed to conform to higher education requirements to offer a Bachelor's degree for professional registration, as required by the South African Nursing Council (SANC). All NEIs had to enrol students for the four year nursing diploma in 2019, meaning there was no intake for the four-year diploma in nursing allowed in 2020 (The Strategic Plan for Nursing Education, Training and Practice, 2013: 12). This statement is supported by Geyer (2020:26) who mentioned that in 2020, all NEIs could only offer the new nursing programmes, such as R171, provided they were registered (private sector) or declared (public sector) as HEIs by the Department of Higher Education and Training. R171 is a three-year nursing qualification available at any NEI accredited to offer such a qualification by SANC. The development of R171 was to ensure NEIs produced critical thinking, generalist practitioners competent to work in all types of environments to provide quality and safe care for their communities (Geyer, 2020:28). This was also the case at all NEIs in NWP.

Matlakala (2017:5) adds that public and private NEIs have to register as higher education institutions in order to have their offerings on a higher education band. The reason for public and private NEIs to move to higher education is that there is a need for more nurses in South Africa in order to manage the country's burden of disease and to meet South Africa's healthcare needs (The Strategic Plan for Nursing Education, Training and practice, 2013: 14). Conversely, there is a widely held view that higher education equals better education for nurses, with graduates more competent and better equipped to deal with the complex challenges occurring within a dynamic healthcare system (Mtshali & Zwane, 2019: 2). Nurse educators play a key role in facilitating the change of the nursing curriculum by revising the curriculum and mapping the content of the curriculum and maintaining a relevant programme that prepares graduates for success in today's workforce (Linton *et al.*, 2019: 282). All NEIs in NWP also revised the nursing curriculum to allow for the introduction of R171.

Despite the above information, there are limited studies found on literature that focus on the experiences of nurse educators regarding the R171 nursing curriculum in NWP. Therefore, the rationale for the study is to explore and describe the experiences of nurse educators regarding the R171 nursing curriculum in the NWP. The exploring and describing of the lived experiences of the nurse educators was to enable implementation of the recommendations on the R171 nursing

curriculum into the public nursing schools in the NWP. The nurse educators could also receive new opportunities and mentoring on the R171 nursing curriculum.

1.3. PROBLEM STATEMENT

The R171 nursing curriculum was introduced in South Africa with the aim of producing a generalist nurse who will be able to render nursing care in hospitals and at community level. Nursing education in South Africa (SA) is not immune to the transformation agenda of the new democratic dispensation (Matlakala, 2017: 1). Some of the public NEIs started with the R171 nursing curriculum in the year 2020 and others in 2021. According to Matlakala (2017: 9), the introduction of the R171 nursing curriculum seems to be implemented earlier, not considering other factors such as lack of infrastructure and inadequate human resources. The R171 nursing curriculum has both benefits and challenges that have an impact on the nursing profession (Matlakala, 2017:6). For instance, the R171 nursing curriculum is student driven, and promotes critical thinking skills and equips diplomates with a developed sense of equity, justice and service ethics that will ensure they work in an accountable manner, irrespective of their chosen workplace (WHO, 2017:10). Unlike the R425 in the nursing curriculum in the public nursing education institutions, the R171 nursing curriculum encourages student nurses to participate in their learning actively, as they have enough time to search for information in libraries and make use of the computer laboratories to search for information.

Conversely, some of the challenges relating to R171 nursing curriculum include, but are not limited to, shortage of human and material resources (Matlakala, 2017:8). The researcher works at one of the NEIs in NWP as a lecturer for the R171 programme and observes the challenges and benefits related to facilitating the R171 nursing curriculum. The benefits of the R171 nursing curriculum, for example, include motivation of self-directed learning with more given a time to search for information in libraries or the internet. However, the challenges that limits the facilitation of teaching and learning include lack of infrastructure, such as limited computer laboratories with no internet access.

Despite the above inconsistencies, there is a dearth of literature about the experiences of nurse educators regarding the R171 nursing curriculum in the public nursing education institutions of NWP. Therefore, the researcher deemed it necessary to explore and describe the experiences of nurse educators regarding the R171 nursing curriculum in the NEIs of NWP.

1.4. RESEARCH QUESTIONS

This study answered the following research questions:

What are the experiences of the nurse educators regarding the R171 nursing curriculum in NWP?

Describe the recommendations for improving the implementation of the R171 nursing curriculum in NWP?

1.5. RESEARCH AIM AND OBJECTIVES

Presented below are the research aim and objectives of this study.

1.5.1 Research aim

The aim of the study was to explore and describe the experiences of nurse educators regarding the R171 nursing curriculum in North West Province.

1.5.2. Research objectives

The objectives of the research study were to:

- Explore and describe the experiences of the nurse educators regarding the R171 nursing curriculum in NWP
- **Describe recommendations for improving the implementation of R171 nursing curriculum in NWP**

1.6. SIGNIFICANCE OF THE STUDY

According to my knowledge, this is the first study conducted on this topic in NWP. The findings of this study may therefore assist nurse educators to understand the R171 nursing curriculum so they can be able to assist the nursing students to be clinically and theoretically competent based on the curriculum's objectives. In understanding the R171 nursing curriculum, the nurse educators can render quality teaching and learning based on the prescripts of the R171 nursing curriculum. The findings of the study may also add important and valuable knowledge to that already known about the challenges of nurse educators regarding the transformation of public nursing colleges in North West Province.

1.7. CONCEPTUAL DEFINITIONS

Concepts defined in this study are R171, curriculum, nursing student, experience, nurse educator and South African Nursing Council (SANC).

R171: regulations relating to the approval of and the minimum requirements for the education and training of a learner leading to registration in the category general nurse (SANC, 2013:4). In this study, nursing students enrolled for a three year nursing diploma in South Africa from 2020 are registered under R171.

Curriculum: a curriculum is any planned educational experience with curriculum development often considered the first step toward creation of an education programme (Sell *et al.*, 2019: 528). In this study, the R171 nursing curriculum, developed in 2013, was implemented by public NEIs in 2020, as prescribed under Regulation 171 of SANC.

Nursing student: is either the student nurse in basic training or the nurse in post basic training; it means a person registered with SANC as a learner nurse in terms of Section 32 (SANC, 2013:2). In this study, a nursing student is a person registered with the SANC as a student, as prescribed in R171 of the SANC.

Experience: is an event that a person has accumulated as a whole and sometimes called a lived experience (Alhahen, 2018:17). In this study, nurse educators must have accumulated six-months experience of educating the nursing students enrolled under R171 of SANC.

Nurse educator: a nurse educator is a Professional Nurse with an additional qualification in Nursing Education and is registered as such with the SANC (SANC, 2014:1). In this study, the nurse educator is a professional nurse with an additional qualification in nursing education and is providing teaching and learning for nursing students enrolled for R171 in the public NEI in the North West Province.

South African Nursing Council (SANC): According to South African Nursing Act (Act No. 33 of 2005), South African Nursing Council is the body entrusted to set and maintain standards of nursing education and practice in the Republic of South Africa.

1.8. RESEARCH METHODOLOGY

Discussed below are the research approach, study context, population, sampling and sampling technique.

1.8.1 Research approach

This study used a qualitative research approach. According to Polit and Beck (2018: 414), qualitative research approach is the investigation of a phenomena, whereby the researcher seeks to understand and explore the problem or phenomena of individuals and provides descriptions of that occurrence. This study used a qualitative research approach to explore and describe the experiences of nurse educators regarding the R171 nursing curriculum in NWP.

1.8.2 Research context

This study was conducted at the public NEI in NWP. The public NEI has two campuses in NWP. This NEI's implemented the R171 nursing curriculum in its two campuses in 2021. There are eight nurse educators facilitating the R171 programme and 40 undergraduate nursing students enrolled for the three-year undergraduate diploma programme (R171) at each campus, resulting in 16 nurse educators and 80 undergraduate nursing students from the NEI.

1.8.3 Research design

The use of a descriptive phenomenology research design achieved the aim and objectives of the study. According to Polit and Beck (2018: 666), descriptive phenomenology research design involves the description of lived events or experiences of participants. This study used a descriptive phenomenology research design to explore and describe the experiences of nurse educators to understand the phenomena. The advantage of descriptive phenomenology is that the researcher investigates subjective phenomena in the belief that critical truths about reality have a grounding in people's lived experiences (Polit & Beck, 2018: 666).

1.9 POPULATION AND SAMPLING

The following sections present the population and sampling of this study.

1.9.1 Population

Population is the entire set of individuals who are the focus of the research study (Burns & Grove, 2020:411). The target population is the entire set of individuals meeting the sample criteria (Burns & Grove, 2020: 411). The target population was nurse educators facilitating students registered under R171 of the SANC in the two public NEIs in NWP.

1.9.2 Sampling

Sampling is a process of selecting participants from the target population to represent the entire population (Polit & Beck, 2018: 705). The description of sampling in this study is under sampling approach, technique, size and criteria and are explained below:

1.9.2.1 Sampling approach

This study used a non-probability sampling approach. Non-probability sampling is a sampling approach where not all the elements in the population have an equal chance of being in the study sample (Gray *et al.*, 2017: 342). The use of a non-probability sampling approach in this study meant not every member of the population had an equal chance of being in the study. This means not all nurse educators in the selected public NEI participated in the study; only 10 nurse educators facilitating the R171 nursing curriculum participated in the study because they had insight about the topic under study and consented to participate.

1.9.2.2 Sampling technique

A purposive sampling technique selected participants for the study. According to Polit and Beck (2018: 696), a purposive sampling technique is where the researcher strategically selects information rich cases that will undergo investigation in the study. The purposive sampling technique selects nurse educators with insight about the topic under study and have experience regarding the R171 nursing curriculum in NWP. The selection of the nurse educators facilitating the R171 nursing curriculum was because they had insight about the R171 nursing curriculum.

1.9.2.3 Sampling size

Sample size indicates the number of people in the sample (Polit & Beck, 2018: 702). The determination of the sample size for this study was data saturation, when there was no new information received from the participants. There are 16 nurse educators facilitating R171 nursing curriculum at the selected public NEI in NWP, but only 10 consented to participate in the study. **When the researcher was interviewing the tenth participant, no new information was coming from the participant. Therefore the researcher reached data saturation with the tenth participant.**

1.9.2.4 Sampling criteria

Sampling criteria was according to inclusion and exclusion criteria.

- **Inclusion criteria**

Inclusion criteria are characteristics a participant must possess to be part of the target population (Gray & Grove, 2020:412). The selection of nurse educators was because of their registration with SANC, and as such, were directly involved in teaching and learning of R171 in NWP. **Participants were also selected because they had insight and experience in the phenomenon in question.** Prior to conducting the research. These nurse educators had a minimum of six months' experience of teaching R171 undergraduate nursing students, and exposure to facilitating the R171 nursing curriculum in NWP.

- **Exclusion criteria**

Exclusion criteria are characteristics that can cause the elimination or exclusion of a person or element from the target population (Gray & Grove, 2020:413). Excluded from the study were nurse educators facilitating teaching and learning in the legacy programme or the old nursing curriculum R425. This nurse educators are facilitating teaching and learning to nursing students enrolled for R425 and they are not involved in providing teaching and learning to nursing students enrolled for R171.

1.10 DATA COLLECTION

This study used semi-structured individual interviews through Microsoft Teams office to collect the data. One reason for using Microsoft Teams office was to protect the researcher and the participants from the transmission of COVID-19, the other reason the researcher was it maintains confidentiality by allowing only the participants in the meeting, thus safeguarding their privacy. **Data was collected**

by an independent person from the 6th April 2022 until 3rd June 2022. The reason for using the services of an independent person for data collection was to avoid researcher bias, as the researcher works at the selected NEI. Semi-structured individual interviews was used to collect data to ascertain the experiences of nurse educators regarding the R171 nursing curriculum in NWP. According to Polit and Beck (2018: 720), semi-structured interviews are a data collection technique whereby researchers want to be sure that a specific set of topics are covered in their qualitative interviews, and the researcher makes follow up questions. The participants' detailed information regarding the R171 nursing curriculum was explored and described.

1.10.1 Data collection process

This study used semi-structured individual interviews through Microsoft Teams office to collect data in this study. After the approval was granted by the North West Province Department of Health Multi-campus Principal, and the Head of Campuses of the two NEIs, the independent researcher emailed the pamphlets to the participants. Only ten participants consented to participating in the study. Data collection was conducted by an independent person from the 6th April 2022 until 3rd June 2022. The reason for using the services of an independent person for data collection was to avoid researcher bias, as the researcher works at the selected NEI. Semi-structured individual interviews was used to collect data to ascertain the experiences of nurse educators regarding the R171 nursing curriculum in NWP. The researcher used Microsoft (MS) Teams office to protect the participants from the transmission of COVID-19. MS Teams recorded participants' responses, and this increased trustworthiness of the study. The participants received explanations about the duration of the interview, which was between 30 and 60 minutes, their right to withdraw from the study, the aim of the study and the research questions. The researcher made sure she respected the participant's opinions.

1.10.2 Data collection instrument tool/interview schedule

Video conferencing platforms used, such as MS Teams office, as an instrumental tool to collect data. To ensure privacy of the meeting, the researcher created a private meeting link and password; this meant not everyone had access to the study, only those with a private meeting link and password had access. Participants were encouraged to be in a room that had no disruptions. The researcher provided all the participants with 1 gigabyte of data for data collection purposes. The participants received an interview guide (See Appendix A). The study used semi-structured interview questions with follow up questions to probe more from the participants. A list of semi structured interview questions that were asked the participants were:

What do you know about the R171 nursing curriculum?

What are your experiences regarding the R171 nursing curriculum?

Describe the recommendations for improving the implementation of the R171 nursing curriculum in NWP?

1.11 DATA ANALYSIS

This study used reflective thematic data analysis, as explained by Guest *et al.* (2016:10). The researcher and an independent co-coder analyzed data separately and met for consensus on themes and sub-themes. Thematic data analysis identifies themes and develops codes after data collection (Guest *et al.*, 2016: 10). The researcher followed the thematic data analysis steps as follows:

Transcription

The researcher started by familiarizing herself with the data by repeatedly listening to the participants' interviews or recorded audios, and wrote down and made sense of it all by reading the transcribed data. The researcher then began to sort out the data.

Coding

The researcher and co-coder organised the data by bracketing and writing down the words and breaking them down into smaller words. They then divided data into paragraphs, or themes or sub-themes, and identified the similarities.

Generate initial themes

There was mapping of the codes of each concept. The researcher and co-coder made a description of codes or categories. The researcher then described the information about the participants and the experiences and events. Thematic hierarchies clustered similar codes to produce higher order codes.

Define and rename the themes

The researcher and co-coder presented the themes in a moderate way, and redefined and presented the themes.

Finally write a report

The researcher made interpretations of the themes and sub-themes and ensured they made a concrete conclusion.

1.12 ETHICAL CONSIDERATIONS

Before conducting the interviews with the participants, the researcher sought approval from the NuMIQ research focus area, North-West University Health Research Ethics Committee (NWU-HREC), North West Province Department of Health Multi-Campus Principal, and Head of Campuses of two NEIs In NWP where there was to be collection of data. When the researcher received approval, she appointed an independent person, experienced in qualitative research, to recruit the participants for the study. The independent person posted recruitment material on the WhatsApp groups of the two NEIs and pamphlets (Recruitment material) on the notice boards of both NEIs (See Appendix C).

The participant's right to confidentiality was maintained in this study by not mentioning their real names, instead calling them Participant A, B or C. The researcher explained to the participants that the interview recordings would remain in a locked cupboard belonging to the research director for a minimum period of five (5) years. The study maintained the principles of respect for participants, beneficence, privacy and justice throughout.

The right for respect for participants

Humans should be treated as autonomous, and can voluntarily participate in a study without the risk of prejudicial treatment (Polit & Beck, 2018:212). For this study, the researcher explained participants' right to withdraw from the study, and if any participants wished to withdraw, the researcher respected their decisions.

The principle of beneficence

Beneficence imposes that the researcher minimises harm and maximises benefits (Polit & Beck, 2018:211). In this study, the researcher asked the participants follow up questions in a manner that was respectful. If the questions evoked some emotions, the researcher ensured that the participants were referred for management at one of the local institutions in the North West Province.

The principle of privacy

According to Polit and Beck (2018: 215), researchers must ensure their research is no more intrusive than it needs to be, and that they maintain participants' privacy. To ensure protection against harm to the participants, the study did not use the participant's full or real names. The meetings scheduled for interviews on MS teams office was exclusively for the participants and the interview recordings saved on a password protected computer to ensure privacy.

The principle of justice

Justice implies the participants have fair and equal treatment (Polit & Beck, 2018:214). This study employed fair recruitment and selection of participants. The researcher ensured all participants received equal treatment.

1.13 LEGAL AUTHORISATION

Before conducting the interviews with the participants, the researcher sought approval from the NuMIQ research focus area, North-West University Health Research Ethics Committee (NWU-HREC), North West Province Department of Health Multi-campus Principal, and the Head of Campuses of two public NEIs where there was to be collection of data. On obtaining approval, the researcher appointed an independent person, experienced in qualitative research, to recruit the participants for the study.

1.14 RECRUITMENT OF PARTICIPANTS

Recruitment of participants teaching R171 only commenced after receiving written approvals from the NuMIQ research focus area, North-West University Health Research Ethics Committee (NWU-HREC), North West Province Department, Health Multi-Campus Principal, and Head of Campuses of two public NEIs where there was to be data collection. The researcher posted pamphlets (Recruitment material) on the notice board of two NEIs in NWP (See Appendix C). The researcher appointed an independent person, experienced in qualitative research, to recruit the participants for the study.

The independent person posted recruitment material on the WhatsApp groups of the two NEIs, via emails and on the noticeboards for the relevant personnel to see. The pamphlets entailed the topic of the research study, the objectives of the study, the potential benefits and risks, and the precautions to avoid risk. There was no face-to-face recruitment as the researcher wanted to reduce the spread of COVID-19. During the recruitment process, all potential participants were informed they had a minimum of 14 working days to decide whether they want to participate in the study. After

informing the participants there was no payment for participating, the researcher provided all participants with 1 Gigabyte of data, to avoid them spending their money to participate in this study, and R50 as a token of appreciation; this was not a payment but a token to say thank you for participating. The independent person explained the objectives of the research and the benefits, as well as the voluntary right to withdraw from the study.

1.15 PROCESS OF OBTAINING INFORMED CONSENT

Before commencing the interviews, the researcher appointed an independent person, experienced in qualitative research, to obtain informed consent from the participants. The independent person made use of a visual platform, such as MS Teams office, to discuss the signing of the consent form, which the independent person handed to the participants to sign. The independent person began by explaining the topic to the participants and what the research entailed through the online platform. The digital consent forms, using Google documents, were emailed to the participants and their witnesses. During the meetings, the participants and their witnesses were encouraged to sign the consent form using the DocuSign, which is one of the reliable ways of having participants sign documents electronically from any device. The researcher and the participants were with their witnesses when signing the consent form. Signing of the consent form occurred at the same time but in different locations. Following this, there was an electronic consent form sent to the participants using a link from Google documents to complete the electronic informed consent form. Upon completion, the forms were returned to the researcher via email to avoid contact with paper, which was a safety risk during the pandemic of Covid-19 and to save the participants' time.

Participants from the NEI in which the researcher worked had to put hard copies of the signed consent forms in a sealed envelope and put them in a box in the researcher's office. The researcher opened the hard copies after three working days. The researcher asked those working at the other NEI to use courier services to send the hard copies of the signed consent forms; the researcher sent them money for the courier services. The reason for this was to reduce the spread of COVID- 19 and ensure that potential participants did not use their money for the study.

The consent form contained all necessary information (See Appendix B); the research topic, the type of the research methodology used in the study, a full explanation of the potential benefits, the right to withdraw from the study, and voluntary participation, as well as the contact details of the researcher in case the participants wanted to ask questions.

1.16 PROBABLE EXPERIENCE OF PARTICIPANTS

The participants were professional nurses registered with SANC as nurse educators, educating nursing students registered under the R171 programme in the public NEIs in NWP. The nurse educators had a minimum of six months' experience teaching R171 undergraduate nursing students having has exposure to facilitating the R171 nursing curriculum.

1.17 ANTICIPATED BENEFITS

Direct benefits for participants	Indirect benefits for society at large or the researchers/institution
No direct benefits for the participants	Improved teaching and learning of the R171 nursing curriculum in NWP
	Improved quality nursing quality education in the North West Province

1.18 RISKS/BENEFIT ANALYSIS

The benefits outweigh the risks, with improved quality nursing and quality education in NWP. As the researcher wanted to explore and describe the experiences of nurse educators regarding the R171 nursing curriculum in the NWP, low risk occurred. There were no direct benefits for participating in this study. Indirect benefits were identified and they include improved teaching and learning in nursing in NWP and improved quality nursing quality education in the province.

1.19 EXPERIENCE, SKILLS, AND COMPETENCY OF THE RESEARCHER(S)

The student is a professional nurse and nurse educator in possession of Bachelor of Nursing Science (BNSc) degree and Advanced University Diploma (AUD) in Nursing Education. The supervisor is a nurse educator at a local university, holding a Master's degree qualification in nursing and currently doing a PhD in health sciences with nursing science. The co-supervisor is an associate professor who holds a PhD and experienced in supervising Masters and PhD candidates. All

researchers have Ethics Training Certificates.

1.20 DISSEMINATION OF RESEARCH FINDINGS

After completing study, a presentation of the findings of the research will be prepared and presented to the nurse educators, the management of the public NEI where there was data collected, and the management of DoH NWP. This study followed an Article format, and the manuscript submitted to the International Journal of Africa Nursing Sciences (IJANS) to share the results with other researchers in the field of nursing education.

1.21 DATA MANAGEMENT

After saving the interview recordings on a password-protected computer, they underwent deletion from the recording devices. The researcher employed a co-coder, who signed a confidentiality agreement, to transcribe the recordings. After transcription and data analysis, there was the transfer of all electronic documents from the computer to a password protected external memory device.

After scanning all the hard copy documents, including the informed consent document, they were shredded. Data was removed from all Cloud storage systems. The transcriber had to delete all documents from the computer and Cloud storage systems they may have used. On completion of the study, the storage device was stored in the office of the director in a locked cupboard.

The following will be stored with the device:

- Students' name and university number and supervisors' names
- Title of the study
- Name of the degree and date it was awarded
- Students contact details

1.22 TRUSTWORTHINESS

The rigour or trustworthiness of the study refers to the truthfulness, goodness and integrity of the research (Korstjens & Moser, 2017:121). This study employed the following four criteria of trustworthiness, as defined by Lincoln and Guba cited in Brink *et al.* (2018: 158- 159): Credibility, Dependability, Confirmability and Transferability.

Credibility

Credibility refers to the confidence in truth of the data and interpretation of it (Polit & Beck, 2018:787). For this study, the researcher made sure the data from the participants was true by checking and clarifying with the participants the accuracy of the data. The researcher made use of member checking with the supervisors of the study to affirm the research findings and to confirm the accuracy of the data. According to Candela (2019: 619), member checking is when the researcher checks the accuracy of the transcribed data with the participants. The researcher also used bracketing to exclude the researcher's views as a nurse educator in the NEI. There was prolonged engagement with persistent observation ensured in order to get the non-verbal and verbal in depth information regarding what the study aspired to explore and describe.

Dependability

Dependability is a further criterion listed by Lincoln and Guba, as cited in Brink *et al.* (2018: 111), to establish the trustworthiness of the study. Dependability refers to the stability of the data overtime (Polit & Beck, 2018:787). In this study, the researcher ensured the organisation of the research findings in a way that the results were truthful. The researcher made use of an independent coder to affirm truthfulness of the obtained data. There will be sharing of the findings with policymakers and curriculum developers to assist with improvement of the R171 nursing curriculum in the NWP.

Confirmability

Confirmability means the researcher has remained neutral in data analysis and interpretation (Polit & Beck, 2018:787). According to Brink *et al.* (2018: 111), confirmability guarantees the findings, conclusions and recommendations are supported by the data. In this study, the researcher was not biased, and ensured the writing of every participant's experience was just as they explained.

Transferability

Transferability refers to the idea that findings may be applicable in similar situations (Polit & Beck, 2018:788). This study is transferable and other settings or studies may use it for other research

purposes. To ensure transferability of the research, the researcher ensured the research method and data analysis, with its interpretation, were stipulated in a clear manner to prove the study was not a figment of her imagination but derived from the data obtained, thus could be transferred for a similar study in the future.

1.23 DIVISION OF THE STUDY

The researcher followed the article format in line with the NWUs 2020 Manual for Higher Degrees Studies. This dissertation has the following sections:

Section 1: Overview of the study

Section 2: Manuscript

Section 3: Conclusion, limitations, and recommendations

1.24 SUMMARY

The research on the experiences of nurse educators regarding the R171 nursing curriculum in North West Province was unknown. The purpose of this research was to explore and describe the experiences of the nurse educators regarding the R171 nursing curriculum in the NWP. The study used a descriptive phenomenology research design to achieve the aim and objectives. A qualitative research approach investigated the phenomena. A non-probability sampling approach and a purposive sampling technique selected the participants with insight about the topic under study. Semi-structured individual interviews, through Microsoft Teams, collected the data in this research. The researcher followed the five steps of thematic data analysis, namely transcription, coding, generation of initial themes, defining and renaming the themes, and finally writing a report. The second section provides the manuscript submitted to IJANS.

1.25 REFERENCE LIST

- Alhahen, K., 2018. John Dewey's ecology of experiences. Gaudeamus Helsinki University press.
- Breakey, S. Corless, I.B. Meedzan, N. L. Nicholas, P.K. (2015). Global Health Nursing in the 21st century. Springer publishers.
- Brink, H., Van der Walt, C. & Van Rensburg, G. 2018. Fundamentals of research methodology for health care professionals. 4th ed. Cape Town: Juta and Company Ltd.
- Brownie, S.M., Docherty, C., Al-Yateem, N., Gadallah, M.H. and Rossiter, R., 2018. Developing a national competency-based curriculum for technical nurses in Egypt. Eastern Mediterranean Health Journal, 24(9).
- Bvumbwe, T. and Mtshali, N., 2018. Nursing education challenges and solutions in Sub Saharan Africa: an integrative review. BMC nursing, 17(1), pp.1-11.
- Candela, A.G., 2019. Exploring the function of member checking. The Qualitative Report, 24(3), pp.619-628.
- Clark, A., 2021. Nursing Faculty Perceptions of Informal Workload After Changing Curriculum: A Qualitative Study (Doctoral dissertation, Capella University).
- Dang, D., & Dearholt, L.S. (3rd ed). (2018). John Hopkins Nursing. Evidence Based Practice: Model guidelines. Dustin Sullivan publishers.
- Farmer, P., Meyer, D., Sroczyński, M., Close, L., Gorski, M.S. and Wortock, J., 2017. RN to BSN at the community college: A promising practice for nursing education transformation. Teaching and Learning in Nursing, 12(2), pp.103-108.
- Fawaz, M.A., Hamdan-Mansour, A.M. and Tassi, A., International Journal of Africa Nursing Sciences.
- Feller, F., 2018. Transforming nursing education: A call for a conceptual approach. Nursing education perspectives, 39(2), pp.105-106.
- Geyer, N., 2020. Nursing education in 2020. *Professional Nursing Today*, 24(2), pp.26-28.
- Graham, C.J., 2020. Experiences of Associate Degree Nurse Faculty Transitioning to Teach in a Baccalaureate Program (Doctoral dissertation, Capella University).

Gray, J.R., and Grove, S.K., (9th ed). (2020). Burns and Grove's the practice of nursing research: appraisal, synthesis and generation of evidence. Elsevier.

Grove, S.K., Gray, J.R. and Sutherland, S., (8th). 2017. Burns and Grove's the practice of nursing research: appraisal, synthesis, and generation of evidence. Elsevier.

Korstjens, I. and Moser, A., 2018. Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. *European Journal of General Practice*, 24(1), pp.120-124.

Matlakala, M.C., 2017. Transforming nursing education: Benefit or peril for the profession.

Mtshali, N.G. and Zwane, Z.P., 2019. Positioning public nursing colleges in South African higher education: Stakeholders' perspectives. *Curationis*, 42(1), pp.1-11.

National Department of Health (DOH) The national strategic plan for nursing education, training and practice. 2012/13–2016/17, National Department of Health, Pretoria.

Nyoni, C.N. and Botma, Y., 2020. Integrative review on sustaining curriculum change in higher education: Implications for nursing education in Africa. *International Journal of Africa Nursing Sciences*, 12, p.100208.

Polit, F. D., & Beck, C.T. (9th ed.). (2018). *Essentials of Nursing Research: Appraising Evidence for Nursing Practice*. Wolters Kluwer publishers.

Salmond, S.W. and Echevarria, M., 2017. Healthcare transformation and changing roles for nursing. *Orthopedic nursing*, 36(1), p.12.

Sell, N.M. and Phitayakorn, R., 2020. Developing and refining a surgical curriculum. *Surgery*, 167(3), pp.528-531.

South African Nursing Council. 2005. Nursing Act 2005 (Act No. 33 of 2005). *Government Gazette. Pretoria: Government Printers*.

South African Nursing Council. 2013. Nursing Act 2003 (act no. 33 of 2005): Regulations Relating to the Approval of and the Minimum Requirements for the Education and Training of a Learner Leading to Registration in the Category Staff Nurse

Taliaferro, D. Howell, C. Pilcher, J. Welzant, J. H. 2020. Experiences of associate degree nurse faculty transitioning to teach in a Baccalaureate program. ProQuest publishers

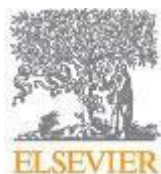
World Health Organization. From Brain Drain to brain gain: Nursing and Midwifery migration trends

in the South African health system. 2017.

SECTION 2: MANUSCRIPT

International Journal of Africa Nursing Sciences (IJANS) MANUSCRIPT

2.1. JOURNAL AUTHOR GUIDELINES



AFRICA

INTERNATIONAL JOURNAL OF NURSING SCIENCES

AUTHOR

INFORMATION PACK

TABLE OF CONTENTS

- **Description** p.1
- **Abstracting and Indexing** p.1
- **Editorial Board** p.1
- **Guide for Authors** p.2

DESCRIPTION

International Journal of Africa Nursing Sciences (IJANS) is an international scientific open access journal published by Elsevier. The broad-based journal was founded on two key tenets, i.e. to publish the most exciting research with respect to the subjects of **Nursing** and **Midwifery** in **Africa**, and secondly, to advance the international understanding and development of **nursing** and **midwifery** in **Africa**, both as a profession and as an academic discipline. The fully refereed journal provides a forum for all aspects of **nursing** and **midwifery sciences**, especially new trends and advances. The journal call for original research papers, systematic and scholarly review articles, and critical papers which will stimulate debate on research, policy, theory or philosophy of **nursing** as related to **nursing** and **midwifery** in **Africa**, technical reports, and short communications, and which will meet the journal's high academic and ethical standards. Manuscripts of **nursing practice**, education, management, and research are encouraged. The journal values critical scholarly debate on issues that have strategic significance for educators, practitioners, leaders and policy-makers of **nursing** and **midwifery** in **Africa**. The journal publishes the highest quality scholarly contributions reflecting the diversity of **nursing**, and is also inviting international scholars who are engaged with **nursing** and **midwifery** in **Africa** to contribute to the journal. We will only publish work that demonstrates the use of rigorous methodology as well as by publishing papers that highlight the theoretical underpinnings of **nursing** and **midwifery** as it relates to the **Africa** context. The journal employs a double blind peer review process for all submissions and is working towards inclusion of the journal on the Thomson Reuters Journal Citation Reports.

ABSTRACTING AND INDEXING

Scopus

Directory of Open Access Journals (DOAJ)

EDITORIAL BOARD

Editor-in-Chief

Hester Klopper, Stellenbosch University, Deputy Vice Chancellor and Professor, Stellenbosch, South Africa

Deputy Editor-in-Chief

Nelouise Geyer, Nursing Education Association, Pretoria, South Africa

AUTHOR INFORMATION PACK 24 Jun 2022 www.elsevier.com/locate/ijans 2

Associate Editors

Mustafa M. E. Bodrick, Saudi Commission for Health Specialties, Riyadh, Saudi Arabia

Judith Bruce, University of the Witwatersrand Johannesburg, Johannesburg, South Africa
Clinical Studies

Deliwe Rene Phetlhu, Sefako Makgatho Health Sciences University, Ga-Rankuwa, South Africa
Community Health Nursing, Stigma in Key populations, HIV and TB, Leadership and administration,
Education and research methodologies (Qualitative, Mixed Methods)

Editorial Board

Jemima Dennis-Antwi, Ghana College of Nurses and Midwives, Accra, Ghana

Anne Hofmeyer, University of South Australia, Adelaide, South Australia, Australia

Sarie Human, University of South Africa, Capetown, South Africa

Karien Jooste, Cape Peninsula University of Technology - Bellville Campus, Bellville, South Africa

Désiré Gapira Kamanzi, Université Catholique La Sapiencia/Goma, School of Medicine, Democratic Republic of

Congo, Goma, Congo, the Democratic Republic of the

Human Resources for Health, Interprofessional Education, Programmatic, Monitoring and Evaluation

Siedine Knobloch-Coetzee, North-West University, Potchefstroom, South Africa

Address Malata, Malawi University of Science and Technology, Limbe, Malawi

Sipho Mkize, South African Nursing Council, Pretoria, South Africa

K. Elizabeth Mokoka, Forum of University Nursing Deans of South Africa, Pretoria, South Africa
Nursing Education, Programme Management, Ophthalmic Nursing, Health Systems Strengthening

Mosidi Mokotedi, University of Botswana School of Nursing, Gaborone, Botswana

Paediatric Hematology and Oncology care, Palliative Care, Nursing and Midwifery Development,

Nursing Education

Fhumulani Mavis Mulaudzi, University of Pretoria, Pretoria, South Africa

Deliwe Rene Phetlhu, Sefako Makgatho Health Sciences University, Ga-Rankuwa, South Africa
Community Health Nursing, Stigma in Key populations, HIV and TB, Leadership and administration,

Education and research methodologies (Qualitative, Mixed Methods)

Naomi Seboni, University of Botswana, Gaborone, Botswana

Chika Ugochukwu, Ebonyi State University, Abakaliki, Nigeria

Nursing education, Medical Surgical Nursing, Research Methodology, Measurement and Evaluation,

Curriculum

International Board

Linda Aiken, University of Pennsylvania, Philadelphia, Pennsylvania, United States of America

Josephine Etowa, University of Ottawa, ON, Ontario, Canada

Jason Farley, Johns Hopkins University, MD, Maryland, United States of America

Nancy E Glass, Johns Hopkins University, MD, Maryland, United States of America

Ann Matthews, Dublin City University, Dublin, Ireland

Karen Morin, Bronson Methodist Hospital, Kalamazoo, Michigan, United States of America

Patrice Nicholas, MGH Institute of Health Profession and Brigham and Women's Hospital, MA, Massachusetts, United States of America

Anne Marie Rafferty, King's College London, London, United Kingdom

Richard Ricciardi, Agency for Healthcare Research and Quality, Rockville, Maryland, United States of America

Solina Richter, University of Alberta, Edmonton, Alberta, Canada

Walter Sermeus, KU Leuven Department of Public Health and Primary Care, Leuven, Belgium

Lynda Wilson, The University of Alabama, AL, Alabama, United States of America

AUTHOR INFORMATION PACK 24 Jun 2022 www.elsevier.com/locate/ijans 3

GUIDE FOR AUTHORS

INTRODUCTION

Dr Hester Klopper, Editor, welcomes manuscripts for consideration for publication in the journal.

Submission checklist

You can use this list to carry out a final check of your submission before you send it to the journal for review. Please check the relevant section in this Guide for Authors for more details.

Ensure that the following items are present:

One author has been designated as the corresponding author with contact details:

- E-mail address
- Full postal address

All necessary files have been uploaded:

Manuscript:

- Include keywords
- All figures (include relevant captions)
- All tables (including titles, description, footnotes)
- Ensure all figure and table citations in the text match the files provided
- Indicate clearly if color should be used for any figures in print

Graphical Abstracts / Highlights files (where applicable)

Supplemental files (where applicable)

Further considerations

- Manuscript has been 'spell checked' and 'grammar checked'
- All references mentioned in the Reference List are cited in the text, and vice versa
- Permission has been obtained for use of copyrighted material from other sources (including TheInternet

)

- A competing interests statement is provided, even if the authors have no competing interests to declare
- Journal policies detailed in this guide have been reviewed
- Referee suggestions and contact details provided, based on journal requirements

For further information, visit our [Support Center](#).

BEFORE YOU BEGIN

Ethics in publishing

Please see our information pages on [Ethics in publishing](#) and [Ethical guidelines for journal publication](#).

The IJANS is a signatory journal to the Uniform Requirements for Manuscripts Submitted to Biomedical Journals, issued by the International Committee for Medical Journal Editors (ICMJE), and to the Committee on Publication Ethics (COPE) code of conduct for editors. Our guidelines should be read in conjunction with this broader guidance. The ICJME requirements can be found at <http://www.icmje.org/> and the COPE's guidelines at http://publicationethics.org/files/u2/New_Code.pdf.

Studies in humans and animals

If the work involves the use of human subjects, the author should ensure that the work described has been carried out in accordance with [The Code of Ethics of the World Medical Association](#)

(Declaration of Helsinki) for experiments involving humans. The manuscript should be in line with the

[Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical](#)

[Journals](#) and aim for the inclusion of representative human populations (sex, age and ethnicity) as per those recommendations. The terms [sex and gender](#) should be used correctly. Authors should include a statement in the manuscript that informed consent was obtained for experimentation with human subjects. The privacy rights of human subjects must always be observed.

AUTHOR INFORMATION PACK 24 Jun 2022 www.elsevier.com/locate/ijans 4

All animal experiments should comply with the [ARRIVE guidelines](#) and should be carried out in accordance with the U.K. Animals (Scientific Procedures) Act, 1986 and associated guidelines, [EU](#)

[Directive 2010/63/EU for animal experiments](#), or the National Research Council's [Guide for the Care and Use of Laboratory Animals](#) and the authors should clearly indicate in the manuscript that such guidelines have been followed. The sex of animals must be indicated, and where appropriate, the influence (or association) of sex on the results of the study.

Informed consent and patient details

Studies on patients or volunteers require ethics committee approval and informed consent, which should be documented in the paper. Appropriate consents, permissions and releases must be obtained where an author wishes to include case details or other personal information or images of patients and any other individuals in an Elsevier publication. Written consents must be retained by the author but copies should not be provided to the journal. Only if specifically requested by the journal in exceptional circumstances (for example if a legal issue arises) the author must provide copies of the consents or evidence that such consents have been obtained. For more information, please review the

[Elsevier Policy on the Use of Images or Personal Information of Patients or other Individuals](#).

Unless you have written permission from the patient (or, where applicable, the next of kin), the personal details of any patient included in any part of the article and in any supplementary materials (including all illustrations and videos) must be removed before submission.

Declaration of competing interest

Corresponding authors, on behalf of all the authors of a submission, must disclose any financial and personal relationships with other people or organizations that could inappropriately influence (bias) their work. Examples of potential conflicts of interest include employment, consultancies, stock ownership, honoraria, paid expert testimony, patent applications/registrations, and grants or other funding. All authors, including those *without* competing interests to declare, should provide the relevant information to the corresponding author (which, where relevant, may specify they have nothing to declare).

Corresponding authors should then use [this tool](#) to create a shared statement and upload to the submission system at the Attach Files step. **Please do not convert the .docx**

template to another file type. Author signatures are not required.

Submission declaration and verification

Submission of an article implies that the work described has not been published previously (except in the form of an abstract or as part of a published lecture or academic thesis or as an electronic preprint, see '[Multiple, redundant or concurrent publication](#)' section of our ethics policy for more information), that it is not under consideration for publication elsewhere, that its publication is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out, and that, if accepted, it will not be published elsewhere in the same form, in English or in any other language, including electronically without the written consent of the copyright-holder

Acknowledgements

One or more statements should specify (a) contributions that need acknowledging, but do not justify authorship (b) acknowledgments of technical support (c) acknowledgments of financial and material support, specifying the nature of the support. Persons named in this section must have given their permission to be named. Authors are responsible for obtaining written permission from those acknowledged by name since readers may infer their endorsement of the data and conclusions.

Authors should include Acknowledgments in the Conflict of Interest statement at original submission stage, and will be required to transfer the Acknowledgments into the manuscript file for revised articles.

Preprint posting on SSRN

In support of [Open Science](#), this journal offers its authors a free preprint posting service. Preprints provide early registration and dissemination of your research, which facilitates early citations and collaboration.

During submission to Editorial Manager, you can choose to release your manuscript publicly as a

preprint on the preprint server [SSRN](#) once it enters peer-review with the journal. Your choice will have no effect on the editorial process or outcome with the journal. Please note that the corresponding author is expected to seek approval from all co-authors before agreeing to release the manuscript publicly on SSRN.

AUTHOR INFORMATION PACK 24 Jun 2022 www.elsevier.com/locate/ijans 5

You will be notified via email when your preprint is posted online and a Digital Object Identifier

(DOI) is assigned. Your preprint will remain globally available free to read whether the journal accepts or rejects your manuscript.

For more information about posting to [SSRN](#), please consult the [SSRN Terms of Use](#) and [FAQs](#).

Use of inclusive language

Inclusive language acknowledges diversity, conveys respect to all people, is sensitive to differences, and promotes equal opportunities. Content should make no assumptions about the beliefs and commitments of any reader; contain nothing which might imply that one individual is superior to another on the grounds of age, gender, race, ethnicity, culture, sexual orientation, disability or health condition; and use inclusive language throughout. Authors should ensure that writing is free from bias, stereotypes, slang, reference to dominant culture and/or cultural assumptions. We advise to seek gender neutrality by using plural nouns ("clinicians, patients/clients") as default/wherever possible to avoid using "he, she," or "he/she." We recommend avoiding the use of descriptors that refer to personal attributes such as age, gender, race, ethnicity, culture, sexual orientation, disability or health condition unless they are relevant and valid. When coding terminology is used, we recommend to avoid offensive or exclusionary terms such as "master", "slave", "blacklist" and "whitelist". We suggest using alternatives that are more appropriate and (self-) explanatory such as "primary", "secondary", "blocklist" and "allowlist". These guidelines are meant as a point of reference to help identify appropriate language but are by no means exhaustive or definitive.

Author contributions

For transparency, we encourage authors to submit an author statement file outlining their individual contributions to the paper using the relevant CRediT roles: Conceptualization; Data curation; Formal analysis; Funding acquisition; Investigation; Methodology; Project administration; Resources; Software; Supervision; Validation; Visualization; Roles/Writing - original draft; Writing - review & editing. Authorship statements should be formatted with the names of authors first and CRediT role(s) following. [More details and an example](#).

Changes to authorship

Authors are expected to consider carefully the list and order of authors **before** submitting their manuscript and provide the definitive list of authors at the time of the original submission. Any addition, deletion or rearrangement of author names in the authorship list should be made only **before** the manuscript has been accepted and only if approved by the journal Editor. To request such a change, the Editor must receive the following from the **corresponding author**: (a) the reason for the change in author list and (b) written confirmation (e-mail, letter) from all authors that they agree with the addition, removal or rearrangement. In the case of addition or removal of authors, this includes confirmation from the author being added or removed.

Only in exceptional circumstances will the Editor consider the addition, deletion or rearrangement of authors **after** the manuscript has been accepted. While the Editor considers the request, publication of the manuscript will be suspended. If the manuscript has already been published in an online issue, any requests approved by the Editor will result in a corrigendum.

Reporting Clinical Trials

Registration in a public trials registry is a condition for publication of clinical trials in this journal in accordance with International Committee of Medical Journal Editors recommendations. Trials must register at or before the onset of patient enrolment. The clinical trial registration number should be included at the end of the abstract of the article. A clinical trial is defined as any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects of health outcomes. Health-related interventions include any intervention used to modify a biomedical or health-related outcome (for example drugs, surgical procedures, devices, behavioural treatments, dietary interventions, and process-of-care changes). Health outcomes include any biomedical or health-related measures obtained in patients or participants, including pharmacokinetic measures and adverse events. Purely observational studies (those in which the assignment of the medical intervention is not at the discretion of the investigator) will not require registration.

Authors should include the Clinical Trial Registration number in the Conflict of Interest statement (see above) at original submission stage, and will be required to transfer the number into the manuscript file for revised articles.

Registration of clinical trials

Registration in a public trials registry is a condition for publication of clinical trials in this journal in accordance with International Committee of Medical Journal Editors recommendations.

Trials must register at or before the onset of patient enrolment. The clinical trial registration number should be included at the end of the abstract of the article. A clinical trial is defined as any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects of health outcomes. Health-related interventions include any intervention used to modify a biomedical or health-related outcome (for example drugs, surgical procedures, devices, behavioural treatments, dietary interventions, and process-of-care changes). Health outcomes include any biomedical or health-related measures obtained in patients or participants, including pharmacokinetic measures and adverse events. Purely observational studies (those in which the assignment of the medical intervention is not at the discretion of the investigator) will not require registration.

Authors should include the Clinical Trial Registration number in the Conflict of Interest statement (see above) at original submission stage, and will be required to transfer the number into the manuscript file for revised articles.

Copyright

Upon acceptance of an article, authors will be asked to complete an 'Exclusive License Agreement' (for more information see <https://www.elsevier.com/OAauthoragreement>). Permitted

reuse of open access articles is determined by the author's choice of use license(see <https://www.elsevier.com/openaccesslicenses>).

Retained author rights

As an author you (or your employer or institution) retain certain rights; for details you are referred to <https://www.elsevier.com/OAauthoragreement>).

Elsevier supports responsible sharing

Find out how you can [share your research](#) published in Elsevier journals.

Open access

Please visit our [Open Access page](#) for more information.

Elsevier Researcher Academy

[Researcher Academy](#) is a free e-learning platform designed to support early and mid-career researchers throughout their research journey. The "Learn" environment at Researcher Academy offers several interactive modules, webinars, downloadable guides and resources to guide you through the process of writing for research and going through peer review. Feel free to use these free resources to improve your submission and navigate the publication process with ease.

Language (usage and editing services)

Please write your text in good English (American or British usage is accepted, but not a mixture of these). Authors who feel their English language manuscript may require editing to eliminate possible grammatical or spelling errors and to conform to correct scientific English may wish to use the [English Language Editing service](#) available from Elsevier's Author Services.

Submission

Our online submission system guides you stepwise through the process of entering your article details and uploading your files. The system converts your article files to a single PDF file used in the peer-review process. Editable files (e.g., Word, LaTeX) are required to typeset your article for final publication. All correspondence, including notification of the Editor's decision and requests for revision, is sent by e-mail.

Revised Submission

Submission of a revised article implies that all authors are confirming that they have been involved with, and have agreed to, any revisions made. At revision stage the following documentation is required: a separate "Response to Reviewers" file - Responses to the reviewers' and editors' comments in a table format that shows the original comments and the responses made. a revised blinded manuscript with changes clearly highlighted in yellow/or using alternative coloured text to the rest of the article a "clean", blinded version of the revised manuscript without any highlights or comments.

Revised submissions should be accompanied by the table file which responds, point by point, to the reviewers' and editors' comments, and changes to the revised paper should be highlighted so they can be spotted easily by the editors and reviewers during further review. A "clean" copy of the manuscript without any identifying information or highlights should also be submitted. Any revisions missing any of the above elements/files may be returned to authors.

Submit your article

Please submit your article via <https://www.editorialmanager.com/IJANS/default.aspx>

PREPARATION

Queries

For questions about the editorial process (including the status of manuscripts under review) or for technical support on submissions, please visit our [Support Center](#).

Peer review

This journal operates a double anonymized review process. All contributions will be initially assessed by the editor for suitability for the journal. Papers deemed suitable are then typically

sent to a minimum of two independent expert reviewers to assess the scientific quality of the paper. The Editor is responsible for the final decision regarding acceptance or rejection of articles. The Editor's decision is final. Editors are not involved in decisions about papers which they have written themselves or have been written by family members or colleagues or which relate to products or services in which the editor has an interest. Any such submission is subject to all of the journal's usual procedures, with peer review handled independently of the relevant editor and their research groups. [More information on types of peer review](#).

Double anonymized review

This journal uses double anonymized review, which means the identities of the authors are concealed from the reviewers, and vice versa. [More information](#) is available on our website. To facilitate this, please include the following separately:

Title page (with author details): This should include the title, authors' names, affiliations, acknowledgements and any Declaration of Interest statement, and a complete address for the corresponding author including an e-mail address.

Anonymized manuscript (no author details): The main body of the paper (including the references, figures, tables and any acknowledgements) should not include any identifying information, such as the authors' names or affiliations.

Use of word processing software

It is important that the file be saved in the native format of the word processor used. The text should be in single-column format. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced on processing the article. In particular, do not use the word processor's options to justify text or to hyphenate words. However, do use bold face, italics, subscripts, superscripts etc. When preparing tables, if you are using a table grid, use only one grid for each individual table and not a grid for each row. If no grid is used, use tabs, not spaces, to align columns.

The electronic text should be prepared in a way very similar to that of conventional manuscripts (see also the [Guide to Publishing with Elsevier](#)). Note that source files of figures, tables and text graphics will be required whether or not you embed your figures in the text. See also the section on Electronic artwork.

To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your word processor.

Article structure

Double-blind peer review - This journal uses double-blind review, which means that both the reviewer and author name(s) are not allowed to be revealed to one another for a manuscript under review. The identities of the authors are concealed from the reviewers, and vice versa. To facilitate anonymity, the author's names and any reference to their addresses should only appear on the title page.

Blinded manuscript (no author details): The main body of the paper (including the references, figures, tables and any Acknowledgements) should not include any identifying information, such as the authors' names or affiliations. Authors should also ensure that the place of origin of the work or study, and/or the organization(s) that have been involved in the study/development are not revealed in the manuscript - "X" can be used in the manuscript and details can be completed if the manuscript is processed further through the publication process.

Full length original research articles and reviews:

AUTHOR INFORMATION PACK 24 Jun 2022 www.elsevier.com/locate/ijans 8

Headings

Headings in the article should be appropriate to the nature of the paper. Research papers should follow the standard structure of: Introduction (including review of the literature), Methods, Findings and Discussion.

Introduction

State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.

Material and methods

Provide sufficient details to allow the work to be reproduced by an independent researcher. Methods that are already published should be summarized, and indicated by a reference. If quoting directly from a previously published method, use quotation marks and also cite the source. Any modifications to existing methods should also be described.

Results

Results should be clear and concise.

Discussion

This should explore the significance of the results of the work, not repeat them. A combined Results and Discussion section is often appropriate. Avoid extensive citations and discussion of published literature.

Please note that the Title Page should be provided as a separate file.

Essential title page information

- **Title.** Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible.
 - **Author names and affiliations.** Please clearly indicate the given name(s) and family name(s) of each author and check that all names are accurately spelled. Present the authors' affiliation addresses (where the actual work was done) below the names. Indicate all affiliations with a lowercase superscript letter immediately after the author's name and in front of the appropriate address. Provide the full postal address of each affiliation, including the country name and, if available, the e-mail address of each author.
 - **Corresponding author.** Clearly indicate who will handle correspondence at all stages of refereeing and publication, also post-publication. **Ensure that the e-mail address is given and that contact details are kept up to date by the corresponding author.**
 - **Present/permanent address.** If an author has moved since the work described in the article was done, or was visiting at the time, a 'Present address' (or 'Permanent address') may be indicated as a footnote to that author's name. The address at which the author actually did the work must be retained as the main, affiliation address. Superscript Arabic numerals are used for such footnotes.
- Authors are also encouraged to include their personal Twitter handles on the Title Page if they wish for these to be published.

Highlights

Highlights are optional yet highly encouraged for this journal, as they increase the discoverability of your article via search engines. They consist of a short collection of bullet points that capture the novel results of your research as well as new methods that were used during the study (if any). Please have a look at the examples here: [example Highlights](#). Highlights should be submitted in a separate editable file in the online submission system. Please use 'Highlights' in the file name and include 3 to 5 bullet points (maximum 85 characters, including spaces, per bullet point).

Abstract

A concise and factual abstract is required. The abstract should state briefly the purpose of the research, the principal results and major conclusions. An abstract is often presented separately from the article, so it must be able to stand alone. For this reason, References should be avoided, but if essential, then cite the author(s) and year(s). Also, non-standard or uncommon abbreviations should be avoided, but if essential they must be defined at their first mention in the abstract itself.

Keywords

Immediately after the abstract, provide a maximum of 6 keywords.

Electronic artwork

General points

AUTHOR INFORMATION PACK 24 Jun 2022 www.elsevier.com/locate/ijans 9

- Make sure you use uniform lettering and sizing of your original artwork.
- Embed the used fonts if the application provides that option.
- Aim to use the following fonts in your illustrations: Arial, Courier, Times New Roman, Symbol, or use fonts that look similar.
- Number the illustrations according to their sequence in the text.
- Use a logical naming convention for your artwork files.
- Provide captions to illustrations separately.
- Size the illustrations close to the desired dimensions of the published version.
- Submit each illustration as a separate file.
- Ensure that color images are accessible to all, including those with impaired color vision. A detailed [guide on electronic artwork](#) is available.

You are urged to visit this site; some excerpts from the detailed information are given here.

Formats

If your electronic artwork is created in a Microsoft Office application (Word, PowerPoint, Excel) then please supply 'as is' in the native document format.

Regardless of the application used other than Microsoft Office, when your electronic artwork is finalized, please 'Save as' or convert the images to one of the following formats (note the resolution requirements for line drawings, halftones, and line/halftone combinations given below):

EPS (or PDF): Vector drawings, embed all used fonts.

TIFF (or JPEG): Color or grayscale photographs (halftones), keep to a minimum of 300 dpi.

TIFF (or JPEG): Bitmapped (pure black & white pixels) line drawings, keep to a minimum of 1000 dpi.

TIFF (or JPEG): Combinations bitmapped line/half-tone (color or grayscale), keep to a minimum of 500 dpi.

Please do not:

- Supply files that are optimized for screen use (e.g., GIF, BMP, PICT, WPG); these typically have a low number of pixels and limited set of colors;
- Supply files that are too low in resolution;
- Submit graphics that are disproportionately large for the content.

Figure captions

Ensure that each illustration has a caption. Supply captions separately, not attached to the figure. A caption should comprise a brief title (**not** on the figure itself) and a description of the illustration. Keep text in the illustrations themselves to a minimum but explain all symbols and abbreviations used.

Tables

Please submit tables as editable text and not as images. Tables can be placed either next to the relevant text in the article, or on separate page(s) at the end. Number tables consecutively in accordance with their appearance in the text and place any table notes below the table body. Be sparing in the use of tables and ensure that the data presented in them do not duplicate results described elsewhere in the article. Please avoid using vertical rules and shading in table cells.

References

Citation in text

Please ensure that every reference cited in the text is also present in the reference list (and vice versa). Any references cited in the abstract must be given in full.

Web references

As a minimum, the full URL should be given and the date when the reference was last accessed. Any further information, if known (DOI, author names, dates, reference to a source publication, etc.), should also be given. Web references can be listed separately (e.g., after the reference list) under a different heading if desired, or can be included in the reference list.

Data references

This journal encourages you to cite underlying or relevant datasets in your manuscript by citing them in your text and including a data reference in your Reference List. Data references

should include the following elements: author name(s), dataset title, data repository, version (where available), year, and global persistent identifier. Add [dataset] immediately before the reference so we can properly identify it as a data reference. The [dataset] identifier will not appear in your published article.

AUTHOR INFORMATION PACK 24 Jun 2022 www.elsevier.com/locate/ijans 10

Preprint references

Where a preprint has subsequently become available as a peer-reviewed publication, the formal publication should be used as the reference. If there are preprints that are central to your work or that cover crucial developments in the topic, but are not yet formally published, these may be referenced.

Preprints should be clearly marked as such, for example by including the word preprint, or the name of the preprint server, as part of the reference. The preprint DOI should also be provided.

Reference management software

Most Elsevier journals have their reference template available in many of the most popular reference management software products. These include all products that support [Citation Style Language styles](#), such as [Mendeley](#). Using citation plug-ins from these products, authors only need to select the appropriate journal template when preparing their article, after which citations and bibliographies will be automatically formatted in the journal's style. If no template is yet available for this journal, please follow the format of the sample references and citations as shown in this Guide. If you use reference management software, please ensure that you remove all field codes before submitting the electronic manuscript. [More information on how to remove field codes from different reference management software.](#)

Reference style

Text: Citations in the text should follow the referencing style used by the American Psychological Association. You are referred to the Publication Manual of the American Psychological Association, Sixth Edition, ISBN 978-1-4338-0561-5, copies of which may be ordered from <http://books.apa.org/books.cfm?id=4200067> or APA Order Dept., P.O.B. 2710, Hyattsville, MD 20784, USA or APA, 3 Henrietta Street, London, WC3E 8LU, UK.

In-text citations: In-text citations consist of the surname(s) of the author(s) and the year of publication. For citations of two or more works by different authors, order alphabetically in the same order they appear in the reference list eg. Several studies (Miller, 1999; Shafranske & Mahoney, 1998)

Arrange two or more works by the same author by year of publication. Place In Press citations last eg. Past research (Gogel, 1990, 2006, in press)

Identify works by the same author (or by the same two or more authors in the same order) with the same publication date by the suffixes a, b, c, and so forth, after the year; repeat the year, eg. Several studies (Derryberry & Reed, 2005a, 2005b, in press-a; Rothbart, 2003a, 2003b)

Reference List: references should be arranged first alphabetically and then further sorted chronologically if necessary. More than one reference from the same author(s) in the same year must be identified by the letters 'a', 'b', 'c', etc., placed after the year of publication.

Examples: Reference to a journal publication: Van der Geer, J., Hanraads, J. A. J., & Lupton, R. A. (2010). The art of writing a scientific article. *Journal of Scientific Communications*, 163, 51-59.

Data references

For reference style 5 APA:[dataset] Oguro, M., Imahiro, S., Saito, S., Nakashizuka, T. (2015). Mortality data for Japanese oak wilt disease and surrounding forest compositions. Mendeley Data, v1. [http:// dx.doi.org/10.17632/xwj98nb39r.1](http://dx.doi.org/10.17632/xwj98nb39r.1).

Reference to a book: Strunk, W., Jr., & White, E. B. (2000). The elements of style. (4th ed.). New York: Longman, (Chapter 4).

Reference to a chapter in an edited book: Mettam, G. R., & Adams, L. B. (2009). How to prepare an electronic version of your article. In B. S. Jones, & R. Z. Smith (Eds.), *Introduction to the electronic age* (pp. 281-304). New York: E-Publishing Inc.

Journal abbreviations source

Journal names should be abbreviated according to the [List of Title Word Abbreviations](#).

Supplementary material

Supplementary material such as applications, images and sound clips, can be published with your article to enhance it. Submitted supplementary items are published exactly as they are received (Excel or PowerPoint files will appear as such online). Please submit your material together with the article and supply a concise, descriptive caption for each supplementary file. If you wish to make changes to

AUTHOR INFORMATION PACK 24 Jun 2022 www.elsevier.com/locate/ijans 11 supplementary material during any stage of the process, please make sure to provide an updated file.

Do not annotate any corrections on a previous version. Please switch off the 'Track Changes' option in Microsoft Office files as these will appear in the published version.

Research data

This journal encourages and enables you to share data that supports your research publication where appropriate, and enables you to interlink the data with your published articles.

Research data refers to the results of observations or experimentation that validate research findings. To facilitate reproducibility and data reuse, this journal also encourages you to share your software, code, models, algorithms, protocols, methods and other useful materials related to the project.

Below are a number of ways in which you can associate data with your article or make a statement about the availability of your data when submitting your manuscript. If you are sharing data in one of these ways, you are encouraged to cite the data in your manuscript and reference list. Please refer to the "References" section for more information about data citation. For more information on depositing, sharing and using research data and other relevant research materials, visit the [research data](#) page.

Data linking

If you have made your research data available in a data repository, you can link your article directly to the dataset. Elsevier collaborates with a number of repositories to link articles on ScienceDirect with relevant repositories, giving readers access to underlying data that gives them a better understanding of the research described.

There are different ways to link your datasets to your article. When available, you can directly link your dataset to your article by providing the relevant information in the submission system. For more information, visit the [database linking page](#).

For [supported data repositories](#) a repository banner will automatically appear next to your published article on ScienceDirect.

In addition, you can link to relevant data or entities through identifiers within the text of your manuscript, using the following format: Database: xxxx (e.g., TAIR: AT1G01020; CCDC: 734053; PDB: 1XFN).

Data statement

To foster transparency, we encourage you to state the availability of your data in your submission.

This may be a requirement of your funding body or institution. If your data is unavailable to access or unsuitable to post, you will have the opportunity to indicate why during the submission process, for example by stating that the research data is confidential. The statement will appear with your published article on ScienceDirect. For more information, visit the [Data Statement page](#).

AFTER ACCEPTANCE

Online proof correction

To ensure a fast publication process of the article, we kindly ask authors to provide us with their proof corrections within two days. Corresponding authors will receive an e-mail with a link to our online proofing system, allowing annotation and correction of proofs online. The environment is similar to MS Word: in addition to editing text, you can also comment on figures/tables and answer questions from the Copy Editor. Web-based proofing provides a

faster and less error-prone process by allowing you to directly type your corrections, eliminating the potential introduction of errors. If preferred, you can still choose to annotate and upload your edits on the PDF version. All instructions for proofing will be given in the e-mail we send to authors, including alternative methods to the online version and PDF. We will do everything possible to get your article published quickly and accurately. Please use this proof only for checking the typesetting, editing, completeness and correctness of the text, tables and figures. Significant changes to the article as accepted for publication will only be considered at this stage with permission from the Editor. It is important to ensure that all corrections are sent back to us in one communication. Please check carefully before replying, as inclusion of any subsequent corrections cannot be guaranteed. Proofreading is solely your responsibility.

AUTHOR INFORMATION PACK 24 Jun 2022 www.elsevier.com/locate/ijans 12

Offprints

The corresponding author will be notified and receive a link to the published version of the open access article on [ScienceDirect](#). This link is in the form of an article DOI link which can be shared via email and social networks. For an extra charge, paper offprints can be ordered via the offprint order form which is sent once the article is accepted for publication. Both corresponding and co-authors may order offprints at any time via Elsevier's [Author Services](#).

AUTHOR INQUIRIES

Visit the [Elsevier Support Center](#) to find the answers you need. Here you will find everything from

Frequently Asked Questions to ways to get in touch.

You can also [check the status of your submitted article](#) or find out [when your accepted article will be published](#).

2.2. MANUSCRIPT

Experiences of nurse educators regarding the R171 nursing curriculum in North West Province

Abstract:

Background: Nursing education is entering a period of unpredictability as healthcare services face disruption due to global health crises, such as COVID-19. Therefore, nurse educators have to seek new and innovative frameworks for their curricula to prepare nursing students to meet evolving healthcare needs. The year 2013 saw the introduction of the R171 nursing curriculum in South Africa, and in 2021 in North West Province within the public nursing college with the aim of producing generalist nurses who are critical thinkers.

Purpose: The main purpose of this study was to explore and describe the experiences of nurse educators regarding the R171 nursing curriculum in North West Province.

Methodology: The study used a descriptive phenomenology research design to achieve the aim and objectives. A non-probability sampling approach was adopted for the study with the use of a purposive sampling technique to select participants with insight and experience on the phenomenon in question. Prior to conducting the research, the researcher sought ethical permission from the NuMIQ research focus area, and North-West University Health Research Ethics Committee. Semi-structured individual interviews, through Microsoft Teams, collected the data, with analysis using thematic analysis.

Results: Three themes emerged from the findings of this study, namely inadequate resources to implement the R171 nursing curriculum, teaching and learning challenges in implementing the R171 nursing curriculum, and the possible solutions for effective implementation of the R171 nursing curriculum.

Conclusion: To implement the R171 nursing curriculum effectively, it is necessary to include nurse educators in the development of the curriculum. There is also a need for comprehensive support that comprises all available essential resources.

Keywords: R171; Curriculum; experiences; nurse educators; nursing students and South African Nursing Council (SANC).

1. Introduction and background

Nurses play a significant role in the healthcare systems globally, and therefore nursing education and training cannot be underestimated (Chan et al., 2019). Nursing education is entering a period of unpredictability as the healthcare services face disruption from global health crises, such as COVID 19. Many nurse educators will have to seek new and innovative frameworks for their curricula to prepare nurses to meet the evolving healthcare needs (Feller, 2018).

In the 21st century, nursing education in many countries has developed into a multilevel education system (Gao et al., 2017). For instance, nursing curriculum in Canada constantly adapts and evolves to adhere to professional standards, meet academic accreditation requirements, integrate new evidence, respond to social and demographic changes, and accommodate technological advances (Jager et al., 2020). According to Epp et al. (2021), in the previous nursing curriculum in Canada, nursing students had to complete a practical in medical and surgical nursing from the first to second year, and then perceived to be ready to engage in community, mental health, paediatric and perinatal nursing. However, this resulted in an extensive break from medical and surgical nursing, which resulted in negatively affecting their clinical confidence and competence (Epp et al., 2021). This resulted in nurse educators experiencing challenges related to faculty workload, which had a negative impact on the teaching and mentoring of student nurses, as they could not complete the module or content (Boamah et al., 2021).

According to the World Health Organization [WHO] (2013), it is a known fact that nurses and midwives form the backbone of healthcare delivery in Africa. Nursing and midwifery education in the African region is overwhelmed by many weaknesses, which include the weak linkage between the curricula and priority health problems, lack of clearly defined competencies, theory-practice gaps and, consequently, insufficiency to produce graduates who are competent enough to respond to the health needs of the population (WHO, 2016). According to Muraraneza and Mtshali (2021), nursing education in Rwanda is mainly at the undergraduate level, and the majority of the nursing graduates hold the advanced diplomas and Bachelor's degrees. However, Nsengimana (2020) found that nurse educators in Rwanda experienced challenges regarding the competence-based curriculum. The challenges reported by nurse educators in Rwanda were that not all nurse educators were

orientated on the new curriculum, and those who did not get the training found the implementation of the CBC to be time consuming, and led to nurse educators not covering the whole content, which affects the clinical practice of the student (Nsengimana, 2020).

In South Africa, the laws from provincial health departments and, to a lesser extent, higher education influenced the transformation of nursing education (The Strategic Plan for Nursing Education, Training and Practice, 2019). According to Armstrong et al. (2019), the current nursing education structure responsible for producing nursing human resources in South Africa consists of two types of nursing education institutions, namely private nursing education institutions and public nursing education institutions. According to Mtshali and Zwane (2019), public Nursing Education Institutions (NEIs) operated under the provincial Department of Health (DoH), with their programmes accredited by the South African Nursing Council (SANC) not by the Council of Higher Education (CHE). However, The Strategic Plan for Nursing Education, Training and Practice (2019) adds that all programmes and NEIs (both public and private) have to be registered and accredited by the Department of Higher Education and Training (DHET), SANC and Council of Higher Education (CHE). All nursing education programmes fall within the higher education levels on the National Qualifications Framework (NQF) that is, level 5 and higher and they fall under the jurisdiction of the Department of Higher Education and Training (Armstrong et al., 2019). The reason for public NEIs to move to the Department of Higher Education (DHE) is that the transformation was associated with improved quality of patient healthcare and health service delivery in that graduates will be equipped with discipline-specific skills, as well as research and evidence-based practice skills (Mtshali & Zwane, 2019). The Higher Education Act (Act No.101 of 1997) states that the last intake for the legacy programme (R425) was 31 December 2019. Therefore, some public NEIs implemented the R171 nursing curriculum in 2020, while other public NEIs implemented it the following year, in 2021. The four-year nursing programme prescribed under R425 was available as a diploma and degree programme at both public and private NEIs; this was also the case in the North West Province, the setting for this study.

Unfortunately, the R171 nursing curriculum is only available in the public NEIs in South Africa (The Strategic Plan for Nursing Education, Training and Practice, 2013). Nurse educators play a key role in facilitating the change of the nursing curriculum by revising the curriculum and mapping the content of the curriculum and maintaining a relevant

programme that prepares nursing graduates for success in today's workforce (Linton et al., 2019). Nurse educators can contribute by working collaboratively and effectively with curriculum development teams and specialists to arrange and compose material, textbooks, and content (Alsubaie, 2016). However, for successful implementation, the nursing curriculum requires re-engineering of the educational system by training and re-training educators and introducing new forms of assessment (Muraraneza & Mtshali, 2021). To the best of our knowledge, there are no studies conducted on the experiences of nurse educators regarding the R171 nursing curriculum in public NEIs in North West Province (NWP). This study therefore seeks to explore and describe the experiences of nurse educators regarding the implementation of the R171 nursing curriculum at public NEI in North West Province.

2. Aim

The aim of the study was to explore and describe the experiences of nurse educators regarding the implementation of the R171 nursing curriculum in the public NEI of NWP.

3. Materials and Methods

Qualitative research methods explored and described the experiences of nurse educators regarding the R171 nursing curriculum in NWP. According to Polit and Beck (2018), qualitative research methods refer to the investigation of a phenomena, whereby the researcher seeks to understand and explore the problem or phenomena of individuals and provides descriptions of that occurrence.

3.1 Study design

The study used descriptive phenomenology research design to explore and describe the experiences of nurse educators regarding the R171 nursing curriculum in NWP. According

to Polit and Beck (2018), descriptive phenomenology research design involves the description of experiences of participants.

3.2 Study setting

The conducting of this study was at the public NEI in NWP. The NEI has two campuses in NWP, and it implemented the R171 nursing curriculum in its two campuses in 2021. There are eight nurse educators facilitating the R171 programme and 40 undergraduate nursing students enrolled for the three-year undergraduate diploma programme (R171) at each campus, meaning there are 16 nurse educators and 80 undergraduate nursing students from the NEI.

3.3 Population and Sampling

The target population were all nurse educators facilitating the R171 nursing curriculum at a selected NEI in NWP. A non-probability purposive sampling technique selected the nurse educators due to their registration with SANC and as such, directly involved in teaching and learning of R171 nursing curriculum at the selected NEI in NWP.

3.4 Data collection

Data was collected by an independent person from the 6th April 2022 until 3rd June 2022. The reason for using the services of an independent person for data collection was to avoid researcher bias, as the researcher works at the selected NEI. Semi-structured individual interviews was used to collect data to ascertain the experiences of nurse educators regarding the R171 nursing curriculum in NWP. A video conferencing platform, Microsoft (MS) Teams office, was the instrumental tool used to collect data. The researcher ensured privacy by creating a private meeting link and password meaning only those with a private meeting link and password could access the study. The duration of the interview was between 30 and 60 minutes. During data collection, there were communication techniques used, such as probing, reflection, clarification and attentive listening. The asking of the following questions was to obtain responses from the nurse educators:

What do you know about the R171 nursing curriculum?

What are your experiences regarding the R171 nursing curriculum?

Describe the recommendations for improving the implementation of the R171 nursing curriculum in NWP?

3.5 Data analysis

Thematic data analysis was used to analyse the data obtained from the participants. The researcher and a co-coder analysed data separately. The co-coder was an experienced qualitative researcher who has done ethics training courses and has a Master's degree in nursing science. The co-coder signed the confidentiality form before commencing with co-coding to ensure the privacy of the participants. The researcher and an independent co-coder analysed data separately and met for consensus on themes and sub-themes. The supervisors received the themes and sub-themes for review, they were refined, and a consensus on the final themes and sub-themes reached.

3.6 Trustworthiness

Credibility, dependability, confirmability and transferability ensured trustworthiness in the study (Brink et al., 2018). The researcher ensured credibility by making sure the data from the participants was true by checking and clarifying the accuracy of the data with the participants (Brink et al., 2018). The researcher made use of member checking with the supervisors to affirm the research findings and to confirm the accuracy of the data. Achieving dependability was by ensuring the research findings were organised in such a way that the results were truthful, using an independent coder to affirm truthfulness of the obtained data, and by including the supervisors during data collection and analysis for peer review. Achieving confirmability was by making sure there was no researcher bias by opening an opportunity for the rest of the participants who met eligibility criteria to be included in the study, and that there was recording and transcription of every experience as explained by the participants (Polit & Beck, 2017). Transferability was achieved by ensuring that the research method and data analysis with its interpretation were clearly stipulated to prove the study was not a figment of the researcher's imagination but derived from the data obtained, thus can be transferred for a similar study in the future (Polit & Beck, 2017) .

3.7 Ethical considerations

The NuMIQ Research Focus area, North-West University Health Research Ethics Committee [NWU-HREC] (Reference Number: NWU-00331-21-A1), North West Province Department of Health, Multi-Campus Principal, and Head of the two Campuses of the NEIs, where there was data collection, approved the study. The study maintained the principles for respect for participants, beneficence, privacy and justice. The researcher maintained the principle for respect by treating each participant as autonomous, and explained the participants' right to withdraw from the study should they so wish; the researcher will respect the decisions of the participants and it will not have an implication on their function as educators in the NEI.

The researcher maintained the principle of beneficence by ensuring the participants' wellbeing was protected by respectfully asking participants' questions. The researcher maintained the principle of privacy by not using the real names of the participants, instead naming them according to the alphabet. To ensure privacy, the interview recordings were saved on a password-protected computer, and in the transcribing and analysis, the researcher addressed the participants with the code names to maintain privacy and confidentiality. The researcher selected and treated the participants in the study fairly, even during the procession of the interviews, and there were no psychological implications noted for attention and address.

4. Results

The presentation of the results of this study is according to the demographic information of study participants, as well as the themes and sub-themes that emerged from the data analysis.

4.1 Demographic information of study participants

Ten nurse educators participated in this study, two males and eight females. The age of the participants ranged from 33 years to 61 years. The working experience of the participants

ranged from two years to 12 years as nurse educators, and the highest qualification of the nurse educator was Master's Degree in Nursing Science. All nurse educators were Africans.

4.2 Themes and sub-themes

Three themes emerged from the findings of this study, namely inadequate resources to implement the R171 nursing curriculum, teaching and learning challenges in implementing the R171 nursing curriculum, and the possible solutions for effective implementation of the R171 nursing curriculum. Table 1 represents the themes and sub-themes that emerged from the data analysis.

Table 1: Themes and sub-themes:

Themes	Sub-themes
1. Inadequate resources to implement R171 nursing curriculum	1.1 Shortage of accredited clinical facilities 1.2 Lack of clinical preceptors 1.3 Lack of appropriate infrastructure 1.4 Lack of transport
2. Teaching and learning challenges in implementing the R171 nursing curriculum	2.1 Shortened time to teach and learn 2.2 Poor practice theory correlation 2.3 Increased work-load for nursing students and educators
3. Possible solutions for effective implementation of R171 nursing curriculum	3.1 Involvement of nurse educators in curriculum development (Micro and macro) 3.2 Provision of transport 3.3 Employment of clinical preceptors

4.2.1 Theme 1: Inadequate resources to implement R171 nursing curriculum

Nurse educators shared their experiences regarding inadequate resources to implement the R171 nursing curriculum. Four sub-themes emerged, which include shortage of accredited clinical facilities, lack of appropriate infrastructure, lack of clinical preceptors and lack of transport.

4.2.1.1 Subtheme 1.1: Shortage of accredited clinical facilities

Nurse educators experienced challenges relating to the accredited clinical facilities by the SANC in the NWP. The nurse educators revealed that not all the clinical facilities within the province had accreditation to take in nursing students for workplace-integrated learning, as per the curriculum requirement. This results in nurse educators placing student nurses at the same institutions resulting in limited learning for nursing students, as they will have no exposure to other clinical facilities, as indicated by the following excerpts:

“Okay, Like in (mentioned name of the clinic), out of all our students they only accept two students. That is the reason why I am saying they accept few students and sometimes we will like to place more students in those facilities.” (Participant Mam, 41 years old female)

“We had nine clinics accredited in (mentioned name of the town) for the previous group for the first year level of R171. They were not placed in the rural clinics because we did not have clinics that were accredited for the previous group of R171 of first year. We did not.” (Participant G, 52 years old female)

4.2.1.2. Subtheme 1.2: Lack of clinical preceptors

The nurse educators experienced challenges regarding the shortage of clinical support staff members, such as clinical preceptors, which made it difficult for them to accompany students when placed at clinical facilities because of their theoretical workload. Hence, this leads to limited nursing student clinical accompaniment, where nurse educators demonstrate and assess nursing skill at the bedside for theory-practice integration. Some of the professional nurses assisting as clinical preceptors do not understand their role, as their job description is not clear.

“The other thing is that the department of health must consider hiring clinical preceptors to assist in accompanying the students.” (Participant E, 41 years old female)

“We have started with the clinical coordinators but for now they do not have the KRA (Key Responsibility Area) to guide them of what their role are. Because you will find that for an example when we go to (mentioned name of town), there is a clinical coordinator and she will be doing the ward rounds or she will be doing other things and not focusing more on the students. There was a promise that they will develop their KRA so that they know their role more especially when it comes to training of students. We’ve got some of them but they don’t know their role as clinical facilitators.” (Participant D, 60 years old male)

4.2.1.3. Subtheme 1.3: Lack of appropriate infrastructure

The two nurse educators indicated that the college infrastructure was of concern as the college was still under construction and most of the buildings, such as the library, the simulation laboratory and classes do not have enough space and resources to cater for the students enrolled for R171.

“You can see here in one of the colleges that there is construction going on. Our skill lab lacks equipment. We do not have a proper wound dressing pack. We have to improvise to show the students how to dress a wound. Even the clinical facilities where students are placed they do lack those dressing packs and it’s a challenge.” (Participant A, 61 years old male)

“In terms of the resources we don’t have a fully functional library and a computer lab where one can go during those periods to be independent and take care of their learning responsibilities now they don’t have a choice but to stay in class... How do you do a self-study in a class full of forty students going up and down I mean they are so many distractions.” (Participant B, 39 years old female)

4.2.1.4. Subtheme 1.4: Lack of transport

The two nurse educators indicated the college transport was of concern, as there was no transport for lecturers to do clinical accompaniment resulting in nurse educators using their own cars. The following quotations indicate this:

“There is no transportation for lecturers to go to different clinical facilities where students

are being placed. We have to follow our students on daily basis. But due to constraints we improvise our own transport to do that which is not right... The situation is frustrating.” (Participant A, 61 years old male)

“Another thing that I experienced is that I think the college I’m working in was not prepared for this curriculum as there are challenges like shortage of staff and shortage of transport which make it hard for educators to accompany students when they are placed at clinical facilities... What I mean is if we have to go for clinical accompaniment we struggle with transport. We don’t have transport that we use for clinical accompaniment.” (Participant Mam, 41 years old female)

4.2.2. Theme 2: Teaching and learning challenges in implementing R171 nursing curriculum

Most of the nurse educators experienced challenges regarding teaching and learning in implementing R171. Three sub-themes emerged, a shortened time to teach and learn, poor practice theory correlation, an increased workload for nursing students and educators. Below is the detailed information on each subtheme that emerged.

4.2.2.1. Sub-theme 2.1: Shortened time to teach and learn

Nurse educators indicated that time allocated for facilitating the modules within the curriculum is limited. Nurse educators expressed that a module usually taught in three years is now in only one year, making it difficult to complete the module in the expected time, as the content is too long and offered over a short time.

“So how is one student who is currently studying for this gonna take nursing back to its roots while something that was taught to her over three years is now being taught over a period of a year. So that’s where my worry is.” (Participant B, 39 years old female)

“It’s like all the topics that are in the textbooks, we are supposed to teach them. We are given a short period to attend to all those things. We do not have enough time to cover all those things that are in the timetable... Yes, sometimes you are only given four periods in a day but when you look at your timetable....” (Participant Mam, 41 years old female)

“The periods are short and the information is too much and sometimes we are unable to

complete the learning objectives.” (Participant I, 52 years old female)

4.2.2.2. Subtheme 2.2: Poor practice theory correlation

Two nurse educators indicated there was poor correlation of theory and practice because there will be some of the modules taught, and students only be placed in clinical facilities relating to what they were taught after a certain time, resulting in student nurses not being able to correlate theory and practise.

“Some of the things just we had to deal with them along the way. Like the issue of theatre. When students had to be placed in theatre where students were placed in operating theatre. We didn’t know. So it’s not practical because I remember at some point introduction to surgical nursing was done, my suggestion is if for instance they are in a block for a certain module then immediately after that the practical part of it must be whatever they were taught just to reinforce that information.” (Participant B, 39 years old female)

“I can give you an example last week we placed students at different institutions but in the middle of that there was a meeting that was going on with the curriculum team that we should also place our students in theatre and it was not there so we had to reschedule our students from where they were place and sneak them somewhere within the period that they will be placed clinically.” (Participant A, 61 years old male)

4.2.2.3. Subtheme 2.3: Increased workload for nursing students and educators

Two nurse educators indicated that student nurses receive many tasks in a short time. This results in nurse educators not completing their content, necessitating students studying for themselves.

“The new R171 nursing curriculum is more hectic for the students because it has so many activities involved. For example, if the student is in class they are supposed to have contact session where we the nurse educators are facilitating and they have task periods as well as tutorials. You will find out that the student has to attend two modules in a day. It is more hectic than R425.” (Participant F, 41 years old female)

“The students also have a lot of work to do. They are given tasks in class and they also write formative assessments and they are many.” (Participant Mam, 41 years old female)

4.2.3. Theme 3: Possible solutions for effective implementation of R171 nursing curriculum

The third theme that emerged was the possible solutions for effective implementation of R171. Three sub-themes emerged and they include involvement of nurse educators in curriculum development (micro and macro), provision of transport and employment of clinical preceptors. Below is the detailed information on each sub-theme that emerged.

4.2.3.1. Subtheme 3.1: Involvement of nurse educators in curriculum development (Micro and macro)

The participants expressed they should be involved in the curriculum development as they are the ones implementing it. The nurse educators believe that when involved in the curriculum development, there will be correction of identified gaps.

“I think the curriculum team, since there is a curriculum team, I think they should involve the lecturers for R171 because they are the ones who are experiencing this things and I hope they will have more input on how things should be done.” (Participant Mam, 41 years old female)

“They should in the curriculum development they should also include the implementers of the curriculum. Because if you are up there you are not the one who is implementing this. You won’t know the challenges and you won’t even feel them. So my suggestion is that they should include the implementers since we are the ones who have been there hands on. I’m not saying that we should be the only ones, but we must be included in terms of the curriculum development so that we can be able to close the gaps because we are the ones here and we know the challenges better than anyone.” (Participant B, 39 years old female)

4.2.3.2. Subtheme 3.2: Provision of transport

Nurse educators expressed that for the curriculum to be a success, transport for clinical accompaniment should be available to nurse educators.

“Because now it comes to the financial restraints. We are supposed to do 70 % of it whereby now we find out that we have to go somewhere and there will be no cars. There are no available cars for the lecturers to go there. Sometimes when we are local we have to use

our own cars. So, we are forced to use our own cars just to make that 70%. Therefore, we need more cars. It goes back to planning.” (Participant B, 39 years old female)

“As we have to accompany the student to clinical facilities we lack transport. The accompaniment should be at 70 %. In other words, the students should always be having an educator guiding them in the clinical facilities but because of problems like transport and staff we are not yet there and it’s a bit frustrating that we cannot be given the equipment’s that we can use to make this curriculum a success.” (Participant A, 61 years male)

4.2.3.3. Subtheme 3.3: Employment of clinical preceptors

Nurse educators suggested there should be clinical preceptors employed and they should know their job description. The hiring of clinical preceptors would reduce the workload of the nurse educators, and therefore they could focus more on theory and assist in correcting the identified gaps in the study guides.

“My suggestion is because we lecturers we are also following the students to clinical areas, if the colleges or the nursing council can up with something like there should be clinical facilitators who are responsible for clinical education of the students and the lecturers will be responsible for facilitating theory in the colleges maybe it will be easier like that.” (Participant I, 52 years old female)

“The other issue is for management to push the thing of the clinical coordinators. We must have many clinical coordinators who will do the training of the students when they are in the clinical facilities. The very same clinical facilities need to be recognised.” (Participant D, 56 years old male)

“Because now we don’t have clinical lecturers like before, we need to have clinical lecturers. When the students are in clinical they are the ones that are going to be responsible for whatever clinical practise for this students. Let this lecturers be exposed to class. So we need that also. When they go to the clinical facilities they know what they were taught.” (Participant G, 52 years old female)

4.2.3.3. Subtheme 3.4: Increase the number of accredited clinical areas for students

Nurse educators suggested that the South African Nursing Council (SANC) must have more accredited clinical facilities, where nurse educators can place the nursing students. Nurse

educators expressed that when there are many accredited clinical facilities for work-integrated learning, nursing students will have exposure to more facilities, rather than placed in one facility for a longer period.

“This one will have to be done by the nursing council. I think they have to increase the number of students at their accredited facilities. For example, if they said in unit 9 clinic they have accredited two students maybe they should increase the number. Like in Mafikeng provincial, five students is not enough. They should increase the number of students who should be placed there.” (Participant Mam, 41 years old female)

“And also in the clinical setting, when we get there at the clinics or the hospitals we are struggling to get a space where we can see our students or where we can induct our students. There is no space for us lecturers. We will be struggling to look for a space where we can just squeeze ourselves especially at the clinics. Maybe if managers can create space for us lecturers where we can see our students in case we don’t do to the procedure on the patients.” (Participant I, 33 years old female)

5 Discussion

This study sought to explore and describe the experiences of nurse educators regarding R171 nursing curriculum in NWP. Three themes and 10 sub-themes emerged from the participants’ responses. Nurse educators experienced challenges regarding the implementation of R171 nursing curriculum in the NWP, which included shortage of accredited clinical facilities, lack of clinical preceptors, lack of appropriate infrastructure, lack of transport used for clinical accompaniment, shortened time to teach and learn, poor practice theory correlation and an increased workload for nursing students and educators.

The researcher’s findings indicated that the involvement of nurse educators in curriculum development (Micro and macro) was critical. According to Mukhalalati et al. (2019), nurse educators play a crucial role in integrating learning theories, subject matter components and nursing students understanding to improve learning. The indicated aspects are incorporated in the process of curriculum development, which makes their opinion important as

facilitators of the curriculum. The notion is also supported by a study conducted by Brower et al. (2022), who stated that it is essential that nurse educators be involved in curriculum development process, as it will impose a sense of value and ownership to the nurse educators which prevents academic shock, especially to novice nurse educators who are in a transition of identifying and developing professional identity in nursing education. The authors further discuss that, the active involvement of nurse educators in curriculum development limits uncertainties that may arise and provide a deeper understanding to nurse educators on how to implement the nursing curriculum effectively under different circumstances. Brower et al. (2022) further discuss that novice nurse educators, with elementary experience in facilitating the nursing curriculum, should receive support and guidance from senior nurse educators in the academic setting for better socialisation in the profession.

Participants further stated the teaching and learning challenges in implementing the R171 nursing curriculum such as shortened time to teach and learn, poor practice theory correlation and an increased work-load for nursing students and nurse educators. Participants revealed that student nurses receive many tasks in a short time. This results in nurse educators not completing their content, necessitating students studying for themselves. Nsengimana (2021), supports this study and state that nurse educators reported that the implementation of the Competency Based Curriculum (CBC) started with the increase of the number of teaching load per week (from 28 hours per week to between 35 and 40 hours per week) coupled with the increase of the number of students, specifically in ordinary level (sometimes 60 students and above) as a result, it was hard for the nurse educators to follow the methodology suggested by the CBC as sometimes they are tired, could not get time for preparation, and for effectively support every student during teaching and learning processes.

The study revealed that due to limited resources, such as clinical preceptors, poor infrastructure for teaching and learning, and limited clinical facilities for placement for workplace integration learning, the nurse educators struggled to implement the R171 nursing curriculum. Bogren et al. (2021) stated that the shortage of critical resources and equipment acts as a barrier to providing high-quality nursing education. Therefore, there is a great need to ensure there is proper planning and budgeting to safeguard the availability of resources, such as transport, clinical preceptors and proper teaching and learning

infrastructure. The participants verbalised that for the curriculum to be a success, clinical preceptors need employing in the NEIs. The clinical preceptor role is to ensure that nursing students are receiving sufficient clinical accompaniment, demonstrated, and assessed on procedures at the bedside to confirm technical skills competency and socialisation in the nursing profession. The presence of sufficient clinical preceptors will enable nurse educators to focus on the theoretical teaching and learning of the nursing students, without the worry of the nursing students having no structured clinical teaching and coaching, and aid in decreasing the workload burden of the nurse educators. Clinical accompaniment is vital in the nursing curriculum.

According to Teferra and Mengistu (2017), clinical preceptorship in nursing is a clinical teaching and guidance programme in which nursing student's pair with an experienced nurse in the clinical environment to equip them with clinical skills, knowledge, attitude, and nursing values to be safe nursing professionals at the end of pre-licensure training. Williams

et al. (2021) further highlight that clinical preceptors can help nursing students to establish meaningful experiences and can generally create a mutual supportive learning environment, and to learn without causing errors that can compromise the wellbeing of the patients or communities. Therefore, it is essential to employ qualified clinical preceptors so that they can provide clinical teaching to the R171 nursing students.

The participants stated they experienced challenges relating to the accredited clinical facilities by the South African Nursing Council in North West Province. They stated that more clinical areas with fully functioning equipment needs to be accredited by SANC in the North West Province. Amoo and Enyan (2022), support this in their study, and state that clinical learning is an important aspect of nursing education as it enables students to translate theoretical knowledge to practical skills. Therefore, the clinical environment should be cordial and supportive for effective clinical teaching and learning to be undertaken and for students to undertake assigned tasks.

6 Strengths and limitations

The strength of this study is that the researcher explored experiences of nurse educators facilitating R171 nursing curriculum in NWP, and the participants described the phenomena clearly. The limitation of the study is that not all nurse educators facilitating the R171 nursing curriculum participated in the study due to their busy schedule in facilitating the curriculum. Data collection was only from the two campuses of a public NEI in NWP, and excluded other provinces, thus the findings cannot be generalised to other provinces in the Republic of South Africa (RSA).

7 Recommendations

There is a need for nurse educators to be involved in the curriculum development so that gaps identified by the nurse educators can be resolved, as they are the ones who are facilitating the R171 nursing curriculum. Additional clinical preceptors need employing who

have sound clinical experience as nurses and have a background in nursing education, with credible insight on clinical accompaniment of nursing students.

It is necessary to conduct similar studies in other provinces of RSA to compare the experiences and mitigate sound evidence-based practise strategies that can be adopted to implement efficiently the R171 nursing curriculum. Another qualitative study on the experiences of the learners is vital so there can be development of best strategies for improving the implementation of the R171 nursing curriculum.

8 Conclusion

This study offered valued information in understanding the experiences of the nurse educators in implementing the R171 nursing curriculum. Those who read the study will be able to synthesise the challenges, as well as the resolution strategies that could fill the identified gaps in relation to required resources, teaching and learning requirements. The knowledge that transpired from the study provides insight that will ensure the implementation of R171 meets the goal of guaranteeing equipped and supported nurse educators and eventually, competent nursing students.

Authorship contribution statement

This work is part of a Master's dissertation of Ms. Katlego Botlhoko. Ms. Nombulelo Zenani and Professor Leepile Sehularo were supervisors in the study. All authors contributed to the conceptualisation and writing up of the manuscript.

Declaration of competing interest

The authors of this manuscript have no financial or personal relationships that may unethically influence writing and reporting of this paper.

Acknowledgements

The authors would like to thank all the nurse educators who participated in this study.

Funding source declaration

The postgraduate bursary of the NWU funded this study.

Ethical considerations

This study commenced after approval was granted by the NuMIQ Research Focus area, North-West University Health Research Ethics Committee [NWU-HREC] (Reference Number: NWU-00331-21-A1), North West Province Department of Health, Multicampus Principal and Head of two Campuses of the selected NEI where data collection occurred in NWP.

References

- Alsubaie, M. A. (2016). Curriculum development: Teacher involvement in curriculum development. *Journal of Education and Practice*, 7(9), 106-107.
- Amoo, S. A., & Enyan, N. I. E. (2022). Clinical learning experiences of nursing and midwifery students; a descriptive cross-sectional study. *International Journal of Africa Nursing Sciences*, 17, 100457.
- Armstrong, S. J., Geyer, N. M., & Bell, C. A. (2019). Capacity of South African nursing education institutions to meet healthcare demands: A looming disaster?. *Int J Afr Nurs Sci*, 10, 92-101.
- Boamah, S. A., Callen, M., & Cruz, E. (2021). Nursing faculty shortage in Canada: A review of contributing factors.
- Bogren, M., Kaboru, B. B., & Berg, M. (2021). Barriers to delivering quality midwifery education programmes in the Democratic Republic of Congo—an interview study with educators and clinical preceptors. *Women and Birth*, 34(1), e67-e75.
- Brink, H., Van der Walt, C., & Van Rensburg, G. (2018). *Fundamentals of research methodology for health care professionals*. (4th ed). Juta and Company Ltd.
- Brower, E., Nemeč, R., Ritchie, H., & Nicastro, O. (2022). A qualitative exploration of self-identity during the role transition to a nurse educator. *Nurse Education Today*, 112, 105331.
- Chan, Z. C., Cheng, W. Y., Fong, M. K., Fung, Y. S., Ki, Y. M., Li, Y. L., ... & Tsoi, W. F. (2019). Curriculum design and attrition among undergraduate nursing students: A systematic review. *Nurse education today*, 74, 41-53.
- Department of Higher Education and Training (2013): Notice for last enrolment date for first time entering students into non HEQSF aligned programs. South African
- Epp, S., Reekie, M., Denison, J., de Bosch Kemper, N., Willson, M., & Marck, P. (2021). Radical transformation: Embracing constructivism and pedagogy for an innovative nursing curriculum. *Journal of Professional Nursing*, 37(5), 804-809.

- Feller, F. (2018). Transforming nursing education: A call for a conceptual approach. *Nursing Education Perspectives*, 39(2), 105-106.
- Gao, Y., Zhang, P. P., Wen, S. F., & Chen, Y. G. (2017). Challenge, opportunity and development: influencing factors and tendencies of curriculum innovation on undergraduate nursing education in the mainland of China. *Chinese Nursing Research*, 4(3), 113-116.
- Gray, J. R., Grove, S. K., & Sutherland, S. (2020). *Burns and grove's the practice of nursing research-E-book: Appraisal, synthesis, and generation of evidence*. (4th ed). Elsevier Health Sciences.
- Jager, F., Vandyk, A., Jacob, J. D., Meilleur, D., Vanderspank-Wright, B., LeBlanc, B.,... & Phillips, J. C. (2020). The Ottawa model for nursing curriculum renewal: An integrative review. *Nurse Education Today*, 87, 104344.
- Mtshali, N. G., & Zwane, Z. P. (2019). Positioning public nursing colleges in South African higher education: Stakeholders' perspectives. *Curationis*, 42(1), 1-11.
- Muraraneza, C., & Mtshali, G. N. (2021). Planning reform to competency based curricula in undergraduate nursing and midwifery education: A qualitative study. *Nurse Education Today*, 106, 105066.
- Mukhalalati, B. A., & Taylor, A. (2019). Adult learning theories in context: a quick guide for healthcare professional educators. *Journal of medical education and curricular development*, 6, 2382120519840332.
- National Department of Health (DOH) The national Policy on Nursing Education and Training. (2019). National Department of Health, Pretoria.
- Nsengimana, V. (2020). Implementation of competence-based curriculum in Rwanda: Opportunities and challenges. *Rwandan Journal of Education*, 5(1).
- Nyoni, C. N., & Goddard, V. C. (2021). Needs of early adopters in supporting a nursing curriculum innovation in a low resource setting: An exploratory case study. *Nurse Education Today*, 104, 105002.
- Teferra, A. A., & Mengistu, D. (2017). Knowledge and attitude towards nursing clinical preceptorship among Ethiopian nurse educators: An institution-based cross-sectional

study. *International Journal of Africa Nursing Sciences*, 7, 82-88.

Polit, F. D., & Beck, C.T.(2018). *Essentials of Nursing Research: Appraising Evidence for Nursing Practice*. (9th ed.). Wolters Kluwer publishers.

Singh-Carlson, S., & May, K. A. (2020). Adoption of NCLEX-RN for licensure in Canada: faculty concerns and implications for nursing education. *Journal of Professional Nursing*, 36(2), 77-82.

Williams, G., Al Hmamat, N., AlMekkawi, M., Melhem, O., & Mohamed, Z. (2021). Implementing dedicated nursing clinical education unit: Nursing students' and preceptors' perspectives. *Journal of Professional Nursing*, 37(3), 673-681.

World Health Organization. (2013). *WHO Nursing and Midwifery Education in Africa*.

Nursing and Midwifery Education: The Millennium Development Goals and Beyond.

SECTION 3: CONCLUSION, LIMITATIONS AND RECOMMENDATIONS

3.1. INTRODUCTION

The focus of this study was on the experiences of nurse educators regarding the R171 nursing curriculum in NWP. The previous section provided the manuscript, written according to IJANS author guidelines, and submitted to IJANS for consideration. This last section of the study provides the conclusions, limitations and recommendations that emerged from the findings.

3.2 RESEARCH AIM AND OBJECTIVES

The main reason for conducting the current study was to achieve the following aim and objectives:

3.2.1 Research aim

The aim of the study was to explore and describe the experiences of nurse educators regarding the R171 nursing curriculum in North West Province.

3.2.2 Research objective(s)

The objectives of the research study were to:

- Explore and describe the experiences of the nurse educators regarding the R171 nursing curriculum in the NWP; and to
- Make suggestions for improving the implementation of the R171 nursing curriculum in NWP.

3.3 CONCLUSIONS

There were three sections in this study, namely overview of the study (Section 1), manuscript (Section 2), and conclusion, limitations and recommendations (Section 3).

Section one provided the overview of the study, which covered the background and rationale, problem statement, research questions, aim and objectives, significance of the study, conceptual definitions, as well as the brief description of design and methods. Section two of the study comprises the manuscript, written and submitted to IJANS for consideration. Section three covered conclusion, limitations and recommendations of the whole study.

The rationale for conducting this study was to explore and describe the experiences of nurse educators regarding R171 nursing curriculum in North West Province. Three themes emerged from the findings of the study, namely inadequate resources to implement the R171 nursing curriculum, teaching and learning challenges in implementing the R171 nursing curriculum, as well as the possible solutions for effective implementation of the R171 nursing curriculum. Ten sub-themes emerged, shortage of accredited clinical facilities, lack of clinical preceptors, lack of appropriate infrastructure, lack of transport, shortened time to teach and learn, poor practice theory correlation and an increased work- load for nursing students and educators, involvement of nurse educators in curriculum development (micro and macro), provision of transport, and employment of clinical preceptors.

3.3.1 Conclusion regarding inadequate resources to implement R171 nursing curriculum

Inadequate resources to implement R171 nursing curriculum emerged as the first theme in this study. Participants mentioned there were various resources that made their work difficult to implement R171 nursing curriculum, including shortage of accredited clinical facilities, lack of clinical preceptors, lack of appropriate infrastructure, and lack of transport. Participants mentioned that if these resources were available for them they would be able to implement R171 effectively.

3.3.2 Conclusion regarding teaching and learning challenges in implementing the R171 nursing curriculum

Participants of this study mentioned there are serious teaching and learning challenges that make their teaching and learning extremely difficult; these challenges include the shortened

time for teaching and learning, poor theory-practice correlation and increased workload for the nursing students and educators.

3.3.3 Conclusions regarding possible solutions for effective implementation of R171 nursing curriculum

In spite of the challenges raised by participants in implementing the R171 nursing curriculum, they mentioned possible solutions for effective implementation of the R171 nursing curriculum, such as involvement of the nurse educators in curriculum development (micro and macro), provision of transport for nurse educators that will assist during clinical accompaniment and the employment of more clinical preceptors.

SUMMARY

It is clear from the findings of this study that nurse educators have more challenges than benefits when implementing the R171 nursing curriculum. Participant believe that the implementation of R171 nursing curriculum was hurried without considering factors such as clinical preceptors, transport to be used by nurse educators for clinical accompaniment and infrastructure. Nonetheless, nurse educators believe that the implementation of R171 nursing curriculum will improve if the NEI's hire clinical preceptors provide transport for clinical accompaniment and that nurse educators are involved in the curriculum development.

LIMITATIONS

The study took place at a selected NEI in NWP. There were 16 nurse educators facilitating the R171 nursing curriculum in NWP, however, only 10 consented to participate in the study, therefore the findings cannot be generalised to other nurse educators facilitating R171 in NWP or other provinces in SA; however, the findings of this study can be applied to other settings.

3.6 RECOMMENDATIONS

The recommendations that follow are important in understanding and improving the R171 nursing curriculum in NWP.

Recommendations for nursing education

From the findings of this study, it is highly recommended that nurse educators be involved in the curriculum development so that gaps they identify can be resolved, as they are the ones facilitating the R171 nursing curriculum in NWP. It is also important to employ highly educated and experienced clinical preceptors, as this will enable the nurse educators to focus on theoretical teaching and learning, and resolving the gaps identified so that they can render and provide quality teaching and learning based on the prescripts of the R171 nursing curriculum. Transport for the nursing students and the nurse educators was also a problem at the NEI in this study; consequently, the recommendation is to ensure the availability of transport for clinical accompaniment.


Recommendations for nursing research

As there is limited research on experiences of nurse educators regarding R171 nursing curriculum in NWP, more research on experiences of nurse educators from other provinces is required to compare findings and for more evidence-based practice sharing amongst the nurse educators and NEIs. Also recommended is qualitative research for undergraduate nursing students to explore and describe their experiences regarding implementation of R171. This study suggests there could be guidelines developed on proper implementation of the R171 nursing curriculum in NWP.

Recommendations for nursing practice

This study may assist healthcare professionals to understand the R171 nursing curriculum so that they can assist nursing students to be clinically competent based on the curriculum objectives.

APPENDICES

 <p>NWU® NORTH-WEST UNIVERSITY NOORDWES-UNIVERSITEIT YUNIBESITHI YA BOKONE-BOPHIRIMA</p>	<p>Private Bag X1290, Potchefstroom South Africa 2520</p> <p>Tel: 086 016 9698 Web: http://www.nwu.ac.za/ North-West University Health Research Ethics Committee (NWU-HREC) Tel: 018 299-1206 Email: Ethics-HRECAppl@nwu.ac.za (for human studies)</p> <p>20 March 2022</p>
--	---

APPENDICES

Appendix A: NWU-HREC Approval letter

ETHICS APPROVAL LETTER OF STUDY

Based on approval by the North-West University Health Research Ethics Committee (NWU-HREC) on 20/03/2022, the NWU-HREC hereby approves your study as indicated below. This implies that the NWU-HREC grants its permission that, provided the general conditions specified below are met and pending any other authorisation that may be necessary, the study may be initiated, using the ethics number below.

Study title: Experiences of nurse educators regarding the R171 nursing curriculum in the North West province

Principal Investigator/Study Supervisor/Researcher: Ms NE Zenani

Student: KP Botlhoko - 22481605

Ethics number:

Application Type: Single study

Commencement date: 20/03/2022

Risk:

Minimal

Approval of the study is provided for a

N	W	U	-	0	0	3	3	1	-	2	1	-	s	A	1
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

ent on receipt and review of an annual monitoring report and the concomitant issuing of a letter of

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, the following general terms and conditions will apply:

- The principal investigator/study supervisor/researcher must report in the prescribed format to the NWU-HREC:
 - Annually on the monitoring of the study, whereby a letter of continuation will be provided annually, and upon completion of the study; and
 - without any delay in case of any adverse event or incident (or any matter that interrupts sound ethical principles) during the course of the study.
- The approval applies strictly to the proposal as stipulated in the application form. Should any amendments to the proposal be deemed necessary during the course of the study, the principal investigator/study supervisor/researcher must apply for approval of these amendments at the NWU- HREC, prior to implementation. Should there be any deviations from the study proposal without the necessary approval of such amendments, the ethics approval is immediately and automatically forfeited.
- Annually a number of studies may be randomly selected for active monitoring.
- The date of approval indicates the first date that the study may be started.

- withdraw or postpone approval if:
 - any unethical principles or practices of the study are revealed or suspected;
 - it becomes apparent that any relevant information was withheld from the NWU-HREC or that information has been false or misrepresented;
 - submission of the annual monitoring report, the required amendments, or reporting of adverse events or incidents was not done in a timely manner and accurately; and/or
 - new institutional rules, national legislation or international conventions deem it necessary.
- NWU-HREC can be contacted for further information via Ethics-HRECApply@nwu.ac.za or 018 299 1206

Special conditions of the research approval due to the COVID-19 pandemic:

Please note: Due to the nature of the study i.e. (online collection of qualitative data from nurse educators at two NEIs in the North-West province), this study will be able to proceed during the current alert level, following receipt of the approval letter. No additional COVID-19 restrictions have been placed on the study other than that indicated under the COVID-19 risk mitigation strategy as indicated in the application. The researcher must, however, ensure that before proceeding with the study that all research team members have reviewed the North-West University COVID-19 Occupational Health and Safety Standard Operating Procedure.

The NWU-HREC would like to remain at your service and wishes you well with your study. Please do not hesitate to contact the NWU-HREC for any further enquiries or requests for assistance.

Yours sincerely,



Digitally signed by
Prof Petra Bester
Date: 2022.04.05

Chairperson NWU-HREC

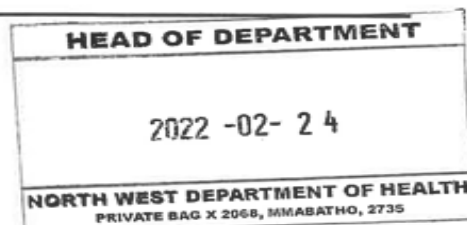
Appendix B: North West Department of Health Approval Letter



RESEARCH, MONITORING AND EVALUATION DIRECTORATE

Name of researcher: Ms K.P. Bothoko
North West University

**Physical Address
(Work/ Institution)** _____



Subject: Research Approval Letter – Experiences of nurse educators regarding the new nursing curriculum (R171) in the North West Province.

This letter serves to inform the Researcher that permission to undertake the above mentioned study has been granted by the North West Department of Health. The Researcher must arrange in advance a meeting with the District Chief Director and District Director to introduce their research team/members on the proposed research to be undertaken. Further to the above the researcher must produce this letter to the District and chosen facilities as proof that the research was approved by the NWDoh.

This letter of permission should be signed and a copy returned to the Department. By signing, the Researcher agrees, binds him/herself and undertakes to furnish the Department with an electronic copy of the final research report. Alternatively, the Researcher can also provide the Department with electronic summary highlighting recommendations that will assist the Department in its planning to improve some of its services where possible. Through this the Researcher will not only contribute to the academic body of knowledge but also contributes towards the bettering of health care services and thus the overall health of citizens in the North West Province.

Below are the contact details of Office of the Chief Director and District Director of Dr. Kenneth Kaunda and Ngaka Modiri Molema districts.

Dr Kenneth Kaunda district

Office of the Chief Director	Office of the District Director
Mr. Ishmael Moloi Ms. Stokie Skhosana (PA)	Mr. Burl Redlinghys Mr. Calvin Mmisele (PA)
IMoloi@nwpg.gov.za SRoffice@nwpg.gov.za 018 462 5744 (076 775 0377)	Bredlinghys@nwpg.gov.za CMmisele@nwpg.gov.za 018 462 5744

Ngaka Modiri Molema

Office of the Chief Director	Office of the District Director
Ms. Mosela Kaudi Ms. Boitumelo Sethaiso (PA)	Ms. Nomvula Legobye Kealeboga Lobega (PA)
MKaudi@nwpg.gov.za BSethaiso@nwpg.gov.za 018 384 0240	NLegobye@nwpg.gov.za LobegaK@nwpg.gov.za 018 384 0240

Kindest regards.



Dr. FRM Reichel

Director: RM&E



Researcher

24/02/2022
Date

Date



Healthy Living for All

Appendix C: Public Nursing Education Institution's Approval Letters



health
Department of
Health
North West Province
REPUBLIC OF SOUTH AFRICA



North West Province
Dr Albert Luthuli Drive
Private Bag X2178
Mafikeng 2745
nmkhokheli@nwpg.gov.za



NORTH WEST COLLEGE OF NURSING

VISION Optimum education and training for nurse practitioners of the North West Province.

MISSION Striving to provide quality education and training to nurse practitioners of the North West Province.

Name of Researcher : Ms. K P Botlhoko
North West University

Physical Address : Dr. Albert Luthuli Drive
Private Bag X2178
Mafikeng, 2745

SUBJECT : Research Approval letter at North West College of Nursing:
Mafikeng Campus

As an institution of Higher Education we embrace and support research initiatives fully. We thus have pleasure to inform you that your request to do research at North West College of Nursing: Mafikeng Campus has been granted.

Your study topic : Experiences of nurse educators regarding the R171 nursing curriculum in the North West Province is both exciting and timely as we only started with the R171 Programme in February 2021. As a college we believe that the specific topic will play a vital role for the campus and the college as it will form baseline evaluation for future research as the programme is still at its infancy.

We hope the findings will assist us as a college to close any identified gaps and / or strengthen our achievements in facilitation in this programme.

We wish you all the best in your research endeavour.:

Acting Campus Head: N. P. Mkhokheli

Mrs. N. P. Mkhokheli



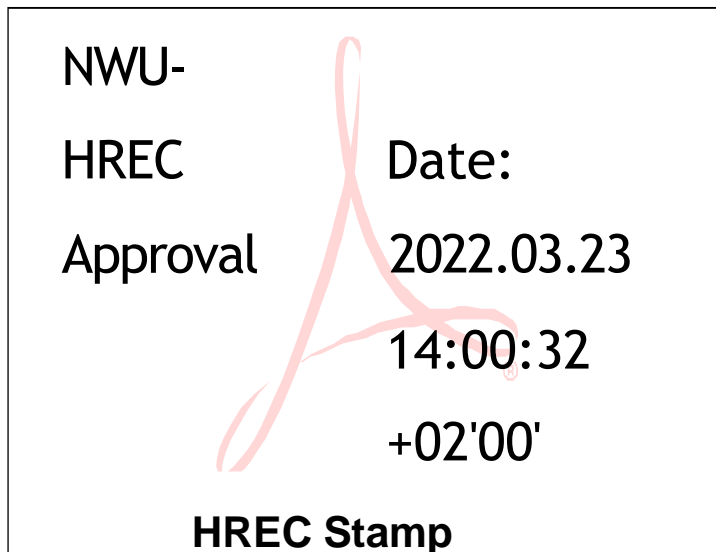
DATE: 10/03/2022

>>> "Nolita Sedumedi" <nsedumedi@nwpg.gov.za> 2022/03/07 11:11 >>>
Good Day

The permission is granted I will discuss with the HOD for R171 for further arrangement

Regards
Mrs N Sedumedi

Appendix D: NWU-HREC stamped consent form



INFORMED CONSENT DOCUMENTATION FOR NURSE EDUCATORS TO PARTICIPATE IN THE RESEARCH STUDY

TITLE OF THE RESEARCH STUDY: Experiences of nurse educators regarding the new nursing curriculum (R171) in the North West Province

ETHICS REFERENCE NUMBERS: NWU-00331-21-A1

PRINCIPAL INVESTIGATOR: Ms N. Zenani and Prof L.A Sehularo

POST GRADUATE STUDENT: Ms K. P Botlhoko ADDRESS: P O BOX 23352 MAFIKENG 2745
CONTACT NUMBER: 065 640 7361

You are being invited to take part in a **research study** that forms part of my Master's Degree in Nursing.

Please take some time to read the information presented here, which will explain the details of this study. Please ask the researcher or person explaining the research to you any questions about any part of this study that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research is about and how

you might be involved. Also, your participation is **entirely voluntary** and you are free to say no to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part now.

This study has been approved by the **Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (NWU-00331-21-A1)** and will be conducted according to the ethical guidelines and principles of Ethics in Health Research: Principles, Processes and Structures (DoH, 2015) and other international ethical guidelines applicable to this study. It might be necessary for the research ethics committee members or other relevant people to inspect the research records.

What is this research study all about?

- The study is about the experiences of nurse educators regarding the new nursing curriculum (R171) in North West Province.
- The aim of the study is to explore and describe the experiences of the nurse educators regarding the new nursing curriculum (R171) in the NWP as the findings of the study may assist in understanding the new curriculum and the nurse educators can be able to render quality teaching and learning based on the prescripts of the new curriculum.

Why have you been invited to participate?

- You have been invited to participate in the study because you have participated in facilitating the new nursing curriculum (R171) and therefore you meet the requirements to participate in the study.

What will be expected of you?

- A Semi-structured individual interviews through a visual platform like Teams office will be used to collect data in this study. The researcher will provide all participants with 1 Gigabyte of data for data collection purposes. You are expected to ensure that during the interview, the participant is in a quiet place where there will be no noise or disruptions.

Will you gain anything from taking part in this research?

- There will be no direct benefits for the participants. However, the findings add important and valuable knowledge to what is already known about the challenges of nurse educators regarding the transformation of public nursing colleges in the North West Province and will also assist nurse educators to understand the new curriculum and that will enable nurse educators to render quality teaching and learning based on the prescripts of the new curriculum.

Are there risks involved in you taking part in this research and what will be done to prevent them?

Risks (e.g. physical, psychological, social, legal, economic, dignitary and community) Identify all the possible risks.	Precautions (When describing these precautions, be clear on how they will mitigate all the identified risks)
Physical: Participants may feel tired because of their participation in this study. Economic: As video conferencing platforms such as Teams will be used as an instrumental tool to collect data, participants might lose money or data.	Participants have the right to stop interview when they feel tired. The researcher will provide all participants with 1 Gigabyte of data to avoid the participants from spending their money for participating in this study and R50 will be given to the participants as a token of appreciation on top of the 1 gigabyte.

How will we protect your confidentiality and who will see your findings?

- The principle of Anonymity will be employed in this study. As harm to the participants will be protected, participant’s full names or their real names will not be used. The real names of the participants will not be used in this study.

- As the researcher will be using a visual platform like Teams office, the meeting scheduled for interview on teams office will be exclusively for the participants and the interview recordings will be saved on a password protected computer to ensure privacy is maintained.
- The participants will be allowed to see the research findings. After data collection, the interview recordings will be deleted from the recording devices as soon as it has been save on a password protected computer.
- After the study is completed, the storage device will be stored in the office of the director in a locked cupboard.

What will happen with the findings or samples?

- The findings will be used for this research only and they will be saved in a password protected computer.

How will you know about the results of this research?

We will give you the results of this research when the study is completed through presentations and conferences.

Will you be paid to take part in this study and are there any costs for you?

- Yes, the researcher will provide all participants with 1 Gigabyte of data to avoid the participants from spending their money for participating in this study and R50 will be given to the participants as a token of appreciation on top of the 1 gigabyte.
- As the interview will be done using teams meeting, participants won't be traveling.
- There will thus be no costs involved for you, if you do take part in this study.

Is there anything else that you should know or do?

- You can contact Katlego Botlhoko at 065 640 7361 if you have any further questions or have any problems.
- You can also contact the Health Research Ethics Committee via Mrs Carolien

van Zyl at 018 299 1206 or carolien.vanzyl@nwu.ac.za if you have any concerns that were not answered about the research or if you have complaints about the research.

- You will receive a copy of this information and consent form for your own purposes.

Declaration by participant

By signing below, I agree to take part in the research study titled: Experiences of nurse educators regarding the new nursing curriculum (R171) in North West Province.

I declare that:

- I have read this information/it was explained to me by a trusted person in a language with which I am fluent and comfortable.
- The research was clearly explained to me.
- I have had a chance to ask questions to both the person getting the consent from me, as well as the researcher and all my questions have been answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be handled in a negative way if I do so.
- I may be asked to leave the study before it has finished, if the researcher feels it is in the best interest, or if I do not follow the study plan, as agreed to.

Signed at (*place*) on (*date*) 20....

.....
Signature of participant

.....
Signature of witness

Appendix E: Recruitment material

INVITATION TO PARTICIPATE IN RESEARCH

TOPIC: Experiences of nurse educators regarding the R171 nursing curriculum in North West Province

Invitation: You are hereby invited to participate in the above-mentioned research by Katlego Bothhoko from the North West University.

Why is this research needed?

Quality nursing education plays a pivot role in the nursing profession. The aim of this study is to explore and describe the experiences of nurse educators regarding the R171 nursing curriculum in North West Province and findings of this study may assist nurse educators to understand the R171 nursing curriculum so that they can be able assist students to be clinically and theoretically competent based on the curriculums objectives. In understanding R171 curriculum, the nurse educators can be able to render quality teaching and learning based on the prescripts of the new curriculum.

Would this study be fit for me?

- Nurse educators registered with the South African Nursing Council.
- The nurse educators must be facilitating the new nursing curriculum (R171).
- The nurse educators must have a minimum of six month facilitating the R171 nursing curriculum.

Benefits of the study

- There are no direct benefits to the participants, however, the benefits will include:
- Improved teaching and learning of the R171 nursing curriculum in NWP.
- Improved quality nursing quality education in the North West Province.

Decline to participate

- You are free to decline to participate in the study.
- The real names of the participants will not be used in this study.

The researcher

The primary researcher is Katlego Botlhoko.

The researcher is a nurse educator facilitating the R171 nursing curriculum in the public Nursing Education Institution in the North West Province.

Contact details

Email: botlhokokatlego11@gmail.com

Tel: 065 640 7361

Costs

- You may be required to have internet access.
- The researcher will provide all participants with 1 Gigabyte of data to avoid the participants from spending their money for participating in this study.

Appendix F: Semi structured Interview Schedule

Experiences of nurse educators regarding the R171 nursing curriculum in the North West Province

Instructions

The tool consist of one section only. Kindly answer all the questions. Microsoft Teams will be used to collect and record data, this is done to ensure that the researcher does not miss any information. The principle of privacy and confidentiality will be maintained throughout the interview. The duration of the interview will be 30- 60 minutes depending on data saturation.

Section A

1. What do you know about the R171 nursing curriculum?
2. What are your experiences regarding the R171 nursing curriculum?
3. What are your suggestions for improving the implementation of the R171 nursing curriculum in NWP?

Appendix G: Confidentiality form



CONFIDENTIALITY UNDERTAKING

entered into between:

I, the undersigned

Prof / Dr / Mr / Ms Isaac O Mokgaola

Identity Number: 8004375616088

Address: 7724 unit 15 Mmabatho 2735

hereby undertake in favor of the **NORTH-WEST UNIVERSITY**, a public higher education institution established in terms of the Higher Education Act No. 101 of 1997

Address: Office of the Institutional Registrar, Building C1, 53 Borchard Street, Potchefstroom, 2520

(hereinafter the "NWU")

Interpretation and definitions

1.1. In this undertaking, unless inconsistent with, or otherwise indicated by the context:

1.1.1. "Confidential Information" shall include all information that is confidential in its nature or marked as confidential and shall include any existing and new information obtained by me after the Commencement Date, including but not be limited in its interpretation to, research data, information concerning research participants, all secret knowledge, technical information and specifications, manufacturing techniques, designs, diagrams, instruction manuals, blueprints, electronic artwork, samples, devices, demonstrations, formulae, know-how, intellectual property, information concerning materials, marketing and business information generally, financial information that may include remuneration detail, pay slips, information relating to human capital and employment contract, employment conditions, ledgers, income and

expenditures and other materials of whatever description in which the NWU has an interest in being kept confidential; and

1.1.2. "Commencement Date" means the date of signature of this undertaking by myself.

1.2. The headings of clauses are intended for convenience only and shall not affect the interpretation of this undertaking.

Preamble

1.3. In performing certain duties requested by the NWU, I will have access to certain Confidential Information provided by the NWU in order to perform the said duties and I agree that it must be kept confidential.

1.4. The NWU has agreed to disclose certain of this Confidential Information and other information to me subject to me agreeing to the terms of confidentiality set out herein.

Title to the Confidential Information

I hereby acknowledge that all right, title and interest in and to the Confidential Information vests in the NWU and that I will have no claim of any nature in and to the Confidential Information.

Period of confidentiality

The provisions of this undertaking shall begin on the Commencement Date and remain in force indefinitely.

Non-disclosure and undertakings

I undertake:

1.5. to maintain the confidentiality of any Confidential Information to which I shall be allowed access by the NWU, whether before or after the Commencement Date of this undertaking. I will not divulge or permit to be divulged to any person any aspect of such Confidential Information otherwise than may be allowed in terms of this undertaking;

1.6. to take all such steps as may be necessary to prevent the Confidential Information falling into the hands of an unauthorised third party;

1.7. not to make use of any of the Confidential Information in the development, manufacture, marketing and/or sale of any goods;

1.8. not to use any research data for publication purposes;

1.9. not to use or disclose or attempt to use or disclose the Confidential Information for any purpose other than performing research purposes only and includes questionnaires, interviews with participants, data gathering, data analysis and personal information of participants/research subjects;

1.10. not to use or attempt to use the Confidential Information in any manner which will cause or be likely to cause injury or loss to a research participant or the NWU; and

1.11. that all documentation furnished to me by the NWU pursuant to this undertaking will remain the property of the NWU and upon the request of the NWU will be returned to the NWU. I shall not make copies of any such documentation without the prior written consent of the NWU.

Exception

The above undertakings by myself shall not apply to Confidential Information which I am compelled to disclose in terms of a court order.

Jurisdiction

This undertaking shall be governed by South African law be subject to the jurisdiction of South African courts in respect of any dispute flowing from this undertaking.

Whole agreement

1.12. This document constitutes the whole of this undertaking to the exclusion of all else.

1.13. No amendment, alteration, addition, variation or consensual cancellation of this undertaking will be valid unless in writing and signed by me and the NWU.

Dated at Potchefstroom this 22nd day of November 2021

Witnesses:

1 K Racoco



2 NR Thwala

(Signatures of witnesses)

NR Thwala

1. Original details: (23239522) G:\My Drive\9. Research and Postgraduate Education\9.1.5.6 Forms\HREC\9.1.5.6_Ethics_Confidentiality_Agreement_June2018.docm
26 June 2018
2. File reference: 9.1.5.6

Appendix H: Example of an Interview

Semi-structured individual interviews

Topic: Experience of nurse educators regarding the R171 nursing curriculum in North West Province.

Facilitator: Good afternoon mam, can you hear me?

Participant B: Yes sir.

Facilitator: Okay. My name is Tshepang Modise and I'm going to facilitate this session of interviewing you on behalf of the researcher Katlego Bothoko. Can you hear me mam?

Participant B: Yes I can hear you sir.

Facilitator: So for the purpose of the session I'm not going to refer to you with your real name but I'm gonna allocate a name for you like Mrs B so that we ensure that we keep your name undisclosed. Number 2 is that this session is going to take approximately 30 to 60 minutes in which you and I we will be conversing and discussing. Do you understand?

Participant A: Yes sir.

Facilitator: You've got the right to withdraw from the session at any time you feel you want to withdraw. Your participation is 100 % voluntary. Feel free to participate. Whatever we talk about here we are gonna keep it confidential and it won't be shared with anyone else outside the research team. Do you understand?

Participant B: Yes Sir.

Facilitator: Okay. Now I'm gonna start. I'm going to ask you three open ended questions so you are going to respond to them. Alright?

Participant B: Okay sir.

Facilitator: So feel free, feel comfortable to participate. Alright?

Participant B: Okay sir.

Facilitator: This session I must remind you that it is going to be recorded so if you want the recording after the interview it will be sent to you and if you've got the questions, I'll give you an opportunity to ask questions after the interview.

Participant B: Okay sir.

Facilitator: Okay. Now let's proceed. The topic of this study is Experiences of nurse educators regarding the R171 nursing curriculum in the North West province. Okay.

Participant B: Okay.

Facilitator: The first question I am going to ask you is what do you know about the nursing curriculum R171 nursing curriculum?

Participant B: I could say it's a new curriculum after the old curriculum of R425 was faced out. It's the new curriculum that started after that one. And I'm not sure about this but they say in the olden days before the comprehensive curriculum, eh the council was running this program before so it was there before so it's not like it's a new thing on the market but for some of us it's a new thing because when we grew up we grew up in the environment of R425 which is a comprehensive course.

Facilitator: Okay. You mentioned that the curriculum was there before. So I need you to elaborate what you mean when you say it was there before. Can you please elaborate?

Participant B: Like I say I'm not sure but I heard from my seniors as we were busy with the orientations and the inductions that this program was there before. I think I was not even born yet or I was a pre-schooler when it was there. Yes.

Facilitator: Okay, You also mention

Participant B: But to me it's for the first.

Facilitator: Okay, you can continue. Sorry for disturbing you

Participant B: Yah I mean for me myself it's for the first time I come across it because when I grew up I grew up with the comprehensive course on the market.

Facilitator: Okay, Okay. You said it is comprehensive. The curriculum is comprehensive. I just want you to elaborate what you mean when you say it is comprehensive?

Participant B: Okay. I meant the faced out curriculum of R425 because it was either a diploma or a degree where one will get a qualification for midwifery, community psychiatry and general nursing as one thing.

Facilitator: Oh you are referring to R425. Okay.

Participant B: Mm

Facilitator: Okay. So now coming back to this one R171. What else do you know about it? As you're talking what is coming to your mind that you need to share with me?

Participant B: Yah apparently the idea of shifting or facing out the comprehensive course was that they want to bring nursing back to its roots but I tend to differ with them because I don't know how is it going to bring nursing to back. Because to me it's just one and the same thing just that now with this one even the time allocate for one to finish the program is limited. But to me it's more or less one and the same thing. The difference that's there is that they are not doing midwifery and psychiatry. But you'll find out in some module you will see midwifery. So to me I don't see how it's going to change nursing and take nursing back to its roots. Maybe as time goes on but for now I don't see it.

Facilitator: Can you... You just spoke about the new curriculum and its intention is or the proposed curriculum that is new is to take the nursing back to its roots you don't see how it's going to achieve that. What do you mean when you say it's going to take nursing back to its roots? Can you please elaborate on that?

Participant B: I don't agree because when you look at the modules neh, you'll find out that the module that was done with the grandfather, I'm gonna refer to it as the grandfather curriculum it was maybe done over three years but now with this new R171 curriculum it will be done over period of a year. So how is one student who is currently studying for this gonna take nursing back to its roots while something that was taught to her over three years is now being taught over a period of a year. So that's where my worry is. They are not doing anything. They are just doing things worse. Because you can see even with eehh... There are so many challenges with this curriculum I must say. There are so many challenges. Taking nursing back to its roots is gonna take some time.

Facilitator: Okay, You said... I want us to go back. You spoke about time being limited in this new curriculum. Can you elaborate on that? What do you mean when you say there is limited time that you spend?

Participant B: For instance with the old curriculum as a lecturer you would deliver or teach a module let's say for a period of a week or just eight or nine days. But now with this one you can teach whatever you taught over a week you can teach that over four periods then you are done with your module.

Facilitator: Okay.

Participant B: So you can see the time is very limited. I mean some modules were delivered where taught over period of three years but now they are being taught over a period of a year. So can you see some things have been cut off?

Facilitator: Interesting. You just spoke about some modules being taught over a period of three years but now they are being taught in a period of a year. Can you provide clarity there? Can you elaborate? What do you mean when you say some module was taught in three years and now they are being taught in a year? Can you elaborate on that?

Participant B: I'm gonna make you an example with this module of Natural and Biological Sciences. This module is basically Anatomy and Physiology. Which in the R425 it was taught for two years. There was a course for first years and second year. So with the new curriculum we only teach that module in first year only.

Facilitator: Okay. You spoke about challenges in the new curriculum. Can you elaborate what challenges you are referring to when you say there are challenges in the new curriculum?

Participant B: Sir there are challenges in terms of the resources. When I say the resources I'm talking about the human resources which are the lecturers who are supposed to deliver teaching and learning to the students and there are challenges in terms of the infrastructure the resources. With the new curriculum, the curriculum I can say it is student centred where most of the work is being done by the student where according to the timetable and the plan there are periods where a student must go to the computer lab and search through the internet and look for information or where the period is allocated for self-study. Now in terms of the resources we don't have a fully functional library and a computer lab where one can

go during those periods to be independent and take care of their learning responsibilities now they don't have a choice but to stay in class. How do you do a self-study in a class full of forty students going up and down I mean they are so many distractions? But if we had a fully functional library, one would have gone to the library for that period of self-study. In terms of the human resources I think somehow the lecturers are overloaded with the modules. You'll find out that you have to teach four modules and with this curriculum all this modules can come in to one block all of them meaning every day you will be in class and you have to prepare for those modules you cannot go to class. So there are so many challenges. We don't have the student portal system. We don't have a reliable internet connectivity. For instances if there is power cut I mean we have been acing load shedding lately, then it means we can't work we can't do anything so the solution is the school to be out. There is no way a lecturer can continue this remotely so.

Facilitator: Okay. Now I will like for use to move to the second question. What are your experiences regarding the R171 nursing curriculum. I'm aware that you've just shared some now in the previous question but I will like you to elaborate further on others. What are your experiences regarding the R171 nursing curriculum

Participant B: Okay, My experiences eehh. I don't think the nursing education institution was ready for this because there are so many gaps. Okay if there is a new thing there will be gaps but there are so many gaps that I have as an individual experienced. The main one being this centralisation. It is not just working. It's not functional. To me in a nutshell I can say we go back to the old faced out I think it was way better than this curriculum.

Facilitator: Okay, You just mentioned that the nursing institution is not ready for the curriculum. What do you mean by that? Can you elaborate?

Participant B: Some of the answers are already in the first questions. I mean in term of the infrastructure. We don't have such computer labs and we don't have a fully functional library. Those are the things I can say that we were not ready for this curriculum. Yah that is the main thing.

Facilitator: You just mentioned something about the curriculum having gaps. Can you explain further on that? Can you explain what you mean when you say the curriculum has gaps?

Participant B: For instances, along the run when we were busy delivering teaching and learning to the students we had to start afresh and develop study guides, workbooks, rubrics and all that. That's why I'm saying that we were not ready. If the institution was ready those study guides, rubrics and all that would have been there. So we had to along the line now identify that we are gonna need this here, we don't have it now let's start to develop it. Mm

Facilitator: Okay. You spoke something about centralisation being a problem. Can you elaborate what you mean when you talk about centralisation?

Participant B: Okay. To me centralisation I think it should start with the time table and with the lesson plan just to make sure both campuses are doing the same thing. The other campus is doing their own time table and we are doing our own time table. So where is centralisation there?

Facilitator: Okay. As you're talking now, In terms of your experiences is there anything coming to your mind now as you are discussing that you feel like you want to share with me?

Participant B: Sometimes it can be overwhelming. I'm going back to the point of where I say sometimes there is a dominance of one campus. You'll find that you wasted time maybe developing this study guide or developing this tool and when come to a conclusion and use this tool, you will find out that someone else went and made new changes that were not agreed by the team. So those are the challenges with regards to centralisation. Sometimes it's just overwhelming and you'll feel like I've wasted my time and resources doing this and at the end of the day you'll feel like I've done nothing but the time has been waste. Like they say time wasted is never regained. You see?

Facilitator: Okay. Thank you very much. I will like us to move to our last questions. What are your suggestions for improving the implementation of the R171 nursing curriculum in North West Province?

Participant B: Eemm. Okay. I think first of all I think the curriculum maybe it must be reviewed again. Because the things that are in the curriculum are not practical. I'm going back to that one of the module that was taught over three years which is a faced out program now it's being taught under one year. For someone who understood something over three years and now we expect someone to understand it in one year? I think my suggestion is

that we must go back to the comprehensive course. Or if it continues, centralisation must be stopped or it must be relooked at. Like I said the timetable, the lesson plans everything must be the same. Or the curriculum must be developed directly from SANC. SANC must take the last decision to say this is what you will do.

Facilitator: Okay. You've just mentioned now that the curriculum needs to be reviewed? Can you elaborate on that on that? What do you mean when you say it has to be reviewed?

Participant B: It has to be reviewed in terms of the time frame. I mean this new curriculum it's a three year diploma in nursing. Maybe if they can take it to four years. Yah maybe it will make a difference. My concern is we want this nurses to be that nurse. We wanna take nursing back to its roots. But now the person we are grooming to go and deliver quality nursing service out there, does not have enough time to study the all necessary information that she or he is going to use out there. So what are we saying? What difference is it going to make if it's like that? Like I said it's just too much in terms of the workload. Yet the qualifications are less now. Because when they qualify they will be general nurses. No additional qualification will be there.

Facilitator: Yah. I want you to go back to when you say that the curriculum is not practical. What do you mean by that?

Participant B: I can say that it goes back to the planning. I don't know. It goes back to the planning part of it. There are no clear objectives. Some of the things just we had to deal with them along the way. Like the issue of theatre. When students had to be placed in theatre were students were placed in operating theatre. We didn't know. So it's not practical because I remember at some point introduction to surgical nursing was done, my suggestion is if for instance they are in a block for a certain module then immediately after that the practical part of it must be whatever they were taught just to reinforce that information.

Facilitator: Okay. As you are discussing now. Is there anything coming to your mind in terms of suggestions for improving the implementation R171 nursing curriculum?

Participant B: Yah. My suggestion which is the biggest of them all is that they should in the curriculum development they should also include the implementers of the curriculum. Because if you are up there you are not the one who is implementing this. You won't know the challenges and you won't even feel them. So my suggestion is that they should include

the implementers since we are the ones who have been there hands on. I'm not saying that we should be the only ones, but we must be included in terms of the curriculum development so that we can be able to close the gaps because we are the ones here and we know the challenges better than anyone.

Facilitator: Okay. Is there anything else that you want to share with regards to suggestions for improving the implementation of the R171 nursing curriculum?

Participant B: I think that's all. They must just involve the implementers. Review the curriculum. Try to fix the gaps and just try to look into this thing of centralisation and plan. Planning is more important

Facilitator: When you talk of planning being more important, can you elaborate a little bit on that? What do you mean when you refer to planning is more important?

Participant B: Planning is more important because at the end if I plan to do 1, 2, 3. It starts with the planning itself. If I don't know how to achieve 1, 2, 3, then I don't know how to achieve it easily. I must have a plan. If they wanna make this new curriculum to work, there must be planning for everything. From the modules to the practical part of it and infrastructure. All this things I've mentioned. Because if they were ready for the curriculum, I think things like infrastructure and the resources would have been handled before they even started with the curriculum itself. Because I don't think there will be so many challenges if some of this things were attended to prior to the commencement of the curriculum itself

Facilitator: Okay Participant B, Is there anything else that you want to add with regards to suggestions for improving the implementation of R171 nursing curriculum?

Participant B: I don't know about this one. But it's also applicable even though I think it's beyond maybe it's at the provincial or national level as well. Because now it comes to the financial restraints. With this curriculum neh, there is a lot of work and we are expected to do the clinical accompaniment or visits. We are supposed to do 70 % of it whereby now we find out that we have to go somewhere and there will be no cars. There are no available cars for the lecturers to go there. Sometimes when we are local we have to use our own cars. So we are forced to use our own cars just to make that 70%. Therefore we need more cars. It goes back to planning.

Facilitator: Okay Participant B thank you very much for your time and for participating in this interview. Thank you very much.

Participant B: Thank you very much sir

Appendix I: Certificate of Language Editing

Gill Smithies

Proofreading & Language Editing Services

59, Lewis Drive, Amanzimtoti, 4126, Kwazulu Natal

Cell: 071 352 5410 E-mail: moramist@vodamail.co.za

Work Certificate

To	Mrs. N. Zenani
Address	Faculty of Health Sciences, School of Nursing Science, North West University, Mahikeng
Date	28/08/2022
Subject	Dissertation: Experiences of nurse educators regarding the R171 nursing curriculum in North West Province
Ref	GS/NZ/01

I, Gill Smithies, certify that I have proofed the following for language, grammar and style. And made recommendations,

Dissertation & Appendices: Experiences of nurse educators regarding the R171 nursing curriculum in North West Province, by K. P. Botlhoko,
to the standard as required by North West University.

Gill Smithies

Appendix J: Proof of Manuscript submission

Proof of Manuscript submission

Original message -----
From: International Journal of Africa Nursing Sciences <em@editorialmanager.com> Date:
Tue, Aug 30, 2022, 09:57
To: Nombulelo Esme Zenani <znombulelo@gmail.com>
Subject: IJANS-D-22-00275 - Confirming your submission to International Journal of Africa
Nursing Sciences

This is an automated message.

Experiences of nurse educators regarding the R171 nursing curriculum in North West Province

Dear Ms Zenani,

We have received the above referenced manuscript you submitted to International Journal of Africa Nursing Sciences. It has been assigned the following manuscript number: IJANS-D-22-00275.

To track the status of your manuscript, please log in as an author at <https://www.editorialmanager.com/ijans/>, and navigate to the "Submissions Being Processed" folder.

Thank you for submitting your work to this journal.
Kind regards,
International Journal of Africa Nursing Sciences

More information and support

You will find information relevant for you as an author on Elsevier's Author Hub:
<https://www.elsevier.com/authors>

FAQ: How can I reset a forgotten password?

https://service.elsevier.com/app/answers/detail/a_id/28452/supporthub/publishing/

For further assistance, please visit our customer service site:

<https://service.elsevier.com/app/home/supporthub/publishing/>

Here you can search for solutions on a range of topics, find answers to frequently asked questions, and learn more about Editorial Manager via interactive tutorials. You can also talk 24/7 to our customer support team by phone and 24/7 by live chat and email

This journal uses the Elsevier Article Transfer Service. This means that if an editor feels your manuscript is more suitable for an alternative journal, then you might be asked to consider transferring the manuscript to such a journal. The recommendation might be provided by a Journal Editor, a dedicated Scientific Managing Editor, a tool assisted recommendation, or a combination. For more details see the journal guide for authors.

#AU_IJANS#

To ensure this email reaches the intended recipient, please do not delete the above code