



Personnel perceptions of a positive practice environment in public nursing education institutions in South Africa: A descriptive qualitative study

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ABSTRACT

Background: While much is known about aspects of the practice environment and its influence on staff outcomes and quality of education, less is known about creating positive practice environments in public nursing education institutions, especially in developing countries.

Aim: To describe the perceptions of the personnel of a public nursing education institution identified as having the most positive practice environment and nurse educator outcomes.

Design: A qualitative descriptive research design was used.

Methods: All-inclusive voluntary sampling was applied at one public nursing education institution in the Gauteng Province with the principal, vice-principal, heads of departments (N = 11; n = 6), nurse educators (N = 93; n = 17), and administrative staff (N = 42; n = 11). Semi-structured individual and focus group interviews were conducted and inductive thematic analysis was used. Data was collected from November 2019 until March 2020.

Results: Personnel indicated interpersonal relationships, effective communication and enhancing team dynamics as the main theme of the study, with seven specific sub-themes as raised by managers, nurse educators and administrative staff.

Conclusion: Interpersonal relationships, communication and enhancing team dynamics is the main drive for a positive practice environment. The most significant responsibility in creating such an environment is the managers' ability to lead and support personnel. In addition to intentionally fostering collegial and collaborative relationships, managers need to be approachable. In addition to upholding fundamental human rights values and fostering active participation in decision-making, managers should exercise sensitive leadership. and encourage staff wellness support measures.

Twitter abstract: Interpersonal relationships, effective communication and enhancing team dynamics are the most crucial tactics for promoting positive practice environments at public nursing education institutions in a province of South Africa.

1. Introduction

In the last two decades, there has been growing advocacy for positive practice environments (PPE) globally and among all health professions (World Health Organization [WHO], 2017; World Health Professions Alliance, 2021). With a heightened focus on PPE in the nursing profession (American Association of Critical-Care Nurses, 2016; American Nurse Credentialing Centre, 2017; American Organisation for Nurse Leadership, 2019; Registered Nurses Association of Ontario [RNAO], 2008). While much is known about aspects of the practice environment and its influence on staff outcomes and quality of education, less is

known about creating positive practice environments in public nursing education institutions (PNEIs), especially in South Africa (SA).

Recent reforms in Higher Education in South Africa, require nursing education institutions to be declared Higher Education Institutions in compliance with the Higher Education Act, (Act 101 of 1997). These changes, the fragmented overall planning, unclear transformation preparations and nurse educators not possessing the necessary advanced qualifications to fulfil the new expected roles, caused challenges for the practice environment of PNEIs (Mtshali & Zwane, 2019).

In addition, PNEIs in SA share the global problem of recruiting and retaining qualified nurse educators (WHO, 2021). Therefore, it is

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imperative to explore the practice environment of PNEIs as research has shown that a PPE holds the most promise for improving staff outcomes, as well as quality and safety outcomes for patients(Lake et al., 2019).

PPE refers to factors that enhance a healthy practice and learning environment where all members of the academic team can thrive, succeed (Harmon et al., 2018) and feel respected, valued, and supported in their work (Haverdink, 2018). According to Lake (2002) a PPE consists of five factors adequate staffing and resources, effective collegial relations, nurse managers ability, leadership and support of nurses, foundation of quality outcomes for nursing education, and participation in organisation affairs.

This article reports on the second phase of a larger three-phase exploratory sequential design research study focusing on “Creating PPE in PNEIs in SA”. During the first phase, a survey was conducted among all six PNEIs in the Gauteng Province of SA (Bence et al., 2022). The PNEI with the most PPE was calculated by determining each nurse’s perception of each subscale of the Practice environment Scale of the Nurse Work Index (PES-NWI) (Lake, 2002). For every subscale, a nurse respondent received an indicator of either 1 or 0. The indication read 1 if the nurse thought the PNEI had a PPE, scoring the subscale at or above 2.5 (Lake, 2002); the indicator read 0 if the nurse thought the subscale was below 2.5 (Lake, 2002). The nurse educator outcomes included were burnout, work engagement, incivility, job satisfaction and intention to leave, for every outcome. These outcomes were also dichotomized as either 1 for a positive outcome and 0 for a negative outcome. This allowed the PNEI with the most PPE and best nurse educator outcomes to be identified. This PNEI was used for the second phase of the research, and attempted to answer the following question: What are the perceptions of personnel of their practice environment in the PNEI identified as having the most PPE and best nurse educator outcomes?

2. Methods

2.1. Research design

A descriptive qualitative approach was followed, to explore the perceptions of the personnel, inclusive of the principal, vice-principal, head of departments (HoDs), nurse educators and administrative staff, of their practice environment in one PNEI in the Gauteng Province of South Africa (Bence et al., 2022).

2.2. Participants

An all-inclusive voluntary sample was applied, and no exclusion criteria were applied. In this study, 360° (multi-source feedback or peer review) of the practice environment by the principal, vice-principal, heads of departments, nurse educators, and administrative staff was applied. A mediator assisted with the recruitment of participants, while the independent person (administrative assistant) assisted with the process of gaining informed consent, both appointed by the principal of the PNEI. Table 1 provides an overview of the total size of the staff and the number who participated in the study.

2.3. Data collection

Semi-structured individual and semi-structured focus group interviews were used. Data was collected from November 2019 until March 2020. Individual interviews were applied in the case of the principal, vice-principals, and the heads of department, due to their schedules and limited availability, and also since it allowed for deeper dialogue with the leaders of the PNEI. Focus groups were held with the nurse educators and administrative personnel as it allowed the engagement of a larger group to get a broader understanding of the practice environment. Open-ended questions were derived from the five subscales of the PES-NWI (Lake, 2002, 2007). The focus was on staffing and resource adequacy; collegial relations; manager’s ability,

Table 1
Summary of the population and sample size.

PNEI management			
Participants	Data collection	Population (N)	Sample (n)
Principal and vice-principal	Semi-structured individual interviews	2	1
Heads of departments	Semi-structured individual interviews	9	5
Total		11	6
Nurse educators			
Participants	Data collection	Population	Sample
Nurse educators	Semi-structured focus group interviews	93	14
Nurse educators	Semi-structured individual interviews		3
Total		93	17
Administrative Staff			
Administrative Staff	Semi-structured focus group interviews	42	11
Grand total		N = 146	n = 34

leadership, and support of nurses; foundations for quality of care; and nurse participation in hospital affairs. For this study, the subscale of foundations for quality of care was adapted to “foundation of quality outcomes for nurse educators”, and participation in hospital affairs to “participation in institutional affairs”. The following were used for the semi-structured individual and focus group interviews questions:

- Why do you think your PNEI has been identified as having the most PPE environment in Gauteng Province;
- Please tell me more about staffing and resources at your PNEI;
- Please tell me more about management, leadership, and support of nurse educators at your PNEI;
- How would you describe the collegial relationships at your PNEI;
- How do you provide nurse educators with opportunities to participate in decision-making at your PNEI;
- How do you ensure quality outcomes of nursing education at your PNEI;
- What do you consider to be the facilitating factors in the creation of a PPE; and
- What do you consider to be the stumbling blocks in the creation of a PPE?

Individual interviews varied between 16 and 28 min and the focus groups had an average of 45 min. The individual interviews were conducted by the researcher and co-facilitator in a non-threatening and comfortable area (e.g., the participant’s office). The researcher has completed a qualitative master’s degree and a qualitative methodology course. The co-facilitator has completed a qualitative PhD and is experienced in qualitative research. The venues for the interviews were arranged by a mediator/independent person. The researcher and co-facilitator introduced themselves, outlined the aim of the research, and established rapport and ground rules before the interviews. The interviews were recorded and transcribed verbatim by a qualified transcriber. The data collection was aided by the use of descriptive and reflective field notes (Creswell & Poth, 2018). A systematic review has recommended between 9–17 individual interviews and 4–8 focus groups discussions in order to reach data saturation (Hennink & Kaiser, 2022). In this study, the recommended focus groups were conducted, but to further confirm data saturation three semi-structured individual interviews with nurse educators were presented to the interviewees for confirmation and member checking.

2.4. Data analysis

The inductive method of thematic data analysis of Braun and Clarke,

(2006) was used for the descriptive and reflective field notes and the transcribed recordings (comparing these verify the accuracy and consistency). Braun and Clarke, (2006) state that “Themes are identified within the explicit or surface meanings of the data and the analyst is not looking for anything beyond what a participant has said or what has been written”. Emerging themes were identified and verified through consensus with the co-coder and among the authors.

The study followed a constructivist perspective which holds that knowledge is co-constructed, subjective, and socially from *the perceptions of persons interacting within multiple realities* (Ivanova et al., 2019; Lincoln et al., 2011).

2.5. Rigor and quality: Trustworthiness

Four criteria were used to ensure trustworthiness: credibility, transferability (consistency), dependability, and confirmability (Guba & Lincoln, 1985). Threats to credibility were decreased by triangulating the data (interviews and field notes), making use of a co-facilitator during the interview process, and a co-coder during data analysis. To increase the dependability, the researcher provided an audit trail by describing comprehensive information on how data were collected, how themes and sub-themes were extracted, and how decisions were made. The rich and thick description enables other researchers to make determinations about transferability and thus to use the research in another context (Creswell & Creswell, 2018; Polit & Beck, 2018). To increase confirmability and control bias, data were continuously compared, supported with literature, checking, and rechecking data and obtaining several perspectives.

2.6. Ethical considerations

Permission for the research was obtained from the Health Research Ethics Committee of North-West University (Certificate No. NWU 00075-17-A1) and the Gauteng Department of Health. Goodwill permission was obtained from the principal of the participating PNEI.

3. Results

The analysis generated one key theme and seven sub-themes from the perspectives of the participants. Table 2. provides a summary of the theme and sub-themes that emerged.

Main theme: Interpersonal relationships, communication, and team dynamics.

The PNEI seems to embrace good relationships, promotion of communication, enhance team dynamics, and manage with transparency. This aligns with the subscale “collegial relations” of Lake (2002), which includes teamwork, good working relationships, and collaboration. Literature abounds on the associations between good

collegial relationships and a PPE (Leffel, 2016; Brady-Germain & Cummings, 2010; Coetzee et al., 2013; Klopper et al., 2012) and positive nurse educator outcomes (Bence et al., 2022). However, in SA political and labor issues, including conflict management, often prove challenging at PNEIs.

The sub-themes for this theme are discussed under the different categories of staff: managers, nurse educators, and administrative staff.

3.1. Managers

The nurse manager’s ability, leadership and support seem to be critical to achieving PPE and nurse educator outcomes. Lake (2002) states that the “nurse manager’s ability and leadership and support” is evidenced by being a good manager, a leader that supports staff in decision-making and conflict situations, provides positive feedback, and recognizing staff for work well done. Several systematic reviews confirm this finding (Brady, 2010; Cummings et al., 2018; Lambrou et al., 2014). Such managers create an environment that supports outcomes, fosters collegial relationships, teamwork, quality of education, and makes nurse educators feel respected and valued (Ducharme et al., 2017; Giddens, 2018). Next, the three sub-themes identified for the managers are discussed.

3.2. Subtheme 1: Relationships and communication and teambuilding

This subtheme forms part of the foundations of quality outcomes and promotes positive outcomes such as cohesion, engagement, quality of work life, and support to new staff. Group unity has consistently been a promoter of the group performance of staff (Notgrass et al., 2016) and also concurs with Lake’s (2002) instrument about collegial relations. The managers stated the following:

HoD3: Relationships are good, we laugh, we play together... team building... it’s more pronounced now, this year.

HoD2: I want to think we’ve kind of developed that synergistic approach to say, look, we have our strengths, we have our weaknesses, but we can compensate for each other’s weaknesses.

Managers build the morale of staff and promote common goals for the institution. Building collegial relations and working toward a common goal, promotes engagement (Giddens, 2018):

HoD2: We have a common goal, so sometimes we pull long faces but realize the college business supersedes. You agree to disagree and may later find that the decision was right.

HoD1: There’s good moral, moral interaction support between the lecturers.

Managers endorse employee wellness and emotional and occupational support. Knight et al. (2017) stated that improving the practice environment and wellness of employees improves work engagement. The managers stated:

HoD2: Employee wellness and occupational health department available to render support ... Emotional and wellness support. Observing special days....

P1: We have special days at the college to promote employee wellness. Special days are observed, e.g., Women’s Day, Staff Appreciation Day, Heritage Day, and Valentine’s Day.

The managers are committed to the empowerment of staff competencies and skills. Lake’s (2002) foundations of quality outcomes also endorse skills, assured by quality assurance and continuous development of staff. The SA Nursing Council (SANC, 2014) also endorses continuous education in their *Competencies for a nurse educator*. They stated:

HoD1: There is empowerment, there is commitment, there is productivity, and a skilful competent nurse must come from this college.

HoD4: Support in education and training on how to apply different types of teaching strategies ... lessons to empower them on how to manage large classes and how to apply different teaching strategies.

Acknowledgement of performance and tokens of appreciation

Table 2
Summary of the theme and sub-themes.

Theme	Sub-themes
Interpersonal relationships, communication and team dynamics	Managers (principal, vice-principal, and HoDs)
	Relationships, communication and teambuilding
	Management, leadership and ability to influence decision making
	Political and labour issues and conflict management
	Nurse educators
	Professional and emotional support
	Interpersonal factors and group dynamics
	Administrative Staff
	Emphasis on teamwork and communication
	Hierarchical interactions

promote PPE and outcomes such as engagement and a sense of accomplishment. Recognition of work itself, advancement, and growth correlates strongly with job satisfaction outcomes (Jefferson, 2018).

P1: We also have staff appreciating and ... just to, to say thank you to staff, and we also issued letters to acknowledge the performance to every staff member.

P1: Give small gifts/ tokens of appreciation to staff toward the end of the year ... On Staff appreciation days....

3.3. Subtheme 2: Management, leadership and ability to influence decision-making

The managers embrace approachability, an open-door policy, transparency and participative decision-making. This approach speaks to the subscale of participating in college affairs. It endorses and encourages inclusiveness, collaboration, participation in policy- and decision-making and engagement (Bortini et al., 2018; Loisulie, 2019; Matahela, 2013):

HoD2: The college has an open platform, and the department's management is accommodating... Staff may voice their opinion, and they are listened to.

P1: I am very transparent, and I also managed to take management into confidence on many things, and where I see a need to teach to change... I do not delay resolving issues, using an open-door policy

Effective communication is valued and supported with communication technology and managers schedule ad hoc meetings as needed. Effective communication promotes optimal institutional outcomes, and ensure effective teamwork and a person-centred practice environment (Masimula et al., 2021):

P1: Communication structures are in place to communicate with lecturers. Telephones for each lecturer, emails, and a personal internal post box for each lecturer...telecommunicator (intercom).

HoD2: Younger staff prefer technology and computer communication.

HoD3: Older staff is paper orientated and therefore there is also written communication ... Meetings are called if there is an issue

3.4. Subtheme 3: Political and labour issues and conflict management

Lake (2002) emphasise that a "good manager and leader supports staff in conflict situations". However, it seems that political activism and labour issues surpass the managers' abilities. Typically, managers in higher education are not empowered to engage in political activism. Incivility leads to high levels of emotional exhaustion, burnout, and turnover of staff which are predictors of poor institutional outcomes (Spence-Laschinger et al., 2009; Vink, 2020):

P1: Labour issues and the student strike, individuals used students for their benefit.

HoD3: The recent strikes are a stumbling block for PPE at the college. Students were uncivil during the strike ... HoDs are unsure how the students will behave or say, they are not sure what to say to students.

Uncivil behaviour and unionised staff impact the practice environment. Unions are part of the labour market in SA, and PNEIs must improve their knowledge of effective engagement with unions. Collective bargaining and effective management of disruptive and undermining behaviour are important to promote PPE (Cherry & Jacob, 2016):

HoD2: Organised labour in this academic institution comprised various categories of staff. They want to influence future appointments at the college

HoD2: They had issues with the advertisement of posts and did not understand that the new qualifications require a lecturer in a qualification higher than the qualification offered

Conflict management often proves to be challenging. Incivility impacts personal and emotional outcomes, with a serious impact on nurse educator well-being, burnout, and job and career turnover (Frisbee

et al., 2019; Palumbo, 2018). The managers stated:

HoD2: Conflict is resolved at the college, as there is an attitude that the business of the college supersedes the feelings at present ... You agree to disagree and may later find that the decision was right.

3.5. Nurse Educators

Nurse educators need professional support, with an emphasis on the quality of education. Lake (2002) also accentuates this subscale as being essential. Managers need to step away from the traditional hierarchy of leading to more inclusive leadership styles (Bortini et al., 2016) and create a professional and emotionally supportive practice environment. They should focus on quality education, mentoring, building confidence, and nurturing skills to inspire and optimise nurse educator and institution outcomes (Ducharme et al., 2017).

3.6. Subtheme 4: Professional and emotional support

Nurse educators appreciate managers' professional and emotional support and empowerment. Including improving the quality of learning and education in higher education (Ducharme et al., 2017; Hofmeyer et al., 2015). They stated:

NE1: In my department, I will say we do get support. Our HoD, if we do something not correctly, will guide us

NE3: We have adequate support, especially as we are the new group that started in January....

Mentoring not only promotes PPE, quality of education, nurtures relationships, and positive nurse educator outcomes, but it also supports new nurse educators to assimilate into the institution. Mentoring assists in understanding the culture and function of the institution and obtaining the needed guidance to function (Phillips et al., 2015):

NE3: As we are the new group that started in January. So, they appointed mentors, people who help us out, you know.

NE4: ... there are mentors, that one is assigned to so that they can support you

Continuing professional development opportunities to grow and lifelong learning is fundamental to ensuring high standards, professionalism, and nurse educator outcomes (Lake, 2002; Mlambo et al., 2021; RNAO, 2008). Management's support towards further education is encouraging:

NE2: Management is supporting continuing education because they encouraged us to apply; they also give us study leave.

NE6: With the whole big move of all the nurses supposed to move towards Master's and PhD, so everyone wants to study, so there is a Study Committee that sits down the year before to select candidates who are supposed to study.

The quality of education should be supported with the upscaling of competencies of educators. According to Mlambo et al., (2021) the competencies of nurse educators raise standards and ensure quality education. The nurse educators stated:

NE7: But the HoD of a particular level, they always ensure that we attend the conferences that are available for empowerment

NE2: Updates because things change, things like HIV, so that teaching does get updated, so attending those researches ...yes you get the new things... textbooks get updated.

The PNEI has several fora to ensure participation in decision-making, i.e., meetings/committees, task teams, general staff meetings, curriculum committees, etc. Participation ensures ownership of decisions, builds trusting relationships, ensures accountability and encourages commitment (Porter-O'Grady, 2019). It also has positive emotional supportive consequences; nurse educators feel particularly valued when their input is appreciated:

NE1: We have general staff meetings where they share information, and we can ask, and they answer questions, we participate in the curriculum committee and presently ... I am in the task teams for the new course, the development task team

NE2: I feel so valuable, and like my input whenever, because I noticed that immediately that they value my input and when I am in the committee....

The PNEI is perceived as emotionally supportive of the staff's well-being. When needed, there is a dedicated department to support, counselling and debriefing, and also peer support. If stress and burnout are reduced it builds strong communication networks with peers and other significant stakeholders (Valdez et al., 2019); mitigates issues and reduces the risk of violence in the workplace (Saleem et al., 2020):

NE4: We had a two-hour debriefing session by the department, but we also had debriefing in our department, with the help of our student councillors....

NE6: We were involved in numerous students strikes and management so that everybody is traumatized the student body and the lecturers and they called in external service provider to come and render counselling to all of us. So they do have our well-being at heart....

NE3: Lecturers or as staff, we support each other. If it had been that one of us have a challenge maybe is upset, then someone will cover her....

3.7. Subtheme 5: Interpersonal factors and group dynamics

Civility and interpersonal collegial relations are of the utmost importance to promote PPE and positive nurse educator outcomes at PNEIs. Foster a climate of respect, dignity, professionalism, and mutual understanding (Clark, 2017; Clark & Carnosso, 2008). Most nurse educators feel a sense of belonging as there is a warm, welcoming attitude, and spirit of Ubuntu (humanity towards others):

NE2: I liked the welcoming attitude of the staff here.

NE2: I can say there's a spirit of Ubuntu [long silence] ... yes, it's like you don't feel like you new, you feel so welcome, everybody makes you feel welcome.

NE3: ... there was just a warm, welcoming, from all staff members

Unfortunately, some nurse educators experience forms of incivility and complex relationships. They ascribe it to the different personalities that work together and student-lecturer relationships. Nurse educators should be role models and constant feedback from students can help the nurse educator in adjusting strategies to engage more effectively with students (Vink, 2020):

NE1: We have different personalities, those that are difficult, even in my department, and those that want things done the correct way.... when they are in a small room everything is okay. But in the big group, they team up, ja like a mobbing against others.

NE2: Attitude towards students, because we are here because of students, so if we don't treat them ... they are human beings

The uncivil behaviour of students during a strike seriously affected the practice environment. Incivility in higher education in SA is a socioeconomic and political issue, student bodies are often infiltrated by political parties, (Cloete, 2020). This present in the form of activism which sometimes leads to violence and destruction. Such deviant behaviour is related to poor emotional, institutional, and nurse educator outcomes (Buck-Hooper, 2017; Vink, 2020):

NE1: Students that are rude with behaviour problems, like some of them have an attitude. And some are just here; you need to push them to learn ... But in the big group, they team up, ja like a mobbing against others ... I think the other problem is because of the strike

NE2: Windows, they were breaking windows, they were swearing at us, the police had to come, we were called dogs, some made video clips of songs that they sent, distributed amongst them, bad songs. Even when the way that songs and even on the way chasing out the principal and the management was, you know, they had videos on like they didn't care.... They did not care; I mean how you can take a video while chasing out the manager. So, to them, it was like, no ... Yeah, they took selfies, taking a selfie chasing out the manager, your principal had to be careful.

NE1: I feel the management is very, very soft on the students.

3.8. Administrative Staff

Administrative staff thrives in a respectful practice environment that is friendly and welcoming and works toward a common goal. Staff who are committed and passionate about their work; solve problems effectively, manage change with preparedness, and take positive action toward institutional and educational outcomes (Lake, 2002; Nienaber & Martins, 2015; Plemons, 2014; Turrin, 2016; Zafar & Naveed, 2014).

Administrative staff does not always feel supported and experience some discomfort and conflict with the feelings of exclusion, and superior attitude of some of the nurse educators whom they feel get preferential treatment. This creates feelings of discrimination, separation, and division. The two sub-themes identified for the administrative staff are discussed below.

3.9. Subtheme 6: Emphasis on teamwork and communication

The administrative staff feels that their hands-on supportive functions contribute to PPE, effective outcomes, and high morale. They value open and improved collaborative, collegial relations and teamwork. Teamwork promotes cross-training, a continuation of work when a staff member is absent, and assisting staff in coping with workplace stress during peak times (Plemons, 2014):

A1: We know each other very well, and whenever there is a meeting, you will find us together, you will not be able to differentiate between the two, who is the lecturer and who is the admin personnel. We just become one....

A2: Because we work together as a team.

A3: Additionally, if there is a project, all personnel are hands-on.

3.10. Subtheme 7 Hierarchical interactions

Some administrative staff report conflict and uncivil relationships which make them feel inferior. Differences in objectives or perceptions of objectives can create and cause conflict and instability in academic settings, resulting in staff turnover (Owusu-Acheampong & Antwi, 2023). All staff must learn how to differentiate and manage conflict to promote positive outcomes in conflict situations (Owusu-Acheampong & Antwi, 2013) and supportive management promotes administrative staff's engagement (Martins, 2017):

A3: Some of the staff ... some staff is divided. Some educators see themselves as above admins staff.

A2: We don't get to communicate with management unless there is a general staff meeting where they communicate something ... think there's a separation between us the lecturers, and then the management ...

A4: It makes me feel terrible because sometimes you're even scared to go to the person, maybe they're not, they are not approachable to us

The perception that nurse educators receive preference impacts morale and perception of fairness. Nurturing positive relationships with all stakeholders is important in retaining this important support group (Plemons, 2014). Managers must create a fair, inclusive working environment with role clarification and promote team effectiveness as it impacts the institution's outcomes (Bortini et al., 2016):

A6: Also, lecturers are giving preference, first preference when it comes to getting resources such as computers. We have been here for three years, and we still don't have computers, so whenever there is a new lecturer, they get one.

A3: There is discrimination in the service regarding working stations, stationery, and working equipment. Some of the lecturers or some of the staff members are preferred and get special stationery and equipment.

The administrative staff places a high value on the relationships with their colleagues. That will go far to ensure optimal outcomes. Positive staff improves customer service and creates a strong workforce willing to go beyond the basic requirements (Plemons, 2014).

A4: We also express loyalty to each other, and respect and value each other.

A2: Communication here is always two ways ... So, in total, we have excellent working relationships.

Administrative staff perceive managers as transparent, having an open-door policy and always prepared to listen to them. This creates positive staff outcomes such as commitment and increased intention to stay in employment (Turrin, 2016:153):

A6: Transparency ... whatever is happening; they do inform us in time.

A4: The management staff, it's essential whenever there's a problem; their doors are open to anyone of the staff. They can consult as a team... admin staff and academic

There must be a symbiotic relationship between nurse educators and administrative staff. An excellent work relationship with the nurse educators contributes to PPE:

A2: So, in total, we have excellent working relationships.

A3: Clerks that will help lecturers with absenteeism in the clinical area. It makes the life and the work of the lecturers easy and manageable.

3.11. Implications and Recommendations for Practice

The main perceptions of personnel regarding their practice environment was the importance of interpersonal relationships, communication and team dynamics, with regard to managers this focused on relationships, communication and team building; management, leadership and ability to influence decision making and political and labour issues and conflict management. Nurse educators highlighted the sub-themes of professional and emotional support, and interpersonal factors and group dynamics. Finally administrative staff emphasized teamwork and communication, and hierarchical interactions.

One of the manager's main roles is to provide a conducive work environment and to promote harmonious interaction between personnel and their environment, as this not only improves the wholeness of the individual, but also that of the organization and the stakeholders (Wang et al 2022). Therefore, managers should be sensitive, humane, approachable and consciously build collaborative collegial relationships, and promote participative decision-making and team building. Nurse educators value open and valued communication that promotes staff wellness and quality relationships leading to increased nurse educator outcomes (Turrin, 2016).

It is important as part of building collegial relations that managers lead with sensitivity and adhere to principles of fundamental human rights and promote collaborative and participative decision making and team building. When staff have the opportunity to participate in group activities, where there are times to talk to colleagues, develop personal relationship and voice opinions, it will promote outcomes such as work skills, work-related resources, social support, effective decision making and other positive work outcomes, including work engagement (Knight et al., 2017: 806).

Staff feels valued by managers who are open to and appreciate their participation and input in decision-making forums such as curriculum planning, policymaking, and task teams. Such managers are approachable and endorse transparency and an open-door policy (Loisulie, 2019).

To reduce stress and burnout PNEIs need to create a stress-free and supportive environment. Managers should promote emotional, wellness, and peer support, facilitate growth and development, supportive social networks, acceptable work conditions, and provide practical orientation and mentoring. Supportive environments promote positive nurse educator outcomes such as engagement, empowerment, and retention (Turrin, 2016; Twigg & McCullough, 2014).

Political activism and incivility seriously impact the perceptions of staff about their practice environment. Incivility must be dealt with promptly, with post-incident counselling that may reduce the acute psychological trauma and stress (Health and safety executive [HSE],

2021). Incivility leads to rising levels of emotional exhaustion and burnout and poor institutional and nurse educator outcomes (Spence-Laschinger et al., 2009; Vink, 2020).

Empower managers with education and skills to build a spirit of togetherness and create high levels of civility as it increases an emotionally safe practice environment which promotes satisfaction with employment, and retention. Clark and Carnosso (2008) define civility as respectfulness, appreciation of differences, listening and working towards common ground, participating in social discourse, and appreciating its importance.

Consider policies and dedicated departments for counselling, support and managing difficult situations and uncivil behaviour. Training staff and senior students to act as peer *councillors* may also be valuable.

Invest in continuous education and upscaling of skills as well as promote quality education, quality programmes, high-quality learning, successful students, and a favourable reputation or corporate identity. In turn, this will retain and attract academic and non-academic staff and students (Awugah, et al., 2018; Haverdink, 2018).

Create opportunities to empower and develop teaching and research roles, supported with time, resources, recognition, and mentoring for career development. Lake (2002) emphasizes the importance of an excellent standard of nursing (nursing education included), with competency supported by continuous development and quality assurance programmes. SANC (2014) also endorses personal development in domain five (in Competencies for a nurse educator).

Teamwork, working towards a common goal, and good collegial relationships in respectful friendly, and welcoming practical environments are very important to administrative staff. Teamwork promotes cross-training, coping, and easing workplace stress during peak times and allows for work continuation (Plemons, 2014).

Administrative staff needs to feel part of the democratic processes in a supportive, fair, just, and conducive environment. Staff with a high spirit become a dynamic work unit that will go beyond the requirements of their job description and with improved service delivery (Plemons, 2014).

3.12. Limitations of the study

The overall study was conducted in only one province of South Africa, while the results of this manuscript focused only on the PNEI with the most PPE and best nurse outcomes, therefore the findings are not generalisable beyond this context.

4. Conclusion

In this qualitative study the perceptions of the managers (principal, vice-principal, HoDs, nurse educators and administrative staff) of their practice environment in the PNEI were explored and described. It is evident from the main theme of interpersonal relationships, communication and enhancing team dynamics that this is the main drive for a PPE.

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CRedit authorship contribution statement

Anna Francina Bence: Writing – review & editing, Writing – original draft, Resources, Methodology, Investigation, Funding acquisition, Formal analysis, Conceptualization. **Hester Kloppe:** Writing – review

& editing, Methodology, Formal analysis, Conceptualization. **Siedine Knobloch Coetzee:** Writing – review & editing, Writing – original draft, Resources, Methodology, Funding acquisition, Formal analysis, Conceptualization.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability statement:

The data that supports the findings of this study are included in this article.

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