

TRANSFORMATIONAL LEADERSHIP MODEL FOR NURSING EDUCATION LEADERS IN NURSING EDUCATION INSTITUTIONS

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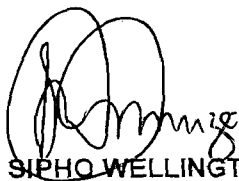
November 2009

I declare that:

**TRANSFORMATIONAL LEADERSHIP MODEL FOR NURSING EDUCATION LEADERS
IN NURSING EDUCATION INSTITUTIONS**

Is my own work and that all sources that I have used or quoted have been indicated or acknowledged by means of complete references.

This work has been passed by the Research Committee of the Faculty of Health Sciences of the North-West University, Potchefstroom Campus, and I confirm that it complies with the approved Research Ethical Standards of the North -West University.



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ABSTRACT

The nursing education leader provides visionary leadership to his/her organisation, as well as to the profession of nursing, and must have the authority and resources necessary to ensure nursing education and training standards are met. This link between professional practice and operational activity of the organisation leads to greater involvement in decision making and fosters collaboration within nursing education and training and interdisciplinary teams. A collaborative approach contributes to quality education and training. It involves lecturers participating in a common vision for their workplaces and being recognised for their unique contribution.

Nursing education leadership is required to work out work schedules and to ensure that proper service rendering is at the order of the day. Nursing education leaders are appointed according to their academic achievement and not their managerial or leadership skills. Policies, the environment, and the workplace have, however changed significantly over the past couple of years. This has left nursing education leaders without a proper model to manage and lead the structure of their Nursing Education Institutions. As part of the process of reaching the academic level, leadership skills will play a secondary role. Although this is the reality, leadership skills need to be addressed as part of the total armour of the nursing education leader.

Based on the problem statement the following research questions were posed:

- How can a model for transformational leadership be developed for nursing education leaders in Nursing Education Institutions?

To answer this question the following sub questions were posed:

- What are the concepts and related concepts in transformational leadership for nursing education leaders in the context of Nursing Education Institution?
- What is the relationship between these concepts and how can these relationships be constructed for the development of a model for transformational leadership for nursing education in the Nursing Education Institution?

As it is the researcher's intention to identify the concepts from an emic perspective, the following questions were formulated:

- What are the expectations of the lecturers, students and administrative personnel of nursing education leaders?
- What are present leadership styles used by nursing education leaders?

The overall aim of this study was to:

- Develop a model for transformational leadership for nursing education leaders in Nursing Education Institutions.

In order to achieve this aim the following objectives were formulated:

PHASE 1 OBJECTIVES

The objectives of phase 1 were formulated to enable the identification and classification of concepts in relations to transformation to transformational leadership of nursing education leaders in the Nursing Education Institutions.

These objectives were as follows:

- **Phase 1(a)**

To explore and describe the expectations of the nurse educators, students and administrative personnel from nursing education leaders.

To describe the present leadership styles used by nursing education leaders.

- **Phase 2 Objectives**

To develop and describe a model for transformational leadership for nursing education leaders in the Nursing Education Institutions, the following objectives were formulated:

Phase 2 (a): To describe the concepts in the model for transformational leadership for nursing education leaders in the Nursing Education Institutions

Phase 2 (b): To construct relational statements between concepts

Phase 2(c): To critically reflect on the model for transformational leadership for nursing education leaders in the Nursing Education Institutions

Phase 2 (d): To describe guidelines for the operationalisation of the model for transformational leadership for nursing education leaders in the Nursing Education Institutions.

Methods to ensure trustworthiness were ensured throughout this research. Ethical consideration as outlined in the Position Statements published by Democratic Nursing Association of South Africa (1998:2), were adopted.

The research is based on the assumption that human beings have values and search for meaning, and are thus spiritual beings. Human beings have their own choices with the freedom to redesign life by means of these choices. Human beings are therefore open systems and have the ability and need to transcend themselves and their circumstances. Realisation of the human being was the core to development of the self and peak experience. This assumption is based on the acceptance that all human beings are influenced by their beliefs, their aspirations, time frame, intentions and thoughts. The assumptions of the thesis are embodied by meta-theoretical, theoretical and methodological assumptions.

This research consisted of four stages as follows:

In stage one a qualitative design was used to explore and describe the participants' and their perspectives about leadership styles used by nursing education leaders. The individual interviews were used to obtain data from the nursing education leaders and focus group interviews were used for vice principals and subject heads to obtain data. These interviews were conducted by a researcher and were audio-taped. These were transcribed and analysed by the researcher and confirmed by an independent analyst. Henning, van Rensburg and Smit's (2004:104) open coding method was adopted to analyse the results. The results were subsequently described. Themes and subthemes that emerged were identified. This was followed by literature evaluation which highlighted similarities to this research and the possible contribution they can make.

In stage two a quantitative design was used to test the hypothesis and the rationale behind it. The population, sample and the sampling approach was described, consisting of lecturers, administrative staff and students. The Multi-factor Leadership Questionnaire (MLQ) instrument was used in this research. One-way analysis of Variance (ANOVA) is an inferential statistics procedure used to determine whether there is a significance difference among three or more group means.

In stage three the research design and theory development was employed to formulate a model that could be used in nursing leadership, nursing education and nursing research. The model formulated was based on the results obtained on the perspectives and statistical findings from the participants. A combination of stages of theory development by Chinn and Kramer (2008:86) and Dickoff, James and Weidenbach (1968:431) were employed by the researcher to identify main concept and related concepts that guide the identification of the main theme and subthemes. A model was formulated and a critical reflection (Chinn and Kramer, 2008:246), was done. The model was refined and summarised diagrammatically presented.

In stage four the researcher formulated guidelines and strategies for operationalising the implementation of the model in the nursing leadership, nursing education and recommendations were made for further research.

OPSOMMING

Die verpleegkundige onderwys leier voorsien visionêre leierskap vir sy/haar organisasie sowel as vir die verpleegkundige professie en moet oor die nodige autoriteit en hulpmiddels beskik om te verseker dat verpleeg onderrig en opleiding volgens standaard is. Die verband tussen professionele praktyk en operationele aktiwiteite van die organisasie lei na groter betrokkenheid in die besluitmakings proses en kweek samewerking tussen verpleeg onderrig en opleiding asook interfakultêre spanne. 'n Saamwerk benadering bevorder kwaliteit onderrig en opleiding, dit behels dat dosente deelneem aan 'n gemeenskaplike vision vir hulle werksplek en dat hulle erkenning kry vir hul unieke bydra.

Verpleegkundige onderwys leierskap word benodig om schedules uit te werk an om te verseker dat die nodige dienslewering aan die orde van die dag is. Verpleegkundige leiers word volgens akademiese prestasies aangestel en nie volgens leierskap of bestuurs vaardighede nie. Beleid, die omgewing en die werksplek het aansienlik verander gedurende die laaste paar jare. Dit het tot gevolg gehad dat verpleegkundige onderwys leiers sonder 'n gepaste model is om Verpleegkundige Onderwys Instansies te bestuur en te lei. As deel van die proses om akademiese prestasies te bereik, speel leierskap vaardighede tweede viool. Alhoewel dit realiteit is moet leierskap vaardighede aangespreek word as deel van die wapenrusting van die verpleegkundige onderwys leier.

Die volgende navorsings vraag het ontstaan as gevolg van bogenoemde stelling:

- Hoe kan 'n model ontwikkel word vir die verandering in leierskap vir verpleegkundige onderwys leiers in Verpleegkundige Onderwys Instansies?

Om dié vraag te kan beantwoord, moet aandag aan die volgende vrae wat geopper is gegee word:

- Wat is die begrippe en verbandhoudende begrippe met die veranderende leierskap vir verpleegkundige onderwys leiers met betrekking tot Verpleegkundige Opvoeding Instansies?

- Wat is die verhouding tussen bogenoemde begrippe en hoe kan hierdie verhoudings saamgevoeg word om die ontwikkeling vir 'n model vir veranderende leierskap vir verpleegkundige onderwys in die Verpleegkundige Opvoeding Instansie?

Omdat dit die navorser se voorneme is om dié konsepte te identifiseer van 'n objektiewe perspektief word die volgende vrae gestel:

- Wat is die verwagtinge van die dosente, studente en administratiewe personeel van verpleegkundige onderwys leiers?
- Wat is die huidige leierskap model wat gebruik word deur verpleegkundige onderwys leiers?

Die totale doel van hierdie studie was om:

- 'n Beleid te ontwikkel om veranderende leierskap modelle vir verpleegkundige onderwys leiers in plek te plaas.

Om hierdie doelwit te bereik is die volgende mikpunte geformuleer.

FASE 1: DOELWITTE

Die doelwitte van fase 1 is geformuleer om die identifikasie en klassifikasie van begripe in verhouding tot veranderings met betrekking tot veranderende leierskap van verpleegkundige onderwys leiers in die Verpleegkundige Onderwys Instansies in staat te stel.

Die doelwitte was soos volg:

- **Fase 1 (a)**
- Om 'n model vir veranderende leierskap van verpleegkundige dosente, studente en administratiewe personeel te ondersoek en te beskryf.
- Om die huidige leierskap modelle wat deur verpleegkundige onderwys leiers gebruik word te beskryf.
- **Fase 2: Doelwitte**

Beskryf die begrip van die model vir Verpleegkundige onderwys leiers in Verpleegkundige Onderwys Instansies.

Fase 2 (a): Ontwikkel en beskryf 'n model vir veranderende leierskap vir verpleegkundige onderwys leiers in Verpleegkundige Onderwys Instansies.

Fase 2 (b): Bou verwante stellings tussen die begrippe.

Fase 2 (c): Gee kritiese weergawes van die model van veranderende leierskap vir verpleegkundige onderwys leiers in die Verpleegkundige Onderwys Instansie.

Fase 2 (d): Beskryf riglyne om die model vir veranderende leierskap vir verpleegkundige onderwys leiers van Verpleegkundige Onderwys Instansies in werking te stel.

Metodes om betroubare navorsing deurgaans te verseker is gewaarborg. Etiese oowegings soos uitgelig in die Position Statements wat deur die Democratic Nursing Association of South Africa (1998:2) gepubliseer is, is gebruik.

Die navorsing is gebaseer op die veronderstelling dat mense waardes het en op soek na is betekenis, dus is hulle geestelike wesens. Mense het vryheid om keuses te maak om hul lewens te verander deur gebruik te maak van hulle keuses. Mense is dus oop stelsels en het die vermoë en behoefte om hulself en hul omstandighede te verander. Die middelpunt van ontwikkeling is die bewuswording van die mens se eie ek en top ondervindings. Die gewaarwording is gebaseer op die aanvaarding dat alle mense beïnvloed word deur hul geloof, aspirasies, tydlyn, intensies en gedagtes. Die vermoede is gebaseer op meta-teoretiese, teoretiese en metodologiese stellings.

Dié navorsing bestaan uit vier afdelings wat die volgende insluit:

In afdeling een is 'n gehalte plan gebruik om deelnemers en hul perspektiewe oor leierskap metodes wat deur verpleegkundige onderwys leiers gebruik word te ontdek en te beskryf. Individuele onderhoude is met verpleegkundige onderwys leiers gevoer om data te verkry asook onderhoude met fokus groepe soos adjunk principale en vak hoofde. Hierdie onderhoude is deur 'n navorser gevoer en dit was opgeneem of band. Die navorser het die onderhoude oorgeskryf en geanaliseer en dit was bevestig deur 'n onafhanklike analiseerder. Henning, van Rensburg and Smith's (2001:104) se oop ontsyferings metode was gebruik om die resultate te analiseer. Die resultate was daaropvolgens beskryf. Temas en onderafdelings wat voorgekom het is geïdentifiseer. Dit was opgevolg deur literêre evalueerings wat soortgelyke hoogtepunte in die navorsing aangedui het, ook waar 'n moontlike positiewe bydrae gemaak is.

In afdeling twee is 'n gehalte plan gebruik om dié veronderstelling te toets asook die rede agter dit. Die populasie, voorbeeld en die proef benadering is beskryf, bestaande uit dosente, administratiewe staf en studente. Die Multi-factor Leadership Questionnaire (MLQ)

instrument was gebruik gedurende die navorsing. One-way analysis of Variance (ANOVA) is 'n afgeleide statistiese procedure wat gebruik word om te besluit of daar 'n waarneembare verskil tussen drie of meer groepe bestaan.

In afdeling drie is die navorsings plan en teoretiese ontwikkeling gebruik om 'n model te formuleer wat in verpleegkundige leierskap, verpleeg onderwys en verpleeg navorsing gebruik kan word. Die geformuleerde model is gebaseer op die resultate wat verkry is deur die perspektiewe en statistieke bevindings van die deelnemers. 'n Kombinasie van afdelings van teoretiese ontwikkelings deur Chinn en Kramer (2008:86) en Dickoff, James en Weidenbach (1968:431) is gebruik deur die navorser om die hoof konsep en verbandhoudende konsepte wat die identifikasie van die hoof tema en onderafdelings te identifiseer. 'n Model was geformuleer en kritiese refleksie (Chinn en Kramer, 2008:246) was gedoen. Die model is verfyn en diagramaties opgesom voorgelê.

In afdeling vier het die navorser riglyne en strategieë geformuleer vir die gebruik en implimentering van die model in die verpleegkundige leierskap, verpleegkunde onderwys, voorstelle en aanbevelings is gemaak vir verdere navorsings.

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CHAPTER 1

OVERVIEW OF THE STUDY

1.1. INTRODUCTION

Nursing education and training requires strong, consistent and knowledgeable leaders, who are visible, inspire others and support professional nursing practice and education. Leadership plays a pivotal role in the lives of nurses. It is an essential element for quality professional practice and education environment where lecturers can provide quality education and training. Key attributes of a nursing education leader include being an advocate for quality education and training, collaborator, articulate communicator, mentor, risk taker, role model and visionary.

The nursing education leader provides visionary leadership to the organisation, as well as the profession of nursing and should have the authority and resources necessary to ensure nursing education and training standards are met. This linkage between professional practice and operational activity of the organisation leads to greater involvement in decision making and fosters collaboration within nursing education and training and interdisciplinary teams. A collaborative approach contributes to quality education and training. It involved lecturers participating in a common vision for their workplaces and being recognised for their unique contribution.

Leadership is a shared responsibility. With the collective energy of shared leadership, lecturers form strong networks and relationships that ultimately result in excellence in nursing education and training. To support excellence in education and training, humanism must be restored to the work environment to help educators feel respected and valued.

Nursing education leaders and lecturers have an obligation to their students to offer quality education and training. The following principles apply whenever education and training is practiced and are considered the framework for supporting quality, efficient and effective nursing education and training in the interest of the public. These principles are given in table 1.1. (Leithwood and Riehl, 2003:5).

TABLE 1.1 : Principles of effective nursing education leaders

1. SETTING DIRECTION		
1.1	Creating and sharing a focused vision and mission to improve student performance	- Aligning vision and mission, priorities and values to context of the nursing college - Endowed with charismatic leadership
1.2	Cultivating the acceptance of co-operative goals	- Developing and valuing collaboration and caring about each other - Valuing people required to build trust and support
1.3	Creating high performance expectations	- Creating high performance expectations of staff to improve student performance - Informing staff about performance expectations - Working effectively with adults
2. DEVELOPING FOLLOWERS		
2.1	Sharing leadership among members in the nursing college	- Willingness and know-how to share leadership - Distributing instructional leadership - Empowering staff - Providing opportunities for staff to innovate, develop and learn together
2.2	Providing an appropriate model	- Modelling, teaching and helping others to better followers - Setting appropriate examples consistent with nursing education leader's values - Managing time effectively to nursing college goals - Being a transformational leader - Cultivating higher levels of commitment to nursing college goals
2.3	Cultivating learning among all members in the nursing college	- Facilitating learning among all staff members - Implementing good teaching practices - Facilitating change to cultivate effective learning environment - Instituting structures and relationships to improve student performance - Monitoring student performance - Behaving in ways consistent with nursing education leader's personal values, attitudes and beliefs - Promoting ethical practice
2.4	Providing individualised support	- Acquiring and using resources intelligently to support and monitor high levels of staff performance and needs - Demonstrating respect for and concern about people's personal feelings and needs - Providing emotional, psychological and logistical support

3. DEVELOPING THE NURSING EDUCATION INSTITUTION	
2.1 Developing technical skills	• Implementing site based management • Working with teams • Planning strategically for the future • Applying educational law to specific conditions • Maintaining effective discipline
2.2 Emphasising student-centered leadership	• Focusing on student-centered leadership • Employing instructional leadership
2.3 Strengthening the nursing college culture	• Creating and maintain a safe learning environment • Promoting ethical practices • Resolving conflicts
2.4 Monitoring nursing college performance	• Using indicators to determine the nursing college's effectiveness • Monitoring both staff and student performance

1. 2. BACKGROUND TO THE PROBLEM

Higher Education Institutions are confronted with the same changes and demands that all providers of Higher Education today are faced with challenges of building a system of Higher Education, which will be equipped to meet the needs of society in the next century. The requirements to respond positively to change and to manage it effectively have never been so urgent (Ford, 1996:1). Wilkenson, Fourie, Strydom, van der Westhuizen and van Tonder (2004:4), confirm this when they state that international trends have shown that Higher Education Institutions need reform their mission, and utilise their intellectual resources (academia), better in order to meet challenges posed to Higher Education Institutions in the 21st century. It is further emphasised that great pressure is placed on institutions to respond rapidly to issues such as internationalisation and globalisation, the increasing economic role of knowledge, new communication and information technology and reduced government funding of Higher Education Institutions.

Higher Education legislation and policy documents that impact on higher education in South Africa include the Transformation and Reconstruction of the Higher Education System (RSA DoE, 2002). Towards a New Higher Education Landscape: Meeting the Equity, Quality and Social Development Imperative of South Africa in the 21st century, (RSA DoE, 2000), and the National Plan for Higher Education (RSA, DoE, 2001) of the Ministry of Education (Asmal, 2001:1). The New Institutional Landscape for Higher Education in South Africa deals primarily with the reduction of institutions through mergers and or incorporation in the South

African context. Mergers and incorporations, as part of the solution to problems in higher education, are not embarked upon purely administrative purposes, as has been the case in some countries. As indicated by the Minister of Education in October 2001, it should rather be seen as part of the process of "undoing some of apartheid's logic". The Government's proposals will result in 21 Higher Education Institutions and two National Institutes for higher education (Asmal, 2001:10). The incorporations and/or mergers are currently placing a heavy burden on institutions, which are confronted by two fundamental issues: the first is related to the overall human requirements for the running of the new institutions and the other to differences in conditions of service. Both issues have to be handled with care within the legal parameters of the Labour Relations Act, No.66 of 2002 (Hay and Wilkinson, 2002:3).

In South Africa the rationalisation of nursing colleges received much attention in the post-apartheid era affecting nursing education in all provinces. Most nursing colleges in various Provinces merged to form on nursing colleges. These mergers brought about many challenges for nursing education such loss of autonomy of each college and called a "campus", standardisation of clinical procedures, clinical facilitation, examination policies and creating uniformity among campuses (Peter, 2008:1).

The government of South Africa through the Nursing Act, (No.33 of 2005) has delegated the responsibility for the promotion and maintenance of standards in nursing education to the South African Nursing Council (SANC). The statutory body is thus faced with the responsibility to monitor the process of nursing education as it takes place through various programmes, in the various institutions, ensuring that the public receives quality, safe and ethically sound nursing care within the ambit of the Constitution Act, No.108 of 1996. In undertaking this transformation, the SANC has to take into consideration the provisions of the South African Qualifications Authority Act (SAQA), (No.58 of 1995) pertaining to accreditation, certification and maintenance of national standards in education and training. The Nursing Strategy for South Africa, March 2007, concludes that a conscious decision should be taken to put in place leadership programmes for nurses such as mentorship and coaching programmes, succession planning, and deployment to increase exposure to diverse leadership environments and reward for expertise and excellence. To enhance nursing leadership capacity for nurses, it is important that appropriate training and development programmes for nurse leaders be developed.

The current nursing education leadership seems to focus on routine management tasks regarding personnel management and to ensure a suitable training programme for undergraduate and post graduate students (Hospital Strategic Project, 1996a:7). Nursing education leaders are required to work out work schedules which are generic in nature such as, planning, organising, financing, controlling and directing to ensure that proper service

rendering is at the order of the day. Nursing education leaders are appointed according to their academic achievement and not their managerial or leadership skills. Policies, the environment, and the workplace have changed significantly over the past couple of years. This has left nursing education leaders disempowered to manage and lead the Nursing Education Institutions. According to National Department of Health, (2001:14), there is no proper training, formal or informal implemented to bridge this performance gap. As part of the academic environment Bitzer (2003:149) identifies three dimensions of leadership for nursing education leaders relevant to change. These dimensions include education, research and community service. This implies that the role of the nursing education leaders is to provide service in all dimensions.

1.3. PROBLEM STATEMENT

The academic requirement for position of the nursing education leader is nursing management as prescribed by South African Nursing Council Act No. 40 of 1978 as amended by Act No. 33 of 2005. Nursing management qualification is more relevant to nursing service managers not nursing education leaders. There is no formal induction process in place to help newly appointed nursing education leaders except an orientation programme. It must be remembered that nursing education leaders appointed in the Nursing Education Institutions still need to the best academic appointment for the post. As part of the process of reaching the academic level, leadership skills will play a secondary role. Although this is the reality, leadership skills need to be addressed as part of the total armour of nursing education leader.

The change in responsibilities, environment and expectations of nursing education leaders without proper mechanisms and processes to support them to keep up with changes, create a performance gap that needs to be addressed. The majority of nursing education leaders have appointed before all of these changes and expectation from nursing education leaders are the order of the day.

1.4. RESEARCH QUESTIONS

Based on the problem statement the following research questions were asked:

- How can a model for transformational leadership be developed for nursing education leaders in Nursing Education Institutions?

To answer this question in developing a model the following research questions were posed:

- What are the concepts and related concepts in transformational leadership for nursing education leaders in the context of Nursing Education Institution?
- What is the relationship between these concepts and how can these relationships be constructed for the development of a model for transformational leadership for nursing education in the Nursing Education Institution?
- As it is the researcher's intention to identify the concepts from an emic perspective, the following questions were formulated:
- What are the expectations of lecturers, students and administrative personnel of nursing education leaders?
- What are present transformational leadership styles used by nursing education leaders?

1.5. RESEARCH AIMS AND OBJECTIVES

The overall aim of this study was to:

- Develop a model for transformational leadership for nursing education leaders in Nursing Education Institutions.

In order to achieve this aim the following objectives were formulated:

1.5.1. PHASE 1 OBJECTIVES

The objectives of phase 1 were formulated to enable the identification and classification of concepts in relation to transformational leadership of nursing education leaders in the Nursing Education Institutions. These objectives were as follows:

Phase 1(a)

- To explore and describe the expectations of the nurse educators, students and administrative personnel from nursing education leaders.
- To describe the present transformational leadership styles used by nursing education leaders.

1.5.2. PHASE 2 OBJECTIVES

To develop and describe a model for transformational leadership for nursing education leaders in the Nursing Education Institutions, the following objectives were formulated:

- Phase 2 (a):** To describe the concepts in the model for transformational leadership for nursing education leaders in the Nursing Education Institutions
- Phase 2 (b):** To construct relational statements between concepts
- Phase 2(c):** To evaluate the model for transformational leadership for nursing education leaders in the Nursing Education Institutions
- Phase 2 (d):** To describe guidelines for the operationalisation of the model for transformational leadership for nursing education leaders in the Nursing Education Institutions

1.6. SIGNIFICANCE OF THE STUDY

The value of this research was to establish a transformational leadership model for nursing education leaders in South Africa that adapts to the present situation, taking into account the changed environment as indicated in the problem statement. The benefits of the study included a better understanding of the transformational leadership styles. The study addressed the needs of nursing education leaders with regard to transformational leadership and contributes to better management of nursing education and training. The findings of the research provided feedback to the participants, and research evaluation committee.

It brought about awareness of critical issues that are crucial in leadership of Nursing Education Institutions. It enhanced skills and competencies to practising nursing education leaders and help to equip lecturers, administrative staff and students to become effective leaders. Students' performance maximised growth and development to the profession.

1.7. ASSUMPTIONS OF THE RESEARCHER

The assumptions of the researcher are an internalised way of looking at reality. It is also a collection of logically connected concepts and propositions that provide a meta-theoretical and theoretical orientation that frequently guides research approaches towards a topic (Field and Morse, 2001:138).

The researcher chose to incorporate assumptions about the research domain as described by Mouton and Marais (2003:24) in that it is a specific framework or research model and the resultant methodological preferences.

The research is based on the assumption that human beings have values and search for meaning, and are thus spiritual beings. Human beings have their own choices with the freedom to redesign life by means of these choices. Human beings are therefore open systems and have the ability and need to transcend themselves and their circumstances. Realisation of the human being was the core to development of the self and peak experience.

This assumption was based on the acceptance that all human beings were influenced by their beliefs, their aspirations, time frame, intentions and thoughts. The assumptions of the thesis were embodied by meta-theoretical, theoretical and methodological assumptions.

1.7.1 META-THEORETICAL ASSUMPTIONS

The study is conducted within the Judeo-Christian world view which is based on the whole Bible as the source of truth. The Nursing for the Whole Person Theory of the Anna Vaughn School of Nursing (1990) as accepted by the Nursing Department of the Rand Afrikaans University (1992) is used as a theoretical framework for the study.

Within the Nursing for the Whole Person Theory, the emphasis is on the continuous quest for the wholeness of the individual within a group and/or community. According to this theory, man is a spiritual being who functions in an integrated biopsychosocial manner in his/her quest to achieve wholeness. The Nursing for the Whole Person Theory focuses on the whole person (body, mind and spirit) as well as the parameters of the nursing practice and beliefs about human beings, health, nursing and society.

Embedded in theories are the constructs human beings, health, nursing and society. Each of these constructs was explicitly stated as point of departure in this study.

1.7.1.1. Human Beings:

Human beings have values and search for meaning and have their own choices with the freedom to redesign life by means of these choices. Human beings are open systems and have the ability and need to transcend themselves and circumstances.

1.7.1.2. Health:

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity according World Health Organization (WHO) (1979). Health also includes the ability to lead a "socially and economically productive life".

1.7.1.3. Nursing:

According to South African Nursing Council Act, (No.33 of 2005), means a caring profession practised by a person registered under section 31, which supports, cares for and treats a health care user to achieve or maintain health and where this is not possible, cares for a health care user so that he or she lives in comfort and with dignity until death.

1.7.1.4. Society:

A society is the grouping of individuals, which is characterised by common interests and may have distinctive culture and institutions. Society can also refer to an organised group of people associated together for religious, benevolent, cultural, scientific, political, patriotic or other purposes.

1.7.2 THEORETICAL ASSUMPTIONS

As the Nursing for the Whole Person theory (ORU 1990; RAU, 1992) is used as a central theoretical framework, all theoretical statements of the Nursing for the Whole Person Theory regarding the individual, group and the community, are accepted for the study

The researcher believes in the following assumptions, that:

- Successful transformational leadership styles produce excellent nursing education leaders among lecturers, learners and administrators.
- Well prepared nursing education leaders adapt well in transforming Nursing Education Institutions

1.7.2.1 Central theoretical statement

In this study, the central statement was as follows: the exploration and description of the lecturers, students and administrative staff and the description of leadership styles used by nursing education leaders are fundamental to a model for transformational leadership of nursing education leaders in the Nursing Education Institutions.

1.7.2.2 Theoretical model

The researcher approached this research with open-mindedness and applied intuition and bracketing approach. A literature review was executed only after the analysis of data to avoid any influence during theory formation. The researcher contextualised the results within the principles of transformational leadership.

The theoretical model was discussed from a humanistic perspective. Humanism places a great emphasis on optimal human development and according to Louw and Edwards (1993:618), humanism "particularly tries to determine just how people can achieve their full potential" since growth of the leader within a changing environment is a life long process (which implies that individual growth and development do not cease after a time) the research was approached from a humanistic perspective.

1.7.2.3 Definition of concepts

The following concepts served as clarification in this study:

- **Administrator:** Is the person responsible for the administrative support of nursing education institution with regard to financial management, human resources, supply chain management and auxiliary services i.e. clerical work, typing, ordering and purchasing reading and learning material.
- **Lecturer:** Is a registered nurse with the South African Nursing Council as a professional nurse with an educational qualification in nursing education responsible for education and training of students to become professional nurses.
- **Nursing Education Institution (NEI):** Is an educational nursing institution of higher learning, which provides education and training for student nurses as regulated by South African Nursing Act, No. 33 of 2005. In this study NEI refers to the nursing colleges and these concepts were used interchangeably

- **Nursing Education Leader:** Is the manager of the nursing college responsible to lead, direct and guide lecturers, students and administrative staff. The nursing education leader is charged with management, academic, research and community service responsibilities. In this study this concept includes college principals, whereby vice principals deputises college principals and subject heads deputises vice principals in case of other commitments that take them out of office, therefore they have leadership responsibilities.
- **Student:** Refers to a person who is prepared through education and training over a prescribed period to become a professional nurse and be licensed to practice.
- **Transformational Leadership:** Includes specific leadership behaviours and strategies implemented by nursing education leaders to facilitate transformation of the Nursing Education Institution (Yammarino, Dubinsky, Comer and Jolson, 1997). In this study, transformational leadership is defined as leadership style focused on effecting revolutionary change in nursing through commitment to the nursing college's vision. In this study transformational leadership includes specific leadership behaviours (self-awareness, trust, communication, vision and empowerment) and strategies (collaboration and partnership) implemented by nursing education leader to facilitate transformation.

1.7.3 METHODOLOGICAL ASSUMPTIONS

The Botes (1995) model for Nursing Research provided a holistic perspective of the research process rather than a detailed description of the methods and techniques of research. Therefore the Botes (1995) model was adopted as a methodological framework for the study. Botes (1995:6) describes three orders, namely:

- The first order that represents the practice of nursing and the activities taking place in the practice of nursing. In this study the first order represents the practice of nursing education, i.e. teaching and learning practice
- The second order represents the theory of nursing and research methodology. The activities are research and theory development.
- The third order is the paradigmatic perspective that includes the meta-theoretical, theoretical and methodological assumptions for the study. This is clearly set out in 1.7.1, 1.7.2 and 1.7.3.

The specific methodological assumptions that the researcher subscribed to were:

- Post modernism which is a term applied to a wide ranging set of developments in critical theory, philosophy, architecture, art, literature and culture, which are generally characterised as emerging from, in reaction to, or superseding, modernism.
- Functional approach to research which focuses on what a leader does rather than the qualities of leaders.

1.8. RESEARCH DESIGN

In this research, a overarching theory generative design was adopted. The design is qualitative, quantitative, exploratory, descriptive and contextual in nature (Klopper, 2008:68). Such a design assisted the researcher in understanding the phenomenon under investigation, i.e. that the transformational leadership model development for nursing education leaders in the Nursing Education Institutions. Chapter Two provides a detailed account of the research design (refer to 2.2).

1.9. RESEARCH METHOD (OVERVIEW)

The overall purpose of this research was to generate and describe a model that would serve as a framework for nursing education leaders. For the researcher to develop such a model it was imperative to understand what nursing education leaders' experiences when employed in the Nursing Education Institutions as leaders. The focus was nursing education leaders and what their experiences were whilst interacting with lecturers, administrative staff and students, which was the prime function of nursing education leaders. This research followed the strategy of theory generation using the following steps:

- Concept identification
- Construction of theoretical relationships
- Structure and process description
- The model operationalisation

Table 1.2 depicts a methodological overview of the study although the detail thereof was described in Chapter Two.

TABLE 1.2 : Methodological overview of the study

RESEARCH OBJECTIVES	DATA COLLECTION	POPULATION & SAMPLING	RIGOR	DATA ANALYSIS
PHASE 1 CONCEPT IDENTIFICATION				
To explore and describe the expectations of lecturers, students and administrative staff				
1. Nursing Education Leaders (Vice Principals and Subject heads)	Focus group interviews with vice principals and subject heads (Krueger & Casey, 2000, and Morgan & Krueger, 1998)	Population: Number of nursing education leaders (vice principals and subject heads) in the nursing colleges. N=35 (Polit, & Hungler, 2006) Sample and Sampling Method: Purposive, non-probability sampling. (Polit, & Hungler, 2006)	Guba's model (Lincoln & Guba, 1985)	Open Coding
2. Lecturers, administrative staff and students	Structured questionnaires (Multifactor Leadership Questionnaires) to elicit the specific responses required for this study. (Burns & Grove, 2005).	Population: Lecturers, N=120 Administrative Staff, N=42 Students, N=423 Sample and Sampling Method: Purposive. (Burns & Grove, 2005).	Content validity (Polit, and Hungler, 2006) Face validity (Polit, & Hungler, 2006) Construct validity (Polit, & Hungler, 2006)	Descriptive and inferential statistical analysis.
3. Nursing Education Leaders (College Principals)	Individual interview (Miles and Huberman in Creswell, 1994)	Population: Nursing education leaders, N=8 Sample and Sampling Method: Purposive or judgemental (Polit, & Hungler, 2001)	Guba's model (Lincoln & Guba, 1985)	Open Coding
To explore and describe the leadership styles of nursing education leaders (College Principals)	Leadership styles questionnaires (Multifactor Leadership Questionnaire). (Avolio, Bass & Jung, 1995)	Population: Lecturers, N=120 Admin.staff, N=42 Students, N=432 Sample and Sampling Method: Purposive, non-probability sampling. (Polit, & Hungler, 2006)	Content validity (Polit, Beck & Hungler, 2006) Face validity (Polit, & Hungler, 2006) Construct validity (Polit, & Hungler, 2006)	Descriptive and inferential statistical analysis

RESEARCH OBJECTIVES	DATA COLLECTION	POPULATION & SAMPLING	RIGOR	DATA ANALYSIS
PHASE 2: CONCEPT ANALYSIS, DEFINITION AND STATEMENT FORMULATION				
a) To describe the concepts in the model for transformational leadership for nursing education leadership	Results from phases 1(a) and 1(b)		Content validity (Polit, Beck & Hungler, 2006) Face validity (Polit, & Hungler, 2006) Construct validity (Polit, & Hungler, 2006)	Concept analysis Concept synthesis (Walker & Avant, 2005)
To construct relational statements between concepts in transformational nursing education leadership	Results from phase 2(a)			Statement and theory synthesis (Walker & Avant, 2005)
Critical reflections of the model				
To describe guidelines for the operationalisation of the model	Deductive and inductive reasoning			Feedback data from model evaluators

1.11. ETHICAL CONSIDERATIONS

The study involves the use of human participation by the way of their expertise, opinions and experiences, the rights of these participants are at all times respected in accordance with the University's code of ethics for research on "human subjects" or informants. Further consideration is given to the ethical standards for nurse researchers as prescribed by the Democratic Nursing Organisation of South Africa (DENOSA) (1998:2). The researcher ensured that:

The protocol was submitted to the Ethical Committee of North West University: Potchefstroom Campus to ensure ethical compliance.

Approval to implement the study was obtained from the Ethical Committee of North West University: Potchefstroom Campus (refer Appendix B)

1.11.1. SEEKING PERMISSION TO CONDUCT THE STUDY

Letters requesting permission to conduct the study was sent to various Provinces and participants were given letters in advanced before commencement of the research. The letters fully described the aim and purpose of the study and research methods to be adopted.

1.11.2. RIGHT TO SELF DETERMINATION AND JUSTICE

The right to self determination is based on the ethical principle of respect for the persons and indicates that humans are capable of controlling their own destiny and should be treated as free and autonomous agents (Burns and Grove, 2007:158, DENOSA, 1998:3). The nursing education leaders (college principals, vice principals and subject heads), lecturers, students and administrative staff were informed of their right to choose to participate, or not to participate in the study. The researcher ensured the worthy and dignity of participants is maintained throughout the study (DENOSA, 1998:3; Strydom in de Vos, 1998:27).

The principle of justice applied to the population chosen for the study. According to Burns and Grove (2007:165) the researcher should not choose a population just because they are easily available, in a compromised position because they are open to manipulation or only ones to benefit from the study. The burden of this study was fairly distributed and related to the problem being studied. In addition the participants were informed about the purpose of the research. Thus fruitfulness and integrity was a necessary ingredient of the selected research design (DENOSA, 1998:3).

1.11.3. RIGHT TO INFORMED CONSENT

Informing is the transmission of essential ideas and content from the investigator to the prospective participants. Consent is the prospective participant's agreement to participate in a study, which consent is reached after the assimilation of essential information (Burns and Grove, 2007:104). The informed consent was written and ensured co-operation of nursing education leaders, nurse educators, students and administrative staff while reducing the chance for coercion and undue influence (Strydom in de Vos, 1998:25).

In this study the researcher obtained a written consent from nursing education leaders, nurse educators, students and administrative staff and indicated that participation in the research is voluntary, that refusal to participate did not involve penalty and that they could withdraw at any stage if they so wished. The researcher sought permission from the participants to make use of digital audio recorder during in depth interviews and focus group interviews. The participants ensured that audio recording was destroyed upon completion of the study. The research and policy unit of four provinces received feedback about research findings and recommendations on completion of the study.

1.11.4. RIGHT TO PRIVACY

The researcher allowed participants the freedom to determine the time, extent and general circumstances under which private information shared with or withheld from others (Burns and Grove, 2007:163). In this study, privacy of nursing education leaders, nurse educators, students and administrative staff implied that they could speak, think and behave without interference or without running a risk of their private utterances, thoughts or behaviours being used to demean or embarrass them in any way. This included collection of information that is relevant to the study to reach the study objectives (Strydom in de Vos, 1998:27). The participants encouraged to feel free to disclose their views without fear of being ridiculed, demeaned or judged. The researcher ensured privacy of the participants by not pressurising them or pushing them to say things they are not comfortable to disclose and by respecting their worth and dignity throughout the interview and in all interactions. The in-depth interviews and focus group interviews conducted in a quiet environment that is free from disturbance or external distractions.

1.11.5 RIGHT TO ANONYMITY AND CONFIDENTIALITY

Based on the right to privacy, the researcher ensured that nursing education leaders, nurse educators, students and administrative staff are respected with regard to anonymity and the right to assume that data collected kept confidential. Complete anonymity exists if the

participants' identity cannot be linked with their responses (Burns and Grove, 2007:163). Confidentiality was the researcher's management of private information shared by participants (Burns and Grove, 2007:163). This involved an agreement reached with participants and nursing colleges with regard to the accessibility of research data by the study promoter and independent analyst (Miles and Huberman, 1994:293).

During focus group interviews, the nursing education leaders (vice principals and subject heads) were asked not mention any name, but referred to one another as "my colleague". To ensure that participants' right to confidentiality and anonymity was maintained, the researcher findings was reported in such a manner that a participant or a group of participants cannot be identified by their responses (Burns and Grove, 2007:164; DENOSA, 1998:3).

The right to protection from discomfort and harm from a study is based on the ethical principle of beneficence which states that one should do good, and do no harm. In research, discomfort and harm can be physical, emotional, social and/ or economic (Burns and Grove, 2007:166). The research methods of this study pose risk to the participants as they require participation in focus group interviews in a quiet and private room that is free from distractions and which involves no risk.

Risk/benefit ratio: the researcher planned and executed the research study in a way that would as far as possible foster benefits and exclude harm/exploitation of the participants. The fundamental ethical principles of beneficence, justice and respect for human dignity, which are also espoused by DENOSA, was upheld during all stages of the study. Specific ethical issues, which may arise the data collection phase of the study integrated and discussed in the appropriate sections of the thesis.

1.12. CHAPTER SUMMARY

The researcher aimed to develop a model for transformational leadership for nursing education leaders. The researcher highlighted the problems that led to the research being undertaken. The problems identified are unique to nursing education leaders and need serious attention. The nursing education and training landscape is changing and therefore progressive leadership is required. The problem statement as indicated in the proposal caused the researcher to explore and describe the expectations of nurse educators, students and administrative staff with regard to leadership model. The outcome of the research used to formulate a model that will serve as a framework for nursing education leaders.

1.13. THE STRUCTURE OF THE THESIS

The contextual and dynamic nature of the study necessitated an unconventional study plan. The thesis comprises of seven chapters, structured as follows:

Chapter 1	Overview of the study
Chapter 2	Research design and method
Chapter 3	Results of qualitative data and Literature control: Phase 1
Chapter 4	Results of quantitative data: Phase 1
Chapter 5	Conceptual framework
Chapter 6	Description of the model, critical evaluation of the model and guidelines for operationalisation of the model
Chapter 7	Evaluation of the study, limitations, recommendations for research, practice and education

CHAPTER 2

RESEARCH DESIGN AND RESEARCH METHOD

2.1 INTRODUCTION

The previous chapter dealt with the overview and rationale and the background of the development of a transformational leadership model for nursing education leaders. The problem statement highlighting the reasons why this research was undertaken. An explanation that the research will be conducted in two phases was given, that is, phase one-concept identification, classification and description, phase two formulations of relational statements, description of the model, the critical evaluation of the model and guidelines for operationalisation.

In this chapter the researcher discusses the rationale for adopting the research design and method. The chapter will also elaborate on the theory development, qualitative, exploratory, descriptive, and contextual approach to be used in this research. Furthermore a detailed account is given of the research method followed, inclusive of sampling, data gathering and data analysis. The chapter concludes with the discussions on how trustworthiness as outlined by Lincoln and Guba (1985:209), is ensured.

2.2 RESEARCH DESIGN

The research adopts a theory development design, which is exploratory, descriptive, contextual, qualitative and quantitative in nature. The research design is the plan or blueprint that the researcher use in conducting the research (Klopper, 2008:68). Each element of the will be discussed.

2.2.1. THEORY DEVELOPMENT

Developing theory is the aim of all science and research. Theory development means that the theory is discovered, developed and provisionally verified through systematic data collection and analysis of data pertaining to that phenomenon. Theory is a set of interrelated constructs, definitions and propositions that present a systematic view of phenomena by specifying relations among variables, with the purpose of explaining the phenomena. It is

then based more on observation than on deduction and is a design as well as data collecting method (Strauss and Corbin, 1997:23; de Vos and van Zyl, 2002:265; Kerlinger, 1999:9; Glesne and Peshkin, 2003:21).

The theory development approach is the accumulation of scientific knowledge in a specific and orderly manner with a specific purpose or goal in mind as to remain focused. Firstly, it is the building of a theory that is faithful to and illuminates the area under study (Strauss and Corbin, 1997:24; Chinn and Kramer, 2008:69). In this study the purpose of theory development was to develop a transformational leadership model for nursing education leaders in Nursing Education Institutions. Secondly, the purpose of this model was the development of the discipline, in this case describing guidelines for the operationalisation of the transformational leadership model in promoting good leadership practice (Strauss and Corbin, 1997:24; Dickoff, James and Weidenbach, 1968:413; Chinn and Kramer, 2008:69).

Chinn and Kramer (2008:1) define theory as a systematic abstraction of reality which implies an organisation of words that represent perceptual experiences of objects, properties or events. Meleis (2001:12) confirms this and states that theory is an organised, coherent and systematic articulation of a set of statements that are related to significant questions in a discipline and are communicated in a meaningful whole. Both Chinn and Kramer (2008:1) and Meleis (2001:12) are implying that, at the end, there is a product which demonstrates a creative structuring of the idea that projects a view of a phenomenon. This research is about developing a model that symbolises a representation of empirical experiences. Chinn and Kramer (2008:1) state, that a model is a form of theory and its description just like theory development it must follow logical reasoning. Therefore reasoning strategies adopted in developing the model are analysis, synthesis, inductive reasoning and deductive reasoning. These strategies are discussed later in this research.

2.2.1.1. Levels of theory development

Three groups of authors will be discussed regarding the levels of theory development they propose. Dickoff, James and Weidenbach (1968:419), state that theory exists on four levels: the first level and most basic are *factor-isolating* theories. On the second level, *factor relating or situation depicting* theories represent a higher level of complexity in that concepts are placed in relation to one another. *Situation-relating* theories, on the third level are also referred to as being of a predictive and promoting or inhibiting nature. They specify relations among the dimensions or characteristic of situations or events and are developed by correlational research. Moving beyond explanation to the predictions of precise relationships, they are generated and tested by empirical research; theories at this level are middle range

theories. Finally, on the fourth level, *situation producing* theories represent the highest level of theory development and are also called grand theories (Fawcett, 1989:295)

Morse (1997:305) discusses qualitatively derived theories under four levels or types: *descriptive* theory which describes and confirms evidence and is primarily context bound; *interpretive* theory which enlightens and informs and is limited to the phenomenon under study; *disclosive* theory which reveals and, by the use of models, makes complex processes obvious and is process bound; and *explanatory* theory which explains and predicts and is thus broad in its generalisability.

Walker and Avant (2005:16) describe four levels of theory development: *meta-theory*, focusing on methodological and philosophical perspectives; *grand-theories* which define broad perspectives on the goals and structure of a discipline, *middle-range theories* which contain limited number of concepts and are testable; and *practice theories* which focus on a desired goal and prescribe actions which are needed to achieve the goal.

For the purpose of this study, research is based on practice theory focusing on practice of Nursing Education where concepts are identified, defined, classified and analysed (Chapter Five). Relations are established between the concepts and the structure and process of the situation are described. The focus of this research is a transformational leadership model and guidelines for the use of model are developed (Chapter Six).

From the above description, the linkages among these levels of theory development as seen in figure 2.1:

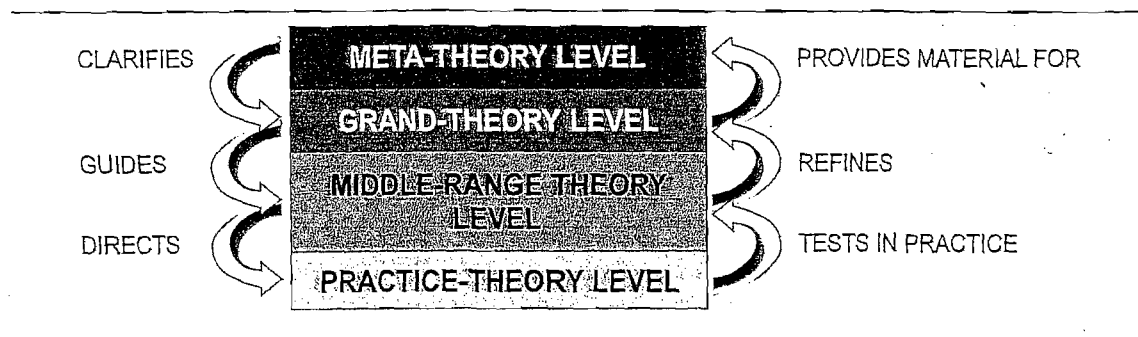


FIGURE 2.1 : Interrelationships between levels of theory
(Walker and Avant, 2005:18).

2.2.1.2. Elements of theory development

An understanding of the elements of theory and the basic approaches to building these elements is fundamental to the process of theory development. Walker and Avant (2005:17)

propose three elements of theory, which when cross-tabulated with three overall approaches to theory development, provide a useful strategic guide to theory development.

These elements include:

- Concepts generally referred to as mental picture or an idea about a thing or an action (Walker and Avant, 2005:17), are basic building blocks of theory. The function of concepts is for meaningful classification of people's experiences or views. The functionality of concepts is enhanced when relationships can be stated between two or more concepts. Conceptual meaning created by describing the experiences of transformational leadership of college principals, vice principals, subject heads, nurse educators, students and administrative staff. The results analysis used to identify classify and categorise important themes of factors concerning the experiences which create conceptual meaning regarding transformational leadership. The reason for selecting a concept is to move closer the goal of developing a model for transformational leadership for nursing education leaders (college principals, vice principals, subject heads, lecturers, administrative staff and students).
- Statements form the second element of theory can be used as either relational or non-relational. Relational statements according to Walker and Avant (2005:17) specify an association of some kind between two concepts. Non-relational statements on the other hand, assert the existence of or define a concept. These statements serve as adjuncts to each other and in so doing, help to form meaningful connections needed to construct a theory. Conclusion statements were deduced from the results of the interviews with college principals, focus group interviews with vice principals and subject heads as well as from Multifactor Leadership Questionnaires with lecturers, students and administrative staff and additional conclusion statements were deduced from the content analysis of the literature in the description of a conceptual framework (Chapter Five; Table 5.1). These conclusion statements form the basis for the relational statements of the model.
- A theory therefore is representation of a set of relational statements that are internally coherent and is used to express new insights into a phenomenon of interest (Walker and Avant, 2005:17).

Concepts and statements are integral to theories and as such theory development often begins with these basic elements. Furthermore, Chinn and Kramer (2008:124) are of the opinion that the process of theory development requires creative and rigorous structuring of concepts, which in turn are conveyed as relationship statements. Creating conceptual meaning is the basis of theory development, in the end to present a systematic view of

phenomena being explored. In this research nursing education leader was explored within the context of a Nursing Education Institution and end result, systematic model development.

TABLE 2.1 : Cross-tabulation of elements of theory and approaches to theory development (Walker and Avant, 2005: 16)

ELEMENTS OF THEORY	APPROACHES TO DEVELOPMENT	
	ANALYSIS	SYNTHESIS
CONCEPT	Strategy: Concept analysis Use: To clarify/refine existing concept	Strategy: Concept analysis Use: To pull together concepts from a set of data
STATEMENT	Strategy: Statement analysis Use: To clarify/refine a body of statements	Strategy: Statement synthesis Use: To pull together statements from a set of data
THEORY	Strategy: Theory analysis Use: To clarify/refine an existing theory	Strategy: Theory synthesis Use: To pull together a theory from a set of data or empirical statements

Because of the different, yet convergent processes for theory development proposed, the researcher constructed a process for to enable meaningful, contextual model development (Table 2.2). Successful theory development need not be sequential bur rather reiterative (Walker and Avant, 2005:19). The detail of each strategy used in the process of theory development in this research is addressed in the appropriate sub-sections of the research methods in page 35.

TABLE 2.2 : Combinations of stages of theory development (Chinn and Kramer, 2008: 225 and Dickoff, James and Weidenbach, 1968:416).

Chinn and Kramer (2008)	Dickoff, James and Weidenbach (1968)	Phases used in this research study
First Level: Creating conceptual meaning Identification description and definition of concepts	Factor isolating theory Naming theory Conceptual ideas-descriptive in nature	Concept identification Concepts description
Second level: The meaning created is structured and conceptualised Multiple concepts are linked in a loose structure	Factor relating theory depicting situation Concepts are no longer in isolation Higher level of complexity	Relating and structuring concepts
Third level: Generation of theoretic relations and the testing thereof: Empirical and grounding Emerging relationships Empiric indicators Validating relationships	Situation relating theory Prediction of theory with the aim of allowing the prediction of relationships between situations that are despicable.	Prediction of relationships: Description of structure and process of theory model
Fourth level: Deliberate application of theory in clinical theory Outcome variable is determined for practice method of study is implemented	Situation producing theory: Prescriptive in nature Goal content specified as aim of activity Prescriptions for activity to realise goal content Survey list as supplement	Description of guidelines for operationalisation of the model

Each of the approaches used in this study to develop a model, was discussed:

2.2.1.2.1. Analysis

According to Walker and Avant (2005:26) this type of reasoning engages in activities of dissecting, that is breaking down, and the reduction of a complex whole into component parts for the purpose of clarifying, refining and mostly better understanding, followed by sharpening of concepts, statement or theories and then examining the relationship of each of the parts to each other and to the whole.

In this research, the strategy of analysis used in data analysis of the empirical research for the purpose of identification of concepts and searching for relationships between statements which formed the basis for the development of the model for transformational leadership for nursing education leaders. After identification and classification of the concepts, an analysis of literature was done.

2.2.1.2.2. Synthesis

The strategy of synthesis involves merging, joining together and combining seemingly isolated pieces of information together in a new light. This is useful in theory development in that it helps to construct a new concept, a new statement or even a new theory (Walker and Avant, 2005:28).

In this research, synthesis alternates with analysis when used during data analysis so as to aid in arriving at the conclusions and recommendations based on the findings from the empiric research and the exploration and description of the concepts relevant to the model of transformational leadership for nursing education leaders.

2.2.1.2.3. Inductive reasoning

The inductive approach was used to collect empirical data rather beginning with an existing theory or hypothesis (Mouton and Marais, 2003: 103). In inductive reasoning, the supporting evidence lends support to the conclusion that the researcher draws (Babbie and Mouton, 2001:273, 643; Streubert and Carpenter, 1995:316). An inductive reasoning strategy was used during collection in the focus groups and individual interviews through facilitated discourse to strengthen arguments that might alter conclusions, until a saturation point was reached. The data collected was then analysed and interpreted through inductive abstraction and generalisation (Chin and Kramer, 2008:214). The empirical findings were used to generate core concepts and relational statement for the model of transformational leadership for nursing education leaders in the Nursing Education Institutions.

2.2.1.2.4. Deductive reasoning

In deductive reasoning, true premises (such as a theory or law) necessarily lead to a true conclusion (Mouton and Marias, 2003:103). Deductive used a departure point, a conceptual framework derived from the results of theoretical and empirical concept analysis (Babbie and Mouton, 2001:641, Mouton, 2000:305). The use of deductive analysis and arguments was also undertaken during the conceptualisation to facilitate the formulation of relational statements. Model description and evaluation was done according to principles described by

Chin and Kramer, (2008:214). Deductive analysis was also applied to describe the guidelines for operationalisation of the model for nursing education leaders in the Nursing Education Institutions.

In this research, deductive reasoning is therefore useful in following instances:

- Literature contextualisation
- In conclusions drawn from data analysis
- In development of the model once constructs have been identified and described
- In development of guidelines for the implementation of the model.

2.2.1.2.5. *Idle Method™*

As discussed in the above-mentioned description deductive and inductive reasoning were used in the development and description of the model. However, the researcher moved beyond the reasoning and used the conclusion statements as "evidence" in the model development. This method is referred to as the IDLE Method™ (Klopper, 2010:300). The IDLE Method™ refers to "inductive and deductive logic evidence". It is a process where logical reasoning is used, inductive and/or deductive by generating conclusions from the empirical data and/or literature. The conclusions serve as evidence for the relational statements (Klopper, 2010:300).

An assumption of this method is that it is possible to distinguish correct reasoning from incorrect reasoning based on the arguments presented. The structure of an argument is the fundamental unit of an argument is rejected and this proposition (or statement) is typically expressed as declarative sentence (or called a conclusion) (Klopper, 2010:300). The premise and the conclusion are defined in relation to each other within a given argument (Kemerling, 2001 in Klopper, 2010:300). An argument is differentiated from collective proportions, by the inferences between statements to draw a conclusion. The application of the IDLE Method™ in the study is by generating conclusions from the empirical data and literature. The conclusions (Table 5.1, 6.1 and 6.2) provide evidence for the formulation of the relational statements. The IDLE Method™ ensures rigor of the theory, as an audit trail of evidence of the reasoning process can be provided (Klopper, 2010:300). Figure 2.2 provides a schematic diagram of the IDLE Method™.

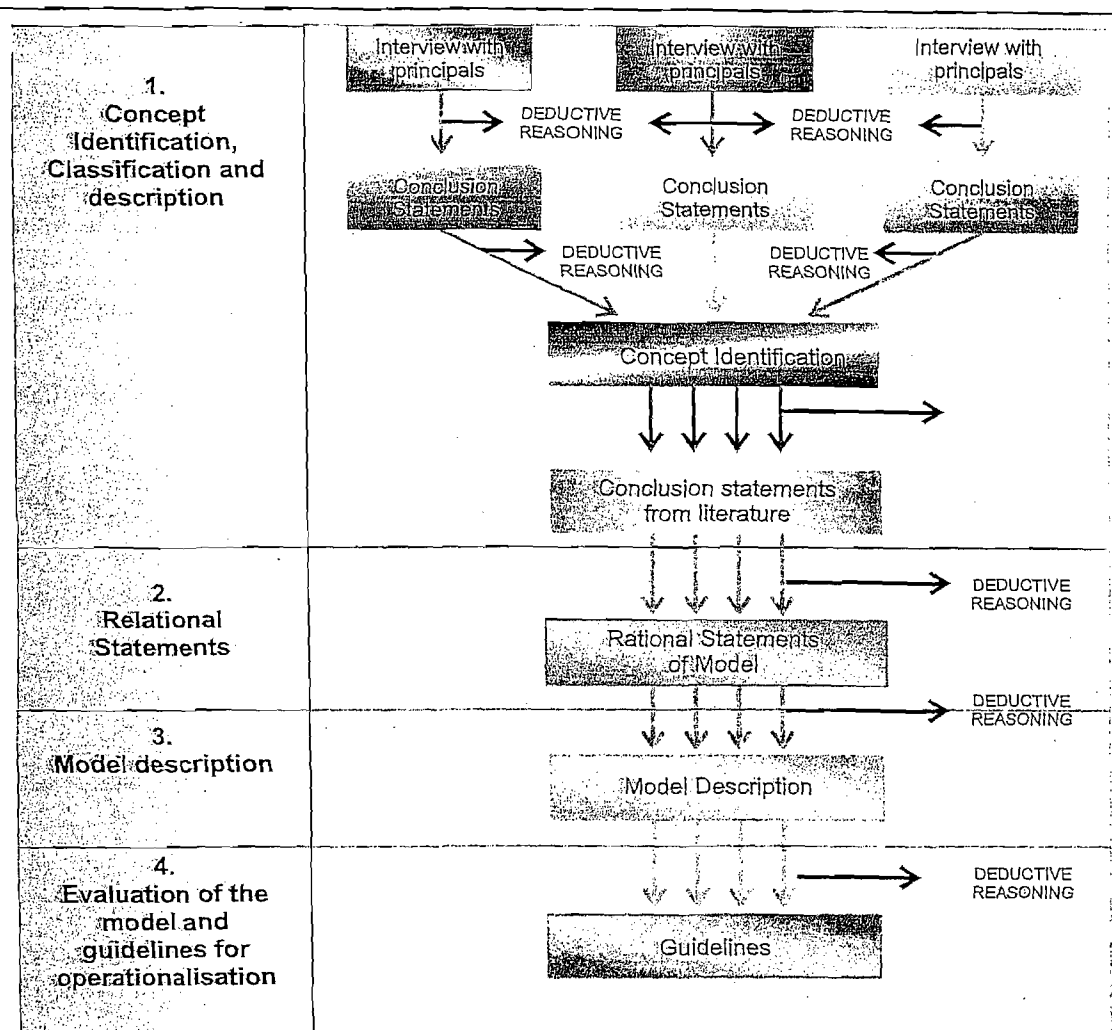


FIGURE 2.2: Schematic diagram of IDLE Method™ in theory development (Klopper 2010:300).

2.2.2. QUALITATIVE

The qualitative method is employed as the researcher seeks to describe and interpret the subjective, meaningful world of participants and in this study the participants were college principals, vice principals and subject heads. Qualitative research is a broad description of a method of inquiry which encompasses different approaches based on specific philosophical orientation derived from philosophy, sociology and psychology. Despite the differences, the common purpose of all approaches is to examine meaning, the unit of analysis is narrative rather than numerical and all are based on the world view which is holistic and has the following beliefs (Burns and Grove, 2007: 240):

- There is no single reality. Reality based on perceptions is different for each person and changes over time.
- What we know has meaning only within a given situation or context.
- The reasoning process involves perceptually putting pieces together to make wholes.
- From this process meaning is produced

In a qualitative approach, the researcher obtained an explanation of what experiences college principals, vice principals and subject heads have in Nursing Education Institutions in relation to transformational leadership. Qualitative results provide the researcher with the critical information for addressing the problems being experienced (Morse, 2000:28).

Denzin and Lincoln (2006:294) define qualitative research as being “multi-method in focus, involving an interpretive, naturalistic approach to its subject matter”. This means that qualitative research involves the use and collection of a variety of empirical materials; case study, personal experience, introspective, life story, individual interview, observational, historical and visual texts and that describe routine and problematic moments and meaning in individuals’ lives.

Focus group interviews were conducted with vice principals and subject heads to explore their views and experiences in relation to leadership styles of nursing education leaders with regard to transformational leadership. The rationale for using focus groups was the ability of this method to explore a new and potentially complex phenomenon through a synergy of views and ideas, which do not normally emerge in the use of individual interviews or questionnaires. In this research, the leadership styles of nursing education leaders regarding transformational leadership was new and emergent phenomenon, which needed further exploration. Krueger and Casey (2000:5) maintains that focus groups have a capacity to become more than just the sum total of participants’ ideas. Hence, carefully constituted focus groups are an important consideration.

Creswell (2004:15) depicts qualitative research as “an inquiry process of understanding based on distinct methodological traditions of inquiry that explore a social or human problem. The researcher builds a complex, holistic picture, analyses words, report detailed views of informants and conducts the study in a natural setting”. The rationale to adopt the qualitative approach is because it is concerned with processes rather than outcomes.

One to one interviews were conducted with college principals and this provided emic perspectives which were used to develop the model.

2.2.3. QUANTITATIVE

The quantitative method is mainly used to test hypothesis and the rationale behind it. According to Babbie and Mouton (2004:40) there are different types of social research methods that can be identified from the literature, namely exploratory, descriptive and explanatory research. Peil (1982:10) stated that much of the social research, especially in developing countries, sets out to explore a new era or at least one about which little is known in local context. This aptly describes this research study, as it is the first of its kind in nursing education institutions in the Free State, KwaZulu Natal, North West and Gauteng Provinces of South Africa. Thus, the nature of the study also lends towards quantitative research, as leadership styles being practiced by nursing education leaders (the college principals) as observed by lecturers, administrative staff and students in the nursing education institutions, was explored and discussed in Multifactor Leadership Questionnaires.

2.2.4. EXPLORATIVE

An exploratory design attempts to investigate whether the phenomenon has deeper meaning. It is to explore a relatively unknown territory to gain new insight on the phenomenon rather than evaluate it. This design attempts to identify and discover important variables to generate a hypothesis for further research (Marshall and Rossman, 2000:303). What were explored in this study were leadership styles of nursing education leaders? These leadership styles were not known and explorative design was thus used in this study.

As this investigation was focused on an inadequately understood phenomenon that had a deeper meaning to it, the researcher had to remain "open" to any new ideas as they emerge so that a meaningful explorative process could be facilitated. Therefore, the researcher's interest and curiosity in the work was of vital importance in order to work from a point of view of "not knowing" (Santrock, 1999:22 and Denzin, and Lincoln, 2006:294).

The method is used in this study to gain insight into the experiences of nursing education leaders about transformational leadership. The method implies that the researcher is willing to study new ideas and possibilities and not to allow predetermined ideas and hypotheses to direct the research (Mouton and Marais, 2003:103).

2.2.5. DESCRIPTIVE

A descriptive design yields findings based upon conversations and observations (Parse, Coyne and Smith, 2007:393). With the descriptive research method, the important element is the researcher's goal, which was to describe that existed as accurately as possible (Mouton

and Marais, 2003:44). The purpose was to describe the social setting of investigation and make it less complicated (Marshall and Rossman, 2000:82). To gain understanding and insight, the researcher had to enter into, or took the view point of another (Denzin and Lincoln 2001:48). Creswell (2004:162) implies that the emphasis on description entails the attending to mundane detail and particulars.

Description is interpretive, therefore data has to be collected accurately, meaning that it has to be done by describing and documenting the situation as it naturally occurs (Mouton and Marais, 2003:43; Burns and Bulman, 2000:23). Thus an important contribution of descriptive detail is mapping out of context for the understanding of a participant's interpretation by using bracketing and intuiting techniques. This ensures an interacting process of what is going on in a particular context (Denzin and Lincoln, 2001:29; and Creswell, 2004:162). In this study the expectations of the lecturers, administrative staff, student and management was explored and described.

The principle here is to present an accurate description of what is being studied, though not necessarily of all data. Reducing and ordering material entail selection and interpretation, which will be done with the verbatim translated interviews and focus group discussions (Kvale, 1996:189). The method is used in this study to:

- Describe the viewpoints of nursing education leaders regarding transformational leadership
- Describe the concepts, the model as well as guidelines for the using transformational leadership model
- To add additional information to the categories under explorative method
- Describe the results from the lecturers, students and administrative staff completed Multifactor Leadership Questionnaires.

2.2.6. CONTEXTUAL

This research is contextual in that it focuses on Nursing Education Leaders working in Nursing Education Institutions. Moloto (1999:41) states that what makes the research contextual are the situations, instances and life events or lived experiences, with particular meanings that are known to people in their specific environment under study. The context used to emphasise that is unique or regarding viewpoints in the Nursing Education Institutions and what impact these experiences have on transformational leadership. The context thus is unique because there is a dichotomy between two Ministries of Education and Health with regard to nursing colleges are currently are registered under National

Department of Health and funded by National Department of Health. The status of nursing colleges is for inclusion in the Higher Education under the auspices of National Department of Education in the future (Nzimande, 2009:1).

2.3. RESEARCH METHOD

For the researcher to develop a model for transformational leadership it is imperative to understand what college principals, vice principals, subject heads, lecturers, students and administrative staff are experiencing about leadership while being employed in nursing education institutions. This research followed the strategy of theory development using the following steps:

- Concept identification, classification and description
- Construction of relational statements
- Structure and process description of model and
- Model evaluation and guidelines for operationalisation of the model
- These steps of theory development were described below in detail:

2.3.1. PHASE 1: CONCEPT IDENTIFICATION, CLASSIFICATION AND DESCRIPTION

Concept identification has its purpose the formulation of conceptual ideas and is the first step towards a conceptual framework. To initiate the identification of concepts three methods of data collection were used namely, individual interviews, focus group interviews and Multifactor Leadership Questionnaires (MLQ). MLQ were completed by lecturers, students and administrative staff by means of questionnaires to generate data in relation to the first objective, which is *to explore and describe the expectations of nursing education leaders* (Phase 1a). Individual interviews by college principals and focus group interview with vice principals and subject heads, which *explore and describe the leadership styles of nursing education leaders* (Phase 1b).

Concept identification is followed by concept classification and concept description through the utilization of the "survey list" of Dickoff, et al. (1968:420), which correspond with their first level of theory. The function of their level one theory, factor isolation theory, (practice-theory) requires concepts to be classified and categorised. The survey list is depicted in table 2.3.

TABLE 2.3 : Survey list for concept classification (Dickoff, et al., 1968:420)

CATEGORIES	DESCRIPTION
AGENT	The person who executes or creates a particular activity
RECIPIENT	Persons who receive the activity
CONTEXT	The situation or setting in which the activity occurs
GOAL	The outcome or endpoint to be achieved through implementation of the activity
PROCEDURE	The guide, technique or protocol to be followed to achieve the goal
DYNAMIC	The energy source or ingredient to drive the activity towards goal achievement

The concepts were classified by means of Dickoff, et al. (1968: 415) survey list. This list consists of the agency, recipient, context, goal, procedure and dynamics. It reduced the abstractness of the concepts and consequently they became clearer as attributes were added to them. This improved the chances for making them to become applicable. After classifying these concepts, they were defined and described in Chapter Five. Data collected from phases 1(a) and 1(b) were utilised to meet objectives of phase 2 namely, formulation of relational statements and model development. The methodological perspectives of data to be collected for concept identification are discussed as follows.

2.3.1.1. Phase 1 (a) Individual interviews

2.3.1.1.1. Population

The participants (college principals) were drawn from four (4) Nursing colleges in Gauteng (two campuses), Free State (one campus), KwaZulu Natal (four campuses) and North West (one campus). The participants were selected through an open invitation on the basis that these participants must be able to verbalise their experiences and concerns as they have worked more than five years as college principals (N=8).

2.3.1.1.2. Sampling method

The researcher adopted a purposive sampling which is based on the assumption that the researcher wants to discover, understand and gain insight, so that the researcher can learn the most (Merriam, 2001:48). According to Silverman (2000:104), choosing a sample allows

one to select participants because they pose a feature or process in which the researcher is interested and that they meet the sampling criteria for inclusion.

The logic and power of purposive sampling lies in selecting rich information cases from which one can learn a great deal about issues that are important to the purpose of the research (Patton, 1990:169). It is important to determine the sampling criteria before approaching the participants. This is one of the essential characteristics from the list that qualified participants for selection in the research (Burns and Grove, 2007: 246).

2.3.1.1.3. Sampling criteria

Participants were selected based on the criteria as outlined below:

- They are registered as registered as nurse educator with the South African Nursing Council.
- They are employed in the nursing education institution and be permanent in the position of nursing education leader.
- They are able to communicate in English. The understanding of the language by the researcher and participants is very important in studies that are descriptive (Burns and Grove, 2007:246).

2.3.1.1.4. Sample size

The size of the sample is determined by the saturation of the data. According to Morse (2000: 149), data saturation is adequate and operationalised when collecting data until no new information is obtained. The repetition of themes or information is an indication that data is now saturated (Streubert and Carpenter, 1995:313). In this research, participants are interviewed until no new information comes forth (N=8).

2.3.1.1.5. Data collection

Qualitative research interviews strive to obtain descriptions of the “lived world” of the interviews with respect to interpretations of the meanings of the described phenomena. The following aspects are expressed (Kvale, 1996:30).

- **Topic:** The topic of the interview is the everyday lived world of the person on his or her relation to it
- **Descriptive:** The interview attempts to obtain open nuances and descriptions of the subject’s life worlds

- **Meaning:** The researcher interprets meaning of what is said and how it is said in order to discern the meaning of central themes in the life world of the participant
- **Qualitative:** The interview seeks qualitative information expressed in normal everyday knowledge. Quantification of the information is not sought.
- **Sensitivity:** It is understood that different interviewers can elicit different viewpoints on the same themes—depending on their sensitivity to and acknowledge of the interview topic.
- **Interpersonal Situation:** The knowledge obtained is produced through the interpersonal interaction in the interview.
- **Specificity:** Description of the specific situations and action consequences are elicited not general opinions about the subject under discussion.
- **Deliberate Naiveté:** The interviewer exhibits an openness to information, rather than having ready-made categories and schemes of interpretation.

Kvale (1996:30) explains the purpose of an interview as being to obtain “open nuanced” description of the lived world of the interviewees with respect to interpretations of the described phenomena. The researcher sought to interpret the meaning of central themes, registering and interpreting the meaning of what is said as well as how it is said. Interviewee statements can be ambiguous and as the process of being interviewed may produce new insights and awareness, the interviewee may change his or her descriptions and meanings about a theme. In qualitative research, an unstructured or semi-structured interview guide is used and a broad, central question is posed allowing the participant to interpret the question and answer it.

The method of data collection was therefore in-depth individual interviews with college principals. This was done in order for them to describe their emic perspective with regard to their experiences with transformational leadership in the nursing colleges. Data collected during field work were also used to supplement data already collected during in-depth interviews. In this research, the phenomenon under research was the experiences of transformational leadership in the nursing colleges. Therefore building theory from exploring and describing their experiences was very important. The interviews were conducted in a boardroom which is situated in private area where there were no distractions. The place of the interview was easily accessible for participants to attend. The interviews were conducted in English and digital audio recorder in order to capture the rich data as described by participants. Permission to use digital audio recorder was obtained from participants and was explained to participants so that they could feel free to describe their experiences. All

participants were asked the same open ended question at the beginning, thereafter utilising the interview techniques employed to get more information until data was saturated. The research question was, "What are your experiences of transformational leadership in your nursing education institution?" Streubert and Carpenter(1995:313) stated that in-depth research employ open ended questions to understand the experiences as it is being described as having been experienced by participants and the manner in which these experiences are presented.

2.3.1.2. Phase 1(b) Focus Group interviews

2.3.1.2.1. Population

The participants (vice principals, subject heads) were drawn from four (4) Nursing colleges in Gauteng (two campuses), Free State (one campus), KwaZulu Natal (four campuses) and North West (one campus). The participants were selected through an open invitation on the basis that these participants be able to verbalise their experiences and concerns as they have a working experience of more than five years (N=35).

2.3.1.2.2. Sampling method

The researcher adopted a purposive sampling method, which is based on the assumption that the researcher wants to discover, understand and gain insight; so that the researcher can learn the most (Merriam, 1991:48) (refer to 2.3.1.1.2.)

2.3.1.3. Sampling criteria

Participants were selected based on the criteria as outlined. (refer to 2.3.1.1.3.)

2.3.1.2.4. Sampling size

Focus group interview was selected as the method for data collection as this enables dynamic interaction to take place between participants and the interviewer (Krueger and Casey, 2000:48). Participants were selected because they had certain characteristics in common that related to the topic of the focus group. A number between six to ten was perceived to be reasonable enough to provide a diversity of views according Morgan and Krueger (1998:41), but this not a fixed rule (Morgan and Krueger 1998:42).

The following research questions guided the focus groups as well as individual interviews: What are your experiences of transformational leadership in your nursing college?

The researcher as the interviewer personally facilitated the focus group interview. This was conducted in the boardroom, a quiet location that is free from distractions and in a comfortable atmosphere where physical setting lends itself to audio taping of the interviews (Creswell, 2004:124; Krueger and Casey, 2000:4). In order to regulate smooth interaction of participants in a non-directive manner, the interviewer and participants set ground rules for participation during introduction (de Vos, 1998:321). The interviewer opened the focus group interview session with brief comments about how the interview would be conducted and encouraged interaction among participants. In this introduction, the interviewer indicated to participants that their contributions were valued and urged them to express themselves without fear. Since the objective of the focus group interview was to promote discussion, the participants were seated around the table to ensure maximum opportunity for eye contact with the interviewer (de Vos, 1998:320).

Each session lasted more or less one hour and thirty minutes. The interactive facilitative techniques used by the researcher, involved probing, questioning, reflecting, clarifying and summarising (Kreigh and Perko, 1983:301) and becoming aware of each participant's participation and contribution (Giorgi, 1985: 57). A non-judgemental attitude was maintained throughout the interview. The discussion continued until the saturation point of the information was reached (de Vos, Strydom, Fouche and Delport, 2002:294).

2.4.1.1. Phase 1 (c) Multifactor Leadership Questionnaires

2.4.1.1.1. Population

The participants (lecturers, administrative staff and students) were drawn from four (4) nursing colleges in Gauteng (two campuses), Free State (three campuses), KwaZulu Natal (four campuses) and North West (one campus). The participants were selected through an open invitation on the basis that these participants be able to complete MLQ within thirty to thirty five minutes. Participants included lecturers (N=150), administrative staff (N=60) and students (N=432)

2.4.1.2.2. Sampling method

In this study a non probability technique called convenient sample was used. This method involved collecting information from participants who were conveniently available at the time of the research. The main reason for choosing the convenience sampling method was that there was no reason to generalise the results to the entire population, but to gain more

insight into the subject of inquiry. Also, it appeared to be the fastest approach considering the spread of provinces selected for research.

2.4.1.2.3. Sampling criteria

Participants were selected based on the criteria as outlined below:

They are registered as nurse educator with the South African Nursing Council. (refer to 2.3.1.1.3).

2.4.1.2.4. Sampling size

The sample size of participants were as follows:

college principals (N=8); vice principals and subject heads (N=35);

lecturers (N=120); administrative staff (N=42) and students (N=348).

2.4.1.2.5. Population and sampling procedure

Trochin (2000:12) describes a research population as a group that the researcher wants to generally aim for, and the sample as the group of people that are selected to be in the study. This is supported by Sekaran (2000:128) when he defined a sample as a subset of the population in question, comprising a selection of members from that particular population. The definition of the sample is of vital importance as the results of the investigation are not more trustworthy than the quality population or representativeness of the sample. The target population for this study is lecturers, administrative staff and students in the nursing education institutions.

For the purpose of this study a sample of 120 was drawn, out of population of 150 lecturers, a sample of 42 was drawn from the population of 60 administrative staff, and a sample of 348 students was drawn from the population 432 students, using EXCEL random generator on lecturers, administrative staff and students.

Bless and Higson-Smith (2000:108) believes this technique to be valid as it provides equal opportunity of selection for each element in a population.

2.4.1.2.6. Data collection

According to Bless and Higson-Smith (2000:123) there are three common methods of data collection, namely; observation, interviews and questionnaires. Sekaran (2000:134) suggests

that questionnaire is an efficient data collection mechanism provided the researcher knows exactly what is required and how to measure the variables of interest. Questionnaires can be administered personally, mailed to the respondents or even electronically distributed in the situation.

For the purposes of this research, the questionnaires are used to gather necessary information. In an attempt not to disrupt business operations and to ensure that the participants received documents in the shortest possible time, questionnaires were distributed through the internal mailing system. This is a non-personal technique of data collection due to the fact the participants complete the questionnaires without the researcher present. Each questionnaire was accompanied by a covering letter explaining the purpose of the study to the prospective participant. General instructions on completing the questionnaire and importance of completing all questions were included. The covering letter also explained why it was important that all potential participants personally complete the questionnaire. The technique of data collection addressed issues of cost, time and geographical constraints.

In this measuring instrument, the participants were informed that they were allowed to leave a question/answer blank if the question appears unclear or ambiguous. Contact details were provided on the covering letter, offering participants the opportunity to contact the researcher in the event of any queries or problems that may have arisen during participation in filling in questionnaires.

2.4.1.2.7. Hypothesis

The purpose of the Multifactor Leadership Questionnaires was to determine expectations and transformational leadership styles of the nursing education leaders, two hypotheses were formulated:

- H₀₁: There is no statistically significant relationship between expectations and transformational leadership styles among nursing education leaders.
- H_{q1}: There is a statistically significant relationship between expectations and transformational leadership styles among nursing education leaders.

2.4.1.2.8. Multifactor Leadership Questionnaire (MLQ)

The MLQ has been improved since 1985 with the result that many versions of the questionnaire have been developed. The latest version, Form 5 X (Revised) will be used in this research.

The MLQ takes the form of a number of statements about leadership styles of the individual being tested. The questionnaire used in this research contains forty five (45) statements that identify and measure the key aspects of leadership behaviours. The MLQ comprises a 5 point Likert scale and participants are instructed during the administration of the questionnaires by the researcher to mark most suitable answer. The scale ranges from 0 to 4 as follows:

- 0= not at all
- 1= once in a while
- 2= sometimes
- 3= fairly often
- 4= frequently if not always

Each participant was required to assess and testify as to how frequently the behaviours described by each statement of the statements were exhibited by their nursing education leader. The MLQ consists of two versions known as "rater version" and the "self-rater version". These two versions consist of exactly the same statements, except that they are written from the different perspective. The nursing education leader was given a statement, "I spent time teaching and coaching", whereas the lecturer statement said, "The person I am rating spends time teaching and coaching".

2.4.1.2.9. Reliability and validity of the Multifactor Leadership Questionnaire

Reliability and validity are two key components to be considered when evaluating a particular instrument. According to Bless and Higson-Smith (2000:49), reliability is concerned with the consistency of the instrument and an instrument is said to have high reliability if it can be trusted to give accurate and consistent measurement of an unchanging value. The validity of an instrument refers to how well an instrument measures the particular concept it is supposed to measure (Whitelaw, 2001:108). Whitelaw (2001:108) argues that an instrument must be reliable before it can be valid, implying that the instrument must be consistently reproducible and that once this has been achieved, the instrument can then be scrutinised to assess whether it is what it purports to be.

The MLQ has been tested for reliability and validity in many settings (Prujijn and Boucher, 1994: 72). Bass (1985b:100, 1998: 123 and 1999:105) Bass and Avolio (1989:289) as well as Yammarino and Bass (1990:9,) have proved that the content and construct validity of the MLQ. Avolio and Bass (1997:48) also prove the construct validity of the MLQ. According to

Avolio and Bass (1997:47, 2000: 126) reliability of the MLQ has been proven many times through test-retest, internal consistency methods and alternative methods.

Avolio, Bass and Jung (1995:289) confirm the reliability of the MLQ by using a large pool of data (N=1394). According Avolio et al, (1995:289) the MLQ scales exhibited huge internal consistency and factor loading. They reported reliabilities for total items and for each relationship factor scale that ranged from 0.74 to 0.94.

Den Hartog, van Muijen and Koopman (1997:294) also investigated the internal consistency of the MLQ subscales. Their study group consisted of approximately 1200 employees from several diverse organisations (commercial businesses, health care organisations, welfare institutions and local governments). Reliability (Cronbach's Alpha coefficient) for the subscales of transformational leadership ranged from 0.72 to 0.93, transactional leadership ranged from 0.58 to 0.78 and laissez faire leadership was 0.49.

The MLQ has been tested in the South African environment. Ackermann, Scheepers, Lessing and Danhauser (2000:58) utilised the MLQ to determine whether the factor structure of the MLQ, as a measure of transformational leadership can be replicated in South Africa. Using Cronbach's Alpha coefficient, Ackermann, et al. (2000:50) determined the reliability of the three main scales within the MLQ, namely transformational, transactional and laissez faire. The resultant scores of 0.944, 0.736 and 0.803 were obtained respectively.

2.4.1.2.10. Data capturing

Once questionnaires have been completed, the researcher then codes the responses in each questionnaire. The score was captured in a Microsoft EXCEL spreadsheet for statistical analysis with respect to nursing education leaders, nurse educators, administrative staff, students and demographic variables. The nursing education leaders are numbered L01 to L35. The participants were numbered L01-E01, L01_E02 and so on, until L35-E04, in this research. In this way subordinates can be linked to the managers and anonymity was sustained. The scores were captured onto a Microsoft EXCEL spreadsheet and then imported into Statistica (an adapt analysis) for analysis (in SPSS, 2006). The schematic diagram which summarises objectives through a flow chart represented in Figure 2.3 below.

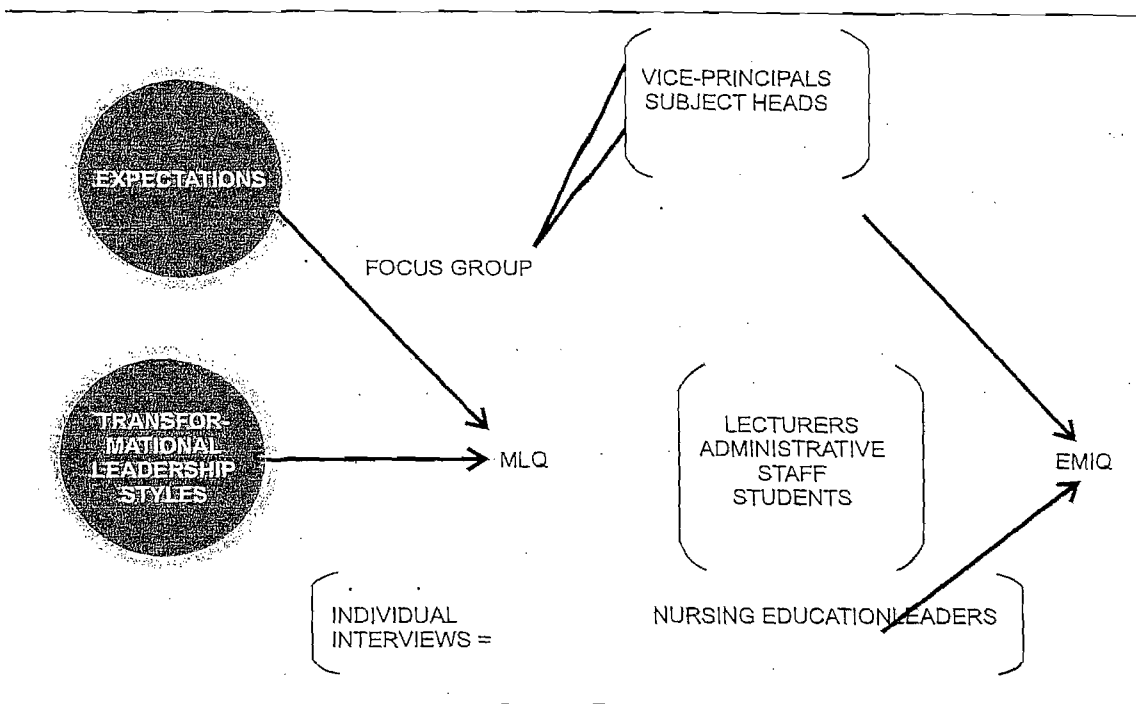


FIGURE 2.3 : The flow diagram for depicting phase 1(a) and (b) objectives

The data analysis (qualitative and quantitative) discussed in the next section.

2.5.2. DATA ANALYSIS

Henning, van Rensburg and Smit (2004:102) state that in this basic way of “working data”, a researcher starts with a set of data, such as a transcribed interview. The transcription has to be verbatim, but it does not need the type of information required for conversation analysis texts. For the purpose of the research a tape recorder has been used to record all interviews with participants. The set of data has then be transcribed to a written format. The process of making meaning, which is highly interpretive, is then preceded by a more technical process the conversion of spoken to written language.

2.5.2.1. Coding from text

Henning, *et al.* (2004:104) suggests that one should leave a code margin (on the right hand side of the page) for notes and the writing of codes. In what is known as open coding, the analyst reads through the entire text in order to get a global impression of the content. According to Henning, *et al.* (2004:104) state that at this point themes will be observed, but the coding process does not begin yet.

Henning, *et al.* (2004:104) comment that some researchers prefer to read the transcript of all interviews that have been concluded in a series. Codes are selected according to what the data mean to the researcher. An overview of as much contextual data as possible is therefore needed. It is recommended to read all the relevant transcriptions before any formal meaning is attributed to a single unit.

After the first reading, a transcription or a set of fields notes are then read again and units of meaning are identified. It is further noted that the temptation of repeat codes must be resisted. Henning, *et al.* (2004:105) also argue that it is important not to be fixed in the immediate context of the section of text in which you are coding at any given moment as the meaning of a phrase may only become clear later in the interview notes. The process is illustrated in Figure 2.4. below.

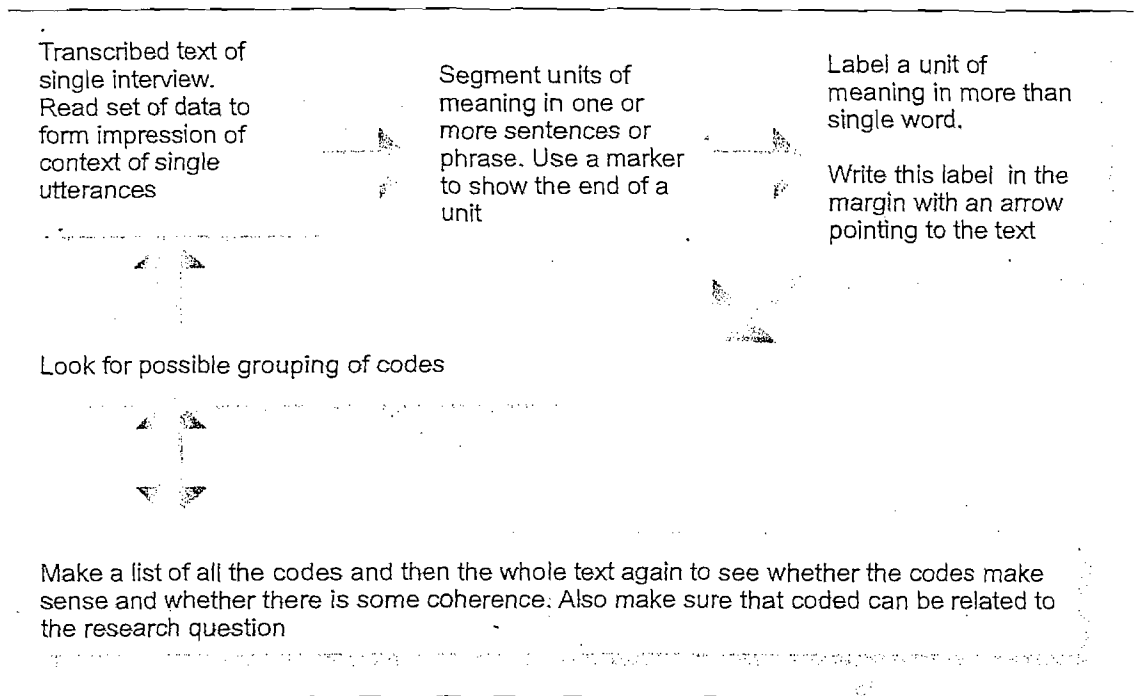


FIGURE 2.4 : Coding from text (Henning, van Rensburg & Smit, 2004).

2.5.2.2. How are codes constructed and selected

Henning, *et al.* (2004: 105) state that in open coding, codes are made up as the researcher works through the data. The better a researcher knows the data, the more competent the researcher will be in labelling units of meaning. Once the transcription is ready and codes have been awarded to different segments or unit of meaning, the related codes can be grouped or categorized.

2.5.2.3. From codes to categories

A category will already begin to show the themes that will be constructed from the data that will be used in the discussion of the inquiry. Figure 2.5 shows the move from codes to categories. Categories are important as it invokes the broader context.

<u>Codes:</u> e.g. Frustration about chores Commitment of family Lack of planning work on weekends No real leisure time Stress about unfinished tasks	<u>Possible Category:</u> Limited management of weekend activities lead to stress	<u>Possible Category:</u> Conflict between perceived commitment and lack of leisure time
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FIGURE 2.5 : From codes to categories in qualitative content analysis (Henning, van Rensburg, & Smit 2004).

In further reading of data and in working through more data sets it may become clear that one of them is closer to the overall picture and then it may be used (Henning, *et al.* 2004:106). Once all the sets of data have been coded and categorized the researcher is left with all the important task of seeing the whole.

Henning, *et al.* (2004:106) state that the questions that are asked at the point in time are:

- What are the relationships in meaning between all these categories?
- What do they say together?
- What do they say about each other?
- What is missing?
- How do they address the research question (s)?
- How do these categories link with I already know about the topic?
- What has been foregrounded in the analysis?
- What has moved to the background?
- What additional data gathering and / or analysis have to be completed?

Henning, *et al.* (2004:107) point out that when a researcher is satisfied that the themes represent a reasonable "research chunk" of reality, each theme can be used as the basis for an argument in a discussion around them. Processed data do not have the status of

"findings" until themes have been discussed and argued to make a point and the point is to be made comes from the research questions.

The researcher read all the transcriptions carefully to get the sense of the whole. By reading the transcript again the researcher had to jot down ideas or thoughts that come to mind in the margins of the transcripts. A list of themes, as well as all similar or related themes, could thus be constructed. The most descriptive word for the identified theme was sought and used for classifying the information into categories and subcategories. Field notes were used to make inferences on themes pertaining to the categories and subcategories. The raw set of data was given to an independent analyst who had experience in qualitative research methods and data analysis. A protocol for data analysis was also provided. Consensus between the researcher and the external data analyst could be reached (Lincoln and Guba 1985:180).

2.5.3. DATA ANALYSIS

Once data is collected, it is necessary to employ statistical techniques to analyse the information, as this study quantitative in nature. Using the Statistica computer program, two-tailed Pearson correlation analysis is conducted to test the hypothesis of this research (using Statsoft, 2006). The correlation analysis helps in both the form and the degree of the relationship between transformational leadership and leadership styles. Thus both the strength of the relationship between variables and the level of statistical significance are assessed.

2.5.3.1. Cronbach's Alpha Coefficient

Cronbach's Alpha Coefficient is typically equated with internal consistency (de Vellis, 1991:76). The Cronbach's Alpha Coefficient is interpreted as a coefficient Alpha and its value ranges from 0 to 1. Sekaran (2000: 146) advises that when calculating Cronbach's reliability coefficient, reliabilities less than 0, 6 are considered poor, within 0, 7 ranges are considered acceptable and those coefficients over 0, 8 are considered good.

2.5.3.2. Hypothesis Testing

As mentioned previously, the hypothesis of the study was concerned with establishing a relationship between expectations and transformational leadership styles in the nursing education institution. Thus, it was necessary to use statistical tests to test the strength and direction of the relationship between these two variables of the hypothesis.

One-way analysis of Variance (ANOVA) is an inferential statistics procedure used to determine whether there was a significance difference among three or more group means. The difference between the t-test and ANOVA was the number of groups being compared. A simple, or one-way, ANOVA refers to one independent variable with several levels (Fain, 2004:165).

In ANOVA, variation was examined to determine whether between group variance is greater than within group variance. In conducting ANOVA, both types of variation (between group and within group) add up to total variation. Scores within each group vary one from another from the group means and were termed within group means. The distance among group means was called between variance. If the between group variance was larger than the within group variance, i.e the groups were far enough apart for the researcher to conclude that the group means are significantly different. The *F-statistic* is the ratio of the between group variance to the within group variance and the greater its value, the smaller the p-value (i.e. the probability to infer a statistically significant difference among the group means, when in reality no difference exists). The ANOVA and t-test was followed in this study to infer statistically significant differences.

2.6. PHASE 2: MODEL DEVELOPMENT

Since theories comprise concepts, definitions and statements and graphically represented as models, these need to be developed systematically for successful model development. The strategies for model development have been selected according to the writings of Walker and Avant (2005) (as summarised in table 2.1 and applied in this study in table 2.4).

TABLE 2.4 : Approach to model development (Walker and Avant, 2005:48)

ELEMENTS OF THEORY	RESEARCHER'S APPROACH TO MODEL DEVELOPMENT
Concept identification	Strategy: Concept synthesis Use: To identify concepts based on empirical data Rationale: Available concepts were limited and generally unexplored
Statement development	Strategy: Statement synthesis Use: To construct relationships by way of relational statements between two or more concepts developed above Rationale: evidence available in data generated from individual and group interviews and from literature
Theory Development	Strategy: Theory synthesis Use: To pull together relational statements in a coherent manner to represent the model for nursing education leaders Rationale: Availability of systematically developed relational statements

2.6.1. PHASE 2 (A) CONCEPT DESCRIPTION

Walker and Avant (2005:45) consider concept development (inclusive of concept identification, classification and description) a crucial and often neglected component of theory development. They posit three conditions, which necessitate concept development and suggest that if any of the three conditions are lacking, then one of the concept development strategy namely, concept analysis, concept synthesis or concept derivation, should be selected for concept development. By the way of concept synthesis, the concepts in the study are developed from the results and literature contextualisation of individual interviews and focus group interviews. This process is explained as follows:

Concept synthesis: concept synthesis is a strategy that uses different forms of empirical evidence as a basis for development of concepts (Walker and Avant, 2005:45). This strategy is used to generate new ideas and to examine the data of new insights that can enhance theory development. In describing the specific procedures for concept synthesis Walker and Avant (2005:45) refer to three approaches, which include qualitative, quantitative and literary approaches. Literary approach requires careful review of literature for the purpose of acquiring new insight into phenomenon. Walker and Avant (2005:45) propose several steps in concept analysis which are "reiterative" rather than sequential.

2.6.2. PHASE 2(B). FORMULATION AND MODEL DESCRIPTION

Since scientific statements are the backbones of science (Walker and Avant, 2005:46), statement development is employed in order to go beyond the preceding concept development stage. A strategy for statement development is carefully selected on the basis of the researcher's judgement of "the state of the art of existing knowledge" about the research topic. The most suitable strategies for statement development and the rationale for selecting one of these strategies:

- Statement synthesis: is an empirically based strategy, which aims at specifying relationships between two or more concepts derived from evidence and has its purpose, the development of one or statements about relationships that exist between these concept (Walker and Avant, 2005:46). Therefore, statement synthesis requires data as a point of departure and involves the logical processes of moving from observations to inferences (deductive logic) and then generalising from specific inferences to more general, abstract ones (inductive logic). Different methods are available for deductive and inductive processes. Quantitative and qualitative methods are proposed for inferring from empirical observations and literary methods for moving from specific to general inferences (Walker and Avant, 2005:47).

2.6.3. PHASE 2 (C): CRITICAL REFLECTION OF THE MODEL

Chinn and Kramer (2008:219) state that analytic and evaluative processes that are useful in understanding the nature and value of the theory. These processes describe and critically reflect theory, that is, examine its value for the various purposes. A clear understanding of the nature of any theory flows from description and critical reflection. In this study, the researcher discusses the critical reflection of the model that has emanated from the empiric theory. Critical reflection contributes to understanding how the theory relates to practice, research or educational activities. The critical reflection of the model is addressed through semantic, clarity, semantic consistency, structural clarity, structural consistency, simplicity, generality, accessibility and the importance of the model. A full description is discussed in Chapter Six (refer to 6.8).

2.6.4. PHASE 2 (D): GUIDELINES FOR OPERATIONALISATION OF THE MODEL

Guidelines were written for the operationalisation of the model. These guidelines enabled nursing education leaders to apply the model in the nursing education practice environment. They described "how to use "use the elements of the model in transformational leadership for

the followers. Chinn and Kramer (2008:156) stated that theory development research is often immediately useful because of its grounding in the experience for which the theory is designed. They caution that, in planning for the implementation of a model into practice, certain considerations need to be taken into account (Chinn and Kramer, 2008:168). While considerations were specific to testing the model in a practice setting, the considerations were equally applicable for implementing the guidelines for practice which arose from the model. The considerations were:

- Whether the staff would require orientation to the theory and its application.
- Whether the approach required adjustments in the function or processes of the nursing college.
- How the data that were obtained were to be assessed and analysed.
- If the theoretic goal was attained or not attained, how results were explained and accounted for.
- Whether alternative explanations have been projected in order to have sufficient information to make judgement about outcomes.
- How results of the experience were to be compiled in order to communicate them.

These factors needed to be borne in mind and addressed in the guidelines, for operationalisation of the model.

2.7. RIGOUR

In interpretive research, rigour offers an opportunity to demonstrate the trustworthiness of this study by explicating its credibility, confirmability and transferability (Lincoln and Guba, 1985). Whilst these criteria may appear quite different from those described to ascertain validity and reliability in quantitative research, it is argued, that these differences are completely admissible, in that the both positivist and interpretive approaches to research have many difference of what constitutes "truth" and the appropriate way of finding it (Merriam, 2001:45; Polit and Beck, 2004:332; Roberts and Taylor, 1998:173). The researcher for this study is charged with the dual responsibility of demonstrating that the research design demonstrates a theoretical framework that can be understood by others and that the subsequent findings have credibility.

2.7.1. CREDIBILITY

Credibility is described as being similar to the criteria for quantitative research and "refers to confidence and truth in the data" (Polit and Beck, 2004:332). Credibility also refers to the extent to which "participants and readers of the research recognise the lived experiences described in the research as being similar to their own" (Roberts and Taylor, 1998:174). In order to achieve credibility for this study, the researcher offered clear descriptions of participant selection and faithful descriptions and interpretations of their meaning of transformational leadership so that readers who have had similar experiences could relate to the meanings.

During data collection stage, the schedule of interviews and simultaneous data collection enabled the researcher to systematically search for data that would challenge emerging categorisation of themes. Throughout this process, researcher –participant engagement enabled external member checks. By checking findings and interpretations of data against the reactions of participant's during interviews and with other focus or disconfirm evidence (Roberts and Taylor, 1998:180). Therefore a more comprehensive description of the phenomenon of transformational leadership was obtained as conflicting accounts or points of view were provided for (Polit and Beck, 2004: 332).

2.7.2. DEPENDABILITY

Dependability is interrelated with credibility. It refers to the stability of data over time and conditions. Like the reliability-validity relationship in quantitative research, in qualitative research there can be no credibility in the absence of dependability (Polit and Beck, 2004:335). Dependability was enhanced for this study because only the researcher influenced the selection of participants and collected and analysed data.

2.7.3. CONFIRMABILITY

Confirmability refers to the "neutrality" of data so that there could be agreement between two or more independent people about the data's relevance or meaning (Roberts and Taylor, 1998:181 and Polit and Beck, 2004:336). The researcher's position determined to ensure confirmability by explicating the sequence (audit trail) of this study and the methods and procedures used. An audit trail is visible through descriptions of the theoretical framework that underpinned the study, transcripts with emerging themes and theoretical notes, reports on member checks, records from software programme and reports made during the progress of the study.

2.7.4. TRANSFERABILITY

The researcher acknowledges that the interpretive design limits the findings of this study to *the group under study at a point in time* (Robert and Taylor, 1998:181). In recognition of this limitation, the researcher has taken the responsibility of providing sufficient descriptive data so that the findings can be evaluated and applied in other context (Polit and Beck, 2004:333). In addition, this study has provided sufficient rich, thick description so that readers will be able to determine how closely their situations match the research situation (Merriam, 2001:52).

2.7.5. ASSESSMENT FRAMEWORK FOR RIGOUR

In summary this interpretive research has utilised several dimensions to enhance the rigour of this study by explicating its credibility, confirmability and transferability (Roberts and Taylor, 1998:170; Gall, Gall and Borg 1999:120). The following table presents the strategies employed by the researcher in order to ensure that rigour was achieved for this study. This framework reflected the interpretive nature of the study and its questions.

TABLE 2.4 : Strategies for establishing rigour (Polit and Beck, 2004: 305)

CRITERIA	DESCRIPTION	PREVENTATIVE ACTIONS	APPLICATION IN RESEARCH
Credibility	Credibility establishes how confident the researcher is regarding the truth of the findings. Credibility criteria involve establishing that the results of qualitative research are credible or believable from the perspective of the participant, researcher or reader of the research (Creswell, 2003:195; Denzin and Lincoln, 2003:69; Miles and Huberman, 1994:278, Trochim, 2006b	Prolonged engagement (Klopper and Knobloch, 2009:5)	The researcher spent extended period of time with participants to allow the researcher to check perspectives to allow participants to be acquainted with the researcher for mutual trust to develop.
		Persistent observation (Klopper and Knobloch, 2008:5)	Sequence of interviews and research questions enabled the researcher to focus on conversation and identify that which was relevant to phenomena being studied
		Triangulation (Klopper and Knobloch, 2008:5)	Data sources; different data sources were used such as journals, studies, policies and guideline documents. Method of data collection: The researcher employed investigator triangulation when using the expert opinions of the different professions as well as second reviewers in different stages of the study. Methodological triangulation entails the use of multiple methods to study a single problem, indicating the multiple stages followed in the study and including interviews and field notes.
		Member checking	Feedback was provided to participants throughout the interview as relevant issues arose. Researcher was able to clarify understanding of transformational leadership constructs as interpreted the participant's meanings and also during one to one interviews. Themes were checked with participants.

CRITERIA	DESCRIPTION	PREVENTATIVE ACTIONS	APPLICATION IN RESEARCH
		Searching for disconfirming evidence	This was achieved through member checks during interviews and review of the literature.
Reflexivity			Bias was explained with onset of the research and it evolves and the research perspective was not ignored Beliefs and values were made explicit as stated in 1.6 Assumptions of the researcher
Transferability	Transferability refers to the extent to which the process can be applied in other contexts or with other participants (Miles and Huberman, 1994:279; Scheurink, Poggenpoel, 2000:331, Klopper and Knobloch, 2008:7)		This research did not intend to generalise findings, but a detailed and thick description of data was provided (Babbie and Mouton, 2004:274) to enable the reader to decide to what extent his or her context is similar or different and whether the findings of this research may be applicable. The obligations for demonstrating transferability therefore rests on those who wish to apply it to the receiving context (the reader of the study), but the researcher enhanced transferability by thoroughly describing the research context and the assumptions that was central to the research (Trochim, 2006b). The potential for transferability was ensured by means of a thick description of methods, processes and results throughout the study (Miles and Huberman, 1994:279; Klopper and Knobloch, 2008:7) some examples include full description of the populations and samples used in the result.
Confirmability	Confirmability is the criterion of neutrality (Poggenpoel, 1998:350) and refers to the degree to which findings of an inquiry are determined by participants and could be confirmed by others and are not of the bias influenced by the researcher, other motivations and perspectives (Miles and Huberman, 1994:278; Scheurink et al, 2000:331)		Confirmability was achieved when credibility and transferability of these findings to other settings were established

CRITERIA	DESCRIPTION	PREVENTATIVE ACTIONS	APPLICATION IN RESEARCH
		Use of audit trial	An audit trial for this study is evident by its raw data, evidence of data reduction and analysis, process notes which highlights notes from member checks, instrument development information whereby a model for data analysis is presented, data reconstruction evident in the findings The IDLE method™ refers to "inductive and deductive logic evidence". It is a process where logical reasoning are used, inductive and/or deductive by generating conclusions from the empirical data and/or literature. The conclusions serve as evidence for the relational statements (Klopper, 2010:300). An assumption of this method is that it is possible to distinguish correct reasoning from incorrect reasoning based on the arguments presented. The structure of an argument is the fundamental unit of an argument is rejected and this proposition (or statement) is typically expressed as declarative sentence (or called a conclusion) (Klopper, 2010:300). The premise and the conclusion are defined in relation to each other within a given argument (Kemerling, 2001 In Klopper, 2010:300). An argument is differentiated from collective proportions, by the inferences between statements to draw a conclusion. The application of the IDLE method™ in the study is by generating conclusions from the empirical data and literature. The conclusions (Table 5.1, 6.1 and 6.2) provide evidence for the formulation of the relational statements. The IDLE method™ ensures rigor of the theory, as an audit trial of evidence of the reasoning process can be provided (Klopper, 2010:300).

CRITERIA	DESCRIPTION	PREVENTATIVE ACTIONS	APPLICATION IN RESEARCH
Dependability	Dependability determines to what extent the process of the research was consistent and the findings can be repeated if the inquiry was replicated with the same participants in the same context. The researcher endeavours to provide audience with evidence that if the study was to be repeated with the same or similar participants in a similar context, its findings would be similar (Miles and Huberman, 1994:278, Scheurink, et al, 2000:331; Klopper and Knobloch, 2008:7).	Thick description	A thick description of the context is provided through in depth description of the research context to allow sufficient information to evaluate contextual similarity (Klopper and Knobloch, 2008:7)
		Clear research questions	The research questions state clearly and features of the study design are congruent with it (see 1.4 research question)
		Researcher's role	The researcher's role and status within the site as well as paradigms are explicitly described (see 1.7 assumptions of the researcher)
		Data collection	Data was collected across the full range of appropriate settings and participants as suggested by the research question (see 1.9 research method)
Reliability	Content reliability of the checklist instrument was also important, since it indicates to which extent independent administrations of the same instrument will provide similar results if used in comparable environment. It is therefore concerned how well the instrument measures the operationalisation model (de Vos, Strydom, Fouche and Delpont, 2005:85)		The statistician of the NWU confirmed that the statements or questions included in the instrument are actually measuring the components from the MLQ
Validity	Validity is an important aspect of rigour regarding the checklist designed and used in the study. Validity of the checklist as an instrument means that it is "measuring what it is supposed to measure". In this section two aspects were considered namely whether the instrument actually measured the concept in question and whether the concept was measured accurately (de Vos, Strydom, Fouche and Delpont, 2005:83; Klopper and Knobloch, 2008:6).	content validity refers to the representative and adequacy of the items included in the instrument	Content validity was ensured by using the services of a statistician to ensure that the questions included in the instrument actually represented the categories and sub-categories identified during MLQ. An independent reviewer and expert in the subject field also indicated that this is indeed the case (Klopper and Knobloch, 2008:6; de Vos Strydom, Fouche and Delpont, 2005:84).

CRITERIA	DESCRIPTION	PREVENTATIVE ACTIONS	APPLICATION IN RESEARCH
Validity	Validity is an important aspect of rigour regarding the checklist designed and used in the study. Validity of the checklist as an instrument means that it is "measuring what it is supposed to measure". In this section two aspects were considered namely whether the instrument actually measured the concept in question and whether the concept was measured accurately (de Vos, Strydom, Fouche and Delport, 2005:83; Klopper and Knobloch, 2008:6).	content validity refers to the representative and adequacy of the items included in the instrument	Content validity was ensured by using the services of a statistician to ensure that the questions included in the instrument actually represented the categories and sub-categories identified during MLQ. An independent reviewer and expert in the subject field also indicated that this is indeed the case (Klopper and Knobloch, 2008:6; de Vos Strydom, Fouche and Delport, 2005:84).
	External validity is concerned with the extent to which findings can be generalised and threat may arise when generalising to other groups		It was stated that the aim of this study is not to generalise findings to other populations, but to consistently provide a thick description of the research process and the data
	Construct validity refers to determining the degree to which an instrument successfully measures a theoretical construct. Construct validity is therefore concerned with the meaning of the instrument, that is what is measuring and how and why it operates the way it does.	Concept clarity	Construct validity threats may occur when the researcher use inadequate definitions and measures of variables. For this reason all concepts were clearly defined by means of the data gathered from the MLQ (see Chapter Four) and an independent reviewer, content expert, as well as a statistician were used to validate the content of the final checklist (Creswell, 2003:171). Strategies to control threats to reliability and validity as well as to trustworthiness are discussed in detailed in Chapter 2 .
		Theoretical validity	This was done by means of conceptualisation-the process of describing the key concepts in the research, as well as the grounding and integration of research within the accepted body of knowledge (Botes, 1995:11; Klopper and Knobloch, 2008:7). Definitions were provided earlier in chapter 1 (see 1.7.2.3.).
		Presenting a clear theoretical framework	The researcher identified the limitation of the applicability of the findings of this study to one case only, however, because it has developed a clear theoretical framework to guide data collection and analysis, it has the potential to be replicated (but not with same results) and generate further research.

2.7.5.1 Structure of the model

In describing the structure of the model attention is given to the components integral to the building of the model. The structure of the model gives an account of the content conceptually classified according to the survey list of Dickoff, et al. (1968:420). Chinn and Kramer (2008: 229) propose four structural forms which assist to convey particular ideas such as hierarchical relations, differentiation, overlapping areas and polarity and continuity. These authors continue by asserting that some models may reflect a combination of these structural forms and those individual concepts within a model may be structured in these forms.

The structure of the model gave overall form to the conceptual relationships within the model and emerged from relationships within the model (Chinn and Kramer, 2008: 229). The structure includes central elements of the model and consists of concepts, statements and relationships between concepts. The following concepts are addressed in this model: transformational leadership, followers (vice principals, subject heads, lecturers, students and administrative staff), context, motivating factors, behaviour and goal. The model is visually displayed by means of different structures such as triangles, overlapping circles, horizontal lines and arrows. The structural form is depicted in Figure. 2.6. below:

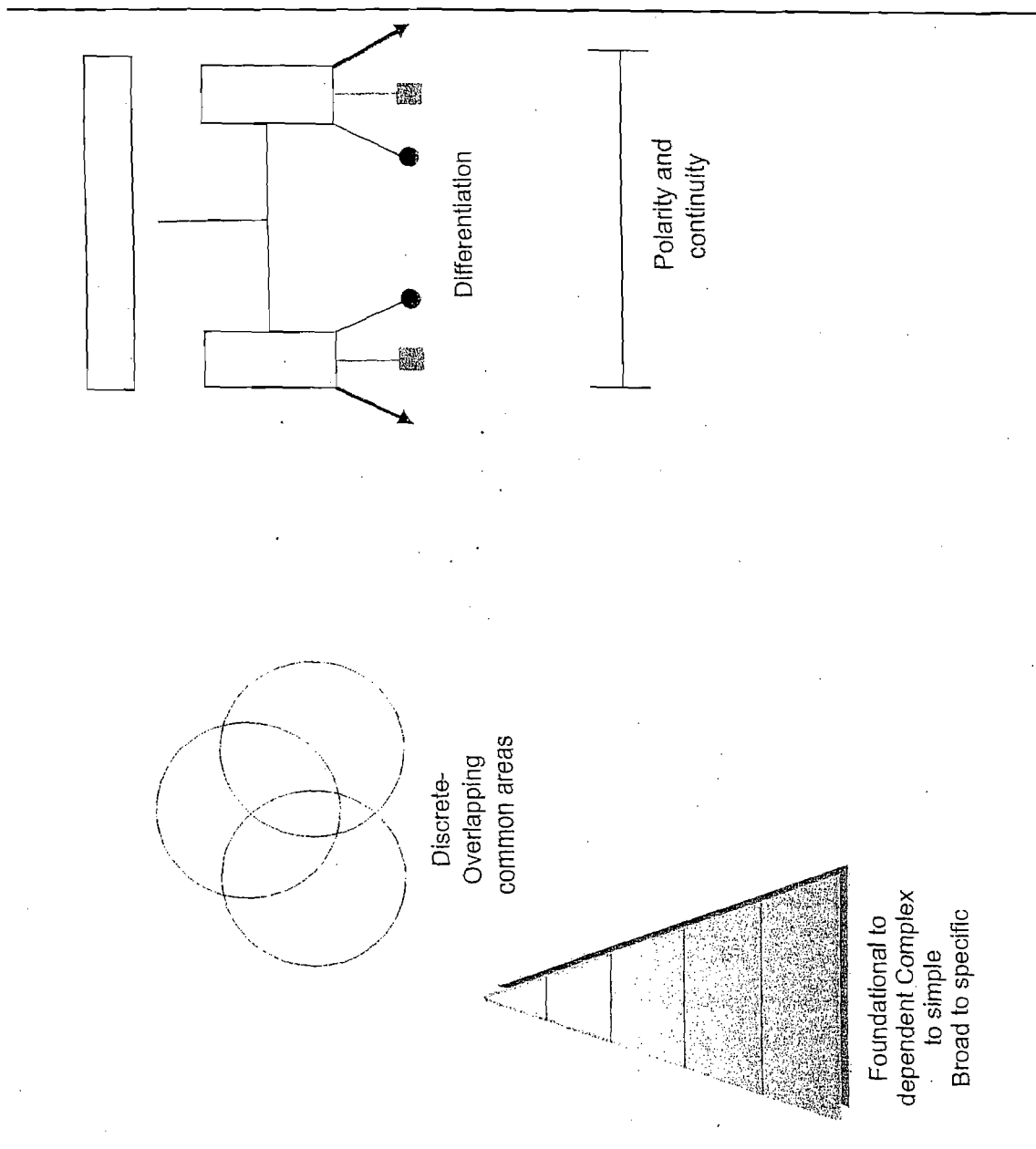


FIGURE 2.6 : Structural forms (Chinn and Kramer: 2008:229)

The triangular drawing suggests leadership is composed of a series of related sub-concepts that vary in breadth or simplicity. It also suggests foundational concepts on which other sub-concepts are built. The overlapping circles depict discrete components that have common areas between and among them. The horizontal line drawing show empowerment represented as continuum in a linear relationship with transformational leadership. The last drawing conveys the idea of differentiation dividing major concepts into sub-concepts. A full description of the model discussed in Chapter 6.

2.8. ETHICAL CONSIDERATIONS

The ethical considerations were fully discussed in Chapter One

2.9. CHAPTER SUMMARY

This chapter described the research design and method employed to develop a model for transformational leadership for nursing education leaders. A theory development, descriptive, exploratory, contextual, qualitative and quantitative research design in nature. The research objectives were formulated in two phases to enable exploration, identification and definition of concepts (phase 1) and for model development (phase 2). Data were collected by way of individual interviews for college principals and focus group interviews for vice principals and subject heads and questionnaires for lecturers, students and administrative staff. The process of model development was described, based on a synergetic approach, which capitalises on the most useful proposed steps by Chinn and Kramer (2008) and Walker and Avant (2005). Measures used to ensure trustworthiness of the study were described according to Gall, et al. (1999).

The hypothesis of the research was presented and the research design outlined. Information regarding the sample size and number of participants, included in the final statistical analysis was presented. An overview of data collection method was then given. Instrument used in this research, as well their reliability and validity, were then discussed in detail. Finally, the statistical analysis of hypothesis was highlighted. Also included within this section were the ethical consideration that needed to be taken into account when doing the actual research and data gathering.

CHAPTER 3

RESULTS FROM QUALITATIVE DATA

3.1 INTRODUCTION

Chapter 2 discussed the research design and method of this study. This chapter presents the results of the qualitative data analysis and interpretation. The results are presented as supplemented by literature to embed and contextualise the results.

3.2. PHASE 1 OBJECTIVES

3.2.1. PHASE 1(A)

- To explore and describe the expectations of the nurse educators, students and administrative personnel from nursing education leaders.
- To describe the present transformational leadership styles used by nursing education leaders.

3.3. RESULTS OF THE INDIVIDUAL INTERVIEWS WITH COLLEGE PRINCIPALS

The permission to conduct the research was obtained from four (4) Provincial Department of Health's, namely, Free State, Gauteng, KwaZulu Natal and North West. The researcher took time to explain the purpose of the individual interviews with college principals prior to conducting the interviews. The verbal permission was obtained from each participant; and the identity of participants was also protected by informing participants that a number is allocated to each participant as they sat in a semi-circle and there were also informed that when answer question and they should not mention their names.

The participants were reassured of the right to privacy and protection from harm was maintained. Confidentiality and anonymity was maintained throughout the research. It was crucial to the research that participants' emic perspective about their experiences of

transformational leadership be obtained. All participants who participated in this research did so voluntarily. Interviews were conducted between February and May 2009.

The participants were registered nurses who filled the position of college principals, and were in permanent employment with the Department of Health in four identified Provinces. Interviews were conducted in English as this was the most accessible language between the interviewer and participants. The interviewer was satisfied that all participants were able to relate their experiences in English. Interviews were conducted with the individual participants (college principals). These interviews lasted up to sixty (60) minutes or more depending on participants' response to the interview, using necessary communication techniques. The participants were encouraged to elaborate on a particular dimension of the discussion (Burns and Grove, 2007: 367). A total of eight (8) college principals' interviews were conducted.

3.3.1. FIELD NOTES

Field notes were used as a method of remembering observations during individual interviews, as well as retrieving and analysing these observations. The field notes supplemented data that could not be portrayed by audio taped interviews, such as non verbal communication in observed interactions (Watson, 1996:73 and Watson, 2003:142). In writing field notes, the researcher quoted the exact words of the participants rather than making a summary of the words in order to provide an accurate description (Field and Morse, 1985:80).

Field notes were divided into four categories (Lincoln and Guba, 1985:281):

- **Observational notes:** These were a written account of what the researcher hears, sees, experience and thinks about in the course of the interview and could be a description of events experienced through watching and listening (Watson, 1989:434 and de Vos et al., 2002:318).
- **Theoretical notes:** These included deliberate and controlled efforts of the researcher to extract meaning from observation notes.
- **Methodological notes:** These included the researcher's instructions, reminders and critical notes during data collection (de Vos et al., 2002:305).
- **Reflexivity notes/ Personal notes:** These included the researcher's reflections on feelings, thoughts and experiences during interviews (Creswell, 2004: 152) and which assisted the researcher to establish the influence of personal bias on the research process (Lincoln and Guba, 1985:281).

3.4. RESULTS OF ONE-TO- ONE INTERVIEWS WITH COLLEGE PRINCIPALS

One-to-one interviews with college principals were conducted in English and verbatim transcription was done immediately after the interviews. During the data analysis, the researcher read all the transcribed notes and listened to the tape recordings. The researcher then reread the information in English several times to understand the data. Coding was done manually during the reading and rereading of the transcripts, using colour codes. In some paragraphs, more than one topic emerged, which necessitated the use of different colour codes. Data was then indexed in specific categories (Henning, Van Rensburg & Smit, 2004:106; Field & Morse 1985:96; Polit & Beck, 2004:401). Following this, the researcher reorganised the data under different themes. Once the categorisation was complete, the researcher examined the categories to understand the data and relevant categories, subcategories and themes.

The data chunks relating to a theme are presented in tabulated format (Van der Wal, 2000:331). This is done to avoid a biased selection of data, which could decrease the trustworthiness of the research. Including all the data and avoiding "anecdotalism" enhances the trustworthiness of the final presentation. Extracts from the transcribed interviews were referenced by the code of the participant interviewed followed by the relevant page of the transcript, for example: A0012:3, (A0012 being the participant and 3 the page number of the transcript). Two themes were identified from the individual interviews with the college principals, i.e. 'transformation is a challenge' and 'transformation is inclusive'. An in-depth discussion of each of the themes is following. The college principals were females and were mid-fifties of age. They had an experience over twenty year of teaching and management of the nursing college. The college principals were registered nurses with additional qualifications in nursing education and nursing management. Themes and sub-themes are extrapolated in Table 3.1 below

TABLE 3.1 : Themes and sub themes extrapolated from individual interviews with college principals

THEME	SUB THEMES
3.4.1. Transformation is challenging	3.4.1.1. Dependency of lecturers 3.4.1.2. Traditional way 3.4.1.3. Lack of support 3.4.1.4. Limited change and transformation 3.4.1.4. From autocracy to democracy
3.4.2. Transformation is inclusive	3.4.2.1. Team functioning 3.4.2.2. Manage operations and processes 3.4.2.3. Continued staff development programme 3.4.2.4. Student involvement in leadership issues 3.4.2.5. Managing diversity

3.4.1. THEME: TRANSFORMATION IS CHALLENGING

In this study 'transformation is a challenge' as theme refers to transformation demands and requires more sophisticated and selection procedures. Equity is required in the training and education of nursing students. College principals also have to adapt their leadership styles from a focus on resource based education to a community approach for education and training, within integrated curricula, organised in a modular system and no longer departmentally based.

Transformation is a managerial task that is a challenge to the manager in all fields and for college principals the specific challenge lies in academic and service delivery management. The dual importance of this must not be underestimated. It needs a great deal of skills and dedication. Transformation has currently become the biggest issue, college principals have to deal with. Transformation affects the individuals within an organisation more fundamentally than it does the organisation as a whole (Siegal, Church, Javutich, Wacilaski, Burd, Bazigos, Yang, Anderson-Rudolph and Burke (1996:56). One also needs to know one's environment as well as one's organisation to be able to manage change. Kotter (2001:85) mentions that

leadership is all about coping with change and more changes in getting people demand more leadership. Gosteli (1997:40) states that one of the problems in problems in getting people to change is that people fondly believe they are already doing things that they are not. Management leadership, especially college principals, is probably the most critical element in a major organisational change effort

3.4.1.1. Sub-theme: Dependency of lecturers

My past experience, the way I see transformation and personal experience is that lecturing staff had a lot of dependency to provide answers. With transformational leadership it took quite some time for people to develop in terms of participating and contributing and development in nursing education. This is probably because of past experience, where directives come from head office and SANC and nursing education institutions had to implement that they have a role to develop their experience that were. Having a break and come back, I expect to get something different and expected a change, almost a decade, I still find reluctance as we were, this comes a lot more from the operational staff. In terms of management and the current structure for example here I seem to pick up more an openness and receptiveness to changes. The other aspect I find especially in Nursing Education, is that nurses not specifically nurse educators just nurse they tend to be narrow, hence there is not a need to search for information, in terms of education where do we actually fit in whether we are in with changes that are occurring, may be research seem to be an area that is lacking in nursing education. (A009)

Participants felt that some lecturers did not want to transform and believed in expertise that they gained twenty years ago. They looked up to the college principal to provide solution. They are scared to take risks and they want perfect already acquired skills.

McKenna and Galvin (2004:34) concur with Lanara (1994:12) in considering that members of any profession are best able to appreciate the essence of their discipline when their educational programme includes not only studying but also generating, challenging and testing the knowledge in their field and they make a strong case for the scholarly practitioner with doctoral qualification. They note that in countries where nurses have been delayed in gaining admission to doctoral programmes the development of nursing knowledge has also been delayed. Sherwood and Freshwater (2005:58) are concerned with such matters, and in drawing specific attention to nurse leadership argue that doctoral education is charged with preparing leaders who can think out of box and stimulate creative problem solving in others invigorating nurses to claim a voice in crafting a vision of health care delivery that recognises the essentialness of nursing.

3.4.1.2. Sub-theme: Traditional way

College principals stated that their experiences of transformational leadership were that transformation was challenging because lecturers wanted to stick old ways of doing things. Participants indicated that the teaching and administrative staff were in their comfort zones and showed little interest in embracing change and transformation. There were certain colleges that continued to operate in the 'traditional way'. This statement is supported by the following verbatim extract: *"I found the school very traditional. Things were done as I was a lecturer. The school was not part of the Provincial Health"* (A001:1).

Although all nursing curricula meet the criteria of the South African Qualifications Authority (1995:13), nursing curricula are still regulated and directed by the South African Nursing Council R425 (1985:162). The nursing curricula are grounded on the bio-medical and therefore do not explicitly prescribe the teaching of transformation. Another important factor that is not considered is that the content of nursing curricula does not always change when social changes take place. The curriculum includes social sciences in compliment to medical-nursing education; the content of the social sciences is not always relevant to the social setting in which nursing care takes place (Ben-Zur, Yagil and Spitzer, 1999:1433).

Because nursing curricula are based on Western health care model (bio-medical model), Tshotsho (1992:47) and Nyasulu (1994:35) enhance the statement by Clark (1978:4), who state that nurse and nurse educators who are trained according to Western care model cling to their educational philosophy which emphasises bio-medical and physical needs with the result that patient's socio-cultural needs are not fulfilled as nurses never taught how to fulfil them. Clark (1978:4) also indicated that nurse educators tend to teach students in the way in which were taught. Furthermore, most nurse educators do not pay attention to values that they transfer to the learners directly or indirectly since students look up to nurse educators as role models and "custodian of wisdom" (McKeachie, 1986:56).

3.4.1.3. Sub-theme: Lack of support

College principals expressed that it seems that transformation only lies with government and politicians and that they have a talk down approach with minimal support from government, thus hindered efforts of transforming the college. Participants felt that if the government makes pronouncements which are not supported financially, resulting in implementation that is very difficult. This was strongly supported as evident by the following quote from one participant: *"The whole system of department of health, senior managers to have a vision of nursing education. There are less interested and lacking information about nursing*

education. I hope nursing education to have its own directorate to close some gaps I have mentioned. Currently, there is minimal support from senior managers for example, learners' transport. Senior managers do not see it as problem. They want to see things happening. There is no educational programme or empowerment programme in line with nursing educators to be leaders and be able to implement policies which are crucial to nursing education and transform. There is a need to be given a little bit of independence, to be given more powers"(A002:2). The researcher is of the opinion that professional leadership must have complimentary but different focus from business leadership. Clearly both foci are essential when resources are limited and demands ever growing. Good leadership is about handling the essential differences in a manner that facilitates quality care with good housekeeping. Lack of clarity will damage any leadership strategy and leadership strategy and leadership can become fractured and uncertain.

Berwick (2004:12) posits that clinicians ought to be playing a central role in the making of policies in the health care system that will allow better outcomes, greater use of ease, lower cost and greater social justice.

3.4.1.4. Sub-theme: Limited change and transformation

College principals felt that limited change and transformation has taken place. The college functioned like before and as a result the college principals felt stifled. However, the change that has been observed centered mainly on changes in the staff profile, for example, "You know changes I have seen, staff changes, equity, mainly white lecturers and about two black lecturers. Right now there are a quite number of African lecturers with one white lecturer. One change I have seen, but as far as functioning of this college I don't see much change. I am trying to think. I can't say much".

The college principal continued by stating that even the way of conducting business has not changed and transformed ...*"The things that were in 1999 are still done"* (A008:1). No initiative was taken by the college principals or staff to facilitate change and transformation. As the college principal stated ...*"actually try to think except what is put by government. I can't say much, that were done in 1999 are still done"*(A008:1). This inability to effect change and transformation lead to feelings of inadequacy, lack of creativity, lack of trust and difficult employee relations: *"I don't feel much of a leader, I feel more of a follower, feel left out of decision, information which I feel need to know and take over when my supervisor is not there. I find it difficult to control certain individuals some to be very close to the supervision. I think relations are difficult. Creativity stifled, not trusted. It is like people stick so much to policy. People don't like to take calculated risks. There is resistance to change"* (A008:1). It is

sad to see that the result is a withdrawal from the college principles. As one stated ..."*Most of the time I feel like let me shut up. Feel stifled more often than not certain individual's suggestion taken and those individuals you cannot oppose. If you oppose those individual your comments won't be taken into consideration*" (A008: 1).

It is evident from the above quote, that no (or very limited) change and transformation was experienced by the college principals. This was furthermore aggravated by the lack of support they experienced.

3.4.1.5 Sub-theme: From autocracy to democracy

The authoritarian college principal would be one that does not seek the input of the staff but would feel they knew best and proceed as such. According to Daniels, Spiker and Papa (1997:187), this leader will exercise strong control over decisions and tasks. He/she issues and enforces orders to ensure his/her plans are executed in an acceptable manner. The authoritarian leader is one who is more likely to tell first and ask later. This leader is very domineering and controlling.

The college principal would be more interested in group cohesion and open communication. He/she seeks input from those they lead rather than making decisions beyond employee's control. Daniels Spiker and Papa (1997:187), state that this leader takes a vastly different approach from the authoritarian. The democratic style is more oriented toward guidance than complete control of group activities. Meyer (2002:4) supports the notion of democratic style that it is integrative and communication is vital between levels to ensure correct information. Meyer (2002:5) further states that this style is often effective in the health care setting given the importance of relationships in the health care.

College principals experienced problems with rationalisation and integration of race group because culture shock was experienced and adaptation was challenging, for example, "*After 1994 we changed to central selection of students and admitting black tutors. The approach changed slowly from autocracy to democracy. Participative management was adopted. Black tutors had some difficulty as well Indian tutors to integrate. There were issues of Black tutors getting angry and resentful. I wanted things to be done it should be done. Some tutors did not like and went to unions. It was policy. It took time to adapt. I don't know whether young tutors adapted. I am not so perfectionist*".

Of serious concern the statement by college principals that they have experienced a drop in standards, possibly a result of the changes in the selection process, since the beginning of democracy ..."*There are things that I tend to overlook and that brings down standards. What*

concerns me is bringing down standards. Selection has gone down. We use to choose the cream of the crop. We are told to take from bottom; therefore we don't know what calibre of students. We don't know actually what we are getting. We have been finding over the year students are not performing like before clinical facilities are complaining. No committed to work. Absenteeism is very high. With regards to subject heads, initially were reluctant to take extra work. Feel they were doing too much. But I think they are actually taking their job" (A005:1). This trend of learners not taking responsibility was confirmed by another participant: "My experience is that generations of today, they are losing direction. The previous LRC [learner representative council] was responsible, discussing issues in a mature manner, proactive, proposed different activities. But the current LRC is a bunch of irresponsible people, can't make any decisions, can't control the entire student body; they want to sit with management and accuse management. They don't come up without any programme or ideas. There is a new trend in LRC, how to use money and LRC levy. They want it to be increased more so as to have many parties as they can, they are not focussed, they can't debate issues. Leadership does not look at issues affect them. For the past year, there was no general meeting. It aborted, can't conduct a productive meeting, cannot control the crowd and the crowd take over. Unlike the previous LRC, they came up with projects, merit awards, organising food parcels for hospice around ..., volunteering to work weekends" (A002:4) (name of place deleted for confidentiality purposes).

3.4.1.6. Discussion: Transformation is challenging

To sum up this section, literature suggests that leaders, therefore need to be effective change agents, knowing when change is needed, "stretching the imagination of followers "to appreciate the need for change in the process, helping others realize their role in making change and creating new worlds, maintaining a positive attitude throughout the challenges of change and knowing when to maintain the status quo (Manfredi, 1995:63). Gardner (1989:124) noted that leaders must understand the interweaving of continuity and change. They must realize that not all change is good or necessary and that changing only for the sake of changing is not always healthy. Clampitt and Dekoch (2001:23) support the notion which says leadership involves a willingness to create change and manage chaos that often is associated with change. It involves a willingness to embrace uncertainty and risk failure rather than waiting for "guaranteed" success, and it involves keeping focused on the goal or vision. Nursing education leaders have a responsibility to create change and transformation in their nursing colleges.

According to Block (1993:10) if leaders are to move forward with creating new worlds and helping visions become realities, they must have a sense of stewardship. They must feel

responsible for the “larger picture”, oversee the implementation of change, ensure that it is the overarching vision that drives decisions and actions, establish partnerships with followers or group members, and give their personal self interest a “back seat”. The notion of stewardship is supported by Spears (1995:3) leaders must be servant leaders, those who “first serve others and whose primary motivation is a desire to help others”.

Educators, for example, who have a vision of creating positive learning experiences for students, where they are fully engaged in the learning process, work collaboratively with each other. They are excited about what they are learning, use their creative and other potentials to the fullest and use the teacher as a guide and a resource to facilitate their own learning. If they are to be leaders and demonstrate the essential element of stewardship, there must be an effort to see that such positive learning experiences are provided for student throughout the curriculum and a willingness to oversee that what is being done in the name of “positive learning experience” is based on theory and research (Spears, 1995:3).

3.4.1.7. Conclusion statements on the theme transformation is challenging.

- Transformational leadership is a challenge and a need exists to adopt a positive paradigm shift, as well as to communicate one’s intention and views to followers and the policy makers in order enhance transformation.
- Colleges continue to function in the traditional way, evidence by staff staying in their comfort zones with little interest in change and transformation.
- Limited change and transformation has taken place at nursing colleges evident by feelings of inadequacy, lack of creativity, lack of trust, difficult employee relations resulting in failure to deliver on the government’s mandate.
- Lack of support from government for nursing colleges whereby there is a lot of bureaucracy, insufficient funding, lack of participation in policy formulation and college principals have no power and authority to run the colleges.
- From autocracy to democracy there is a slow integration because the majority of college principals are coming from the previous era where they were receiving orders without questioning.
- They are also faced with the new challenges of integration various race groups in the teaching staff in a environment which is predominantly one race is dominant. They have to adjust to the culture shock and embracing various cultures that emerge due to integration.

3.4.2. THEME: TRANSFORMATION IS INCLUSIVE

This theme refers to transformation is talking place at different levels of responsibility of college principals. At the education and training, the policy as spelled out in the White Paper for the transformation of the Health System in South Africa (RSA DoH, 1997:38) emphasises the recruitment and development of personnel who are competent to respond to the education needs of the students they teach. This compelled the nursing colleges to change nursing curriculum for nursing students. The White Paper on Education: A Programme for Higher Education Transformation (RSA DoH, 1997:2) indicates a vision focusing on people driven development with a view to better quality of life. The demands for this are:

- Responsiveness to societal needs and interests
- Co-operation and partnerships in governance
- Increased participation

Transformation demands and requires more sophisticated admission and selection procedures. Equity is required in the training and education of nursing students. The college principals also have to adapt their management style from a focus on resource-based education to a community based approach for education and training, within new integrated curricula, organised in a modular system and no longer departmentally based.

3.4.2.1. Sub-theme: Team functioning

Team functioning in this study refers to shared leadership in the context of transformation or an emerging post industrial era, one is challenged the many ways in which nursing colleges are positioned to enhance or inhibit democracy and collectively. Democracy implies participation and for transformation to be effective, it has consistently been argued in numerous policy documents and wiser professional educational discourses that lecturers and students should be involved in the process of transformation and that shared participation should be deliberately created. The college principal is an essential agent, in that he/she must become a facilitator and co-ordinator.

Glickman (1991:7) asserts that a concept or portrayal of leadership, instructional leadership has at its heart a communitarian or shared behaviour, the success of the leader is not narrowly in his/her own instructional competence or management, but in the extent to which others are empowered. The principal of a successful school is not instructional leader but the co-ordinator of teachers as instructional leaders. Leaders do not operate in isolation, nor do they command in a literal sense of the word, issuing a one-way stream of unitary directives,

instead leadership almost always involves co-operation, collaboration and activities that only occur in a conducive context.

Participants verbalised that transformation made strides with regard to ensuring that integration of all categories of staff participated in transforming nursing education and training. Participants had a strong view that team functioning with a common goal to achieve, was the vehicle for the success of nursing colleges. They viewed transparency as the cornerstone for transformational leadership. These views are extracted from interviews that took place, i.e. *"What I have observed, is that, we know that we are here for a common goal our product is equipped with skills, actualise the vision of the Department... at the same time Nursing Council plays as a supervisor mentor and coach role. What I find that people will not be supporting your goal if they don't know what is happening, where you are, what are circumstances, what means and demands, what expected roles are. And again working with them when they come in an atmosphere of trust they will their give valuable contribution. Even I have set of roles and expectations in the clip board. It makes implementation meaningful as well as rewarding. We try to be open with limits of confidentiality in certain issues I give information. I communicate with Clinical Nursing Management who provide with clinical nursing practice. They might not know prescripts within nursing education but they support what we do as the college. (A0010).*

3.4.2.2. Sub-theme: Manage operations and processes

The management of operations and processes in this study is described by the college principals that there is good communication between themselves with sub-ordinates. They felt communication as the mutual exchange of ideas and interpretation of messages. They also add that this mutual exchange of ideas and interpretations of messages are not only the basis of all forms of communications, but are also at the root of man's existence. Communication is a way of life, an ontological concept of being. The importance of effective communication on the part of college principals can be seen in recent research on the management work of school principals.

Van der Westhuizen (1991:205) and van der Westhuizen and Legotlo (1998:72) identified four concepts which have importance in communication for educational leaders include: making contact, informing, interpretation and messages. Informing implies planning intention on the part of the one who is informing, also known as communicator. Interpretation points towards active participation on the part of the receiver of the message in all the communication events. Message is at the heart of the meaning of communication, in other words, it is what a teacher wishes to carry across to a person so that it can be interpreted.

This concept is supported by the statement made by one of the college principals which says, *"I make it my priority and responsibility that I keep them informed the nursing manager, assistant managers in human resources and operational managers in the units where most of professional socialisation takes place. I have always said that I have not made an evaluation. I use an open door type of consultation. I believe that I have to trust people with their responsibilities various roles. I try to have open feedback."* (A005:2)(...identity protected).

3.4.2.3. Sub-theme: Continued staff development programme

The college principals have to provide instructional support to lecturers by:

- Making sure that resources and technical assistance are available to help staff improve school effectiveness
- Ensuring that classroom and clinical activities are up to the required standards
- Guiding staff members in their work whenever necessary so as to improve effectiveness
- Frequently participating in discussions of educational issues.
- Providing support for educator interaction

According to Amey (2005:690), facilitating learning for the individual leader as well as of the professional community is viewed as the primary goal of leadership. When leadership is viewed as learning, the creation of the learning environment becomes a primary organisational priority that is expressed along a developmental continuum (Amey, 2005:692; Hammersley-Fletcher and Brudrett, 2005:63 and Vick, 2004:27). Employing a learning approach to leadership means facilitation of learning among staff members has become an important role of leaders (Amey, 2005:701; Hammersley-Fletcher, 2005:74; Southworth and Du Quesnay, 2005:218 and Vick, 2004:10).

Another participant echoed that, *"We try our best, taking into consideration curriculum planning and development. It involves empowering of staff. I encourage people to be involved and so that they can own what is it in the college and as well as dealing involving students it help lecturers such as problem solving. I believe you can tackle and report to the principal. This must be staff driven; at times people refer to the Principal. Nowadays lecturers push everything to the Principal. You must be seen as horrible."* (A006:1).

The participant further elaborated that, *"As part of transformation, the college encourages people to develop through studying for extra qualification, attend workshop, conferences, in house training. People are encouraged to travel to go on benchmarking to be part of transforming the college to fit in a bigger picture of transformation nursing education. Initially both academic and administrative staff most of them were reluctant to travel but currently the people are really co-operative and always willing to avail themselves to travel wherever they are expected. College has established skills laboratory in order to accommodate large numbers we are mandated to train and also the learners before we place in clinical. The college had to visit other colleges for benchmarking."* (A010:2).

3.4.2.4. Sub-theme: Student involvement in leadership issues

According to Harber and Davis (1997:157), the involvement of learners in school governance reduces the work load on teachers as they are helped in their non teaching functions by the learners and discipline problems are reduced as it provides quite a number of learners with experience of leadership and increases confidence and discussion skills generally. Bemak and Keys (2000) stress the importance of schools to provide for learners to satisfy their need for belonging and self worth activities that connect them with other peers and caring adults. Creating more opportunities for learners to achieve success in schools both academically and non academically can enhance a learner's feeling of being connected to the school and community. Receiving recognition for accomplishments for school staff, peers and family members empowers learners in a positive way.

The participant saw inclusive transformation as a step to the right direction and said, *"I have been a principal since 2001. As part of transformation the college management has decided to include Student Representative Council in all committees and meetings. All stake holders are involved the College Council and SRC even when we discuss the budget. Whenever the student relates the decision has to be taken, the SRC is involved and that is a very big step transforming. Inclusion of SRC, we minimise any confrontation and discomfort."* (A010:1) The participant reported that working as team promotes cohesiveness within a college as stated, *"We give in a debriefing session. To try and avoid a lot of direction, we work together. What is in our favour and what is against? We had a very bad scenario. They came very handy. We are very flexible that situation has taken place. I think that what I enjoy and people are out to bail me."* (A005:2)

The comment on transformation was, *"For me is learning, to be part of change. we had a lot of transformation; we started in 2005 with new curriculum that was transforming ... to, we were involved with planning, curriculum development with all other campuses throughout*

... and sub campuses. We are eleven campuses and fifteen sub campuses. It was a great experience, interacting one another, we talk about uniformity. We have one curriculum for a four year programme. It was great to be part of that. We have a structure starting from ... that is Principal and Deputy Principals, at campuses advertised subject heads posts". (A006:1) (Identity protected).

3.4.2.5. Sub-theme: Managing diversity

The research conducted by Thomas and Bendixin (2000:507) demonstrates that South Africa comprises of a plethora of cultures, usually based on race and it is inappropriate to talk about a uniform national culture in the South African context. The cultural diversity that characterises the South African population begs the consideration of the management implications of ethnicity in an emerging democracy that is striving to be globally competitive. The major findings of research for both management culture and perceived effectiveness are independent of the dimensions of culture and race. This suggests that management effectiveness and management culture can be improved or enhanced through education and experience. Furthermore, this suggests that the realisation of fully integrated and ethically diverse management strata will not inhibit corporate competitive performance

Participants perceived transformation maturing in managing diversity of colour, language, and culture. One participant reported, *"Being the first black person and leader in this college to lead old White and Black people was quite an interesting experience. Firstly to be accepted as a Black person, was quite a challenge but what really made to survive which motivated me I decided to adopt the attitude of Nelson Mandela of focusing on the process of developing people. Secondly I had to introduce English as second medium of instruction. There was a resistance especially from tutors so ended up giving lectures in both languages but the experience was quite difficult because we have translate questions from Afrikaans to English and vice versa and students were concerns in the sense that one group could be favoured over the other then we decided to end only offer English. At the moment English is only medium of instruction in the college but as far as language is concerned, people are allowed to use their language. As far as staff is concerned currently I must say that even if you come from different background they are working very hard to accommodate each other. People try their best to communicate in English and lecturing is in English. The majority of the lecturers are Black that is about 87%.*

As far as the student body is concerned the experience is that the percentage of white students is dropping, currently I would say about only 3% Whites, the majority are Blacks and about 1% Coloureds and Indian students, Coloureds only we don't get Indians students. I get

an impression that Whites are not so free though they do interact with other students. Comparing the current student profile which is mostly Blacks, the previous profile which was mostly White, I would say that is different in the sense that students are very challenging, they know their rights, and they try their best to study. I must say that they depend more on trade unions.” (A010:1)

3.4.2.6. Discussion of Transformation is inclusive

Senge (2006:8) argued that leaders of learning organizations like universities and colleges are “designers, teachers and stewards”. Transformational leadership leaders are required in the fruition of learning organizations. Transformational higher education leaders are needed to make institutions perform beyond capacity in this 21st century. Senge (2006:4) further stated that transformational leaders empower and motivate their staff by being visionaries, displaying high standards of ethical and moral conduct, being trusted and respected as role models and having increased team spirit. Tierney (1991:10) supported Senge that academic institutions of higher learning are in demand of dramatic organizational change. The time for clinging to the old traditional practices are gone. Leadership has to look at workable solutions. Successful leaders in higher education are described in terms of personal attributes, interpersonal abilities and technical management skills. A leader who is concerned with creating an image of mystery and separateness is not effective in building coalitions in higher education. In general academic leadership, Tierney (1991:11) argued that leadership is expected to be expert and referent rather than legitimate, coercive or reward oriented.

McGuire (2003:180) stated that the relationship that develops between followers and organization when a particular leadership style predominates, for example, when a transformational leader demonstrates charismatic behaviour and uses inspirational motivation to persuade others, that leader is also capable of rousing followers to exert additional effort on behalf of the organization. The follower’s positive sense of self worth and value leads to enhanced job satisfaction, job performance and organizational commitment. Leaders who can provide intellectual stimulation can engage followers in more creative problem solving and “out of the box” thinking to produce results that are more likely to provide the organization a competitive advantage.

Pounder (2003:11) argued that linkage between student satisfaction and transformational leadership is based on the proposition that transformational leadership is communication centred leadership approach. Communicating expectations, giving inspirational motivation, the charismatic element and individual consideration are impossible to achieve without a heavy focus on leader-follower, or in the instructional context, student-teacher

communication. In order for these things to be actualized students and students must engage one another. The perception of transformational leadership is the result of direct interaction between the student and the teacher.

De Pree (2004:12) and Collins (2001:27) agree that a true leader is not, in any way, egotistical, leaders are compellingly modest, mild-mannered, gracious and understated. Collins (2001:27) in his book *"From Good to Great"* notes that great leaders, whom he calls "Level 5 Leaders", channel attention away from themselves and toward the people who contributed to the company's success. He calls this the "window and the mirror". He explains that these self effacing, humble leaders will look in the mirror when something goes wrong, looking only to themselves for blame and accountability. During his research, one of Collin's (2001:26) many observations about egotistical leaders was the number of times they used the pronoun "I" versus "we". Similarly, De Pree (2004:17) refers to the leader as a humble steward and a servant. He writes that a good leader does not think about what the institution owes the leader but, rather, what the leaders owes the institution. Effective leaders make tough decisions, in the best interest of the company (not themselves), if that is what it takes. Kotter (2001:300) supports the notion which says the problem with big egos is that they fill up the room, leaving little space for anybody else. During a change effort, therefore, the leader must be held accountable to keep their ego in check.

3.4.2. CONCLUSION ON THE THEME TRANSFORMATION IS INCLUSIVE

- Leaders exercise idealised or charismatic influence by becoming role model for their followers.
- Leaders who practise inspirational motivation behave in ways that motivate and inspire those around them by providing a vision, meaning and challenge to their work.
- Leaders who engage in intellectual stimulation provide support to their followers' efforts to be creative.
- Leaders exhibit individual consideration by providing followers with support, mentoring and coaching.
- Shared leadership is a very important element in team functioning as it embraces all stakeholders and take ownership of the transformative issues.
- For progress to take place college principals needs to improve their communication patterns as it should result in a vehicle to the success of managing operations and processes of the nursing college.

- The college principals are expected to champion the learning environment in order to enhance productivity in the nursing college through implementation of continued staff development programmes as staff that is empowered promotes social cohesion and advancement of the organisation.
- Transformation becomes a reality when it is inclusive through students involvement in leadership issues such as students are future leaders. Therefore, grooming, guiding, mentoring and coaching students are crucial as part of nation building as students are the next generations that will lead nursing education and training.
- The diversity that exists within different groups needs management in order to build one undivided group in nursing education and training.
- Diversity management is the cornerstone of transformational leaders.

3.4. RESULTS OF THE FOCUS GROUP INTERVIEWS WITH VICE PRINCIPALS AND SUBJECT HEADS

Focus group interviews were conducted between February and May 2009. The participants were registered nurses from the rank of vice principals and subject heads who are in permanent employment with the Department of Health in four identified Provinces, namely Free State, Gauteng, Kwa Zulu Natal and Northwest through which a total of thirty five (35) vice principals and subject heads participated in the research. Focus group interviews were conducted to a group of five to six participants per selected nursing colleges out of the four Provinces.

Focus group interviews with vice principals and subjects heads were conducted in English and verbatim transcription was done immediately after the interviews. During the data analysis, the researcher read all the transcribed notes and listened to the tape recordings.

The recordings were listened to over and over after each interview (Sands, 2004:52). To facilitate analysis of the data interview were transcribed after each interviews and typed verbatim by the researcher (Van Wyk, 1996:164). The researcher then reread the information in English several times to understand the data and as a means of review of errors (Oktay, 2004: 24). Corrections were made where necessary. Recording assured completeness and provided an opportunity to review the interviews as often as needed to ensure that full understanding was achieved. The recordings also enabled the researcher to check on non verbal cues such as significant pauses, raised voice and so on (Oktay, 2004:4). Van Wyk (1996:164) further argues that the quality of the recording and word for word transcriptions ensures a high degree of accuracy and freedom from bias. Sands (2004:51) maintain that

the interaction between the researcher and the participants has to be reflected in transcriptions. Coding was done manually during the reading and rereading of the English transcripts, using colour codes. In some paragraphs, more than one topic emerged, which necessitated the use of different colour codes. Data was then indexed in specific categories (Henning, Van Rensburg & Smit, 2004:106; Field & Morse 1985:96; Polit & Beck, 2006:404). Following this, the researcher reorganised the data under different themes. Once the categorisation was complete, the researcher examined the categories to understand the data and relevant themes and sub-themes. Table 3.2 depicts themes and sub-themes extrapolated from data analysis.

TABLE 3.2 : Depicts themes and sub-themes extrapolated from data analysis.

THEME	SUB-THEMES
3.5.1. Transformation is dropping standards	3.5.1.1 Different types of students 3.5.1.2. Increased intake of students 3.5.1.3. Changes in nursing profession
3.5.2. Transformation is challenging	3.5.2.1. Lack of qualified lecturers 3.5.2.2. Shift from student centeredness to administrative work 3.5.2.3. Lack of clinical facilitation 3.5.2.4. Lack of standardisation in curriculum delivery 3.5.2.5. National mandate which is implemented blindly
3.5.3. Transformation is an inclusive process	3.5.3.1. Leader support followers 3.5.3.2. Transformation has open doors 3.5.3.3 Academic excellence and effectiveness 3.5.3.4. Implementation of leadership strategies 3.5.3.5. Actualize the vision of the nursing college

3.5.1. TRANSFORMATION IS DROPPING THE STANDARD

The vice principals and subject heads perceived transformation having influence in shaping the students' behaviours such as entitlement mentality, having poor insight on professionalism and lack of work ethics. Smit and de Cronje (2002:204) refer to specific reasons for resistance to change which the following:

- They threaten self interest
- Uncertainty Lack of trust and understanding
- Different perception
- Low tolerance for change in general, which includes inertia, time supervision and peer pressure.

Vice principals and subject heads experienced that transformation impacted negatively on student recruitment and selection because the pool was of low calibre. They also reported that students showed no interest in nursing. The current students' intake focused on getting a salary rather than a calling to serve patients. Vice principals and subject heads experienced that student leadership was not professionally mature and they created a wedge between the academic staff and students. They expressed that the national mandate by government to increase intake of students brought serious structural problems.

There were extracts which supported the above mentioned statements: "There is a national mandate for colleges to increase intake, unfortunately politicians see numbers not quality. With increase number of students, they don't look at resources. Resources are insufficient especially human and transport. There is a referral system with regard to midwifery placement. The clinic

is there but there are no patients to be delivered as a result the patient is referred to be delivered somewhere thus students loose out in meeting training requirements. The problem is to teach practical because simulation room is inadequate and existing equipment is old. The school is more than twenty years. Lecturers are requested to submit acquisition plans and that does not materialise. If it is not in the acquisition plan you are not provided. You cannot improvise all time ". (A004D:3)

Some participants' state; "Recruitment and selection has changed. Quality has impacted. We are dictated not to take cream of the crop, middle and low, that impact our teaching. Teaching is disturbed. Language has been a barrier, black students, I think, most teaching is done in vernacular and find very difficult. I have seen black tutors using vernacular ". (A006A:2) "Another challenge is that we different kinds of student, that is bursary and PERSAL. Bursary students feel that they must pay when doing practicals and don't want to work weekends. Bursary student if absent without valid reason you cannot deduct from salary, whereas PERSAL student if absent without valid reason, you can effect deduction. We experience problem with data capturers which do not have knowledge to monitor and evaluate learners." (A002F)

Some participants' state; "Another challenge is that we have different kinds of student, that is bursary and PERSAL. Bursary students feel that they must pay when doing practicals and don't want to work weekends. Bursary student if absent without valid reason you cannot deduct from salary, whereas PERSAL student if absent without valid reason, you can effect deduction. We experience problem with data capturers which do not have knowledge to monitor and evaluate learners." (A002F

3.5.1.1. Sub-theme: different type of students

Students' perceptions of nursing are based on visual images that are often limited to bedside care and drug administration instead of that of a highly skilled and well educated nursing professional with an important role in the health care. Many students have not spent time with a nursing professional or volunteered in a health care setting to acquire a background on which to establish perceptions about nursing, and thus have limited their opportunities for more informed career decision-making skills.

Literature suggests that students' career expectations are highly individual and are the product of contracted images of jobs they see for themselves, derived images from media and delegated images from parents and friends. Students often view the status of a job linked to value judgments about the visible dimensions of the job (Foskett and Hensley-Brown, 2000:34). Many bright students are looking for advanced degrees, and are often confused regarding academic tracks for nursing. These students are often discouraged by the lack of standardisation in nursing education, and choose alternative curricula in medicine instead of nursing.

Generational diversity is becoming a challenge in the nursing education. The differences in the ideals, roles and expectations between each generation are leading to tension between nurses. the tension between nurses is not a mere nuisance, it permeates every aspect of nursing from performance to job satisfaction and it may very well contribute significantly to the problems associated with recruitment and retention (Santos and Cox, 2002:10). According to Santos and Cox (2002:13), generation Xers have their own ideas of what constitutes and acceptable work place, no unscheduled or unpaid overtime, flexible scheduling and participatory management are just few examples of what they expect in the employment situations and usually the terms of their employment are not negotiable. Generation Xers view all team members as equally important, with the leader being no more or less important than any other role (Hart, 2006:10).

This statement was echoed by focused group members, ". ENA's are given to train in the four year diploma course, but they are not interest to be professional nurse, all they are interested

in is that they have serve the department for many years and they need to be given an opportunity to train. The dropout rate among them is very high. The bursary students are contracted for five years yet the diploma is four years. They are allowed to repeat a year. Bursary students sometimes get away with murder" (A0002d)

The other participant stated the following statement, *"The impact of it is more on student and then impact on us. The calibre of student, somewhere along the line, I believe in my heart the process of selection is different compared to the days where nurse had a will to be nurses. The need is to have a job and money in the pocket. Teaching these students you go back to basics to the level of three year and fourth year "(A009b)*

3.5.1.2. Sub-theme: Increased intake of students

Widened access to higher education has been one of the key driving forces of education reform since 1994. This course of action was intended to admit those who had been excluded from further education by decades of racial discrimination. The widened access resulted in an increased enrolment of black students, who now account over 70% of enrolments in higher education (RSA MoE, 2005b:1). The political and geographical effect of apartheid was also removed through the merger process, which brings together historically black and historically white institutions. According to Pandor, the challenge of all this is to create success. Pandor pronounced in the Beyers Naude Memorial Lecture, Access to higher education: Is it a right or a privilege? (RSA MoE, 2005b:1) that more disadvantaged learners than learners from advantaged backgrounds entered higher education during the transformation period. The nursing college had to heed to this call of increasing the intake of students. There were ramifications which impacted negatively on the quality of training of students.

The comments were raised by focused interview groups as follows, *"The problem is to teach practical because simulation room is inadequate and existing equipment is old. The school is more than twenty years. Lecturers are requested to submit acquisition plans and that does not materialise. If it is not in the acquisition plan you are not provided. You cannot improvise all time." (A002c)*

The other group commented that, *"Student numbers impact heavily on teaching strategies. A class full of hundred students drives to use traditional method of teaching. In first year we have only seven weeks block and to teach a large class. Usually quiet students are left behind."(A002d)*

3.5.1.3. Sub-theme: Changes in nursing profession

Nursing as a profession is changing rapidly. Nurse leaders live in the world of intense chaos, the workplace environment for nurses is undergoing impressive and radical changes (O'Conner, 2002:69). The profession of nursing is being negatively influenced by media critique of health care practices, the lack of public trust in health care personnel and diverse career opportunities for women (Ray, Turkel and Marino, 2002:6). In addition, the number of professionals entering the field of nursing is decreasing. A recent study by Scanlon (2001:15) reported that women graduating from high school in the 1990's were 35% less likely to become registered nurses than women who graduated in the 1970's were. In South Africa the burden of diseases has challenged the landscape of the nursing education and training. There is a dire need of nurses to deal with challenges facing the South African population.

In this research the change in the nursing profession has been echoed as follows, " I think that the fact colleges were thrown together that mean this college specifically the number of students are really too much at the moment that forced us to take large, big venues and really not conducive for learning because it divided the work between big venues not conducive. I think if we could have stayed even if one college we could have use Lebone building so that we don't many students in one class. We have D4 level 1 there 384 in class that is really too much."(A010d)

The other comment was," The human touch between the lecturer, the HOD and the student have been removed we are actually working on the production line because we want see off them gone as swiftly as we can. We don't these large numbers. Our contact time very little as compared to previously. Placement of students in the institutions has become a problem" (A010c)

3.5.1.4. Conclusion on the theme of the transformation is dropping standards

The policy on transforming nursing education has impacted on the standard of nursing education.

- The professional image of nursing is challenged because transformation where the focus is on increase production of nurses.
- There is a lack of collaborative interaction between policy makers and policy implementers.
- Due to the different types of students the calibre of students who train no longer have the attributes of compassion, caring, commitment and dedication.

- The process of transformation paved the way for an increased intake of students, integration of students of different races, merging of nursing colleges in the country, dealing with shortage of nurses in service points.
- The nursing profession is challenged with changes in the profession i.e. the impact of disease pattern, the changes in the student profile, and the rationalisation of clinical facilities which affect students' experiential learning.

3.5.2. TRANSFORMATION IS CHALLENGING

Transformation means a paradigm shift from business as usual to business unusual. Transformation meant that moving away from autocracy to democracy and participative management. It meant the uniqueness of the South African context in terms of multi cultural diversity and complexity necessitates the search for leadership solutions beyond those having been developed purely Western settings. Leader will have to play a critical role in responding to and addressing the strong expectations of inclusion and involvement following many years of apartheid during which large component of the potential workforce has been alienated and excluded from the business world (reflected by a participant during one-to-one interview).

Owen (1987:5) describes transformation as the organisational search for a better way to be. Owen argues that it is when the environment alters in such a way that the old way of doing business is no longer appropriate or possible, that a new way becomes essential in order to survive. The central idea of the word transformation is movement across or through forms and Owen (as quoted in Strydom, 1998:1) states that transformation is a process of transmutation of one form into another. In the educational milieu this refers, in part, to changes in the knowledge and abilities of students-the development of domain of expertise-but it also refers to the process of coming to understand.

Participants reported that transformation poses the following challenges, *"We as lecturers, we were adequately not involved only top and get a report from them. There was no consultation, no preparation. For example with amalgamation of(identity protected). We did not know we fitted in the hierarchy. The new student contract that was introduced, we not involved but expected to know We adjusted well but caused a lot of problems. Hierarchy that side and this side. Also transformation of colleges and student contract and everybody expected to know."* (A006b)

The other comments were, *"Decision does not appear made nursing education but politicians. More Nurses need to be consulted regarding nursing education. HOD post*

benefitted but measures must be put in place to prepare people to these posts. It is lacking."
(A006d)

3.5.2.1. Sub-theme: Lack of qualified lecturers

Huysamen and Raubenheimer (1999:171) attest that students from schools previously falling under the Department of Education and Training (DET) were exposed to the schooling system that was inferior as compared to that of their white counterparts. They also cite Christie (1991) who states that 32% of black teachers are not matriculated, less than 5% have university degrees as compared to white teachers in advantaged schools that all have matriculation certificate and 32% have university degrees (Huysamen and Raubenheimer, 1999:171). Thus it is reported that the teaching systems used in these schools are mainly teacher oriented. Students are passive, often mastering the curriculum content by rote learning. Such students are also not critical in their thinking; they do not ask questions, argue or debate issues. They often depend on the teacher for information. In the study conducted by Legotlo, Maaga and Sebego (2002:115), the students complained that educators, who are not suitably qualified, confuse them due to lack of knowledge of subjects like mathematics and science.

Regarding the training of nurse educators, McKeachie (1986:54) stated that the curricula of nurse educators create the impression that the nurse educator is an expert in nursing knowledge and practice. However, these curricula emphasise mostly the cognitive and skills of educational sciences. The educational foundation of the nursing per se, the health care of the consumers as persons and the care to be rendered is never taught. The reason for this is that nurse educators are mostly taught bio-medical sciences such as anatomy, physiology, pharmacology and educational sciences such as curriculum development and the use of educational technology (SANC DIRECTIVES R425).

Because nursing curricula are based on the Western health issue care model (bio-medical model), Tshotsho (1992:47) and Nyasulu (1994:35) enhance the statement by Clark (1978:4) who states that nurses and nurse educators who are trained according to Western care model cling to their educational philosophy which emphasises bio-medical and physical needs with the result that the patient's socio-cultural needs are not fulfilled as nurses were never taught how to fulfil them. Clark (1978:4) also indicated that nurse educators tend to teach learners in the way in which they were taught. Furthermore, most nurse educators do not pay attention to the values that they transfer to the learners directly or indirectly since learners look up to educators as role models and "custodian of wisdom" (McKeachie,

1986:56). Students therefore model their nursing care on what is prescribed (directly and indirectly) by nurse educators.

Participants echoed that there was drop in the standard of nursing education and training due to poor training of lecturers. They felt the pronouncement of increasing intake of students and re-opening of nursing colleges had a direct impact of accepting lecturers who are not properly trained to heed to the pronouncement by the government. The extracts from the following participants state. *"It becomes difficult for preparation of lecturers. Lecturers qualifications are left to be desired. Basics of education are lacking. I find a big gap with new tutors. They don't know curriculum development and curriculum review."* (A006D:2)

Another participant remarked that, *"Teaching is disturbed. Language has been a barrier, black students, I think, most teaching is done in vernacular and find very difficult. I have seen black tutors using vernacular."* (A007A:2) The participant reported that, *"It becomes a frustration if we look at the kind of nurse educators we get. There are different from the traditional nurse educators, you know, they feel that fibre of position is going and fabric is becoming worn out. This was seen with the calibre of nursing education and where there is a lack of commitment. There is generation gap between baby boomer and the current group can cause conflict and leader can get to understand that in order to bridge the gap."* (A007A:2)

3.5.2.2. Sub-theme: Shift from student centeredness to administrative work

Van Niekerk (2005:61) states that the academic workload has extended rather than adapted to meet the challenges posed by transformation of the higher education sector. The preference of many institutions and individual academics is rather than to undertake the more difficult and threatening task of making strategic choices and reconceptualising what it means to be an effective and productive academic, to allow for accumulation and accretion of work. The effect of this accumulation has been revealed by surveys of academic staff which, taken together, have shown a consistent picture. Academics remain intrinsically motivated by their work, but many feel they are under growing pressure and are disconnected from their institutions. Any academic staff feels burdened by the increasing weight of expectations placed upon them, in contrast with their ideal of determining the parameters of their own working lives.

Another significant change emerging in the pattern of workload is an increase in "non-core work". Despite recording a drop in reported time spent on "administration" (which may have been interpreted as time spent on traditional academic now believes that their administrative load has actually increased substantially in recent years. The category of administrative work

that apparently causes the greatest dissatisfaction is that relating to external demands for accountability and quality assurance (van Niekerk, 2005:62).

Participants reported that with transformation there was a shift being student centeredness to bureaucracy and concentrating in paper work. They had seen themselves as thrown into deep end where the expectation was on performing managerial functions. Participants felt that they had neglected the supportive roles to lecturers who had a lot to do. These comments were depicted in the following statements: *"You have to manage tutors. You have to attend meetings of labour organisation, SRC, students, leaves for staff. It consumes a lot of time. All aspects are done by us. It is time consuming. There is less time on academic issues. There is only a dean without a vice."* (A002C:2) *"Lecturer support is problematic because of distance for example in Qwaqwa is very far. Inter HOD support does not take place."* (A002E:2) *"Another challenge is practical whereby practical objectives are developed by the department but it is not easy to monitor because we are not physically there."* (A002F:3)

3.5.2.3. Sub-theme: Lack of clinical facilitation

Clinical teaching and learning is the means by student nurses learn to apply the theory of nursing so that integration of theoretical knowledge and practical skills in the clinical situation becomes the art and science of nursing. It is an important part in nursing education and the cornerstone for quality nursing care (Mellish, Brink and Paton, 1998:75). Students are viewed as customers or consumers, rightfully demanding the highest quality of education available (Penman and Oliver, 2004:2). However, there are several challenges associated with clinical teaching and learning (Mannix, Faga, Beale and Jackson, 2006:7).

The success of a nursing programme is largely reliant on the effectiveness of the clinical experiences of the student (Pearcey and Elliot, 2004:382). The effectiveness of teaching depends on the quality of teaching itself, the quality of the teacher, the quality of the students and their willingness and motivation to learn. It furthermore includes the time that is spent on outcome related activities (Kyriacou, 1991:33; Neary, 2000:92).

According to Mellish, et al. (1998:75) facilitation refers to making things possible for another through a process that makes it simpler for the person to achieve his or her goal. Therefore clinical facilitation in nursing seeks to enable the student nurses to learn from the clinical environment through a process that makes it easier for them to achieve their goal, consequently allowing them to achieve competence in the required knowledge and skills of the nursing profession.

3.5.2.4. Sub-theme: Factors that influence clinical facilitation

Walsh and Jones (2005:49) describe the exploration of tripartite collaboration in developing a strategic approach to the facilitation of practice learning. They emphasised that practice learning has many influences that can either enhance or undermine the students' ability to assimilate knowledge and experience into personal and professional practice.

According to Lofmark and Wikblad (2001:43) there are both facilitating and obstructing factors in the development of learning in the clinical practice. The facilitating factors were identified as responsibility, independence, opportunities to practice different tasks and receiving feedback. The obstructing factors were identified as supervision that lacks continuity and a lack of opportunities.

Quality clinical learning should ideally occur in quality clinical environments. There is a need to assure that rigorous processes are in place when selecting sites for student clinical learning. A number of tools exist to facilitate the assessment of the suitability sites for student learning, for example, the Clinical Learning Environment Evaluation Tool (Clare, Edwards, Brown and White, 2003:24). Potential sites should be evaluated and audited to ensure suitability for student learning. Ideally, validated instruments as well as qualitative methods of collective insights from students and facilitators should be applied (Mannix, Faga, Beale and Jackson, 2006:5).

The clinical placement area evaluation is supported by a statement of Hughes (1998:225), namely the need to more empirical research into the characteristics of the workplace as a learning environment. Penman and Oliver (2004:2) articulate that the evaluation of a clinical placement area will lead to collaborative partnership in clinical learning for students. It would meet the organisation's expectations and fulfil the university requirement for course and placement evaluation. Other factors that influence clinical facilitation that have been identified by different authors include a lack of communication between the following:

- Educational institutions and nursing services
- The clinical staff and clinical facilitators
- Students and clinical facilitators

Spouse (2001:514) emphasises the need for facilitators to recognise their role in communicating specific skills and scientific knowledge with the students to ensure that students derive maximum benefit from all clinical opportunities. Shepherd, Thomson, Davies and Whittaker (1999:378) believe that in order to facilitate learning in the clinical environment

the practitioners need to be prepared to explain the curriculum content and inform the students of any change. In their study the facilitators also stressed the importance of meeting and sharing information with practitioners.

Field (2004:560) and Corlett (2000:499) believe that the key to being an expert is excellent facilitator support. Clifford (1993:47; Clifford, 1996:1135 and Clifford,1999a : 87) in a study on the role of the tutor in clinical setting found that tutors state their role is to mainly visit the wards, liaise with and support the students.

According to Mannix, *et al.* (2006:5) the transfer of nursing education to the tertiary sector has resulted in a loss of the sense of belonging to a group, group support and bonding of student nurses with experienced nursing professionals. They also argued that the loss of these aspects remains unacknowledged in the literature. They identified that the loss of these aspects has reduced the support available to nurses and has the nature of the nursing workplace.

Jackson and Mannix (2001:273) found that feeling accepted by clinical nurses was a key variable in students gaining maximum benefit from the planned clinical experience. Similarly, findings of a study of student nurses' perceptions about their clinical learning environments revealed the importance of staff-student relationships to clinical learning. The importance of student perceptions of acceptance from hospital staff was also noted (Dunn and Hansford, 1997:1299).

Ferguson 1996:835), in a study of the phenomenological exploration of the lived experience of clinical educators, found that the clinical educators also have a sense of "belonging". The theme "not belonging 2 captured the idea that the clinical educators did not feel part of the team in the clinical placement area.

According to Perniman and Oliver (2004:2) the clinical placement areas should be supportive and capable of nurturing meaningful learning and optimal performance in students. These authors also stated that, with support, the novice acquires the role and confidence to consolidate his/her practice.

Literature concerning the theory practice gap in nursing emphasised a lack of practice skills in nurses undergoing training (Camiah, 1996:396; Carlisle, Kirk and Luke, 1997:386; Hewison and Wildman, 1996:755, UKCC, 1999). According to Lathlean (1995:374) the nursing education and training institutions are using different approaches to facilitate clinical teaching and learning as an attempt to bridge the theory practice gap between nurse education and practice. Lauder, Sharkey and Booth (2003:39) identified that the root cause

of the theory practice gap is the difficulty to transfer the knowledge learned in one situation to another slightly different situation.

Corlett (2000:499) argues that there is strong evidence of discrepancy between classroom and the learning that takes place in the clinical area. He conducted experimental research in 2003 and found that the collaboration between service and education providers on lesson content and better sequencing of theory and practice showed no difference in students' theory and practice scores with reference to variation in factors. They suggested that the type of placement that students complete at different stages in their preparation may be more important than close sequences of theory and practice.

The different nursing education and training institutions have used different approaches in order to ensure effective clinical teaching and learning. Each and every approach has its own problems. It is the responsibility of the management of the nursing and education institution to decide on which approach to be used. It is also their responsibility to evaluate the implemented approach in order to identify problems to attend to those problems accordingly, aiming at producing competent, responsible and efficient newly qualified nursing practitioners.

Although lecturer practitioner are identified as the category that can bridge the theory practice gap (Lathlean, 1995:374) the results of the evaluation of this role identified strength and weaknesses. Packer (1994:3) identified limitations for the lecturers such as the academic staff may not know the hospital or ward routine. They are not familiar with policies and procedures. With students across a number of wards they struggle geographically to meet all the students' learning needs. Meeting outlined clinical responsibilities and providing sufficient supervision can be problematic. The students voiced frustration that the clinical educators are not available when needed (Nehls, Rather and Guyette (1997:220).

The identification of needs of both the facilitators and the students is considered to be a key step in the development of a model for effective clinical learning (Lekalakala-Mokgele and du Rand, 2005:2). The nursing education and training institutions have introduced various clinical support personnel. The literature identified problems that confront these individuals. However, an identified gap remains with a degree of ambiguity over who has prime responsibility for clinical teaching. (Lambert and Glacken, 2006:359).

In 2006, Mannix, et al. (2006:6) presented a paper on sustainable models for clinical education in nursing. They considered clinical education for undergraduate nurses within the current context of increasing resources and industry constraints. In this paper the authors call upon the nursing discipline to be committed to the development of sustainable strategies for

quality clinical education for nursing students. This group argues that on completion of each clinical placement the students should be given an opportunity to evaluate the setting, their facilitation and the total learning experience. However, the question of how educational providers evaluate models of clinical teaching and learning remains deficient.

The correlation of theory and practice was compromised according to participants. There were insufficient clinical facilities due to increase number of student intake as reported by participants. They also expressed that amalgamation and downgrading of certain clinical facilities impacted negatively on student placement for experiential learning. They stated that there were inconsistencies among campuses due to their geographical location which could be advantaged over the other. The following extracts indicated, *"All campuses bring students to and thus causing over flooding students in terms of ratio. Content is very large and scrambling to five weeks. 200 hours of community clinics and we don't have community services. Shift during transformation and made them primary health care centres. Symmonds Centre was closed down and staff transferred. Accompaniment becomes a problem.. I feel we are not given enough."* (A006:4)(.... Identity protected)

"As D4 concerned not involvement. Midwifery very insufficient time and to teach it within six months." (A006C:2) *"There campuses which have better facilities whereas others have inadequate. For example if you have to demonstrate intramuscular injection, in some facilities students don't get patients and simulations have to be used as an alternative. There is uniformity but difference is in implementing."* (A002F:3)

"With regard to clinical placement really, it gives us headache. You will find we sharing resources like here in the South, there are three hospitals but university, medical school and nursing school have to place students. There is student overcrowding and as a result students disappear. Nursing assistants do not want to be allocated." (A002C:4) *"There are disparities with clinical facilities because there are tertiary and regional hospitals. Lecturers will struggle from point A to point B to get appropriate facilities to place students."* (A002C:5)

"The problem is to teach practical because simulation room is inadequate and existing equipment is old. The school is more than twenty years. Lecturers are requested to submit acquisition plans and that does not materialise. If it is not in the acquisition plan you are not provided. You cannot improvise all time." (A002C:6) *"Rationalisation of hospitals has impact on clinical exposure. They write their papers with theorising. We don't transport our student to clinical areas. They loose at clinical expertise. There is only simulation."* (A006D:3) *"Midwifery point of view, stresses when they are less competent. The module is so short. I really worry that we don't get really midwives. We have to send them out to various hospitals."*

Theoretical block time is very compact and short. You to push a lot of work with time available." (A006C:5)

3.5.2.5. Sub-theme: Standardisation in curriculum delivery

Lecturers are challenged to develop relevant curriculum to equip the novice nurse for new roles and responsibilities needed for entry level practice. Several factors that influence curriculum development and revision include accreditation standards, school resources and technology, institutional regulations and college expertise, graduate and employer satisfaction and nursing paradigm and workforce. While it is unpopular to think that nursing curricula build upon accreditation criteria content, in truth, integrating these into curriculum development help the college to prepare for programme approval and prepare graduates for success in the examinations.

Some of the main forces and issues that influence nursing curriculum development in rapidly changing and complex health care environment include:

- The growth of the ethnically diverse and older population
- The explosion of technology and influence of globalisation
- Increasing environmental hazards
- Global violence and the threat of potential violence (Warner, 2005).

While curriculum revisions have been made to incorporate population shifts and technology explosion, current issues that have not been adequately addressed in nursing curricula are the increasing environmental hazards and insurmountable global violence.

An important responsibility of nursing college is continually assessing curriculum components, processes and outcomes to ensure quality education in nursing. The nursing curriculum is developed by nursing college, evaluated by the South African Nursing Council and revised by the nursing college.

Nursing education is designed to prepare students to process information to make decisions in clinical practice. The competent practice professional nursing in a dynamic health care system requires the nurse to be prepared to synthesise theoretical and empirical knowledge gained from humanities, the natural, behavioural and social sciences and the nursing curriculum (Keating, 2005: 35).

Participants indicated that there was lack of standardisation in curriculum delivery and it was compounded by distances that exist between campuses that fall under one college. It was stated in following manner: *"Ensuring quality to a certain extent is possible for all same objectives. Assessment becomes a problem. There is inconsistency with block because each campus is informed by circumstance to have a block. I am trying to address assessment that local challenges affect each campus. Students are not writing the same tests, except exams. They acquaint themselves in the same test, yet we expect them to perform same in the exam. Students are trying their best to pass. No accompaniment take place from HOD, we rely heavily on lecturers. Lecturers are responsible for accompaniment. Lecturers make contact with students."* (A002A:3)

3.5.2.6. Sub-theme: National mandate implemented blindly

The State of the Nation address 2004 by Honourable President, Mr Thabo Mbeki to increase intake of student nurses and re-opening of nursing colleges created anxiety to the South African citizens. This national pronouncements activated all provinces to heed to this call of the States President.

Participants were frustrated that they had to carry out orders without consultation. They reported aging population of nursing retards transformation. Participants stated circulars were running nursing education and training than so called leaders. They perceived transformation a concept with no activity. These observations were reflected as follows, *"I feel de-motivated, when leaders prescribe that to have just to follow. We are told that we are autonomous and also told to follow policies. We have to tow the line but in the same token and poor staff under you. Circulars and policies are very restrictive. Hours of duty are prescribed by head office and we are expected to be on duty. There are many other things, if our leaders are prisoners of their past."* (A008C:3)

"You don't know destination, you are going to the future, it is trial and error because if you talk of transformation. The more you change the more something stays the same respect, ethics. The period of transition has to take a long time. You have to take people along. It is going to take a while. As HOD'S we are not transformed, because things on paper are different to what happens in the real situation. Our job description, it says you don't teach but we still teach. We relieve the top management most of the work. The bark stops at HOD. It is not going to take a year, one day. It is going to take a while. Get rid of dinosaurs, mind set has to change get a fresh blood." (A008A:2)

"In my opinion, transformational leadership won't be successful unless we get rid of dinosaurs, because nurses we remain prisoners of the past e.g. they approach of Florence

Nightingale dictatorial in tertiary institutions. We are prisoners of the past. We told what to and students are told what to be. But in the ward it is okay to prescribe uniforms. What we want to be in line with Higher Education and we don't want change. I think it should happen, youth of today clued up with their rights. We have post matric with OBE curriculum and we should move with them. Leadership style should start from head office, they too have dinosaurs. Transformation won't take place until young generation taking over." (A008C:2)

Mtegha (2005:1) argued that the key to effective leadership is to perceive the limitations of the environment and then develop and manage the environment adaptively. The Malawian environment requires a leadership that has a vision, believes in the participation of followers and understands the needs, aspirations and ambitions of followers. Any sustainable development in the country requires leadership that can integrate the culture of the nation, its development in the country objectives and visions.

According to Davidoff and Lazarus (1999:67) some colleges in South Africa have been run with a focus on autocratic leadership. Good college managers have mostly been efficient bureaucrats, who ran highly structured college. As result some schools have been rigid in structure and slow to respond to changes and challenges. Some college managers under emphasized the need to lead the colleges purposefully and with fluidity in relation to an ever changing set of circumstances. McLagan and Nel (1999:19) support this saying, "numerous South African colleges tend to be hierarchical and authoritarian, with very little power given to educators. Hierarchies may have been appropriate in stable societies of the past, but they have important weaknesses, in particular their lack of flexibility. This makes them an inappropriate basis for organisations in contemporary societies that require quick decision making and the ability to change rapidly". McLagan and Nel (1999:19) add that many educators acknowledge that the way in which their school is organised and led sometimes impedes their ability to change the way they teach or operate.

The above explanation indicates the kind of relationship with which colleges need to face future changes and challenges. College managers consequently have to be equipped with skills and knowledge so that a leader of such calibre is produced who can give effective leadership in a changing environment. Tranter (2000:19) concurs that, in times of turbulence, college managers may have to filter the pressure created by change so that subordinates can carry on in as conducive an atmosphere as possible. College managers need to continue to review and improve the functioning of their colleges.

James and Connolly (2000:37) assert that transactional leadership is a result of leader-follower exchange process, a type of transaction that usually leads to lower order improvements. The leader meets followers' needs if performance measures up to their

"contract" with the leader. Hollander (1964) in Popper and Zakkai (1994:6) adds that the relationship between the leader and the led is a framework of exchange relations. Leadership in this view is expressed by the leader's ability to make the led aware of the link between effort and reward. Day (2000:6) concurs that transactional leadership is premised upon the assumption that there are rewards within a system, which leaders have control over these rewards, and that because followers recognise and desire such rewards, leaders may exercise power and influence over the followers. Yet while earlier models rely heavily upon such assumptions these have increasingly been seen as insufficient to stimulate desired change.

According to Beach and Reinhartz (2000:86) the transactional model focuses on the interactions or exchanges that occur between and among colleagues and others as they discuss the agreements that shape their behaviour. Transactional practices are central in maintaining the organization and getting day to day routines carried out; however, such practices do not stimulate improvement. From the above discussion, one may deduce that transactional leadership has to do with an exchange process where followers have to perform specific tasks and meet set goals and then get rewards.

The White Paper on Education (RSA, 1995) and the Norms and Standards for Educators (RSA, 2000) brought changes into teacher educator sector which guided the goal for education and training of teachers to produce appropriately qualified teachers who are competent, confident, resilient and reflective practitioners, capable of revitalizing schools and responding to the changing demands of practice. According to Kivisto and Pekkala (2003:19) this required sound subject knowledge, fluency in the medium of instruction, a range of pedagogical and classroom management skills and an appreciation of the central role of enquiry in both teaching and learning.

Gibbons (1998:5) assert that massification in higher education in modern industrial societies after World War 11 exhibited a rapid growth of enrolments. This implies access for more and more people to higher education. The growing numbers of enrolments in higher education required a reform of secondary education enabling or motivating the population to qualify for entry to some form of higher education. The process of massification resulted in a great increase in participation and rapid growth enrolments in higher education with a number of consequences for higher education institutions. One of the consequences of massification is moving away from an elite system for a small number of selected individuals from privileged classes to a mass system for much larger numbers of students who were recruited from socially more diverse backgrounds (NCHE, 1996).

Massification can be viewed as restricted access replaced by extended access to higher education for more diverse learner constituencies. The South African Government expressed the view that future growth in the higher education system was essential if equity goals were to be achieved. The White Paper 3 (Department of Education, 1997) stated that the South African higher education system needed to grow and the student body had to reflect the demographic reality of the broader South African society. Massification and the diversification of higher education institutions would influence the provincial and institutional needs. This would impact on and broaden the accountability of offering suitable teacher education programme, as it would form part of a larger and denser network of higher education institutions.

Barr and Tagg (1995:13) advocate a paradigm shift in higher education from providing instruction to producing learning. These authors came to the conclusion that the instruction paradigm implies a specific methodology that determines the boundaries of what higher education can do, the learning paradigm focuses on student learning and success sets the boundaries. Gravett (2004:22) states that significant learning in higher education aims at enabling students to engage in effective, purposeful action in situations they are going to encounter in the future. The paradigm shift is closely related to the powerful comparison of knowledge related changes in higher education as explained by Gibbons, Limoges, Nowotny, Schwartzman, Scott and Trow (1994: 45).

3.5.2.7. Conclusion on the theme on transformation is challenging

- There is a lack of consultation with stakeholders
- There is a high intake of students with limited resources
- There is a lack of capacity building, mentoring, coaching and empowerment programme for new qualified lecturers
- There is rigidity among senior managers and more on transactional leadership style.
- The new genre of lecturers is not adequately qualified and does not meet up to the challenge, characterised by a laxity, lack of commitment to work and no passion for education and lecturing.
- A shift from student centredness to administrative work has taken place as lecturers find themselves spending more time on meetings, and administrative work and the focus on students had been taken away by bureaucracy.

- The rationalisation and downgrading of clinical facilities had impacted negatively to students' experiential learning and practical experience is compromised and reflects in the quality of training of students.
- The lack of standardisation in curriculum delivery leads to intra-campus competition and it does not reflect positively on the image of the nursing education and training as disparities within campuses and existed.
- National mandates were implemented blindly without considering infrastructural and human capital challenges. Authorities imposed national mandates for implementation and operational managers had to comply which had a negative impact on service delivery.

3.5.3. TRANSFORMATION IS AN INCLUSIVE PROCESS

Principals are key players at colleges since they have to manage through collaborative and educational thinking about leadership that emphasises their role as leaders of an instructional team (Grogan and Andrews, 2002:243; Johnson and Uline, 2005:48; Quinn, 2002: 18 and Vick, 2004:33). Leadership in professional communities therefore involves shared leadership, in particular where instructional leadership is distributed and expanded throughout the college thus increasing delegated powers (Fennel, 2005:156; Leithwood and Riehl, 2003:5; Quinn, 2002:17; Southworth and Du Quesnay, 2005:218). Instructional leadership, however, implies that the incumbent has expert knowledge and uses this knowledge to improve student performance (McKerrow, Dunn and Killian 2003:3). Sharing leadership and knowledge can be a tool for staff members' empowerment and can be linked to feeling valued (Grogan and Andrews, 2002:240; Hammersley-Fletcher and Brudrett, 2005:62; McKerrow, et al. 2003:5). Empowering staff is based on the idea that if colleges are to become better at providing opportunities for lecturers to innovate, develop and learn together (Harris, 2004:78). In an empowering environment leaders also encourage staff to solve problems (Amey, 2005:692). Teacher empowerment does not remove the autonomy of the principals, but should rather create a new and healthy form of shared leadership. This, however, implies a willingness by leaders to share the fruits of their leadership and knowledge with staff (Levine, 2005:54). Through this approach the science of management has been replaced by the psychology of leadership, which emphasises interpersonal relationships and focuses on follower development and enhancement of student performance (Grogan and Andrews, 2002:243; Lease, 2002:41 and Reeves, Turner, Morris and Forde 1998:192).

Devolving power to the college level does not necessarily increase the possibility of teacher empowerment if authority and control remain firmly in the hands of the college management

team. Therefore, the ability and willingness to share power as well as the leadership style of the college managers will strongly influence staff empowerment. College principals who are power hungry or who have autocratic leadership styles may feel threatened- a condition which is not reconcilable with empowerment. Empowerment needs leaders who are confident, have a strong sense of direction and who are willing to become a facilitator and an equal in decision making processes. The change in leadership, leadership style and member expectations depend on the clarity of goals, the establishment of trust and effective communication patterns and members being able to regard themselves as potential leaders (Amey, 2005: 699; Johnson and Uline, 2005: 48; Hammersley-Fletcher and Brudrett, 2005:60).

Change management is part of the leadership challenge and one needs to create room for manoeuvring in the change process. Capacity building and leading, monitoring and organising, as well as capacity building in the organisations to collaborate to ensure quality management and to manage the process are of the utmost importance. The process to initiate change in the organisation is also important. This is where leadership plays a major role in establishing the change process. The functions are used as a change agent. As part of the change process, the responsibilities of the college principals are to lead their nursing colleges to be flexible, transparent, to stimulate participation, to be durable and stable and to develop a collegial spirit. They also need to motivate and implement the use of financial, human and other resources. They need to monitor cohesion of programmes, quality of education and research and innovation within research.

Capacity building among nursing college staff is also very important for nursing college principals to establish collaboration, quality management and income generation. As part of the process to initiate organisational change, one needs to innovate within the Department locally and one also needs to have finances to make the process financially feasible.

As part of the change process it is important to note that academic institutions are typically resistant to change. The resistance to change may be even higher in these institutions than in others. To address this resistance to change, one need to identify the forces and barriers involved in change, design activities to secure a process in which everybody takes ownership for the process and to advise people who need help (Harris, Da Rosa, Liu and Hash, 2003: 187).

The researcher of the opinion that Nursing College Principals need to be part of the change process and need to be changed leaders. They need to follow plans that include the establishment of a model for institutional or departmental change. Their strategy should change the definition and the issues within such a department.

All ideas have to be changed with the rapid change in the environment and turned on their heads. Neufeld, Khanna, Bramble and Simpson (1995:23) mention some of the values that Helgensen identified which include:

- Attention to the process
- Willingness to attend to actions that will affect people
- A concern for the wider needs of the community
- A disposition to draw on personnel when dealing in the public arena
- *Appreciation of diversity and an outsider's impatience with rituals and symbols of the status that divides people.*

Smit and De J Cronje (2002:224) identify the reasons for resistance to change as being the following:

- Threatening of self interest
- Uncertainty
- Lack of trust
- Misunderstanding
- Different perceptions
- Low tolerance for change
- Inertia
- Peer pressure

They continue to say that overcoming resistance to change, one needs to first acknowledge the human response to change and the process of resistance. The management should take note and have steps to counter this resistance. Communication is pointed out as one of the important issues and the communication about the change process needs to be before the change happens. This will enable resistance to change to be decreased. Other contributing factors that are important to decrease resistance to change includes the following (Smit and De J Cronje, 2002:226):

- Participation and involvement
- Facilitation and support
- Negotiations and rewards

In a theoretical model of empowerment in the workplace, Thomas and Velthouse (1990:47) suggested that the organisational environment can have a powerful influence on cognitions of empowerment. The underlying philosophy behind this approach is contained in the belief that existing traditional organisational practices could render employees "powerless" to utilize their full productive and creative potential, thus resulting in passive mind-sets and ineffective or mediocre performance. By changing or removing the conditions that lead to feelings of powerlessness, it is expected that employees would perform at their productive and creative best. In the most recent leadership research, the emphasis is on the energising aspect of empowerment.

Bennis and Nanus (1998:2) conclude that great leaders empower others to translate their vision into reality and to sustain it. These authors further comment that leaders with transformational behaviours energise and hence empower their followers to act by providing an exciting vision for the future rather than through rewards and punishments. Leaders with vision can create a participative climate and more empowered condition in which organisational members assume authority to take actions to enhance the vision. Beyond providing a vision, transformational leaders engage in "inspiration" behaviours which build subordinates self confidence with respect to goal attainment (Bass and Avolio, 1999:56).

A participant states that, *"I am proudly to say, I experienced very positive, when the transformation started we had a plan and really oriented for people coming from other college to our college. There was hiccups, but through listening and discussing and openness we really did not experience much problems in this college. Our principal is very.. hm, what can I say, open, not this rigid, not autocratic person, that is why we succeeded because of openness. It is a very open relationship with principal and lecturers. I feel is the main reason why people wise, I am not talking about infrastructure. I don't think people wise had a lot of problems. People who could not adapt choose to leave. They did not want to be part. The critical thing is give information. This makes things smooth."* (A010a).

"Can I add something, when it came to language at the first, there was concern what language are we going to use, I think for Afrikaans and for all second language, it became a problem. The way we have done gradually, it paved a way for transformation, although we would have like it. It made us to learn gradually and understand the language, although I would like our language to be taught but English had to be used anyway." (A010b)

3.5.3.1. Sub-theme: Leader supports followers

Boe, Barkanic and Leow (1999:374) found that teacher who stay in their current teaching positions are almost four times likely to strongly perceive administrator's behaviour as

supportive and encouraging than those who leave. Miller, Brownell and Smith (1999:212) concluded that teachers' perceived administrative support was significantly related to attrition. Billingsley and Cross (1992:457) found that teacher who report higher levels of administrative or principal support are more likely to be less stressed, more satisfied and committed to their jobs.

Clearly, these finding support the notion that administrative support is either directly or indirectly related to teachers' increased job satisfaction, lower levels of stress and increased level of commitment to their jobs or profession. However, defining administrative or principal support is difficult because it is a broad construct that has many dimensions (Billingsley, 2002:64). In order to measure the effects of principal support on factors affecting special education teachers' career decisions. These researchers' model of support proposes four dimensions of principal support:

- Emotional support
- Instrumental support
- Informational support
- Appraisal support

According to Littrell, Billingsley and Cross (1994:298), principals who are deemed emotionally supportive show their teachers they are esteemed and trusted professionals, show appreciation, take an interest in teacher's work, maintain open communication, and consider their teachers' ideas. Instrumental support is shown when principal ensure teachers are provided necessary materials, space and resources, help teachers with work-related tasks, and ensure adequate time to teaching and non teaching duties. Principals who provide informational support provide teachers with useful information they can use to improve classroom practices, such as allowing them to attend professional development workshops and providing suggestions to improve instructional techniques and classroom management skills. Principals are considered to provide appraisal support when they provide teachers with frequent and constructive feedback about their work, information clear effective teaching and guidance regarding job responsibilities.

Participants expressed gratitude that their leadership moved with changes to move rigid authority to more flexible participative authority. Participants perceived transformation removing barriers of discrimination and class system. They felt that sense of belonging was promoted in all facets. There were extracts of verbatim responses that supported experiences alluded by participants, namely: *"Our principal is very.. hm, what can I say, open, not this rigid, not autocratic person, that is why we succeeded because of openness. It*

is a very open relationship with principal and lecturers. I feel is the main reason why people wise, I am not talking about infrastructure. I don't think people wise had a lot of problems. People who could not adapt choose to leave. They did not want to be part. The critical thing is give information. This makes things smooth." (A010A:1)

3.5.3.2. Sub-theme: Transformation has open doors

Recent research indicated that transformational leadership resulted in greater teacher satisfaction along with the principal's increased leadership and effectiveness (Philbin, 1997:34). In addition, this style of leadership created willingness by teachers to give an extra effort (Philbin, 1997:34). Other researchers such as Floyd (1999:139) reported a positive relationship between the degree of transformational leadership and shared college the concept of servant leadership to the educational setting, stating that, "the most important thing is to serve the values and ideas that help shape as a covenantal community.. all members of the community share the burden of servant leadership. Sergiovanni (1992:139) interpreted these ideas to include stewardship, an administrative personal commitment to conduct life with regard to the rights of other people and the common goal. He wrote that stewardship involves placing oneself in service to ideas and ideas and to others who are committed to their fulfilment.

Continuing to apply transformational theory to college organisations, Leithwood's (1992:89) theory relied on power that was manifested through other people, not over other their hope and courage. Thus the leader as a cheer leader, honouring people who reinforced key values of the organisation.

The research concluded that transformational leadership resulted in greater lecturer satisfaction along with the principal's increased leadership and effectiveness (Philbin, 1997: 12).

Participants reported that transformation open doors for them to reach top position. They perceived leadership making strides to improve the situation in their workplace. *"I experienced a lot of development personally, because it challenges you really keep yourself updated, keep abreast with the development, if you don't it forces you to find out , otherwise especially as a manager, a leader, you always have to ask yourself how do I have to do this because if you look what is happening now, e.g. labour issues previously when we were training labour was something that was not even there. You would do things, make your own discretion and discipline and all other things but nowadays it is really forces you to know what, you have to have procedures. We have to know what the law says and you have to be*

up to date. It comes to a point where you look at the minor things seriously because as a manager you have to be informed and develop yourself." (A010E:2)

"I think ~~the whole~~ transformation for people who stayed wanted to see change and wanted it to work. The negative people, they quickly decided that they don't belong here anymore. Those who were still negative stayed and there were swallowed out. [There is a big laughter from the group] That led to a lot of support really. I think at that of time also we wanted to be the best." (A010B:5)

3.5.3.3. Sub-theme: Academic effectiveness

The concept effectiveness relates to the accomplishment of the co-operative purpose by balancing social and non personal resources. According to Hoy and Miskel (1991:216) effectiveness is linked to goal achievement and group maintenance and the following values are basic for effectiveness:

- Bias for action (planning is not a substitute for action)
- Promotion of shared values
- Client orientation
- People-orientation (productivity comes through people)
- Achievement-orientation (high quality products are essential for success)

Effective teaching and learning should nurture the extension of the college's culture. Table 3.2 encapsulates leadership dimensions and descriptions for college effectiveness.

TABLE 3.3 : Leadership dimensions and descriptions for college effectiveness (Dawson, 1993).

SYSTEMS ORIENTATED LEADERSHIP	PERSON ORIENTATED LEADERSHIP
Production emphasis: Applies pressure for productive	Tolerance of freedom: Allows educators scope for initiative
Initiate of structure: Defines own role clearly and lets followers know what is expected	Tolerance of uncertainty: Is able tolerate uncertainty and postponement without anxiety or upset
Representation: Speak and acts as representative of a group	Consideration: Regards the comfort, well being and contributions of subordinates
Role assumption: Actively exercises leadership rather than surrounding leadership to others	Demand reconciliation: Reconciles conflicting demands and reduces disorder in the system
Persuasion: Uses persuasion and argument effectively, effectively strong convictions	Predictive accuracy: Exhibit foresight and ability to predict outcomes accurately

"With amalgamation of colleges, when we amalgamated and we developed same common curriculum for the college in Gauteng and each college tried to implement it in the manner where it best fit their situation. And I believe because of that a lot of competition started because we now not competing for resources but competing to be the best in the Gauteng because in Gauteng we are four college, the three colleges are offering the D4 [and we amongst three colleges] and we are the best."(A010e)

"We are the best and really for me, I think it also helped to develop personally. The meetings that we have with different colleges ii sort of make you aware of the situation around you. You could actually challenge your colleagues and strive to know more. If you are going to Gauteng curriculum meeting and this circular you make sure that you understood that circular so that when get there you actually challenge them."(A010d)

3.5.3.4. Sub-theme: Implementation of leadership strategies

Day, Harris and Hadfield (2001:57) studied effective college principals who shared common values with stakeholders of the college and fostered a climate of collaboration for developing new strategies. They remained focused on commitment to learning and the personal and professional development of students and staff alike. In addition, the principals in the report modelled the core values of respect, fairness, integrity and honesty. The study concluded

that morale, emotional attachment and social bonds among the staff were powerful stimulants to motivation and commitment.

Effective leadership necessitated empowerment of leader and followers (Bennis and Nanus, 1998: 91). Bennis and Nanus explained that when individuals feel that they can make a difference and that they can improve the society in which they are living through their participation in an organisation, then it is much more likely that they will bring vigour and enthusiasm to their tasks and the results of the work will be mutually reinforcing.

Integration of student leadership in decision making had yielded positive result. Student leadership had been seen taking ownership to matters of developing and empowering student body issues of professionalism and caring ethos.

"We to include students in decision making and now for first time we have SRC and we must involved them in decision making you know and also make students part of decision making and make them feel that they are also involved in the decision making. I think that is one of the things that really change, as I think, in the past decisions were being taken by management as such and nobody questioned it. It not like that anymore, the decisions are now being really discussed and it goes to next level to the lecturers, down to SRC's, down to the students. At the beginning it was not like that. I think we are also growing in that process not taking decisions on your own. Ya it is good, we had to learn." (A010D:3)

3.5.3.5. Sub-theme: Actualise the vision of the nursing college

Beach and Reinhartz (2000:87) assert that creation of a college ethos that emphasises a shared vision and collaboration is in keeping with transformational leadership. In transformational leadership, the leader pays attention to the individual and provides opportunities for them to achieve and grow in a supportive environment.

According to Fertman and Linden (1999:13) and Leithwood and Jantzi (2005:177), in order to strategic planning principals as transformational leaders:

1. Learn from their experiences and generalise them to real life
2. Recognise the importance of the strategic planning process
3. Give a sense of overall purpose
4. Help clarify the practical implications of the college's mission

5. Communicate the development of college norms supporting openness to change
6. Help followers understand the relationship between the college's mission
7. Work towards whole staff consensus in establishing priorities for college goals

According Ross and Gray (2006:180), the essence of transformational leadership is dedication to fostering the growth of organizational members and enhancing their commitment by elevating their goals. Koh, Steers and Terborg (1995:72) investigated the influence of transformational leader behaviour by college principals as it relates to organisational citizenship behaviour, organisational commitment, teacher satisfaction with the leader and student academic performance.

Results of the Koh, *et al.* (1995:76) study revealed that transformational leadership did have a significant effect on organizational citizenship behaviour and job satisfaction were significantly greater when the principals were described by the lecturers as more transformational.

"I think that the important happened to transformation I don't see people at colour anymore. I see them as my colleagues. The support of colleagues that you can go asks for clarity from them." (A010D:5)

"I think we have a leader, really, the way in which she took us through this transformation process made us wanted to be part of transformation process, to be the best. she give us the opportunity to participate in management when she is not here, we running the show and we take the decisions and we will correct it afterwards but its good, the only way you learn is make a decision whether it is right or wrong and we appreciate that because that is we learned about it." (A005B:3) *"Be exposed to workshops and in-service with people who are vexed with transformation meeting with people involved with transformation, peer group, mentors supporting us. I realise shortcoming of transforming. Workshops and in-service. Open communication with seniors and guidance. To have experts to talk to us. There are short comings were people can be burnt out. At some stage you need to experience in order to drive transformation." (A005B:3)* *"We network with other campuses, trying to overcome, we are exposed to a number of capacity building. I think in year's times we need to restructure, we are doing outcomes based education at formal education they are approaching it different from. Each individual need these outcome so that they can work at their own pace. Earlier I spoke about borders; these were formulated and must be within. Whatever service you render must be under the same curriculum." (A005E:3)*

3.5.3.6 Discussion on transformation as an inclusive process

The arguments stipulated above about integrative processes in transformational leadership are supported by various literatures, namely: The interdependence of managerial leadership and staff organisational commitment has been documented in the literature since as early as the mid-1950's. As more has been learned about the characteristics of leadership, leadership theory has evolved from Trait theory in the 1930's to the Contingency and Situational Theories of the 1960's and to Transformational theory in the 1980's. The early work of Burns (1978), Bennis and Nanus (1998) and Bass (1985) stimulated interest in the concepts of transformational and transactional leadership and the relationship that emerges between leader and follower. The theory of transformational and transactional Leadership (Bass, 1985) offers a framework through which managers can further develop their own knowledge and abilities about leading others and provides the model for shaping staff commitment and the work environment.

Bass' Model of the Full Range of Leadership (1998) implies that all leaders display both transformational and transactional characteristics, only in differing amounts. Transformational leaders use ideals, inspiration, intellectual stimulation and individual consideration to influence the behaviour and attitudes of others (Bass and Avolio, 2000). The ability of transformational leaders to move followers beyond their own self interest was particularly noteworthy in the study of 54 top performing managers by Hater and Bass (1988). They concluded that transformational leaders stimulate follower commitment to a shared vision and goals. Followers were stimulated to approach old problems in new ways. Followers were especially influenced by leaders who were admired and trusted and expended specific effort to meet the follower's needs and wants. Followers who feel more self confident and involved have a common sense of direction tend to emerge as committed and loyal employees of the organisation. The strength or degree of this commitment is reflected by a strong value in and acceptance of the organisation's goals and values. There is readiness to expend considerable effort on behalf of the organisation and a strong desire to remain a member of the organisation.

Leaders for the future take action, engage in self-evaluation, seek feedback from colleagues, set goals and periodically progress in meeting them, advance their own knowledge and try new things (Valiga, 1994). Being able to envision the future and create a sense of vision separates leaders from others.

Leadership is not a position but a process and a role that everyone can and must assume at some point in time. Staub (1996:15) suggest that we look for leaders at all levels of society in

all types of organisation and he suggested such people are ones who are comfortable with "fuzzy logic" and approximation.

Leadership development is a long process. As nurses progress throughout their careers, they will face new challenges. The need for change will always exist and groups will need leaders to help them weather the forces of change. Conflict also will always exist, particularly as resources become scarcer and new healthcare workers challenge traditional roles, groups will need leaders to help them manage those conflicts.

3.5.3.7. Conclusion on transformation as inclusive process

- Shared leadership is crucial in the transformational leadership
- Educator empowerment does not remove the autonomy of the principal but create a new reality and healthy form of shared leadership
- Empowerment needs leaders who are confident, have a strong sense of direction and who are willing to become a facilitator and an equal in decision making process.
- Educators who report a high level of principal support are more likely to be less stressed, more satisfied and committed to their job
- Four dimensions of principal support are emotional support, instrumental support, informational support, and appraisal support.
- Servant leadership which serves the values and ideas that help shape as a covenantal community and it opened door for transformation
- Transformational leadership resulted in greater educator satisfaction along with the principal's increased leadership and effectiveness.
- Academic excellence was strengthened through effectiveness is linked to goal achievement and group maintenance, driven by values for effectiveness, i.e. bias for action, promotion for shared values, client orientation, people orientation, and achievement orientation.
- Implementation of leadership strategies include, empowerment of leader and followers, integration of student leadership in decision making, and student leadership taking ownership to matters of developing and empowering student body issues of professionalism and caring ethos.

- Through learning from their experiences and generalise them to real life, the recognition of the importance of the strategic planning process, help clarify the practical implications of the college's mission, actualise the vision of the college and communicate the development of college's norms supporting openness to change.

3.6. CHAPTER SUMMARY

The research revealed that transformational leadership is experienced differently by college principals and vice principals and subject heads. College principals experienced transformation as a challenge due shortage of skilled lecturers and department's mandate to increase production and their resorted to employ inexperienced lecturers. They reported that there was no change in college as some staff operated in old fashion. College principals expressed that the head office control nursing colleges and stifle the transformation as they limited budget from equitable share budget. They reported powers were in hands of the head office and micro managed. College principals experienced that there was a slow move from autocracy to democracy. They felt that it would be valuable to be given complete autonomy and be declared higher education institution or transferred to the Department of Education.

College principals experienced some positive strides whereby they reported that there were team functioning within the institutions and also collaborated with other college principals intra-provincially and inter-provincially. College principal expressed that inclusive leadership among student body was a positive stride and helped to leadership in students. They revealed that with transformation helped them to grapple with diversity management within colleges.

The vice principals and subject heads viewed transformation differently as a challenge in the sense that they found themselves shifting away from student centeredness to administrative work. They expressed that it led to dropping of nursing standards because there was no quality teaching but just left everything to inexperience lecturers who need coaching and mentoring. They also expressed that due to rationalisation of clinical facilities which reduced accredited clinical facilities for experiential learning for students. They were challenged by national mandate which advocated for increase student intake because it did not match up with available material and human capital resources. The mandate was a directive without any supporting mechanisms.

The vice principals and subject heads reported that transformation brought some positive aspects because doors were opened for career ladder. They were capacitated into new world of management and could interact with other managers from various departments in

strategic issues. They began to understand the vision and mission of the department. They also reported that college principals were involving them in leadership issues and helped them to develop confidence when handling conflicts in the work environment. They indicated that nursing colleges are optimistic about the changes provided there are supported by adequate human capital and material resources.

CHAPTER 4

QUANTITATIVE DATA

4.1. INTRODUCTION

Following the discussion of the research design and method in Chapter Two, this chapter focuses on the quantitative data results. As outlined in Chapter Two, the study was divided into two phases in which the objectives were addressed in several steps. In this chapter the researcher provides the demographic profile of all participants (nursing education leaders, vice principals, subject heads, lecturers, administrative staff and students) that participated in the study.

The descriptive statistics outlining the current expectations and leadership styles used by nursing education leaders. The nursing education leaders' reflection on their self evaluation of their leadership styles are discussed. A comparative analysis between nursing education leaders and lecturers, between students and administrative staff on the Multifactor Leadership Questionnaires will follow.

In describing the context of the study to provide a foundation for the identification of concepts relevant to the emergent theory, the researcher was able deduce a set conclusions based on the empirical findings (refer to the discussion of the IDLE method TM (Klopper, 2010:300). These conclusions are presented at the end of the Chapter and inform the partial development of the conceptual framework in Chapter 6.

In the following section the Multifactor Leadership Questionnaire (MLQ) 5x is described. The MQL is the result of Bass's conceptualization of transactional and transformational (Bass, 1985: 12). Ackerman, Scheepers, Lessing and Danhauser (2000:50) state that the MLQ Form 5 serves as the new standardised form of the MLQ. The MQL Forms 5x (short form). Multifactor Leadership Questionnaire used in this study is a 45-item questionnaire with a 5-point Likert type scale for rating the frequencies of the observed leader (Spangeberg, Schroder 1999: 117; Bass and Avolio 1997, Conger and Kanungo, 1987, Kuoze and Posner, 2007, Spangeberg and Theron, 2003: 10).

The rating scale has the following designations; 0= not at all, 1= once in the while, 2= Sometimes; 3. Fairly often; 4 frequently if not always. Each participant was required to

assess and testify as to how frequently the behaviours described by each statement of the statements are exhibited by their nursing education leader (college principal).

The questionnaire consist of two forms: the self rating form, in which the leader rates him/her as a leader and the rate form in which followers rate the leader. In this study both forms were used.

4.1.1. PHASE 1 OBJECTIVE

- **Phase 1(a)**
- To explore and describe the expectations of the nurse educators, students and administrative personnel from nursing education leaders.
- To describe the present transformational leadership styles used by nursing education leaders.

4.1.1.2. Validity of the multifactor leadership questionnaire

In this research data were analysed by means of the SPSS statistical programme computer package (SAS Institute Inc.2003).The results of factor analysis, using varimax rotational method, provided construct validity for MLQ in result for MLQ leadership in business setting. The same leadership factors emerged during two independently factor by concept analysed by Bass (1985). Additionally, almost the same structure was maintained in two replications of the original factors when conducted by Hater and Bass (1988) and Seltzer and Bass (1990).

Factor analytic findings for items representative of each factor ranged from 0.57 for individualised consideration to 0.77 for charisma (Bass, 1985). In this research factor analysis for nursing education leaders (college principals, vice principals and subject heads) with initial factor extraction by means of the principal component method, retaining 6 factors, was performed and explained 71% of the total variance. Table 4.1 gives an indication of the validity of the instrument (MLQ) used to explore the expectations and leadership styles by nursing education leaders and random responses from a participant reflected that the instrument yielded the baseline of the total variance as described by Bass (1985). For the reader to understand the meaning of table 4.1, Q1 represent the question number and 0.81 statistical descriptions done by SAS statistical programme computer package (SPSS).

TABLE 4.1 : Final communality estimates

Q 1	Q 2	Q 3	Q 4	Q 5	Q 6	Q 7	Q 8	Q 9
0.81	0.55	0.82	0.85	0.77	0.63	0.71	0.68	0.77
Q 10	Q 11	Q 12	Q 13	Q 14	Q 15	Q 16	Q 17	
0.64	0.67	0.73	0.56	0.72	0.68	0.63	0.74	

This table is an illustration that the instrument was valid and reliable.

4.1.1.3. Examining the construct validity of the multifactor leadership questionnaire 5x

The MLQ 5x was developed mainly to address substantive criticism of the MLQ 5x survey. Again, the criticisms concerned the generally high correlation between the transformational scales, as well as between the transformational leadership scales and contingent reward, the mixing of behaviours, impact and outcomes within single leadership scales, such as charisma and distinguishing charismatic leadership that was behaviourally based and an attribute on or impact on followers (Conger and Kanungo, 1987; House, 1995). In this study, one underlying construct was suggested and briefly described:

4.1.1.3.1. Evidence of Validity from Factor Analysis

- Exploratory factor analysis can be performed to examine relationships among the various items of the instrument. Items that are closely related are clustered into a factor. The analysis may indicate the presence of several factors that may indicate that the instrument reflects several constructs rather than a single construct. The number of constructs in the instrument can be validated through the use of confirmatory factor analysis.

4.1.1.4. The reliability of the multifactor leadership questionnaire

As reported in the MLQ (Bass and Avolio, 1990:22), alpha reliability coefficients for leadership scales yielded a range of 0.77-0.95. A reliability check for the MLQ (1985) was conducted to evidence that within an inclusive nursing college setting, the instrument was consistent in producing the data for which it is designed.

A Cronbach's alpha was computed for the whole leadership scale. Nunnally (1970) suggests that a reliability coefficient of 0.70 or higher is acceptable for hypothesis testing of constructs. With the exception of the scales for contingent reward (0.68) and management-by-exception (0.59) reliability coefficients were within the acceptable range (0.75-0.94). In this research an example of Cronbach's Coefficient alpha for nursing education leaders (college principals, vice principals and subject heads) is depicted in table 4.2 with Alpha .80 indicated that the instrument reflected the fine discriminations in the levels of constructs. The result indicated that the test of internal consistency is reliable.

TABLE 4.2 : Cronbach's Alpha Coefficient for nursing education leaders.

VARIABLE	ALPHA
Raw	.80

Cronbach's Coefficient Alpha with Deleted Variable

DELETED VARIABLE	RAW VARIABLES	
	Correlation with Total	Alpha
Q1	0.21	0.81
Q2	0.29	0.80
Q3	0.23	0.80
Q4	0.46	0.79
Q5	0.41	0.79

4.1.1.5. MOTIVATION FOR USE OF THE MLQ 5x

The fact that the MLQ 5x was found to be both a reliable and valid instrument for assessing transformational leadership, supports the decision to make use of this instrument. Since it assesses individual leadership traits, this instrument is not only suitable but also important for the purposes of the empirical study.

4.2. DATA ANALYSIS

With reference to the research method, the aim of the current subsection is to outline the way in which the data collected were prepared and analysed.

4.2.1. DATA PREPARATION

After the data was collected, the first stage of data analysis was to prepare the raw data and transform this into a machine readable format (Blanche and Durheim, 1999:98). For this purpose, numeric variables were assigned to variable, for example, 1 to "male" and 2 to "female".

4.2.1.1. Statistical analysis

The statistical techniques used to analyse the data are discussed below:

4.2.1.2. Descriptive statistics

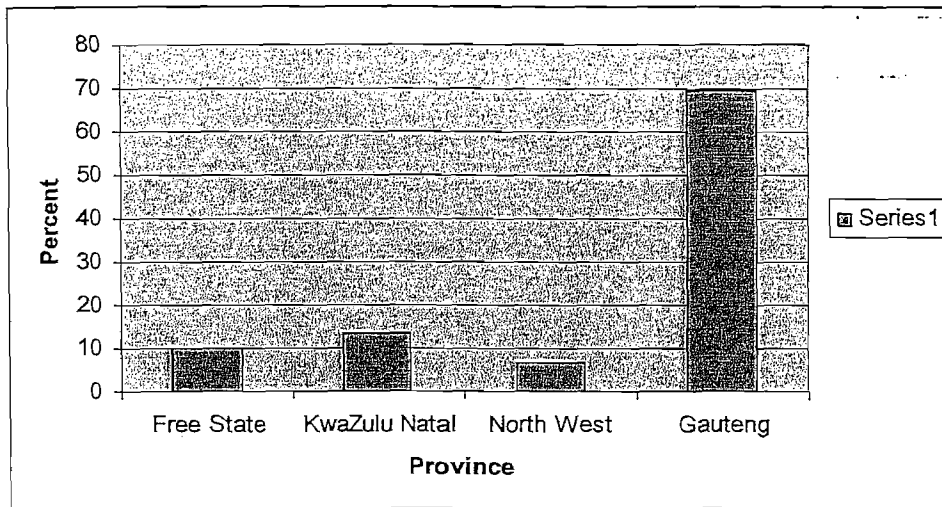
Descriptive statistics describe the equal characteristics of a set or distribution of scores (Salkind, 2000:150). Frequencies, means and standard deviations were descriptive statistics used in this research. The mean score and standard deviation of the items of the MLQ were thus calculated.

As indicated in Chapter 1, transformational leadership is defined as leadership style focused on effecting revolutionary change in nursing through commitment to the nursing college's vision. Transformational leadership must include specific leadership behaviours and strategies implemented by nursing education leaders to facilitate transformation.

To calculate the mean score of each factor the average score of all items comprising the specific factor was calculated. Likewise, to obtain the mean of the leadership style, the means of the factors were calculated.

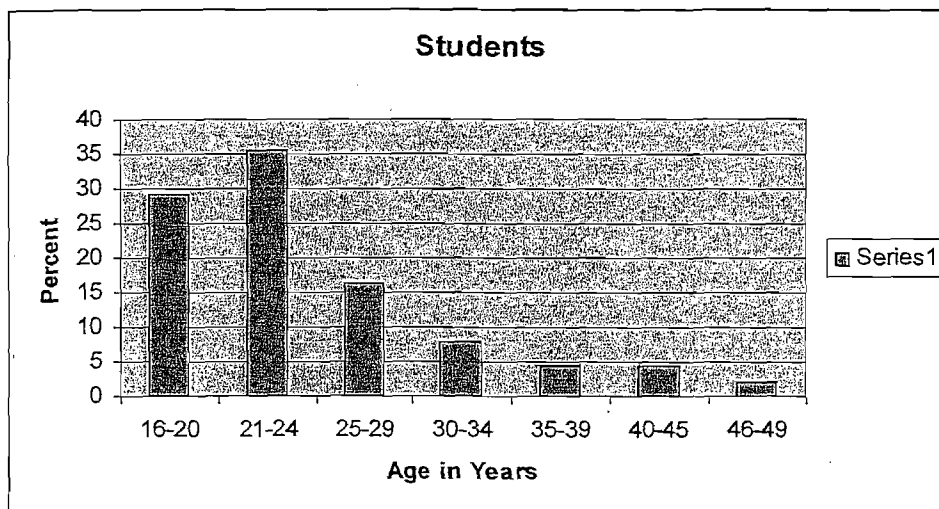
Frequencies are merely the number of times a response has been given. This concept was used to describe the sample in terms of the demographics variables, for example the proportion of males to females. In this research an example of frequencies for students is illustrated in table 4.3:

TABLE 4.3 Frequencies of 4th year students per selected provinces



The graph indicated that there is a high percentage of fourth year student nurses in Gauteng 295 (69.74%) as compared to KwaZulu Natal 57(13.48%), Free State 43(10.17%) and North West 28(6.62%)

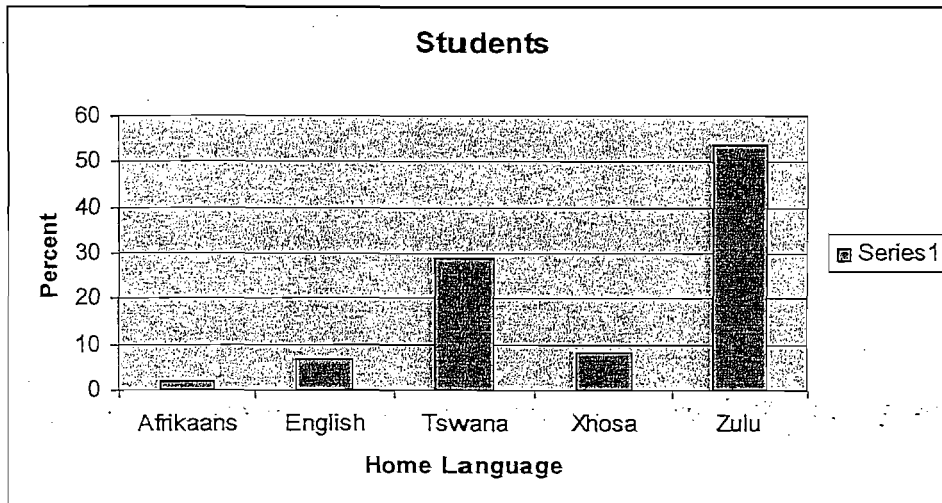
TABLE 4.4 : Frequencies on age in years of 4th year students per selected provinces



The results indicated that students who are fourth year are more concentrated between 12-24 (35.53%) followed by 16-20 (29.19%), 25-29 (16.24%), 30-34(7.87%), 35-39(4.57%), 40-45(4.57%) and 46-49 (2.03%)

The results indicated that fourth year student nurses, females (84.83%) are more than males (15.17%).

TABLE 4.5 : Frequencies on home language of 4th year students per selected provinces



The results indicated that fourth year student nurses with regard to home language, Zulu Language (53.81%) higher than Tswana (28.81%), Xhosa (8.33%), English (6.90%) and Afrikaans (2.14).

Mean is usually accompanied by a "standard deviation" which measures variability around the mean (Salkind, 2001: 154). In this research the mean scores of Vice Principals and Subject Heads and standard deviations of the answers to each item as well as for the different factors were calculated.

TABLE 4.6 : Reflects the means of vice principals and subject heads per selected province

FREE STATE

NUMBER	MEAN	STANDARD DEVIATION
11	3.36	0.22

KWAZULU-NATAL

NUMBER	MEAN	STANDARD DEVIATION
23	3.39	0.37

NORTH WEST

NUMBER	MEAN	STANDARD DEVIATION
5	3.39	0.35

GAUTENG

NUMBER	MEAN	STANDARD DEVIATION
6	3.02	0.53

Based on the leadership style scores among provinces it was clear that KwaZulu Natal and North West are relatively similar with a mean score of Vice Principals and Subject Heads of 3.39 respectively whereas Free State and Gauteng have lower mean scores of 3.02 and 3.36 respectively in comparison to KwaZulu Natal and North West mean scores. The vice principals and subject heads rated themselves in self rating MLQ form fairly well although they differed from Province to Province.

4.2.1.3. DATA PROCESSING

With reference to the research methodology, the quantitative data was processed. This procedure will be discussed in the following sections.

4.2.1.4. PROCESSING QUANTATIVE DATA

As indicated the average score of the quantitative instruments was obtained by standardized results. The following steps were taken:

4.2.1.5. STEP 1: Scoring descriptive statistics of administrative staff and students regarding their leadership scales

The MLQ was objectively and individually scored after completion by participants. This was done by making use of a scoring key (5x) short. The MLQ scale scores are average scores for the items on the scale. The scale can be derived by summing the items and dividing the aim by the number of items that make up that scale. Each of the leadership style scales has four items. In this research the leadership scales that had four items for administrative staff and students were depicted in table 4.7:

TABLE 4.7 : Descriptive statistics of administrative staff and students regarding leadership scales

ADMINISTRATIVE STAFF

VARIABLE	NUMBER	MEAN	STANDARD DEVIATION
Interpersonal Relationship	42	2.86	0.75
Communication	42	3.23	0.61
Facilitation	41	2.94	0.77
Expectations	42	3.01	0.62

The results indicated that administrative staff had a high communication mean as compared to facilitation and interpersonal relationships variables. The results also indicated that administrative staff had a high expectation mean of principals' leadership styles.

STUDENTS

VARIABLE	NUMBER	MEAN	STANDARD DEVIATION
Interpersonal Relationship	423	2.44	0.83
Communication	423	2.88	0.68
Facilitation	423	2.37	0.87
Expectations	423	2.56	0.72

The students had a moderate communication mean as compared to interpersonal relationships and facilitation variables. The students' expectations mean of principals' leadership styles was rated moderately.

The results indicated that administrative staff has a high mean score of 3.01 in comparison to students with a low mean score of 2.56 on the expectations of leadership styles used by college principals.

4.2.1.6. STEP 2: Central tendency of lecturers' descriptive statistics on multifactor leadership scores

Central tendency and variability were performed by calculating the mean and standard deviation of the different MLQ factors individually, as well as those of the transformational and transactional factors, in order to obtain an overall indication of the leadership styles of participating sample. In this research central tendency for lecturers is illustrated in table 4.7:

TABLE 4.8 : Central tendency of lectures descriptive statistics

FREE STATE

NUMBER	MEAN	STANDARD DEVIATION
23	2.63	0.83

KWAZULU NATAL

NUMBER	MEAN	STANDARD DEVIATION
47	2.46	0.46

NORTH WEST

NUMBER	MEAN	STANDARD DEVIATION
18	1.87	0.68

GAUTENG

NUMBER	MEAN	STANDARD DEVIATION
32	2.38	0.71

The results indicated Free State, KwaZulu Natal and Gauteng had mean scores between 2.38 to 2.63 on the expectations of the leadership styles by college principals and North West rated their expectations of the transformational leadership styles with a mean score of 1.87.

4.2.1.7. ANALYSIS VARIABLE: MULTIFACTOR LEADERSHIP

NUMBER	MEAN	STD DEV	MINIMUM	MAXIMUM
120	2.38	0.67	0.36	4.00

4.2.1.8. Analysis of variance (ANOVA)

One-way analysis of Variance (ANOVA) is an inferential statistics procedure used to determine whether there is a significance difference among three or more group means. The difference between the t-test and ANOVA is the number of groups being compared. A simple, or one-way, ANOVA refers to one independent variable with several levels (Fain, 2004:165).

4.2.1.9. Concept of Variance

In ANOVA, variation is examined to determine whether between group variance is greater than within group variance. In conducting ANOVA, both types of variation (between group and within group) add up to total variation. Scores within each group vary one from another from the group means and are termed within group means. The distance among group means is called between variance. If the between group variance is larger than the within group variance, i.e the groups are far enough apart for the researcher to conclude that the group means are significantly different. The F-statistic is the ratio of the between group variance to the within group variance and the greater its value, the smaller the p-value (i.e. the probability to infer a statistically significant difference among the group means, when in reality no difference exists).

Results of an ANOVA are presented in a summary in table 4.9 below:

4.3. DEPENDENT VARIABLE:

4.3.1. Leadership (Vice Principals and Subject Heads): Four provinces

Source	DF	ANOVA SS	Mean Square	F-Value	p-value
Province	3	0.67	0.22	1.72	0.17

To conduct post hoc tests between all pairs of means, Tukey's Studentized range (HSD) Test was used.

Alpha	0.05
Error Degrees of Freedom	41
Error Mean Square	0.13
Critical Value of Studentized Range	3.73
Minimum Significant Difference	0.48
Harmonic Mean of Cell Sizes	7.98

Means with the same letter are not significantly different			
TUKEY'S GROUPING	MEAN	N	PROVINCE
A	3.38	5	North West
A			
A	3.38	23	KZN
A			
A	3.36	11	Free State
A			
A	3.02	6	Gauteng

The most important number in the entire ANOVA summary is the single value in the p-value column. The significance of the ANOVA can be evaluated by examining by comparing the p-value with the significance level. If the significance level is 0.05 or less than 0.05, there is statistically significant difference among the means. In this research there was no significant difference between the mean leadership score among nursing education leaders in the four provinces due to poor response resulting in very few questionnaires returned.

The results of other categories were as follows: -

4.3.2. LECTURERS: FOUR PROVINCES

Source	DF	ANOVA SS	Mean Square	F-Value	p-value
Provinces	3	6.43	2.14	5.23	0.0020

The results revealed that there were significant differences between the means, since the p-value is 0.002

4.3.3. ADMINISTRATIVE STAFF: COMPARISON OF FOUR PROVINCES:

DEPENDENT VARIABLE: INTERPERSONAL RELATIONSHIP

Source	DF	ANOVA SS	Mean Square	F-Value	p-value
Provinces	3	7.13	2.37	5.76	0.0024

DEPENDENT VARIABLE: COMMUNICATION

SOURCE	DF	ANOVA SS	MEAN SQUARE	F-VALUE	P-VALUE
Provinces	3	3.74	1.24	4.13	0.0125

DEPENDENT VARIABLE: EXPECTATIONS

SOURCE	DF	ANOVA SS	MEAN SQUARE	F-VALUE	P-VALUE
Provinces	3	5.60	1.18	7.10	0.0007

DEPENDENT VARIABLE: FACILITATION

SOURCE	DF	ANOVA SS	MEAN SQUARE	F-VALUE	P-VALUE
Provinces	3	8.06	2.68	6.30	0.0015

As far as p-value for the above tables are all smaller than 0,5, significant differences between the means of the administrative staff of four Provinces occurred with respective variables interpersonal relationships, communication, facilitation and expectations.

4.4.4. STUDENTS: COMPARISON OF FOUR PROVINCES:

DEPENDENT VARIABLE: INTERPERSONAL RELATIONSHIP

SOURCE	DF	ANOVA SS	MEAN SQUARE	F-VALUE	P-VALUE
Provinces	3	55.81	18.60	33.43	<.0001

DEPENDENT VARIABLE: COMMUNICATION

SOURCE	DF	ANOVA SS	MEAN SQUARE	F-VALUE	P-VALUE
Provinces	3	17.92	5.97	14.12	<.0001

DEPENDENT VARIABLE: EXPECTATIONS

SOURCE	DF	ANOVA SS	MEAN SQUARE	F-VALUE	P-VALUE
Provinces	3	40.69	13.56	32.27	<.0001

DEPENDENT VARIABLE: FACILITATION

SOURCE	DF	ANOVA SS	MEAN SQUARE	F-VALUE	P-VALUE
Provinces	3	59.00	19.66	32.04	<.0001

As far as p-value for the above tables are all smaller than 0,5, significant differences between the means of the students of four Provinces occurred with respective variables interpersonal relationships, communication, facilitation and expectations.

The Analysis of Variance revealed significant differences between means of provinces in three leadership scales, that is, interpersonal relationships, communication and facilitation on the expectations of the leadership styles of the nursing educational leaders by students.

To conduct post hoc tests between all pairs of means, Tukey's Studentized range (HSD) Test was used.

4.3.5. LECTURERS

Alpha	0.05
Error Degrees of Freedom	116
Error Mean Square	0.40
Critical Value of Studentized Range	3.68
Minimum Significant Difference	0.45
Harmonic Mean of Cell Sizes	26.39

Means with the same letter are not significantly different			
TUKEY'S GROUPING	MEAN	N	PROVINCE
A	2.62	23	Free State
A			
A	2.45	47	KZN
A			
A	2.37	32	Gauteng
B	1.86	18	North West

The one-way ANOVA results for leadership styles indicate significant differences across four Provinces for lecturers. The means are 2.62, 2.45, 2.37 and 1.86 for Free State, KZN, Gauteng and North-West respectively. The post hoc test using the Tukey's procedure indicated that, there were significant differences between North- West Nursing Colleges' lecturers' mean response and each of those of the other provinces, whereas there were no significant differences between Free State, KwaZulu Natal and Gauteng Nursing Colleges' lecturers' mean responses.

4.3.6. ADMINISTRATIVE STAFF

INTERPERSONAL RELATIONSHIP

Alpha	0.05
Error Degrees of Freedom	38
Error Mean Square	0.41
Critical Value of Studentized Range	3.79
Minimum Significant Difference	0.76
Harmonic Mean of Cell Sizes	10.21

Means with the same letter are not significantly different				
TUKEY'S GROUPING		MEAN	N	PROVINCE
	A	3.49	10	Free State
	A			
B	A	2.92	8	KZN
B	A			
B	A	2.80	12	Gauteng
B				
B		2,35	12	North West

There is a significant difference between Free State and North West administrative staff on interpersonal relationships means scores.

COMMUNICATION

Alpha	0.05
Error Degrees of Freedom	38
Error Mean Square	0.301664
Critical Value of Studentized Range	3.79925
Minimum Significant Difference	0.653
Harmonic Mean of Cell Sizes	10.21227

Means with the same letter are not significantly different

TUKEY'S GROUPING		MEAN	N	PROVINCE
	A	3.6250	10	Free State
	A			
B	A	3.4000	12	Gauteng
B	A			
B	2.80	3.0188	8	KZN
B				
B		2.8792	12	North West

There is a significant difference between Free State and North West administrative staff on communication means scores.

STAFF EXPECTATIONS

Alpha	0.05
Error Degrees of Freedom	38
Error Mean Square	0.26
Critical Value of Studentized Range	3.79
Minimum Significant Difference	0.60
Harmonic Mean of Cell Sizes	10.21

Means with the same letter are not significantly different

TUKEY'S GROUPING		MEAN	N	PROVINCE
	A	3.50	10	Free State
	A			
B	A	3.09	12	Gauteng
B	A			
B	A	3.02	8	KZN
B				
B		2.50	12	North West

There is a significant difference between Free State and North West administrative staff on expectations means scores.

FACILITATION

Alpha	0.05
Error Degrees of Freedom	37
Error Mean Square	0.42
Critical Value of Studentized Range	3.80
Minimum Significant Difference	0.78
Harmonic Mean of Cell Sizes	10.01

Means with the same letter are not significantly different			
TUKEY'S GROUPING	MEAN	N	PROVINCE
A	3.38	10	Free State
A			
A	3.17	8	KZN
A			
A	3.10	11	Gauteng
A			
B	2.27	12	North West

There is a significant difference between the administrative staff of North West and the other provinces on facilitation means scores.

4.3.7. STUDENTS

INTERPERSONAL RELATIONSHIPS

Alpha	0.05
Error Degrees of Freedom	41
Error Mean Square	0.55
Critical Value of Studentized Range	3.64
Minimum Significant Difference	0.38
Harmonic Mean of Cell Sizes	50.06

Means with the same letter are not significantly different			
TUKEY'S GROUPING	MEAN	N	PROVINCE
A	3.30	43	Free State
B	2.88	57	KZN
C	2.24	295	Gauteng
C	2.24	28	North West

The results indicated that there was a significant difference between Free State and all other provinces, KZN and all other provinces on interpersonal relationships means scores whereas there was no significant difference between Gauteng and North West, while each of them differed from the other two provinces on interpersonal relationships means scores.

COMMUNICATION

Alpha	0.05
Error Degrees of Freedom	14
Error Mean Square	0.42
Critical Value of Studentized Range	3.64
Minimum Significant Difference	0.33
Harmonic Mean of Cell Sizes	50.06

Means with the same letter are not significantly different

TUKEY'S GROUPING	MEAN	N	PROVINCE
A	3.22	57	KZN
A	3.20	43	Free State
A	3.11	28	North West
B	2.74	295	Gauteng

There was significant difference between Gauteng and all the other provinces' students on communication means score.

STUDENTS EXPECTATIONS

Alpha	0.05
Error Degrees of Freedom	41
Error Mean Square	0.42
Critical Value of Studentized Range	3.64
Minimum Significant Difference	0.33
Harmonic Mean of Cell Sizes	50.06

Means with the same letter are not significantly different			
TUKEY'S GROUPING	MEAN	N	PROVINCE
A	3.19	43	Free State
A	3.03	57	KZN
B	2.52	28	North West
B	2.37	295	Gauteng

There was significant difference between Free State on the one hand and Gauteng and North-West students' expectation on leadership style by nursing education leaders on the other hand. There was significant difference between KZN on the one hand and Gauteng and North-West students' expectation on leadership style by nursing education leaders on the other hand.

FACILITATION

Alpha	0.05
Error Degrees of Freedom	41
Error Mean Square	0.61
Critical Value of Studentized Range	3.64
Minimum Significant Difference	0.40
Harmonic Mean of Cell Sizes	50.06

Means with the same letter are not significantly different			
TUKEY'S GROUPING	MEAN	N	PROVINCE
A	3.05	43	Free State
A			
A	3.02	57	KZN
B	2.27	28	North West
B			
B	2.15	295	Gauteng

There was significant difference between Free State on the one hand and Gauteng and North-West students' expectation on leadership style by nursing education leaders on the other hand. There was significant difference between KZN on the one hand and Gauteng and North-West students' facilitation on leadership style by nursing education leaders on the other hand.

4.4. COMPARISON BETWEEN COLLEGE PRINCIPALS AND LECTURERS

According to Bless and Kathuria (1993:141) and Fain (2004:163) the t-test is used to measure a multifactor leadership styles for two different groups. The means and standard deviations of the scores of the two groups checked are calculated and the difference of the means is analysed with the aim of assessing whether the samples come from essentially different populations. For this research, the groups were principals and lecturers compared for multifactor leadership styles. The observed t-values were compared with the critical value found in statistical table in accordance with the size the sample. This comparison was used to check whether the multifactor leadership styles checked had significance influence on the variables. This enabled the researcher to discover the underlying properties of the population from which the samples have been drawn.

For this research, in accordance with the sample size, principals (n=8) and lecturers (n=120), the t-value in the statistical table is -7.13 for $p < 0.0001$. The table below reflected that t-test for unequal standard deviations for comparison of college principals and lecturers on multifactor leadership styles.

TABLE 4.9 : T- Test for unequal standard deviations for comparison between college principals and lecturers

GROUP	N	MEANS	STD DEV	DEGREES OF FREEDOM	T-VALUE	P-VALUE
Principals	8	3.31	0.3313	11.3	-7.13	<0.0001
Lecturers	120	2.37	0.6734			

This comparison indicated that college principals rated themselves slightly higher on their leadership styles whereas lecturers rated college principals' leadership styles very low. The result indicated that there was a significant difference between college principals and lecturers.

4.5. RIGOUR

Rigour refers to the umbrella used when describing the strategies that the researcher adheres to in ensuring the generation of valid and scientific knowledge (Klopper and Knobloch, 2008:5). MLQ form was used as a measuring instrument to collect data relevant for the generation of scientific and valid knowledge. According to Nunnally and Bernstein (1994:3), measurement consists of rules for assigning numbers to objects so as to represent quantities or attributes numerically. Measurements can therefore be considered one of the best means in creating objective scientific knowledge. In creating valid and scientific knowledge it is important to use measuring instruments that have acceptable level of reliability and validity (de Vos et al. 2005:160).

The following paragraphs will discuss the evidence of credible measurements in the psychometric examinations of the validity and reliability of the instrument in the study.

4.5.1. VALIDITY

De Vos, et al. (2005:160) define validity as the extent to which the instrument accurately reflects the concept it is supposed to measure. In other words, validity asks:

What does the instrument appear to measure? This refers to the face validity of the instrument, meaning that it not only accurately measures the attributes under consideration, but also appears to be relevant measure of those attributes (de Vos, et al. 2005:161). The MLQ used to explore and describe the expectations and leadership styles of nursing education leaders was reviewed by the statistician at NWU as well as the promoter of the study for face validity.

How well does the instrument measure what it is supposed to measure? This is also known as content validity. Although the terms content validity and face validity are often interchangeable in research, de Vos, et al. (2005:161) conclude that content validity is established on the basis of judgement, that is, the researchers or experts are of the opinion that the instrument covers the full range of meanings of the variable being measured. In the

development of the MLQ, Bass and Avolio (1997) calculate the mean scores from each of the sub scales to prepare for validity and reliability.

How well does the instrument compare with one or more external criteria purporting to measure the same thing? This is also referred to as criterion validity. According to de Vos, *et al.* (2005:160), criterion validity provides more objective evidence of validity. It is established through multiple measurements and comparisons of the scores, with an external criterion believed to measure the phenomenon under investigation.

What does the instrument measure and why does it operate in this manner? This is also known as construct validity. Construct validity is concerned with the meaning of the instrument and involves determining the degree to which the instrument measures the theoretical construct (de Vos, *et al.* 2005:162). To determine the construct validity of the sub scales as measures of the practice environment, Lake (2002:180) compared the scores of nurse in "Magnet" hospitals to those in the non-"Magnet" sample.

4.5.2. RELIABILITY

Reliability is primarily concerned with how well an instrument measures what it is supposed to measure. Reliability therefore refers to the consistency of measurement, meaning that if the same variable is measured under the same conditions, the instrument will produce identical findings (de Vos, *et al.* 2005:163). Burns and Grove (2007:365) state that reliability exists in degrees and is therefore indicated as a correlation coefficient. As such correlation coefficient of 1.00 is indicative of perfect reliability whilst a coefficient of 0.00 indicates no reliability. The Cronbach's Alpha coefficient is the most commonly used measure of reliability.

The reliability of the sub scales of the nursing education leaders in this study was supported by Cronbach's Alphas ranging from 0.79-0.81 (see table 4.2).

4.6. CONCLUDING STATEMENTS ON VARIOUS PARTICIPANTS

- Administrative staff had high expectation mean of the principal leadership styles,
- The student rated the principal's transformational leadership styles moderately as compared than administrative staff and lecturers

- The comparison between administrative staff and students on interpersonal relationships and communication administrative staff rated principals higher than students
- The comparison among Provinces, North West rated principals transformational leadership styles very low with a mean score of 1.8
- The self rating means score by principals had no significance difference.
- There was a significance difference on the following sub scales; communication, interpersonal relationships and facilitation between students and administrative staff
- There was a significance difference between principals and lecturers on the leadership styles of the principals.

4.7. CHAPTER SUMMARY

The transformational leadership style is an important as for transformational leadership. Transformational leadership is always looking for novel ways to transmit information, engage lecturers, students and administrative staff, empower, increase motivation and improve their skills, knowledge and competence. A transformational approach to college principal leadership can provide the necessary tools to achieve these broad goals. The transformational leadership model is an appropriate and effective model for college leadership. The hypothesis of this research suggested a negative relationship between college principals and lecturers, students and administrative staff and outcomes are variables. Hypothesis was not significantly supported.

The research revealed that lecturers, students and administrative staff had negative expectations regarding leadership styles of the college principals. Most participants viewed college principal as implementers of government policies without proper consultation. College principals were perceived to operate in an old fashion where expected results irrespective of constraints that exist. Their strategy was "if a shoe fits wear it". The students and administrative staff rated the college principals on communication and interpersonal relationships negatively. They responded negatively on issues regarding decision making, innovations and initiatives where they are disregarded and sometimes ignored. Lecturers reported that college principals take decisions unilaterally. They expected lecturers conform and comply without questioning. The comparison between college principals and lecturers on multifactor leadership styles differed significantly. The comparison between provinces did not differ significantly on their expectations of leadership styles. The difference that existed between provinces was on the ratings but still reflected that college principals' leadership

styles are questionable. The participants reflected that transformational leadership was theoretical and transactional leadership featured distinctly, which left participants with limited choices but to conform and comply. Participants had no avenue to verbalise their frustrations because they did not want to be perceived as disobedient and unco-operative. They reported that lines of communication are rigid and stifled them immensely.

5.1 INTRODUCTION

The results from the qualitative and quantitative data of the research were discussed on the previous. A literature contextualisation has been done to support the research results. In this chapter the conceptual framework is discussed inclusive of the main concept and identified related concepts. The theory generating process took place according to steps discussed in Chapter Two. (refer to 2.3.1.1)

The concepts were identified from the conclusion statements of Chapter 3 (qualitative data) and Chapter 4 (quantitative data). Please refer to Table 5.1. for a summary of the conclusion statements.

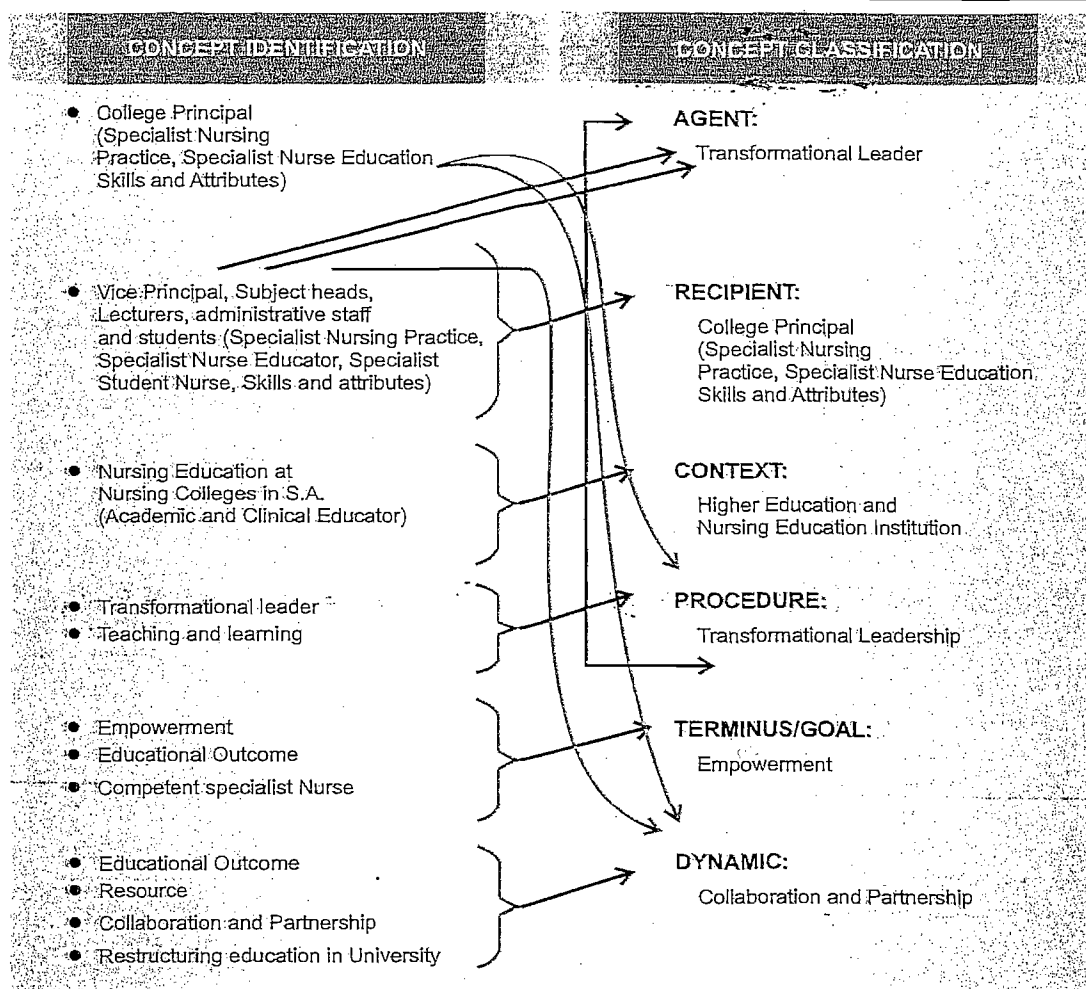
Table 5.1 : Concluding statements of the themes and sub-themes and MLQ values

COLLEGE PRINCIPALS	VICE PRINCIPALS AND SUBJECT HEADS	MLQ (LECTURERS, ADMINISTRATIVE STAFF AND STUDENTS)
1. Transformational leadership is a challenge and a need exists to adopt a positive paradigm shift, as well as to communicate one's intention and views to followers and the policy makers in order to enhance transformation. 2. Colleges continue to function in the traditional way, evidence by staff staying in their comfort zones with little interest in change and transformation. 3. Limited change and transformation has taken place at nursing colleges evident by feelings of inadequacy, lack of creativity, lack of trust, difficult employee relations resulting in failure to deliver on the government's mandate. 4. Lack of support from government for nursing colleges whereby there is a lot of bureaucracy, insufficient funding, lack of participation in policy formulation and college principals have no power and authority to run the colleges. 5. Leaders exercise idealised or charismatic influence by becoming role model for their followers 6. Leaders who practise inspirational motivation behave in ways that motivate and inspire those around them by providing a vision, meaning and challenge to their work	15. The professional image of nursing is challenged because transformation where the focus is on increase production of nurses. 16. There is a lack of collaborative interaction between policy makers and policy implementers. 17. Due to the different types of students, the calibre of students who train no longer have attributes of compassion, caring, commitment and dedication. 18. The process of transformation paved the way for an increased intake of students, integration of different races, merging of colleges in the country. 19. There is a lack of consultation with stakeholders 20. There is a high intake of students with limited resources 21. There is a lack of capacity building, mentoring, coaching and empowerment programme for new qualified lecturers 22. There is rigidity among senior managers and more on transactional leadership style. 23. The new genre of lecturers is not adequately qualified and does not meet up to the challenge, characterised by a laxity, lack of commitment to work and no passion for education and lecturing.	38. Administrative staff had high expectation mean of the principal leadership styles, 39. The student rated the principal's leadership styles moderately 40. The comparison between administrative staff and students, administrative staff rated principals higher than students 41. The comparison among Provinces, North West rated principals leadership styles very low with a mean score of 1.8 42. The self rating means score by principals had no significance difference 43. There was a significance difference on the following sub scales; communication, interpersonal relationships and facilitation between students and administrative staff 44. There was a significance difference between principals and lecturers on the leadership styles of the principals.

COLLEGE PRINCIPALS	VICE PRINCIPALS AND SUBJECT HEADS	MLQ (LECTURERS, ADMINISTRATIVE STAFF AND STUDENTS)
7. Leaders who engage in intellectual stimulation provide support to their followers' efforts to be creative 8. Leaders exhibit individual consideration by providing followers with support, mentoring and coaching. 9. Shared leadership is a very important element in team functioning as it embraces all stakeholders and take ownership of the transformative issues. 10. For progress to take place college principals needs to improve their communication patterns as it should result in a vehicle to the success of managing operations and processes of the nursing college. 11. The college principals are expected to champion the learning environment in order to enhance productivity in the nursing college through implementation of continued staff development programmes as staff that is empowered promotes social cohesion and advancement of the organisation. 12. Transformation becomes a reality when it is inclusive through students' involvement in leadership issues such as students are future leaders. Therefore, grooming, guiding, mentoring and coaching students are crucial as part of nation building as students are the next generations that will lead nursing education and training.	24. A shift from student centredness to administrative work has taken place as lecturers find themselves spending more time on meetings, and administrative work and the focus on students had been taken away by bureaucracy. 25. The rationalisation and downgrading of clinical facilities had impacted negatively to students' experiential learning and practical experience is compromised and reflects in the quality of training of students. 26. The lack of standardisation in curriculum delivery leads to intra-campus competition and it does not reflect positively on the image of the nursing education and training as disparities within campuses and existed. 27. National mandates were implemented blindly without considering infrastructural and human capital challenges. Authorities imposed national mandates for implementation and operational managers had to comply which had a negative impact on service delivery. 28. Shared leadership is crucial in the transformational leadership 29. Educator empowerment does not remove the autonomy of the principal but create a new reality and healthy form of shared leadership 30. Empowerment needs leaders who are confident, have a strong sense of direction and who are willing to become a facilitator and an equal in decision making process.	

COLLEGE PRINCIPALS	VICE PRINCIPALS AND SUBJECT HEADS	MLQ (LECTURERS, ADMINISTRATIVE STAFF AND STUDENTS)
13. The diversity that exists within different groups needs management in order to build one undivided group in nursing education and training. 14. Diversity management is the cornerstone of transformational leaders.	31. Educators who report a high level of principal support are more likely to be less stressed, more satisfied and committed to their job 32. Four dimensions of principal support are emotional support, instrumental support, informational support, and appraisal support. 33. Servant leadership that serves the values and ideas that help shape as a covenantal community and it opened door for transformation 34. Transformational leadership resulted in greater educator satisfaction along with the principal's increased leadership and effectiveness. 35. Academic excellence was strengthened through effectiveness is linked to goal achievement and group maintenance, driven by values for effectiveness, i.e. bias for action, promotion for shared values, client orientation, people orientation, and achievement orientation. 36. Implementation of leadership strategies include, empowerment of leader and followers, integration of student leadership in decision making, and student leadership taking ownership to matters of developing and empowering student body issues of professionalism and caring ethos. 37. Through learning from their experiences and generalise them to real life, the recognition of the importance of the strategic planning process, help clarify the practical implications of the college's mission, actualise the vision of the college and communicate the development of college's norms supporting openness to change.	

TABLE 5.2 : Identification and classification of concepts



The identified concepts were classified and conceptualised using the six elements of practice theory as described by Dickoff, James and Wiedenbach (1968:434), namely:

- Agent : Transformational Leader (College Principal)
- Recipient : Followers (Vice Principal, Subject heads, Lecturers, Administrative Staff and Students)
- Context : Higher Education Nursing Education Institutions
- Procedure : Transformational Leadership
- Terminus : Empowerment
- Dynamic : Collaboration and partnership

The definition and description of each of the concepts will follow now.

5.2 AGENT: THE TRANSFORMATIONAL LEADER

Dickoff, et al. (1968:425) identify the agent as person performing the activity. The agent is the college principal in charge of the nursing college who is a transformational leader, a resource person, change agent, mobilise resources, and researcher. In this research the agent was a college principal who practiced transformational leadership to facilitate individual and nursing college transformation. The college principal was a spiritual being, who functions in an integrated (body, mind and spirit) as depicted in Figure 5.1.

The college principal manages day to day activities of the nursing college. Morrison (1993:179) describes specific characteristics of a successful manager. Firstly, the manager should have a positive professional self image, be committed to becoming an effective manager and believe that people are of worth and that all workers contribute positively to the organisation. The manager should develop effective and therapeutic communication skills as well as competent leadership and motivational skills. Skills for conflict management, time management, problem solving, critical thinking and the management process should be enhanced. Lastly, the successful manager should also develop effective organisation, delegation and team building skills.

A transformational leader is said to inspire the followers to such an extent that they work towards the good of the company (Bass and Avolio, 1997: 12 Godardt and Lenhardt, 2000: 10 and Thorn, 2003:14). The following dimensions are common to the transformational leader; charismatic leadership (idealised influence), inspirational motivation, intellectual stimulation, idealised behaviours and idealised attributes (Pearce and Sims, 2002:174). The leader articulates a compelling optimistic vision of the future, and takes a stand on controversial issues and is confident that goals will be achieved. In this way the leader inspires the followers. The leader provides intellectual stimulation for the followers by encouraging them to see solutions to problems from different perspectives and to be creative when completing tasks. The leader places emphasis on values, beliefs, morals and trust in working towards a common mission (Bass and Avolio, 1997:12). Idealised attributes refer to a leader who is emulated by their followers for the leader displays power, confidence and make sacrifices for the benefit of others (Bass and Avolio, 1997:12; Godardt and Lenhardt, 2000:10) typical leader behaviours include communication of the leader's vision, emphasis on the leader's values, stimulation, challenge to the status quo and inspirational persuasion (Manz and Sims, 1991:18).

Kouzes and Posner (2002: 16) see leadership as a process ordinary people use when they are bringing forth the best from themselves and others. Leaders, they feel, are credible, inspire a shared vision, enable others to act, model the way and recognise their employees' contributions. Taffinder, (cited in Burton, 2002:22) regards leadership as "getting people to do more than they think is possible or than they want to". Leaders empower other to make decisions (Havenga, 2002:5).

Manz and Sims (2001:19) refer to "Empowering leader" or "Super-leadership" as representing a paradigm shift. This is the kind of leader who leads others to lead themselves. The empowering leader creates followers who are effective self leaders. Their followers are empowered to such an extent that they eventually are capable of leading themselves and do not need the leader any longer. Typical leader behaviours include becoming and modelling self-leadership, creating positive thought patterns and developing self-leadership through reward and constructive reprimand (Salam, Cox and Sims, 1997:18). The Super-leader strength is said to be measured by his ability "to maximize the contributions of others through recognition of their right to guide their own destiny" rather than his ability "to bend the will of others to his or her own" (Manz and Sims, 1991:17). Typical leader behaviours include independent action, self reward, self leadership, participative goal setting and encouraging teamwork (Pearce and Sims, 2002: 12).

The transformational leader instils trust for followers to commit to the strategic vision that they propose (Bass in Pillai, Schriesheim and Williams, 1999:46). The transformational leader tries to motivate followers to take risks by intellectually to be able to that; the transformational leader needs to set a personal example to gain the trust of the followers. The transformational leader engages in activities that promote identification-based trust. Activities that strengthen identification-based trust including developing a collective identity, creating joint products and goals and committing to commonly shared values (Lewick and Bunker, 1996). The transformational leader engages in individualised consideration, in diagnosing individual needs and capacities in order to be able to attend to them. The transformational leader makes a concerted effort to provide followers with direction, attention, structure, advice and feedback. The understanding of the follower's needs is analogous with identification-based trust, where the basis of trust is an appreciation of the follower's wants and desires that enables the leader to act effectively on the follower's behalf.

Leonard and Leonard (1999:237) maintain that the transformational leader should promote the articulation and sharing of the vision as well as fostering group goals. The transforming leader, while still responding to needs among followers, looks for motivation to satisfy these needs by enhancing opportunities, empowering people, giving more freedom and the full support of the leader in initiatives. This kind of leader secures substantial commitment to time

and energy from teachers, in a drive to change attitudes of students and parents of the school community where previously there were low levels of achievement and commitment (Preedy, 1993:148).

The transformational leader attempts to achieve a common vision. In so doing, the staff is empowered to such an extent that they are prepared to take chances and to experiment. The transformational leader needs knowledge of current theories, change and experience as well as the ability to lead. Such a leader changes her/his beliefs of teachers so that previously dependent teachers can operate interdependently in decision making and accept responsibility for these decisions (Carl and Franken, 1996:109). Carl and Franken (1996:109) further believe that transformational leadership developed collegiality of educators in the execution of their duties that created a harmonious work environment and had teachers working well as a team emphasizing co-operation. Transformational leadership display a balance between people oriented and task oriented leadership. They attempt to build relationships and support staff, formulate aims and plan strategies. Transformative leadership therefore focuses and builds on a shared vision that can be achieved through the empowerment of people.

Morrison (1993:183) includes following tasks in the function of leading: guide group towards goal; problem solving and decision making; manage conflict; review job performance and monitor towards goals. Rabey (1994:8) states leading includes coaching the people in the work discipline to work together to the best of other abilities and to work as a team to achieve agreed objectives. In this research, leading is coaching the lecturers, administrative staff and students in the nursing education to work together to the best of their abilities as a nursing team in transformational leadership to facilitate individual and nursing college transformation.

The transformational leader has the following skills and competencies as reflected on Table 5:3

TABLE 5.3 : Skills and competencies of a transformational leader (Charlton, 1992:25, Douglass, 1984 in Hodges et al. 1988:72)

CATEGORY	LEADERSHIP
Change	Pacemakers fostering change and creating the future Changes the way people think about what is desirable and necessary Develops second order change
People	Relates to people personally Relies on people
Attention	Does the right things
Planning	Strategic thinking, day after tomorrow Interest in risk taking and exploring new ideas
Thinking	Vision of the future and the strategy to get there Pro-active thinking
Role	Influences, guides towards new ideas Designer (vision, new creative ideas) An attitude of leader serving others
Attitudes to goals	Active attitude to goals Influencing and changing organisation Internal locus of control Responsible for change Aspirations (I can create)
Work	Prepared to invest faith in others and to take risks
Interpersonal	Ability to empathise, sends and receives feedback (people oriented)
Sense of self	Sense of self does not depend on membership, work roles or social indicators of identity
Motivation	Develops intrinsic motivation Creates purpose/hope
Power	Expandable pre orientation Gives power to get power Counts on trust
Appointment	May or may not have official appointment

The transformational leader needs to move toward changing the nursing education institution culture from a more authoritarian to a more democratic style of leadership. This will enable transformational leader to instil in the followers values, attitudes and beliefs that will encourage a co-operative and participatory nursing education institution culture, which will in

turn support democratization. Transformational leaders should take responsible leadership action to create nursing education institution's culture that enhances the growth and development of all involved in education and learning. One of the tasks as transformational leader is to identify the nature of leadership that creates and sustains quality education and training. Such leadership takes place in a rapidly changing societal and institutional context. Table 5.4 highlights the characteristics and practices of the transformational leader.

TABLE 5.4 : Characteristics of a transformational leader (Leithwood and Jantzi, 1999:476 cited by Mantlana, 2006:71).

CATEGORIES	CHARACTERISTICS AND PRACTICES
Transformational leadership	<u>TRANSFORMATION LEADER</u> Communicates high expectations Has a shared common culture Inspires follower awareness and understanding of mutually desired goals Express important purposes in single ways Has the ability to engage in and to emotionally communicate a future idealistic state Inspires belief in organisational mission Radiates in followers the effort to work harder and better Serves as a mentor Inspires followers to transcend their own self interest for the good of the organisation Employs a developmental orientation with followers Inspires loyalty in followers Encourages followers to think of old challenges in a new way Exhibits role-modelling aspect of individual consideration Facilitates opportunity for staff to learn from each other Elevates followers into leaders Achieves follower performance beyond ordinary limits Encourages good follower-leader relationship

5.2.1. DISCUSSION OF TRANSFORMATIONAL LEADERSHIP

Hellriegel, Slocum, Staude, Amos, Klopfer, Louw and Oosthuizen (2004:301) maintain that in the past few years leaders around the world realised that they have to change the way things are done if their organizations were to survive. Many now believe that the type of leadership required by leaders for their organisations is transformational. According to Balster (1994:34), the term transformational leadership was first coined by Burns as

something independent, separate, and ultimately qualitatively more valuable than its mundane counterpart, transactional leadership.

Bottery (2001:199) maintains that Bass subsequently refined and extended transformational leadership and suggested that both were needed for effective leadership to take place and that they exist along the continuum. Maritz (2003:252) asserts that transformational leadership builds on top of and supplements transactional leadership. Beach and Reinhartz (2000:86) support the view that a new theoretical model of leadership has emerged, which is an extension of the transactional strategy, that is, transformational leadership.

However, Marturano (2004:1) is of the opinion that in transformational leadership power comes from creating understanding and trust while in transactional leadership power is based much more on the notion of hierarchy and position. Transformational leadership needs to be understood at a normative (how leadership ought to be) while transactional leadership becomes clearer on a descriptive level (how leadership is). However, there is no need to distinguish transactional and transformational leadership because the difference belongs to the normative and these cannot be distinguished at a descriptive level.

Deluga (1990:193) contends that transformational leadership is evident when leaders and followers engage each other in such a way that they raise one another to higher levels of motivation and morality. Maritz (2003:252) supports this view by indicating that transformational leaders inspire followers to transcend their own self interests for the good of the organisation and are capable of having a profound and extra ordinary effect on their followers. They pay attention to the concerns and developmental needs of individual followers, they are able to excite and arouse followers to make an extra effort to achieve group goals. James and Connolly (2000:370) concur that transformational leadership brings about higher order improvement. The leader raises the level of awareness of the significance of outcomes and processes, getting followers to transcend their own self-interest for the sake of the team and importantly, raising the needs level or expanding the range of needs in the followers. Roush and Atwater (1992:18) concur that transformational leaders broaden and elevate the interests of their followers and motivate them to transcend their own self interest in order to accomplish organisation's mission.

Yulk (1998: 314, 1999:292, 2002:235 and 2006:135) criticises the foregoing views by asserting that transformational leadership theories, like other theories emphasise the role of leadership in increasing task motivation and performance biased towards top managers, owners and customers at the expense of other, mostly employees. Followers can be transformed to such a high level of emotional involvement in the work that over time they become "burnt out" by prolonged stress. Individual leaders can exploit followers, even

without realizing it by creating a high level of emotional involvement when it is not necessary. Contrary to this view, Burn (1978:4) asserts that the transformational leader recognises and exploits an existing need or demand of a potential follower. Beyond that, the transformational leader looks for potential motives in followers, seeks to satisfy higher needs and engages the full person of the follower. The result of transformational leadership is a relationship of mutual stimulation and elevation that converts followers into leaders and may convert leaders into moral agents. However, Gronn (1995:15) gives an opposing view that there are remarkably few empirically documented case examples of transformational leaders.

Bass (1997:1) indicates that the critics of transformational leadership suggest that it:

- Lends itself to amoral puffery since it makes use of impression management
- Lacks check and balances of countervailing interest, influences and power to avoid dictatorship and oppression of a minority by the majority
- Is antithetical to organisational learning and development involving shared leadership, equality consensus and participative decision making
- Encourages followers to go beyond their own self interest for the good of the organisation, emotionally engages followers irrationally in pursuit of evil ends contrary to followers' best interests
- Manipulates followers along a "primrose path" on which they lose more than gain.

Hellriegel, *et al.* (2004:301) are of the view that followers of transformational leaders feel trust, admiration, loyalty and respect for the leader and are motivated to do more than they thought they would do. Transformational leaders make tomorrow's dreams a reality for their followers. Jones and George (2003:461) concur that followers of transformational leaders have increasing awareness of the importance of their job and high performance. They are aware of their own needs for growth, development and accomplishment. Followers do not only work for their own personal benefit, but also for the good of the organisation.

According to Pielstic (1998:20), transformational leadership builds good relationships. Building relationship reflects the interactive, mutual and shared nature of transforming leaders. Doing what one advocates, role modelling and setting an example describe the consistency of actions critical to building trust to followers. The trust of followers must be earned. Transformational leaders are caring and respond to the needs and interests of followers. The mutual relationship is equitable and considerate showing concerns for others. Transformational leaders provide support, they emphasise recognition, and professional development opportunities.

In this study, transformational leadership is defined as leadership style focused on effecting revolutionary change in nursing through commitment to the nursing college's vision. Transformational leadership includes specific leadership behaviours and strategies implemented by nursing education leader to facilitate transformation.

To implement each of the above mentioned behaviours, strategies are used by the transformational leader. Each of these behaviours and support strategies were discussed later in this chapter and described model (Chapter six). To enable the agent to lead effectively as a college principal, transformational leader research is of vital importance, therefore the agent also acts as a researcher. The agent as a researcher implements quantitative and qualitative research in the nursing college to investigate, validate and refine existing practices in the nursing college and to generate new knowledge that can help to facilitate quality nursing college management and quality nursing education and training.

5.2.2. CONCLUSION STATEMENTS FOR A TRANSFORMATIONAL LEADER

The following concluding statements for transformational leadership are highlighted below:

- The leader articulates a compelling optimistic vision of the future. The leader takes a stand on controversial issues and is confident that goals will be achieved. In this way the leader inspires the followers.
- The leader provides intellectual stimulation for the followers by encouraging them to see solutions to problems from different perspectives and to be creative when completing tasks. The leader places emphasis on values, beliefs, morals and trust in working towards a common mission.
- The transformational leader tries to motivate followers to take risks by intellectually to be able to that; the transformational leader needs to set a personal example to gain the trust of the followers.
- The transformational leader engages in activities that promote identification-based trust. Activities that strengthen identification-based trust including developing a collective identity, creating joint products and goals and committing to commonly shared values.
- The transformational leader engages in individualised consideration, in diagnosing individual needs and capacities in order to be able to attend to them. The transformational leader makes a concerted effort to provide followers with direction, attention, structure, advice and feedback.

- The understanding of the follower's needs is analogous with identification-based trust, where the basis of trust is an appreciation of the follower's wants and desires that enables the leader to act effectively on the follower's behalf.

5.3. THE RECIPIENTS: FOLLOWERS (VICE PRINCIPALS, SUBJECT HEADS, LECTURERS, ADMINISTRATIVE STAFF AND STUDENTS)

According to Dickoff, *et al.* (1968:423) the recipient is the receiver of activity. The recipient of transformational leadership are followers (lecturers, administrative staff and students) who are individuals (body, mind, spirit) and are in interaction with the leader (college principal), the other followers and the context. Laub (2004:6) defines followers as followers voluntarily and actively engage in the leadership process by responding to the leader's initiative to identify shared purpose, vision and pursue action toward change. In this model the followers are vice principals and subject heads, lecturers, administrative staff and students within the nursing college.

The followers are vice principals, subject heads, lecturers, administrative staff and students as member of the team in the nursing college who support the leader and is influenced by the leader in the practice of transformational leadership. Followers are potential leaders and participate in individual and group efforts to reach nursing college's goals.

Rabey (1994:152) lists the following reasons why follower and encourage them to put in extra effort to do their best:

- **A goal:** doing something worthwhile. The follower understands why the work is important and the set standards are reasonable
- **Participation:** doing one's share. The follower's ideas are listened to and the leader discusses aspects with them.
- **Recognition:** counting for something. The follower is recognised as a person and for what he/she can do. They get credit for good work and help when the need arises. They feel part of a group.
- **Communication:** knowing what's going on. The follower knows where he/she fits, what is going on and why. Changes are discussed in advance and the follower's ideas are sought

- **Fair wages:** getting a decent living. The remuneration seems right for the follower's skill
- **Learning:** preparing for the future. The follower is encouraged to develop new skills and to acquire new knowledge and
- **Team work:** doing things together. The followers know the target and take pride in being a team that achieves results.

5.3.1. THE FOLLOWERS WITHIN THE CONTEXT OF THE NURSING WHOLE PERSON THEORY

The followers as recipients (followers) is an individual according to the Nursing for Whole Person theory, "the individual/person is a spiritual being who functions in a bio-psychological manner to achieve his/her quest for wholeness and is in interaction with his/her external and internal environment holistically.

5.3.2. ESSENTIAL CHARACTERISTICS OF THE FOLLOWERS AS RECIPIENT

Followers are challenged to think in new ways, inspired to accomplish goals that were previously out of reach, and motivated to keep values and moral standards in mind when performing (Bass, Avolio, Jung and Berson, 2003:207). Followers trust, admire and show loyalty and commitment toward their leader and organisation as they are motivated to do more than they originally thought they could (Yulk, 2006:14). Followers identify with the organisation's values, mission and vision, which allows for the organisation's culture to be changed (Bass, et al. 2003:208; Krishan, 2005:442; Mester, Visser, Roodt and Kellerman, 2003:75; Odentunde, 2005:73; Podaskoff, MacKenzie and Brommer, 1996:260). Followers' needs are linked to respond to their individual needs (Avolio, Bass and Jung, 1999:442). The aim is for followers to develop their higher potential. The attitudes of followers towards the leader are an indicator of leadership success (Yulk, 2006:28). The followers' assessment of their leader relates to leadership success (Densten, 2003:410). The summarised version of the essential characteristics of followers is highlighted in Table 5.5.

TABLE 5.5 : The essential characteristics of followers

CHARACTERISTICS	
• Support leader • Is influenced by the leader • Loyal and obedient • Devoted to and aware of the importance of the job and high performance • Aware of their needs for growth • Participates in individual and group efforts • Reaches organisational goals • Is a potential leader • Practices under the guidance of the leader • Practices under direct and or indirect supervision of the leader	

The followers are lecturers, administrative staff and students as member of the team in the nursing college who support the leader and is influenced by the leader in the practice of transformational leadership. Followers are potential leaders and participate in individual and group efforts to reach organisational goals. Followers comply with minimum educational requirement of SANC and practice under the guidance and direct and or indirect of the leader. Table 5.6 depicts the specific characteristics of the followers under which the research is based.

TABLE 5.6 : The specific characteristic of followers

Specific Characteristics of Followers		
REGISTERED NURSE AND /MIDWIFE	STUDENT NURSE	ADMINISTRATIVE STAFF
Nurse registered under section 16 of Nursing Act (Act no. 17 of 2005)	Student nurse registered under section 16 of the Nursing Act (Act no.17 of 2005)	Appointed as support staff to the nursing college
Four year comprehensive training (degree or diploma)	Four year comprehensive training (degree or diploma)	Six months to one year clerical or computer course
Three year degree in bachelor of nursing (education, community and administration)		Enrichment programmes specific to work station (procurement, student affairs, etc.)
Can practice independently as Nurse Educator and / Vice Principal	Practice under the guidance and supervision of a registered nurse/lecturer	Practice under the supervision of the registrar of the college
Practice under the scope of practice R2598	Practice under the scope of practice R2598	Practices under the Public Services Act 1999
Functions within the ethical norms and values of the nursing profession	Functions within the ethical norms and values of the nursing profession	Functions within the ethical norms and values of the public service

5.3.3. CONCLUSION STATEMENTS FOR THE FOLLOWERS AS RECIPIENT

The statements for the followers as recipient generated from the conceptual definition, recipient within the context of the nursing for the Whole Person Theory as well as specific characteristics of follower as a recipient.

The following statements are derived from literature by means of deductive reasoning:

- The follower is an individual as a spiritual being who functions in an integrated biopsychosocial manner to support the leader in the practice of effective transformational leadership to facilitate quality nursing college management and interacts with internal and external environment holistically.

- The followers are individuals as members of the nursing college team. The followers include lecturers, administrative staff and students.
- The followers function within a dynamic, interactional relationship with one another as team members and with the college principal as transformational leader.
- The follower is a potential leader.
- Each follower is personally accountable for his/her own acts and omissions but interacts as individual and as a member of the nursing college team under the guidance and direct and/or indirect supervision of the leader to support the leader in transformational leadership.

5.4. THE CONTEXT: HIGHER EDUCATION AND NURSING EDUCATION INSTITUTION

Dickoff, *et al.* (1968:423) defines the framework as the context in which the activity is taking place. In the study the framework for transformational leadership is the nursing college within the nursing service, health service and community. The framework functions as a system. Gillies (1994:603) define a system as a set of objectives or elements in interaction to achieve a specific goal. There is also a specific relationship between the elements and their attributes. A system is also a logical and orderly arrangement of parts an ongoing process that consists of diverse elements and their relationships to each other (Gillies, 1994:71).

Each system consists of interconnected and interrelated subsystems. Each of the sub systems has its own objectives that contribute positively towards the goals of the larger system. As the framework for the study is a complex system, it can also be divided into subsystems namely, the health service, the nursing service and the nursing college. Each of these subsystems has its own objectives that contribute positively to the goals of the system. The objective (terminus) for the nursing college principal as transformational leader and the followers in the nursing college is transformational leadership to facilitate individual and nursing college transformation.

Context refers to the setting or situation in the activity transformational leadership occurs. The context takes on a circular form which incorporates higher education, nursing education, nursing service and health service. This context is structurally related to health sector with devolved governance by provincial authorities. The provision of nursing education is split between the university (National education and the nursing college (Provincial Health), which operates by way of an affiliation agreement with the university. Both these education settings use the health services for students' clinical education (Bruce, 2003:139).

5.4.1. THE CONTEXT OF HIGHER EDUCATION

Describing higher education as a context for this research involves an account of its legal status, its purpose and its structure. The Higher Education amendment Act (Act No. 39 of 2008), which regulates all higher education matters, defines higher education as “all learning programmes leading to qualifications higher than grade 12 or its equivalent in terms of the National Qualification Framework”. Established under the South African Qualifications Authority (SAQA) Act (Act No.58 of 1995), the National Qualifications Framework (NQF) is a legal integrated framework for learner achievement, which is expressed as learning outcomes and recorded as a qualification. The quality of a higher education qualification is generally linked to the tradition and purpose of the educational institution and not to the specific identity of the institution. In relation to professional qualifications, the university as part of higher education has as its purpose, the development of broad, general abilities that enable professionals to adapt and contextualise their specific practices.

5.4.2 THE CONTEXT OF NURSING EDUCATION

Nursing education as context is described by its purpose, its legal dimensions, and its structure. Mellish, Brink and Paton (1998:7) define nursing education as “a process whereby students are guided, assisted and provided with means, which enable them to learn the art and science of nursing”. South African Nursing Council (SANC) (1992:3) defines the purpose of nursing education to be “specifically directed at the development of the nursing student as an adult on a personal and professional level and should lead to cognitive, affective and psychomotor development of the student. To meet this purpose the SANC (1992) entrusts the responsibility for nursing education to the registered nurses (lecturers and practitioners) but does not preclude the involvement of allied professionals and basic scientists.

5.4.3. THE CONTEXT OF CLINICAL EDUCATION

Clinical education comprises the functional constructs clinical teaching, clinical evaluation and clinical accompaniment (including clinical supervision), which occur primarily in two settings namely, actual patient care areas, i.e. hospitals and clinics. Clinical evaluation, as part of clinical education, has always been difficult aspect of nursing education in terms of resourcefulness and creativity (Gibbons, Adamo, Padden, Ricciardi, Graziano, Levine and Hawkins, 2002:217). Clinical accompaniment is a mandatory of lecturers and registered nurses during their clinical education function (SANC, 1992). It requires the creation of a supportive learning environment in which the clinical learning is facilitated (Morton-Cooper and Palmer, 1993:12).

The context is the nursing college within a nursing service and a health service with internal and external environments interacting to impact on the outcome of transformational leadership. The context also includes the context of the leader in which the leader functions as college principal, lecturer, transformational leader and researcher.

5.4.4. CONCLUSION STATEMENTS FOR THE CONTEXT: HIGHER EDUCATION AND NURSING EDUCATION

The following statements are derived from the conceptual framework by means of deductive reasoning:

- Transformational leadership necessitates a holistic approach by the leader as college principal
- There are several internal and external forces impacting on the practice and the outcome of successful transformational leadership
- The context is dynamic and consists of a variety of dimensions namely, nursing college, transformational leadership and research
- *There is a dynamic interaction between the internal environment (within the individual and nursing college) and external environment (the nursing service , health service and community)*
- External changes in the nursing service, health service and community necessitates transformational leadership in the nursing college.

5.5. THE PROCEDURE: TRANSFORMATIONAL LEADERSHIP

According to Dickoff, et al. (1968:423) the procedure includes the guiding procedure, technique or protocol of the activity. The procedure of transformational leadership includes the implementation of specific behaviour (with supportive strategies) in the quest for successful transformational leadership to facilitate individual and nursing college transformation.

Behaviour is what that the leader implements for successful transformational leadership. Bennis and Nanus (1985) in Marriner-Tomey (1993:4) identify increasing self-awareness, building trust, creating meaning through communication, developing the vision and empowerment as transformational leadership.

By implementing these specific behaviours the leader strives for successful transformational leadership. To attain the desired behaviours the leader implements specific support strategies. A strategy or the "how" comprises the needed actions that leadership should be implemented to enhance the behaviours of transformational leadership. The first behaviour that the leader implements is to increase his/her self-awareness and to increase the self-awareness of the followers in the nursing college.

5.5.1. FIRST BEHAVIOUR THAT THE LEADER IMPLEMENTS: SELF-AWARENESS

Self-awareness is defined by the Concise Oxford Dictionary (1999:727) as conscious of one's feelings, motives and having a consciousness of one's own identity, acts, and thoughts. Covey (2006:67) states that self-awareness enables us to stand apart and examine even the way we "see" ourselves our self paradigm. Self-awareness does not only affect our attitudes and behaviour but also how we see other people. It becomes our map of the basic nature of human kind. Only when we are able to see ourselves will we be able to understand how others see and feel about themselves and their world. According to Charlton (1992:87) self-awareness includes knowledge of one's strengths and weaknesses and the ability to discern between one's strength and weaknesses.

For the leader, self-awareness means to be aware and conscious of his/her own identity, acts, thoughts, feelings and motives. The leader should show himself /herself as thinking, feeling being interacting with an ever changing world and to be open to experience.

Self-awareness and self understanding should not be regarded as synonyms. Taylor (1994:68) defines self-awareness as becoming aware of what a person believes and feels. Self understanding implies knowledge and understanding of why one feels and believes as one does. For the scope of the study and the purpose of the model of transformational leadership in the nursing college, the researcher concentrates on self-awareness only.

Stuart and Sundeen (1999:95) describe four interconnected parts of self-awareness, namely:

- Psychological component of self-awareness. This component includes awareness of one's emotions, motivations, self concept and personality. It means being sensitive to one's feelings
- Physical component of the self is the awareness of personal and general physiology, one's bodily sensations and one's physical potential

- Environmental aspect of the self consists of one's social environment, relationship with others and the awareness of the relationship between humans and nature
- Philosophical component refers to the sense that one's life has meaning. One's personal philosophy of life and death may or may not include a formulation of a superior being, but it does take into account the world in which one lives and the ethics of one's behaviour

The purpose of self-awareness is to achieve open and personal communication. The leader and the followers should be able to examine personal feelings and reactions and have a clear understanding and acceptance of the self to enable them to function optimally in the nursing college.

Strategies to increase self-awareness according to Stuart and Sundeen (1999:95) include listening to oneself, listening to and learning from others and self disclosure. Firstly, listening to oneself means allowing oneself to experience genuine emotions, identify and accept personal needs by exploring one's own thoughts, feelings, memories and impulses. Listening to and learning from others through active listening and openness to feedback is necessary as knowledge of oneself is not possible in isolation. Lastly, self disclosure involves revealing yourself to others, sharing perceptions and allowing the gain of new information.

The leader should implement strategies to increase his/her own self-awareness and should also encourage the followers to implement these strategies to increase their self-awareness to facilitate transformational leadership in the nursing college.

The process of increasing self-awareness can sometimes be painful experience, especially when one is in conflict with one's self ideal. The advantages of increasing self awareness include an integration of the aspect of one's being more vitality, readiness for action, more committed choices and more authenticity in relationships. Authenticity also means to be open to explore one's self, one's thoughts, needs, emotions, values, defences, communications, problems and goals. Increasing self-awareness presents a challenge to the person to accept the limitations of the self or to change the behaviours that support these limitations (Stuart and Sundeen, 1999:95).

According to Taylor (1994:69), increasing self-awareness leads to acceptance of the self and others. Increased self-awareness also frees energies for other activities and makes control and make control over one's own behaviour possible. Charlton (1992:09) adds the following advantages that accrue to self-awareness:

- Development of personal strengths and weaknesses
- Commitment of self development and continual learning (growth and change)
- Perception of change and threatening situations as a challenge and opportunity for change (cognitive hardiness)
- Acceptance of responsibility for creating individual life-experiences rather than blaming people or circumstances for misfortunes (responsibility and internal locus of control)
- Ability to diagnose and change inappropriate behaviour and independently take constructive action (personal mastery)

Covey (2006:92) also argue that through self-awareness we become conscious of disciplines of weakness, disciplines of improvement, disciplines of talent that could be developed or changed in our lives. The advantages of increased self-awareness by the leader and the followers can thus be summarised as follows:

- It increases knowledge of the leader and the follower's strength and weaknesses. It also presents a challenge to accept the limitations or to change the behaviour to overcome limitations and accept oneself
- It promises open and honest communication
- It promotes open exploration of one's self, one's thoughts, needs, emotions, values, defences, problems and goals
- It frees energies for transformational leadership activities and makes control over one's own behaviour possible
- The leader and the follower becomes committed to continual learning and personal as well as professional development
- The leader and follower accept the responsibility to create individual life experiences rather than blaming people or circumstances for misfortune
- It promotes the ability to diagnose and change inappropriate behaviour and to independently take constructive action to change this behaviour
- It leads to effective inter-personal relationships in the nursing college because the leader and the followers communicate more clearly and openly.

Self-awareness occur when the leader and the followers are aware of and have knowledge of their internal environment (body, mind and spirit) as well as their external environment

(physical, psychological and spiritual) by means of listening to themselves and listening to and learning from others.

5.5.2. CONCLUSION STATEMENTS FOR SELF-AWARENESS

The following statements are derived from the conceptual framework by means of deductive reasoning:

- Self-awareness is to be aware of one self and to have knowledge of the internal environment (body, mind and spirit) as well as the external environment (physical, psychological and spiritual)
- The leader increases his/her own self-awareness with the purpose of having a clear understanding of the self and encourages followers to increase their self awareness

The next behaviour that leader engages in is the building of trust.

5.5.3. SECOND BEHAVIOUR THAT LEADER IMPLEMENTS: TRUST

Covey (2006:188) defines trust as the feeling of safeness you have with another person. Covey (2006:182) states courtesy, kindness, honesty and keeping commitments increases the level of trust between people and that trust leads to open, mutual learning and communication and real creativity. Covey (2006:183) describes the following strategies to build trust and maintain trust:

- Understanding the individual: Really seeking to understand the other person is a very important way to build trust
- Attending to the little things: In any relationship the little things like kindness, being courteous are the big things
- Keeping commitments: If commitments are broken often, trust is broken
- Clarifying expectations: This will prevent misunderstandings and conflicts in future and will build trust between the parties
- Showing personal integrity: Personal integrity generates trust as it means to keep promises and to fulfil expectations and
- Apologising for mistakes: Apologies should be made sincerely.

Trust is therefore confidence, dependence, hope faith, reliance, respect and feeling of safeness between all members in the nursing college. Charlton (1992:80) states that building trust should take place on both an individual and an organisational level. Trust is gained by doing the right things with clarity and reliability and trust also implies accountability and predictability. It is the leader's commitment to the followers in the nursing college that promotes trust. Trust is dependent on the followers' contribution being recognised and their accomplishment celebrated.

Trust forms the basis of any successful human activity and it leaves the followers satisfied, open the door to future relationships and interaction between the leader and the followers and between the followers. Fundamental to trust is the understanding of follower expectations. Leaders can only lead when they have followers and leaders can only deliver and achieve things through followers. The only way that the leader-follower relationship can be complimentary to both parties is when it is built on trust.

Another way the transformational leaders can communicate trust is through a decentralised structure where authority, accountability and responsibility for problem solving and decision making are delegated to the most appropriate level in the organisation. By implementing a decentralised structure to which authority, accountability and responsibility for problem solving and decision making are delegated the leader communicates trust and encourages the followers to participate in the management of the nursing college. the followers' knowledge, skill and experience are recognised and utilised. Risk taking by the followers in the nursing college is encouraged and new ideas from the followers are sought and implemented.

The transformational leader also creates trust by providing constant and honest feedback to the followers. He/she should always respect effort, even though mistakes are made from time to time. Therefore, the leader in the nursing college must give honest, open feedback to the followers but is sensitive to the followers' feelings. The leader should implement the above-mentioned strategies in day to day practise of successful transformational leadership in the nursing college. Trust is a two-way process of confidence, dependence, faith hope, reliance and a feeling of safeness between the leader and followers and also between different followers within the nursing college.

5.5.4. CONCLUSION STATEMENTS FOR TRUST

The following statement for trust is derived from the conceptual framework by means of deductive reasoning:

- After the leader has increased his/her own and the follower's self-awareness he/she engages in building trust, as trust forms the basis of all the behaviours and strategies for transformational leadership.
- Trust is gained by openness, transparency to followers
- Trust is gained by providing feedback and give constructive criticisms to followers

The next behaviour that the leader implements in transformational leadership is communication.

5.5.5. THIRD BEHAVIOUR THAT LEADER IMPLEMENTS: COMMUNICATION

Covey (2006:237) states that communication consists of writing, speaking and reading. According to Carkhurf (2000a:17) and Egan (1998:13) there are effective communication behaviours, regardless of the setting or nature of the helping relationship, the personal values and beliefs of the involved, the domain selected, or the theoretical orientation of the professional helper, the underlying prerequisite skill in any effective helping relationship is empathetic communication. The level of trust between helper and helpee during the first stage of helping, the relationship stage, is developed using communication skills within an empathetic context. Empathy, defined as both understanding another person's emotions and feelings from that person's frame of reference and conveying that understanding is vital to the effectiveness of communication skills. Empathetic communication skills leading to trust, then, are essential to the effectiveness of the whole helping process. Likewise, teaching empathetic communication skills is an essential component of working with couples, families, organizational system, and just about any human relations setting.

Communication in this sense means the helper's capacity to listen, pay attention, perceive, and respond verbally and nonverbally to the helpee in such a way as to demonstrate to her or him that the helper has attended, listened, and accurately perceived. It means responding as opposed to reacting. This ability can be learned by most people, whatever their educational background or personality. It is a skill that requires continual practice, as does any other type of skill. Not surprisingly, the people considered by others to be most helpful in formal or informal settings possess good communication skills, respect, sharing, affection, protection, potency, and non-judgemental acceptance.

The leader in the nursing college should adhere in the principles in all his/her written communication such as writing of report, memoranda, appraisals and motivations. He/she also guides and supervises the followers in the implementation of these principles. Effective

written communication is not the only inter-personal skill that the leader utilises. The helpful behaviours that improve communication are reflected on Table 5.7.

TABLE 5.7 : Helpful behaviours (Stuart and Sundeen, 1999:451)

VERBAL	NONVERBAL
Uses understandable words	Maintains good eye contact
Reflects back and clarifies helpee's statements	Occasional head nodding
Appropriately interprets	
Summarizes for helpee	Facial animation
Responds to primary message	Occasional smiling
Uses verbal reinforcers (for example, "Mm-hm," "I see," "Yes")	Occasional hand gesturing
Calls helpee by helpee's preferred name	Close physical proximity to helpee
Appropriately gives information	Moderate rate of speech
Answers questions about self as appropriate	Body leans toward helpee
Uses humour occasionally to reduce tension	Occasional touching as appropriate
Is non-judgemental and respectful	Relaxed, open posture
Adds greater understanding to helpee's statement	Confident vocal tone
Phrases interpretations tentatively so as to elicit genuine feedback from helpee	

It is important that the leader implements these principles for effective listening and also guides supports and supervises the follower in the implementation of these principles. As a leader, it is important to be able to verbally communicate effectively with other members of the multi professional team and with the followers.

Burns and Grove (2007:158) describe specific strategies for effective reading. Skimming is a quick review of a source to gain an overview of the content. Comprehending is reading, the entire source carefully to understand the major concepts and the logical flow of ideas. During analysis the content is divided into parts to be examined in-depth. Synthesis is the cluster ideas together to form a meaningful whole.

To facilitate individual and nursing college transformation the leader implements all principles for effective communication and also guides, supports and supervises the follower in the

development and implementation of these principles. The leader in the nursing college should adhere in the principles in all his/her written communication such as writing of report, memoranda, appraisals and motivations. He/she also guides and supervises the followers in the implementation of these principles. Effective written communication is not the only interpersonal skill that the leader utilises.

5.5.6. CONCLUSION STATEMENTS FOR COMMUNICATION

The following statement is derived from the conceptual framework by means of deductive reasoning:

- To create meaning through communication the leader communicates a vision and provides meaning through communication employing listening, speaking, reading and writing skills.
- Communication should not be taken for granted because it is a skill and must developed and nurtured
- Communication enhances quality service delivery

Another behaviour that the leader implements is to develop a vision.

5.5. 7. FOURTH BEHAVIOUR THAT LEADER IMPLEMENTS: VISION

According to Nader, Shaw and Walton (1995:73), vision is a broad qualitative statement of what the organisation will be in the future. It is image of a future state that is realistic and compelling and better than the present state. According to Charlton (1992:47), the vision is a picture, target or goal of the future that is realistic, credible and consequently better than the present. He further states that a positive and attractive, clearly understood vision serves as one of the most important motivators to stir followers into action. It provides focus and transmits clarity of what is expected from employees. Visionary competence, according to Charlton (1992:51), has two fold purposes:

- It motivates people and enables individuals to find their own organisational roles. It helps people to engage in a creative and purposeful venture
- It helps to get people's attention and provides a sense of focus as to the organisational direction

Charlton (1992:50) states that the vision has several purposes, such as:

- Create an attractive future that motivates people and encourages individuals to find their role in the organisation
- Help people to engage in a creative and purposeful venture
- Provide a sense of focus as to where the organisation is going
- Provide focus concerning the central focus and purposes of the organisation
- Align human energies towards a common end, rather than be fragmented and
- Engender commitment, rather than compliance to the purpose of the organisation

The purpose of a vision for the nursing college is therefore to:

- Create a purposeful and attractive future that motivates the leader as well as the followers
- Encourage the leader and the followers to each find their role in the nursing college
- Provides a sense of focus as to where the nursing college is aiming
- Provide a focus on successful transformational leadership to facilitate and nursing college transformation
- Align the energies of the leader and the followers in the practice of transformational leadership in the college and
- Engender commitment, rather than compliance, to successful transformational leadership in the nursing college

According to McDaniel (1993:26) a vision is an image of a potential and it implies anticipation. A well formulated vision provides a focus for all members in the institution. The vision also provides direction to action. The role of the leader is to formulate and develop a comprehensive view and vision after analysing the past and the present of the specific institution. In the nursing college the vision is an image of the potential nursing college. The role of the leader and the followers is to formulate and develop a comprehensive vision after analysing the past and the present situation of the nursing college. McDaniel (1993:28) states that developing a vision includes four cognitive skills, namely: expressing, explaining, extending and expanding the vision. The development of a vision for the nursing college is done by means of creating, explaining and implementing the vision.

The first step in creating a vision is the clarification of personal visions by examining individual beliefs and mental models, and asking the following questions of principals and staff members (Wendel, Hoke and Jockel, 1996:68):

- What do we want the organisation to accomplish? For learner? For the community?
- What will the result look like? From the point view of learners? From the point of view of staff? From the point view of the community?
- How different are individual views of success from others?

It is important to move toward the creating a shared vision with clearly articulated desired results in a school organisation. As shared vision is much more than a statement of mission or collection of descriptors. It is a governing force guiding each member of the organisation, as measured by consistency of the beliefs, values and assumptions with everyday decisions and behaviours of the members. A shared vision is not stagnant but dynamic as the organisation develops and evolves (National Commission on Education, 1997:77).

According to Kotter (2001:5), leaders must assist in building the organisation's vision and inspiring employees, customers and colleagues to support the vision. The leader must envision, together with fellow employees, the type of the "future" the company aspires to. This "ideal future" should be exciting and challenging enough to attract and retain the best and most talented employees. The commitment and willingness of employees to achieve the vision is influenced by the extent to which the leader is able to build a shared vision, desired picture of the organisation or unit. Twenty-first century learning organisation leaders look for new growth opportunities that often undergo unnoticed because they do not naturally match the current products and services of the business. They look for a tangible corporate goal or objective that represents a challenge to the organisation and the same time assists the organisation to build the competitive advantage it needs to be successful.

Beach and Reinhartz (2000:87) assert that creation of a college ethos that emphasises a shared vision and collaboration is in keeping with transformational leadership. Transformational leadership is important in meeting the challenges facing college today. In transformational leadership, the leader pays attention to the individual and provides opportunities for them to achieve and grow in a supportive environment. Hopkins, Ainscow and West (1994:3) concur that college improvement is regarded as a distinct approach to educational change that embraces learner outcomes as well as strengthening the school capacity for leading change.

The vision of the nursing college should emphasise priorities, common goals and collaboration. The vision should describe the nursing college's aspirations and intentions. It should also indicate how these aspirations and intentions are to be reached. Developing a shared, joint vision is a way of empowering the followers. In the process of creating the vision the leader utilises techniques such as brainstorming.

In order to communicate a vision in such a way that other people will assimilate it, the transformational leader should develop coalitions and support. There will always be people that will not support the vision. This requires sensitivity to others and also the ability to negotiate agreement and trust (Lynch, 1993:77). Young (1992:25) states that the vision should be clearly and consistently communicated when the leader interacts with individuals or groups throughout the organisation.

The leader should aim at open, honest, clear and participative statement of support for the vision. The final version of the vision should be expressed and explained so that it becomes clear, meaningful and motivational to the followers. If the final version is in written and printed format, each follower in the nursing college should receive a copy as well as an explanation, if necessary. If the vision is pictorial or abstract it should be explained verbally, followed by written explanation. The final step in the development of a vision is the implementation thereof. When the vision is implemented it should be used in the day to day practice of successful transformational leadership within the nursing college. It should be integrated onto every aspect of the nursing college such as the mission statement, philosophy, goals, policies and procedures.

5.5.8. CONCLUSION STATEMENT FOR VISION

The following statement regarding the vision is derived from the conceptual framework by means of deductive reasoning:

- To develop an effective vision for the nursing college, it should be created, explained and implemented.
- Include clear, realistic, credible, workable solutions to significant problems
- Be clearly and consistently communicated through open and honest support
- Include a participative process between the leader and the follower
- Emphasise priorities, common goals and collaboration and
- Encapsulate the individual's/organisation's aspirations and intentions

After development of an effective vision, the leader engages in empowerment.

5.5.9. FIFTH BEHAVIOUR THAT LEADER IMPLEMENTS: EMPOWERMENT

Mosia (2003:39) defines empowerment as the process of passing authority and responsibility to individuals at lower levels of the organisation. He adds further that leaders must empower their subordinates so as to create an environment of trust and motivation. Empowerment occurs when the leader invests the followers legally and formally with power through the implementation of specific steps for empowerment. The leader, in interaction with the followers, defines new values or revises and reaffirms existing values, shares power and authorises people to think and make innovative and creative decisions to encourage the paradigm shift needed to result in feelings of commitment. Empowerment includes self empowerment. A full description of empowerment will be discussed as the goal (refer to 5.7.)

5.6. DYNAMICS: COLLABORATION AND PARTNERSHIP

According to Dickoff, et al. (1968:422) dynamics is the energy source for the activity. In this study the dynamics are motivating factors demanding transformational leadership to facilitate individual and nursing college transformation. The internal and external environment impacts on the agent (leader) and recipient (followers) and motivates transformational leadership. The impact of the framework context also motivates transformational leadership.

To accommodate all these changes the agent strives towards transformational leadership transformation to facilitate individual and nursing college. The college principal (as agent) and the follower (recipient) should remain dynamic in the transformation process to facilitate survival of the individual (leader and follower), the group (nursing college) and the community (nursing service and health service) and therefore transformational leadership is needed.

Collaboration and partnership is viewed as a philosophy of interaction, a structure and process designed to facilitate accomplishment of an end product or goal through people working together. Through interactive facilitation, effective communication and collaborative dialogue, collaborators share information and collectively contribute to the end product of collaboration through the process and structure of working together.

5.6.1. INTERACTIVE FACILITATION

Collaboration is an interactive dynamic that works towards a common goal (Head, 2004:2). This notion is concurred by Panitx (In Kreijns, Kirschner and Jochems, 2003:336), who sees collaboration as a philosophy of interaction and co-operation, as a structure of interaction designed to facilitate accomplishment of an end product or a goal through people working together. As an interactive process, collaboration should be characterised by shared rules, norms and structures to act or decide on issues related to that domain (Kezar, 2005:833). Social constructivists take the view that knowledge is the product of social practices, interactions and negotiations between relevant social groups, in this context, between, nursing education leaders, vice principals, subject heads, lecturers, administrative staff, students, clinical facility managers and their staff as well as university staff. According to Spector (2001:492) collaboration should be based on the notion of "socially shared cognition" and "distributed cognition". The conceptual understanding of collaboration should therefore be shaped and developed through experiences and interaction with other people (Jadallah, 2000:225). Therefore, for collaborative interaction to be effective it is important that a common ground is established with regard to the collaboration situation, the purpose and expected outcomes.

5.6.2. EFFECTIVE COMMUNICATION

Communication process involves the exchange of information, ideas, or emotions among two or more people (Daniels, Spiker and Papa, 1997:92). The importance of effective communication in collaboration lies in its ability to get participants working together through sharing of strategic information in a comprehensive and productive manner, establishment of common goals, discussing and reaching a consensus on interests and expectations (Clark and Maas, 1998:218). To facilitate shared meaning and understanding, the communication content should be open, simple and clear. For the communicated information to be well understood by all stakeholders, it has to be characterised by accuracy and quality of communication transmitted. In this context, the perception of information quality by Maltz (In Ziegler, 2004:18) is applicable. According to the author, communication quality consists of four factors: credibility, relevance, comprehensibility and timelines.

5.6.3. CONCLUSION STATEMENTS FOR COLLABORATION AND PARTNERSHIP

- Interactive facilitation should be characterised by shared rules, norms and guidance and direction that facilitates the creation of shared meaning, mutual understanding and shared interpretation of the collaboration process
- Interactive facilitation should use a range of interpersonal, communication and group skills to establish a common ground with regard to the collaboration, purpose and outcome of the collaboration process
- An effective communication process should involve the exchange of strategic information, in a comprehensive and productive manner.
- The communication process should engage participants in discussions and debates until a consensus is reached on common interests and expectations of collaboration
- The communication content should be open, simple and clear
- The quality of communicated information should be characterised by four important factors of the exchange process namely; credibility, relevance, comprehensibility and timelines
- Consultation is the tactic of collaborative dialogue that should be used to explicitly gain a shared understanding through exchange of ideas and challenging of the perspectives of, others, until a collective thought is achieved.
- The interaction between the external and internal environment of the leader and followers impacts on transformational leadership and conversely
- The interaction between the internal and external environment of the nursing college impacts on transformational leadership

5.7. GOAL/TERMINUS: EMPOWERMENT

According to Dickoff, et al. (1968:423), the terminus (goal) is the end point of the activity. In this study the goal is successful empowerment for transformational leader to facilitate individual and nursing college transformation.

Mosia (2003:39) defines empowerment as the process of passing authority and responsibility to individuals at lower levels of the organisation. He adds further that leaders must empower their subordinates so as to create an environment of trust and motivation. Empowerment occurs when the leader invests the followers legally and formally with power through the

implementation of specific steps for empowerment. The leader, in interaction with the followers, defines new values or revises and reaffirms existing values, shares power and authorises people to think and make innovative and creative decisions to encourage the paradigm shift needed to result in feelings of commitment. Empowerment includes self empowerment.

According to Telford (1996:133), the responsibilities that come with empowerment demand acceptance of and commitment to collegiality, such as taking a whole school focus, working with others in a democratic way to achieve a shared vision, valuing and respecting others' opinions, frequent communication and sharing information. These actions form an integral part of the transformational leadership process and if taken from a headmaster's point of view, they will impact significantly on the human resources in schools. In this research, the specific strategies implemented to enhance empowerment were:

- The leader should demonstrate commitment to transformational leadership empowerment (walk the talk)
- Followers are encouraged to utilise individual skills and abilities in care provision and team development
- The leader and followers are encouraged to display self empowerment by demonstrating appropriate abilities (knowledge, skills and experience)
- The leader undertakes to focus on the individual and group learning needs of the followers during transformation

According to Crom and Bertels (1999:166), it is not enough to only train the followers by providing the needed knowledge. When followers are not allowed to put the knowledge onto practice, they become very disillusioned and demoralised. The followers should also be allowed and encouraged to put knowledge into practice.

Glover, Friedman and Jones (2002:23) support this by stating that an environment of continuous improvement must be created to ensure that the followers will implement the knowledge gained through training. In addition Chapman (2002:20); states that in order to accomplish a readiness for the change it is important to empower the followers through specific strategies applicable to the specific organisation.

Mosia (2003:39) defines empowerment as the process of passing authority and responsibility to individuals at lower levels of the organisation. He adds further that leaders must empower their subordinates so as to create an environment of trust and motivation. Empowerment is defined as the process by which a leader or manager shares his/her power with

subordinates. Power is interpreted as the possession of control or authority over organisational resources. The emphasis is on the sharing of authority (Conger and Kanungo, 1988:473). Charlton defines empowerment as the act of investing and authorising, where people and organisations are enabled to achieve goals. This involves the sharing of power and authorising people to think and make decisions.

According to Lynch (1993:184) empowerment occurs when the traditional hierarchy starts to fade or fall away and the need arises for the employee to take responsibility for the success of the organisation. Networks start to form and power changes hands. This is when a new political paradigm emerges. New values are developed and assimilated. The nurse leader should recognise these changes and direct energies and powers in a constructive and positive way to form effective and shared networks (organisations). This involves the transformational leaders who are self empowered and who should also empower others to discover and use their unique skills, knowledge, experience and creativity. The leader should be self empowered by means of increased self-awareness (also one of the behaviours of transformational leadership), and should also empower the followers in the nursing college to utilise their unique knowledge, skill, experience and creativity in the support of and participation in transformational leadership.

The paradigm shift results in a feeling of commitment. The participants are proud of the service they render and are therefore more committed. Employee actions are freely chosen, owned and committed to on behalf of the organisation without any requests or requirements to do so.

The nursing college can direct and redesign its goals, roles, systems and management procedures. This is possible because of the support and commitment by the leader and the followers. The leader should in co-operation with the followers, define new or revise and reaffirm existing values to encourage the paradigm shift necessary to result in a feeling of commitment from the leader and the followers so that goals and management systems can be revised and reaffirmed to facilitate the practice of successful transformational leadership in the nursing college.

Empowerment ensures that the followers obtain power they need to become creative and innovative. The main role of leaders will be to empower other people to be their own leaders should be persuasive, creative and intuitive to enhance the skills of the followers. Gunden and Crissman (1992:6) state that it is important that before people can lead others that they should be able to lead themselves as feeling of being personally empowered is essential to empower others. Personal empowerment means self comfort and the ability to manage oneself effectively. When implementing empowerment in the nursing college, the leader

should adhere to and apply the above-mentioned rules to effect successful empowerment in the practice of successful transformational leadership to facilitate quality nursing college management and quality nursing education and training.

Empowerment in the nursing college can enhance and expand personal skills of the followers, offer the followers a greater sense of achievement to facilitate improved motivation. Empowerment increases the followers' sense of control by enabling them to make their own decisions. Followers feel that they can really make a difference and have an impact on the practice of successful transformational leadership. This increases the success of transformational leadership and leads to transformation and repositioning reflected in quality nursing college management and quality nursing education and training.

Empowerment also includes shared governance. The Institute for Health services of Luton along with Mitchell, Brooks and Pugh (1999:192) introduce shared governance as form of participative management that provides nurses with a voice in decision making. Westrope, Vaughn, Bott and Taunton (1995:45) explain shared governance as a structure and environment that provide clinical nurses empowerment. They portray shared governance as an environment where "professional nurses have the legitimate authority to make decisions about practice and the accountability for the outcome of these decisions. Shared governance is seen as a strategy to build partnership, create ownership and facilitate equity and accountability between the clinical nurses and the work environment. This is fundamental to the clinical nurse's job satisfaction, recruitment and retention and subsequent quality of care and patient safety.

Shared governance is a framework that focuses on strategies that empower followers in an environment that respects and encourages individual professional accountability. This concept aligns itself with workplace empowerment and organisational commitment as Green and Jordan (2000:2) describe shared governance "as a way to maintain nursing job satisfaction, quality care and fiscal viability".

Hess (1998:36) describes governance as "a multidimensional concept that provides the structure and outlines the process by which organisational participants direct, control and regulates many goal oriented efforts of other members". Hess (2004:27) suggests that governance is a "complex phenomenon that encompasses power, control, influence and authority within organisations". He maintains that shared governance considers the primary sources for practice as the providers themselves, "thus to control practice, nurses must have influence over themselves as a professional group".

Shared governance allows each follower an equal vote in major decisions and the practice of nursing is converted from subservient to autonomous. In transformational leadership it is the responsibility of the leader to create an environment that stimulates and inspires individuals and that promotes staff development. The central aspects of shared governance are autonomous, authority and accountability of followers (Boeglin, 1993:91).

Perlman and Takas (1990) in Marquis and Huston (1994:94) maintain that there are ten emotional phases in the change process. These ten emotional phases are summarised in table 5.7.

TABLE 5.8 : Emotional phases of planned change (Perlman and Takas (1990) in Marquis and Huston)

EMOTIONAL PHASE	DESCRIPTION
1. Equilibrium	Characterised by high energy and emotional and intellectual balance. Personal and professional goals are synchronised
2. Denial	Individual denies reality of the change. Negative changes occur in physical, cognitive and emotional functioning
3. Anger	Energy is manifested by rage, envy and resentment
4. Bargaining	In an attempt to eliminate the change, energy is expended by bargaining
5. Chaos	Characterised by diffused energy, feelings of powerlessness, insecurity and loss of identity
6. Depression	Defence mechanisms are longer operable. No energy left to produce results. Self pity apparent
7. Resignation	Change accepted passively, but without enthusiasm
8. Openness	Some renewal of energy in implementing new roles or assignments that have resulted from the change
9. Readiness	Wilful expenditure of energy to explore new event. Physical, cognitive and emotional reunification occurs
10. Re-emergence	Individual again feels empowered and begins initiating new projects and ideas

There are, however, strategies that the leader can utilise to limit or overcome resistance to change. Kruger (1994:50) recommends the following strategies in this regard.

5.7.1. INVOLVEMENT AND PARTICIPATION

As people tend to support what they helped to build, they also tend to integrate the available information in the planning of the envisaged change. However, the disadvantage of this strategy is that it is very time consuming as all parties should be allowed sufficient time to contribute to the change process. Silber (1993:63) also states that when introducing change, don't spend time on people, and invest time in people. Leaders should communicate openly and avoid surprises.

5.7.2. FACILITATION AND SUPPORT

Facilitation is used to help people gain the required new skills for the implementation of change. Support implies that management should make the transformation as easy as possible and will consistently encourage the people's effort. The use of facilitation to achieve specific goals inequality control and quality management and clinical audits and team building (Baker, Sorrie, Reddish, Hearnshaw and Robertson, 1995; Loftus-Hills and Harvey, 2000) is also documented. In the dynamic Standard Setting System (Royal College of Nursing, 1990), facilitation is identified as one of the key building blocks of a method that aims to promote from Heron's model of counselling and aims to translate the core principles of teamwork, devolved responsibility, consensus decision making and local ownership of quality improvement into practice.

5.7.3. NEGOTIATION AND REWARD

Negotiation implies continuous deliberations and bargaining to arrive at an agreement. There should be a spirit of give and take from all participants. Management can also offer concrete rewards like bonuses, salary adjustment and recognition for co-operation from the staff.

Kruger (1994:53) summarises a few guidelines. Change is more acceptable if:

- It does not threaten the person's security
- Those who are affected in the change process
- It follows a series of successful changes rather than arises from a series of failures
- It is well planned and well structured
- The participants share in the advantages
- Staff have been trained to plan and strive continually for improvement

- Communication is direct and honest with complete and factual information. The specific purposes and objectives should be provided to minimise apprehension and make follower feel less threatened
- Followers derive security, influence self esteem from belonging to a group. The degree of trust a follower feels as well as the social processes of the work group will affect a person's (follower) attitude towards change (Silber, 1993:60).

It is therefore important in the implementation of change (transformation) in the nursing college that the leader should communicate to and support and educate the members of the nursing team (as followers). The members of the nursing team (followers) should become stakeholders and participate in the planned change and all change in the nursing college should be implemented slowly.

5.7.4. ESSENTIAL CHARACTERISTICS OF THE EMPOWERMENT

- Successful practice of transformational leadership
- Within the specific context
- Facilitate individual and nursing college transformation
- Followers co-operate/participate as individuals and as nursing team
- Support leader in transformational leadership

5.7.6. CONCLUSION STATEMENTS FOR EMPOWERMENT

The following statements regarding empowerment are derived from the conceptual framework by means of deductive reasoning.

- The leader in interaction with the followers, defines new values or revises and/or reaffirms existing values to encourage the needed paradigm shift that results in feeling of commitment so that the nursing college and the nursing service redirect and redesign goals, roles and management systems
- The leader realises that variables such as nursing college beliefs about authority and status control perceptions, needs and attitudes, nursing college inertia, personal and inter-departmental barriers, follower number, categories of followers and their skills, ability and willingness of followers to assume responsibility as well as accountability, together with management competence affects empowerment in the nursing college.

- When empowerment the followers in the nursing college, the leader adheres to certain rules for empowerment, such as envisioning a shared vision and removing barriers to empowerment to express notions on empowerment educate on and enthuse on empowerment, evaluating the empowerment process and building trust through open two way communication.
- The leader practices successful transformational leadership to facilitate individual and nursing college transformation
- The leader practices transformational leadership by implementing the behaviours of transformational leadership by utilising his/her capacities as a leader
- The followers interact as individuals and as a team under the guidance and direct and/or indirect to support the leader in successful transformational leadership

5.8 CHAPTER SUMMARY

In this chapter a conceptual framework for transformational leadership by college principals was explored and described by means of theory building approaches of analysis, synthesis and derivation as described by Walker and Avant (2005:28). The survey list of Dickoff, *et al.* (1968:423) was utilised as a framework for the identification and classification of concepts. For the definition of identified concepts, the first two steps of Wandelt and Stewart's (1975:64) three step method were utilised. Through derivation the concept is then written within the framework the Nursing for Whole Person Theory. Lastly, a conceptual definition and statements were derived for each of the identified concepts. The conceptual framework for transformational leadership is summarised in figure 5.9. In chapter six a model is explored and described by means of derivation and deductive reasoning from the conceptual framework.

TABLE 5.9 : Conclusion statements from conceptual framework

TRANSFOR- MATIONAL LEADER	FOLLOWERS	HIGHER EDUCATION AND NURSING EDUCATION	COLLABORATION AND PARTNERSHIP	TRANSFOR- MATIONAL LEADERSHIP	EMPOWERMENT
1.The leader articulates a compelling optimistic vision of the future. The leader takes a stand on controversial issues and is confident that goals will be achieved. In this way the leader inspires the followers. 2.The leader provides intellectual stimulation for the followers by encouraging them to see solutions to problems from different perspectives and to be creative when completing tasks. The leader places emphasis on values, beliefs, morals and trust in working towards a common mission. 3.The transformational leader tries to motivate followers to take risks by intellectually to be able to that; the transformational leader needs to set a personal example to gain the trust of the followers.	7. The follower is an individual as a spiritual being who functions in an integrated biopsychosocial manner to support the leader in the practice of effective transformational leadership to facilitate quality nursing college management and interacts with internal and external environment holistically. 8.. The followers are individuals as members of the nursing college team. The followers include lecturers, administrative staff and students. 9. The followers function within a dynamic, interactional relationship with one another as team members and with the college principal as transformational leader. 10. The follower is a potential leader.	12. Transformational leadership necessitates a holistic approach by the leader as college principal 13. There are several internal and external forces impacting on the practice and the outcome of successful transformational leadership 14. The context is dynamic and consists of a variety of dimensions namely, nursing college, transformational leadership and research 15. There is a dynamic interaction between the internal environment (within the individual and nursing college) and external environment (the nursing service , health service and community) 16. External changes in the nursing service, health service and community necessitates transformational leadership in the nursing college.	17. Interactive facilitation should be characterised by shared rules, norms and guidance and direction that facilitates the creation of shared meaning, mutual understanding and shared interpretation of the collaboration process 18. Interactive facilitation should use a range of interpersonal, communication and group skills to establish a common ground with regard to the collaboration, purpose and outcome of the collaboration process 19. An effective communication process should involve the exchange of strategic information, in a comprehensive and productive manner. 20. The communication process should engage participants in discussions and debates until a consensus is reached on common interests and expectations of collaboration	25. Self-awareness is to be aware of one self and to have knowledge of the internal environment (body, mind and spirit) as well as the external environment (physical, psychological and spiritual) 26. The leader increases his/her own self-awareness with the purpose of having a clear understanding of the self and encourages followers to increase their self awareness 27. After the leader has increased his/her own and the follower's self-awareness he/she engages in building trust, as trust forms the basis of all the behaviours and strategies for transformational leadership.	39. The leader in interaction with the followers, defines new values or revises and/or reaffirms existing values to encourage the needed paradigm shift that results in feeling of commitment so that the nursing college and the nursing service redirect and redesign goals, roles and management systems 40. The leader realises that variables such as nursing college beliefs about authority and status control perceptions, needs and attitudes, nursing college inertia, personal and inter-departmental barriers, follower number, categories of followers and their skills, ability and willingness of followers to assume responsibility as well as accountability, together with management competence affects empowerment in the nursing college.

TRANSFOR- MATIONAL LEADER	FOLLOWERS	HIGHER EDUCATION AND NURSING EDUCATION	COLLABORATION AND PARTNERSHIP	TRANSFOR- MATIONAL LEADERSHIP	EMPOWERMENT
4.The transformational leader engages in activities that promote identification-based trust. Activities that strengthen identification-based trust <i>including developing a collective identity, creating joint products and goals and committing to commonly shared values.</i> 5.The transformational leader engages in individualised consideration, in diagnosing individual needs and capacities in order to be able to attend to them. The transformational leader makes a concerted effort to provide followers with direction, attention, structure, advice and feedback. 6. The understanding of the follower's needs is analogous with identification-based trust, where the basis of trust is an appreciation of the follower's wants and desires that enables the leader to act effectively on the follower's behalf.	11. Each follower is personally accountable for his/her own acts and omissions but interacts as individual and as a member of the nursing college team under the guidance and direct and/or indirect supervision of the leader to support the leader in transformational leadership.		21.The communication content should be open, simple and clear 22.The quality of communicated information should be characterised by four important factors of the exchange process namely; credibility, relevance, comprehensibility and timelines 23. <i>Consultation is the tactic of collaborative dialogue that should be used to explicitly gain a shared understanding through exchange of ideas and challenging of the perspectives of others, until a collective thought is achieved.</i> 24.The interaction between the external and internal environment of the leader and followers impacts on transformational leadership and conversely	28.Trust is gained by openness, transparency to followers 29.Trust is gained by providing feedback and give constructive criticisms to followers 30. To create meaning through communication the leader communicates a vision and provides meaning through communication employing listening, speaking, reading and writing skills. 31.Communication should not be taken for granted because it is a skill and must developed and nurtured 32.<i>Communication enhances quality service delivery</i> 33.To develop an effective vision for the nursing college, it should be created, explained and implemented.	41. When empowerment the followers in the nursing college, the leader adheres to certain rules for empowerment, such as envisioning a shared vision and removing barriers to empowerment to express notions on empowerment educate on and enthuse on empowerment, evaluating the empowerment process and building trust through open two way communication. 42. The leader practices successful transformational leadership to facilitate individual and nursing college transformation 43. The leader practices transformational leadership by implementing the behaviours of transformational leadership by utilising his/her capacities as a leader

TRANSFOR- MATIONAL LEADER	FOLLOWERS	HIGHER EDUCATION AND NURSING EDUCATION	COLLABORATION AND PARTNERSHIP	TRANSFOR- MATIONAL LEADERSHIP	EMPOWERMENT
			25. The interaction between the internal and external environment of the nursing college impacts on transformational leadership	34. Include clear, realistic, credible, workable solutions to significant problems 35. Be clearly and consistently communicated <i>through open and honest support</i> 36. Include a participative process between the leader and the follower 37. <i>Emphasise priorities, common goals and collaboration and</i> 38. Encapsulate the individual's/organisation's aspirations and intentions	44. The followers interact as individuals and as a team under the guidance and direct and/or indirect to support the leader in successful transformational leadership

CHAPTER 6

A MODEL FOR TRANSFORMATIONAL LEADERSHIP FOR NURSING EDUCATION LEADERS IN NURSING EDUCATION INSTITUTIONS

6.1. INTRODUCTION

In chapter five the researcher dealt with the conceptual framework, the identification, classification and the definition of the main concept and related concepts that form the building blocks of the model for transformational leadership for nursing education leaders.

This chapter addresses the model that serves as a framework for nursing education leaders to guide and support lecturers, administrative staff and students to be part of transformation processes. The model description is based on the following:

- The assumptions of the model.
- The purpose of the model.
- The context of the model.
- Overview of the model.
- The structure and the process of the model
- The model evaluation is discussed followed by the guidelines for operationalisation of the model.

6.2. ASSUMPTIONS ON WHICH THE MODEL IS BASED

The following assumptions were identified:

- Nursing education leaders, lecturers, administrative staff and students are individuals. They are spiritual beings who function in an integrated bio-psychosocial manner. Nursing education leaders, lecturers, administrative staff and student interact with their internal environment (body, mind and spirit) and external environment (social, physical and spiritual) holistically.

- Leadership is a God-given talent and talent that should be developed and it is assumed that nursing education leaders can learn the specific behaviours of transformational leadership.
- Nursing education leaders practiced transformational leadership by implementing interdependent and interrelated behaviours.
- Lecturers, administrative staff and students support nursing education leaders in transformational leadership and practice under guidance as well as the direct and /or indirect supervision of nursing education leaders.
- The practice of transformational leadership is a dynamic process that depends on the interaction between nursing education leaders, lecturers, administrative staff, students, goal achievement, motivating forces and behaviours of transformational leadership.
- Through transformational leadership nursing education leaders facilitate individuals and nursing college transformation. However, there is no cause-and-effect relationship between successful transformational leadership and transformation of individuals and nursing college.
- The behaviours of transformational leadership in this model were described within the context of the nursing college and were therefore context bound.

6.3. PURPOSE OF THE MODEL

The purpose of the model of transformational leadership for nursing education leaders is to provide a frame of reference for nursing education leaders. The model emphasises promotion of transformation within the nursing education leadership and is a practice-theory model. In this way nursing education leaders are supported to grow self-awareness, in order to become self responsible and to exercise self direction, expressing their unique potential as nursing education leaders. Promoting wholeness and transformation of life is a long term goal.

6.4. THE CONTEXT OF THE MODEL

The context of this model is the nursing college within the nursing service, health service and community with internal and external environments interacting to impact on the outcome of transformational leadership. The central focus in the context of this model is transformational leadership for nursing education leaders.

The quality of a higher education qualification is generally linked to the tradition and purpose of the educational institution and not to the specific identity of the institution. In relation to professional qualifications, the university as part of higher education has as its purpose, the development of broad, general abilities that enable professionals to adapt and contextualise their specific practices.

Nursing education as context is described by its purpose, its legal dimensions, and its structure. Nursing education is a process whereby students are guided, assisted and provided with means, which enable them to learn the art and science of nursing. Nursing education is specifically directed at the development of the nursing student as an adult on a personal and professional level and should lead to cognitive, affective and psychomotor development of the student. To meet this purpose the SANC (1992) entrusts the responsibility for nursing education to the registered nurses (lecturers and practitioners) but does not preclude the involvement of allied professionals and basic scientists.

6.5. THE OVERVIEW OF THE MODEL

The transformational leader is the registered, professional nurse and /or midwife, nurse educator, nurse manager in charge of the nursing college who integrates different dimensions: namely that nursing education, nursing college leader, transformational leader and researcher. The nursing education leader practices transformational leadership by implementing behaviours and strategies of transformational leadership whilst the followers support the leader and practice under the guidance and direct and /or indirect supervision of the leader.

The following behaviours of the nursing education leader are described:

6.5.1. SELF-AWARENESS

The nursing education leader has to establish self-awareness behaviour which is critical to transformational leadership whereby self-awareness is to be aware of oneself and to have knowledge of the internal (body, mind and spirit) as well as the external (physical, psychological and spiritual) environments. The nursing education leader increases his/her own self-awareness with the purpose of having a clear understanding of the self and encourages followers to increase their self-awareness.

The strategies for self-awareness include:

- Acknowledge your own strengths and limitations
- Accept the limitations or change the behaviours that support these limitations
- Be aware and conscious of your own identity, acts, thoughts, feelings and motives
- Gain knowledge on your body and physical potential
- Acknowledge your spiritual needs

6.5.2. TRUST

Trust as behaviour for a nursing education leader is very important in transformational leadership because after the leader has increased his/her own and the followers' self-awareness engages in building trust, as trust forms the basis of all the behaviours and strategies for transformational leadership.

The strategies for trust as behaviour encompass:

- Keep your word and keep promises
- Encourage followers by recognising positive traits and accomplishments
- Practice excellence and create an environment that encourages excellence by setting high personal and professional standards
- Display reliable and dependability by being available to provide guidance and/or support when needed
- Display honesty and always tell the truth.

6.5.3. COMMUNICATION

Communication is essential where transformational leadership is to be implemented and to create meaning through communication the leader communicates a vision and provides meaning through communication employing, listening, speaking, reading and writing skills.

The strategies for communication to be effective involve:

- Avoid stumbling blocks in verbal communication such as:
- Unclear/double/vague messages
- Quick thought processes (thinking on behalf of the other person)

- Language problem (not understanding the person's language) and
- External environment disturbances (noise, interruptions)

6.5.4. VISION

Vision is the cornerstone for the success and the progress of the nursing college. The vision maps out the direction the nursing education leader wants his/her followers to follow in order to achieve the desired goals. The nursing education leader has a responsibility to develop an effective vision for the nursing college that should be clearly created, explained and implemented

The strategies for a vision to realise transformational leadership include:

Use an open participative two way process between the leader and the followers

- State a clear, concise, logical and meaningful vision by including workable solutions to significant problems and emphasising priorities and common goals
- Encapsulate the individual's and the nursing college's aspirations, expectations, intentions and opinions
- Create sufficient purpose to the followers to rise above self interest and work together as a team and
- Demonstrate trust and sensitivity

6.5.5. EMPOWERMENT

The nursing education leader, in co-operation with the followers, defines new values or revises and or/ reaffirms existing values to encourage the needed paradigm shift that results in feelings of commitment so that the nursing college and the nursing service redirect and redesign goals, roles and management systems. The nursing education leader realises that variables such as nursing college beliefs about authority and status, control perceptions, needs and attitudes, nursing college inertia, personal and interdepartmental barriers, follower numbers, categories of followers and their skills, ability and willingness of followers to assume responsibility as well as accountability and management competence affect empowerment in the nursing college. When empowering the followers in the nursing college, the nursing education leader adheres to certain rules for empowerment, such as envisioning a shared vision and removing barriers to empowerment, expressing notions on

empowerment, educating in and enthusing about empowerment, evaluating the empowerment process and building trust through open and two way communication.

The strategies for empowerment that followed include:

- Display self empowerment by demonstrating self comfort and self management
- Invest power in and share power with the followers by utilising participative management and by delegating responsibility and authority to the followers to centralise decision making
- Enhance feeling of self efficiency by limiting aspects and conditions that foster powerlessness
- Create an environment in the nursing college where the followers can utilise their unique knowledge, skill, experience and creativity to the fullest

Transformational leadership is practiced in the nursing college, health service and community. The interaction of the internal and external environment (of the transformational leader and the followers) and the framework of the nursing college encourages the practice of transformational leadership. The goal of transformational leadership is professional competence of the individual and nursing college transformation.

6.6. THE STRUCTURE OF THE MODEL

The structure of the model is determined by the concepts identified and its relationship between the concepts. The relationships, in turn, determine the strength and quality of the elements of the model (Chinn & Kramer, 2005). The structure of the model gives overall form to the conceptual relationships within the model and emerges from the relationships within the model. The structure includes the central elements of the model and consists of concepts, statements and relationships between the concepts. The following concepts addressed in this model are: transformational leader, followers, higher education and nursing education context in SA, collaboration and partnerships, the professional education process and professional competence. The model for transformational leadership for nursing education leaders is visually displayed in Figure 6.1.

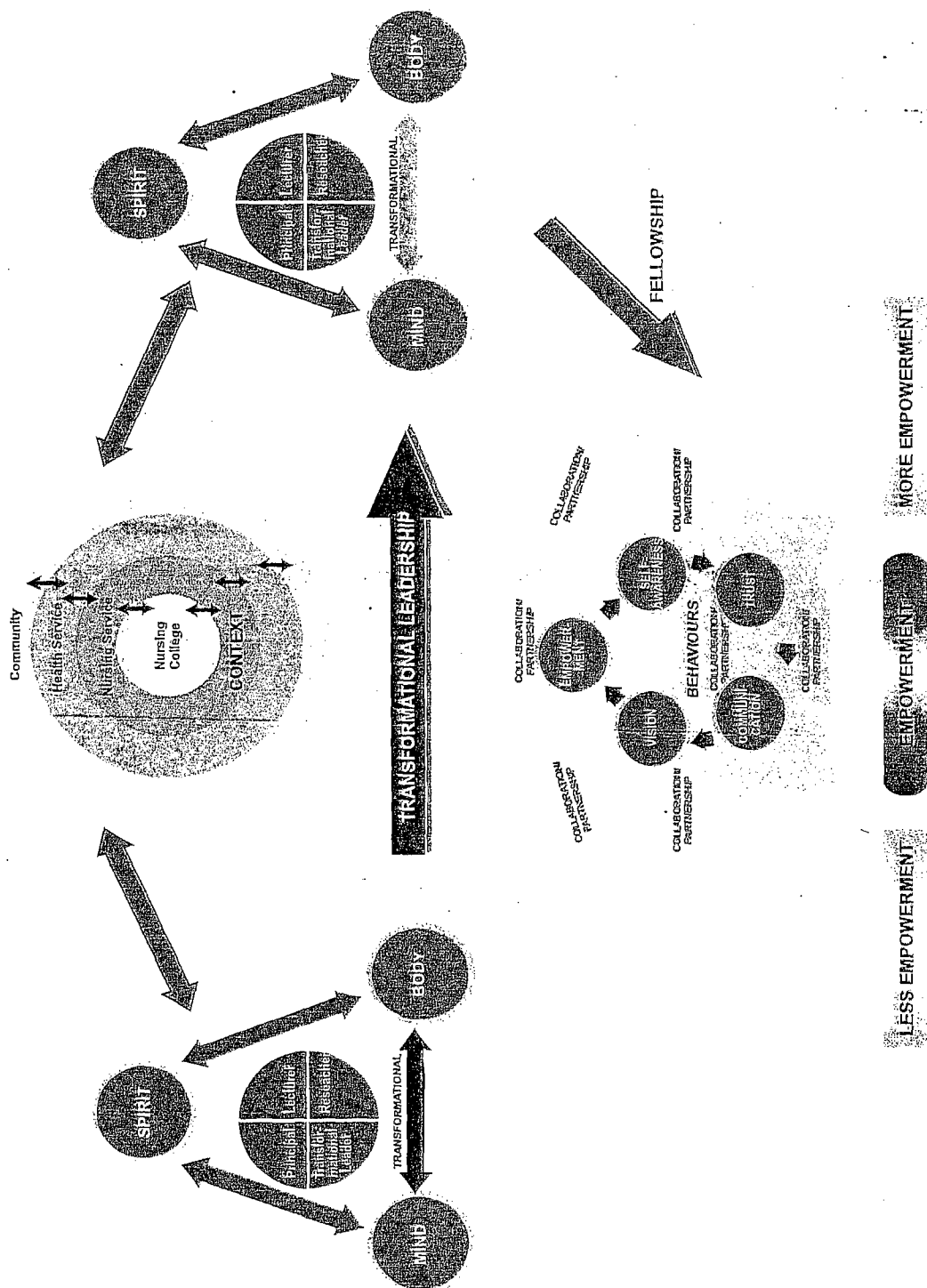


FIGURE 6.1 : A model for transformational leadership for nursing education leaders in the nursing education institution.

6.6.1. DEFINITION OF MAIN CONCEPTS AND RELATED CONCEPTS

The main concept and related concepts were described:

6.6.1.1. Transformational leadership

Transformational leadership is leadership based on a person's need for meaning in its entirety. Transformational leadership is concerned with values including liberty, justice and equality as well as seeking social change and can bring about fundamental change and create new paradigm. Transformational leadership empowers the followers and is motivating and is uplifting.

6.6.1.2. The Agent: Transformational leader

The transformational leader is the college principal in charge of the nursing college, who implement specific behaviours for transformational leadership through enhancing the strategies for each behaviour in the quest for individual team and or nursing college transformation. In this study, the leaders were college principals in the selected nursing colleges in South Africa

6.6.1.3. The Recipient: Followers

The followers are lecturers, administrative staff and students as members of a team in the nursing college who support the leader and are influenced by leader in the practice of transformational leadership. Followers are potential leaders and participate in the individual and group efforts to reach team or organisational goals. In this study, followers were lecturers, administrative staff and students from selected nursing colleges in South Africa.

6.6.1.4. The Context: Higher Education and Nursing Education Institution

The context is the nursing college within a nursing service and a health service with internal and external environments interacting to impact on the outcome of transformational leadership. In this research, the context was selected nursing colleges in South Africa.

Describing higher education as a context for this research involves an account of its legal status, its purpose and its structure. The Higher Education amendment Act (Act No. 39 of

2008) which regulates all higher education matters, defines higher education as "all learning programmes leading to qualifications higher than grade 12 or its equivalent in terms of the National Qualification Framework". Established under the South African Qualifications Authority (SAQA) Act (Act No.58 of 1995), the National Qualifications Framework (NQF) is a legal integrated framework for learner achievement, which is expressed as learning outcomes and recorded as a qualification.

South African Nursing Council (SANC) (1992:3) defines the purpose of nursing education to be "specifically directed at the development of the nursing student as an adult on a personal and professional level and should lead to cognitive, affective and psychomotor development of the student. To meet this purpose the SANC (1992) entrusts the responsibility for nursing education to the registered nurses (lecturers and practitioners) but does not preclude the involvement of allied professionals and basic scientists.

6.6.1.5. Procedure: Transformational Leadership

The professional educational process is the procedure of transformational leadership by implementing behaviour of transformational leadership to promote individual and nursing college transformation. Behaviour in this research is defined as the "action" or the "what" that the nursing education leader implements for promote effectiveness of the individual and nursing college transformation. The behaviours that are essential to facilitation of transformational leaders are: self-awareness, trust, communication, empowerment and vision.

6.6.1.6. Dynamics: Collaboration and Partnership

The nursing education leader (as agent) and the followers (as recipients) remain dynamic in the transformation process to facilitate survival of the individual (leader and followers), group (nursing college) and the community (nursing service and health service) and therefore transformational leadership is needed. The motivational factors as dynamics are interactions between the internal and external environment of the leader and the followers in the transformational leadership and conversely. Collaboration and partnership involves a dialogue and communication wherein nursing education leaders and followers who are self confident and justify their opinions or ideas without fear. Collaboration and partnership requires intrinsic motivation, persistent and vision. Motivation pushes nursing education leaders and followers forward through positive and negative aspects of working together by showing initiative, perseverance and dedication as well as goal oriented.

6.6.1.7. Goal: Empowerment

The nursing education leader practices transformational leadership by implementing behaviours by utilising his/her capacities as a leader and followers interact as a team under the guidance of the and direction of the nursing education leader. The nursing education leader is responsible for gradually establishing a community of enquiry and interpretation through shared purposeful activity involving both the leaders and followers in the cognitive, affective and psychomotor domains. The nursing education leader is responsible for intentionally creating a supportive space for such a community. This can be done by combining intentionality with flexibility (communicating expectations clearly by remaining sensitive to and considerate of individual's needs and expectations) nurturing respectful relationship with followers, intentionally strong to inspire learning, demonstrating passion for the cognitive, affective and psycho motor domains and resisting followers to locate authority unilaterally in the leader and thus be passive. The nursing education leader in interaction with her followers, defines new values or revises and /or reaffirms the existing values to encourage the needed paradigm shift results in feeling of commitment so that the nursing college and the nursing service re-direct and redesign goals, roles and management systems.

6.6.2. THE NATURE OF THE STRUCTURE OF THE MODEL

The nature of the structure of the model provides the description of the structure (circle, arrows and other structures) used in the description of this model. It describes the nature and the aim of the structures.

In the model of transformational leadership the researcher utilises circles, derived from Nursing for the Whole Person Theory, to indicate as whole person and to indicate to continuous interaction between the elements of the internal environment (body, mind and spirit) of the individual (leader and followers). See figure 6.2

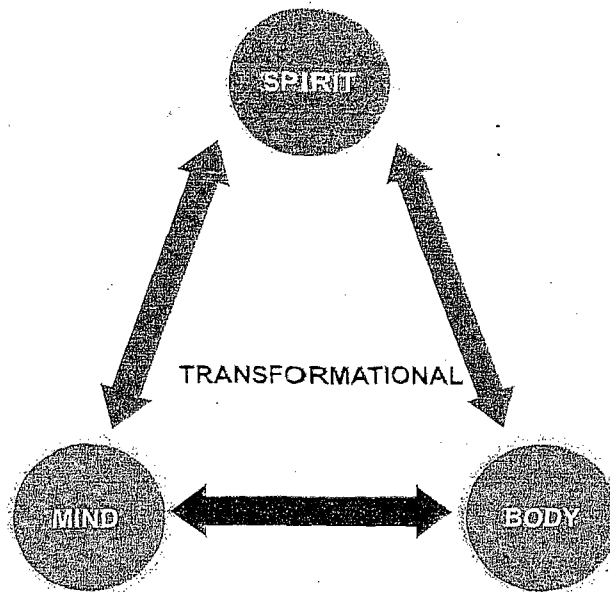


FIGURE 6.2 : The Transformational leader

The context is presented by means of four circles within each other to indicate that the nursing college functions as a subsystem within the other system of the nursing service, health service and community. It also indicates that each of these systems is a subsystem of another system and the arrow indicate that such subsystems are interdependent, interacting and interrelate as indicated by Figure 6.3

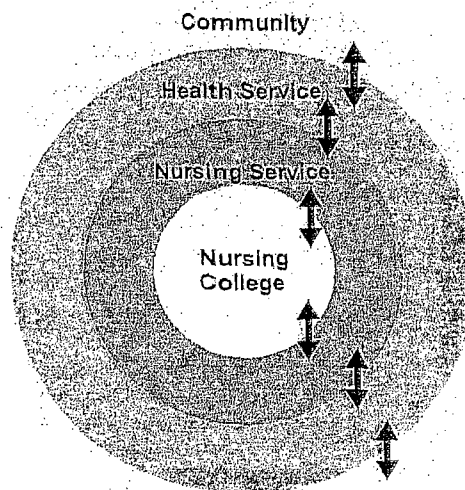


FIGURE 6.3 : The context: Higher Education and Nursing Education

The motivating factors in transformational leadership (internal and external environments) of the leader, followers and nursing college are depicted by means of an arrow with three open ends. This arrow is open ended towards the individual (leader and followers) and towards the context to indicate the impact of the motivating factors and the ongoing interaction between these entities. It is this ongoing interaction that motivates the leader and the followers toward transformational leadership to facilitate individual and nursing transformation as indicated by Figure 6.4.

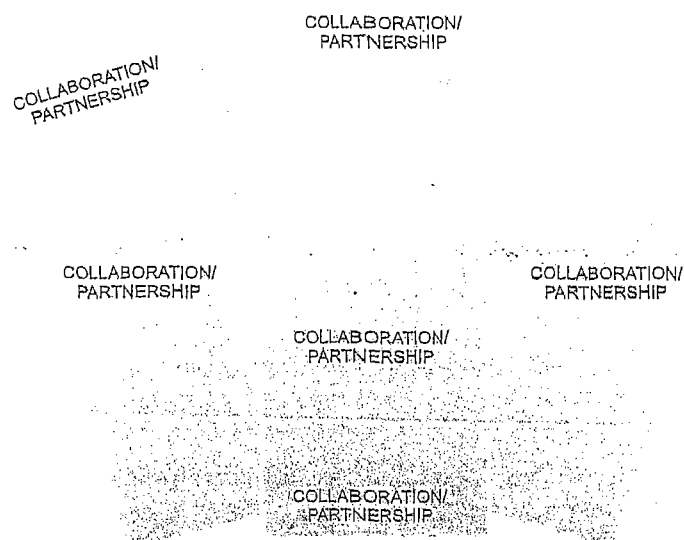


FIGURE 6.4 : Dynamic: Collaboration and Partnership

Arrows are utilised to indicate interaction between individuals (leaders and followers) and the context as indicated by figure 6.4.

The interaction between leadership and followership support of transformational leadership is presented by means of a linear action to indicate that the nursing education leader initiates the process of transformational leadership by implementing the behaviours of transformational leadership (self-awareness, trust, communication, vision and empowerment) and that the followers support the leaders in this action as indicated by Figure 6.5

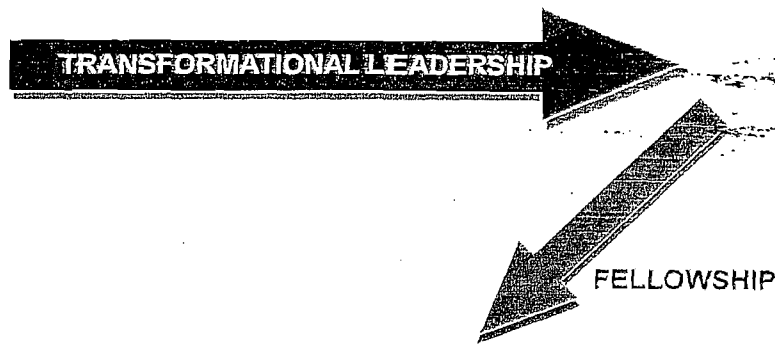


FIGURE 6.5 : Procedure: Transformational leadership and followership.

The circular structure of the behaviours of transformational leadership suggests that it is dynamic, ongoing, interactive and interrelated process. The circular structure indicates the interlinking and interdependent nature of the behaviours of transformational leadership in sequence of action. The process is progressive movement, reflected at the different behaviours that the leader implement as indicated by Figure 6.6

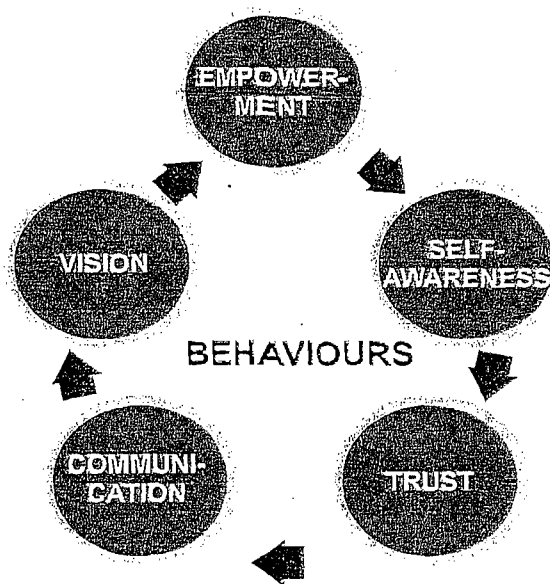


FIGURE 6.6 : Behaviours for transformational leadership

The aim of the model (successful transformational leader) is indicated on a continuum ranging of successful transformational leadership is in a linear relationship to unsuccessful transformation leadership. Successful and unsuccessful transformational leadership are placed at the opposite end of the continuum. It is therefore conceptualised that transformational leadership is a continuous variable and that degrees of transformational

leadership are possible. The more successful the transformational leadership, the greater the individual and the nursing college transformation as indicated by Figure 6.7.



FIGURE 6.7 : The goal: Empowerment

6.6.3. RELATIONAL STATEMENTS OF THE MODEL

All the relational statements of the model are derived from the empiric research and conceptual framework by means of deductive reasoning. Table 6.1 provides a summary of the concluding statements generated from results of the empiric research and the conceptual framework. Each statement presented in the section following will refer (in parenthesis) to the numbers of the concluding statements from which the deductions were made.

TABLE 6.1 : Concluding statements from empirical data

CONCLUSIONS: INDIVIDUAL INTERVIEWS WITH COLLEGE PRINCIPALS	CONCLUSIONS: FOCUS GROUPS WITH VICE-PRINCIPALS AND SUBJECT HEADS	CONCLUSIONS: MULTIFACTOR QUESTIONNAIRE LEADERSHIP (MQL)
Transformational leadership is a challenge and a need exists to adopt a positive paradigm shift, as well as to communicate one's intention and views to followers and the policy makers in order enhance transformation. 46. Colleges continue to function in the traditional way, evidence by staff staying in their comfort zones with little interest in change and transformation. 47. Limited change and transformation has taken place at nursing colleges evident by feelings of inadequacy, lack of creativity, lack of trust, difficult employee relations resulting in failure to deliver on the government's mandate. 48. Lack of support from government for nursing colleges whereby there is a lot of bureaucracy, insufficient funding, lack of participation in policy formulation and college principals have no power and authority to run the colleges. 49. Leaders exercise idealised or charismatic influence by becoming role model for their followers	60. Shared leadership is crucial in the transformational leadership 61. Educator empowerment does not remove the autonomy of the principal but create a new reality and healthy form of shared leadership 62. Empowerment needs leaders who are confident, have a strong sense of direction and who are willing to become a facilitator and an equal in decision making process. 63. Lecturers who report a high level of principal support are more likely to be less stressed, more satisfied and committed to their job 64. Four dimensions of principal support are emotional support, instrumental support, informational support, and appraisal support.	65. Administrative staff had high expectation mean of the principal leadership styles. 66. The student rated the principal's leadership styles moderately. 67. The comparison between administrative staff and students, administrative staff rated principals' higher students. 68. The comparison among Provinces, North West rated principals' leadership styles very low with a mean score of 1.8. 69. The self rating means score by principals had no significance difference. 70. There was a significance difference on the following sub scales; communication, interpersonal relationships and facilitation between students and administrative staff. 71. There was a significance difference between principals and lecturers on the leadership styles of the principals.

CONCLUSIONS: INDIVIDUAL INTERVIEWS WITH COLLEGE PRINCIPALS	CONCLUSIONS: FOCUS GROUPS WITH VICE- PRINCIPALS AND SUBJECT HEADS	CONCLUSIONS: MULTIFACTOR QUESTIONNAIRE LEADERSHIP (MQL)
50. Leaders who practise inspirational motivation behave in ways that motivate and inspire those around them by providing a vision, meaning and challenge to their work 51. Leaders who engage in intellectual stimulation provide support to their followers' efforts to be creative 52. Leaders exhibit individual consideration by providing followers with support, mentoring and coaching. 53. Shared leadership is a very important element in team functioning as it embraces all stakeholders and take ownership of the transformative issues. 54. For progress to take place college principals needs to improve their communication patterns as it should result in a vehicle to the success of managing operations and processes of the nursing college.		

CONCLUSIONS: INDIVIDUAL INTERVIEWS WITH COLLEGE PRINCIPALS	CONCLUSIONS: FOCUS GROUPS WITH VICE- PRINCIPALS AND SUBJECT HEADS	CONCLUSIONS: MULTIFACTOR QUESTIONNAIRE LEADERSHIP (MQL)
55. The college principals are expected to champion the learning environment in order to enhance productivity in the nursing college through implementation of continued staff development programmes as staff that is empowered promotes social cohesion and advancement of the organisation. 56. Transformation becomes a reality when it is inclusive through students' involvement in leadership issues such as students are future leaders. 57. Therefore, grooming, guiding, mentoring and coaching students are crucial as part of nation building as students are the next generations that will lead nursing education and training. 58. The diversity that exists within different groups needs management in order to build one undivided group in nursing education and training. 59. Diversity management is the cornerstone of transformational leaders.		

6.6. 4. DESCRIPTION OF RELATIONAL STATEMENTS OF THE MODEL

The following relational statements are formulated regarding the model for transformational leadership for nursing education leader.

There is a dynamic and interrelational between the nursing education leader and the followers as the nursing education leader practices transformational leadership and the followers support the nursing education leader in this action. In this research the nursing education leaders and followers have interdependent function to ensure that transformational leadership is realised. It is imperative that clear policies and guidelines are developed to ensure that implementation is maximised.

The nursing education leader and followers interact with their internal and external environments. It is vital that nursing education leaders and the followers address the body, mind and spirit as a continuous interaction during transformational leadership

The interaction between the internal and external environment of the nursing education leader and the followers motivates the nursing education leader to practice transformational leadership and the follower to support the leader in this action. The followers play major role in ensuring that the nursing education leader realise the vision and mission of the nursing college.

The motivating factors (interaction and external environments of the individuals and the nursing college) impact on the outcome of transformational leadership. The nursing education leader has to ensure that collaboration and partnership between followers and health services is strengthened to assist in transformational leadership.

Transformational leadership is practised in a variety of dimensions namely: nursing college, nursing college management, transformational leadership and research. The nursing education leader believes that transformational leadership must embrace all facets of health services. The nursing education leader believes that the foundation of nursing practice starts at the nursing college and the moulding of prospective professional must be strengthened at nursing to prepare for the future.

Transformational leadership is based on the implementation of the behaviours of transformational leadership namely, self-awareness, trust, communication, vision and empowerment. The implementation of behaviours of transformational leadership shapes the

character and expertise of the nursing education leader and followers. The implementation of behaviours of transformational leadership sets a tone for followers to learn from the best practices of the nursing education leader.

The behaviours as the process of transformational leadership are mostly commenced by self-awareness and followed by trust, communication, vision and empowerment. The behaviours as the process of transformational leadership empower nursing education leader and followers through utilization of communication skills that are essential for effective leadership. When communication is transparent and non-threatening, the followers develop trust on the nursing education leader which in turn the vision of the nursing college is supported.

The details of the structure, description and process of the model for transformational leadership for nursing education leader is describe and systematically initiates, implements, participates in and encourages quantitative and /or qualitative research to investigate, validate and /or refine existing practices in the nursing college and to generate new knowledge.

The followers in the nursing college include registered nurse and /or midwife, student nurse and administrative staff, who support the nursing education leader in transformational leadership and practice under the guidance as well as direct and/ or indirectly supervision of the leader. Although the followers function under guidance and direct and indirect supervision of the nursing education leader, each follower is personally accountable for his/her own acts and omission.

The nursing education leader strives towards successful transformational leadership by implementing the behaviours of transformational leadership, namely, self-awareness, trust, communication, vision and empowerment. The followers support the nursing education leader.

Increasing his/her own self-awareness and encouraging the followers to increase self awareness is the first behaviour that the leader implements as it provides the leader with confidence and self knowledge to engage in other behaviours required for transformational leadership. Self-awareness also provides the follower with self knowledge and confidence to support the leader in transformational leadership.

After the nursing education leader has increased his/her own self-awareness and encouraged the followers to do likeness he/.she engages to the building of trust. Thereafter,

the nursing education leader implements the behaviour of communication which consists of reading, writing, speaking and listening skills.

Through communication the leader communicates the vision to provide meaning to followers within the nursing college. It is the meaning shared between the nursing education leader and the followers that needs to be communicated by means other than verbal expression only. The nursing education leader looks for innovative ways of conveying a message through symbols and graphic depiction to create emotional richness to a message. Thereafter, the nursing education leader, interaction with the followers, develops a vision for the nursing college by creating, explaining and implementing the vision. Support and commitment to the vision is encouraged. The purpose of communication and interaction with the followers is to empower them.

In empowerment the nursing education leader, in a process of interaction with the followers, defines new values or revises and reaffirms existing values to encourage paradigm shift needed in a feeling of commitment to the goals.

The interaction between the external and internal environment of the nursing education leader and the followers impacts on transformational leadership and conversely the interaction between the internal and external environment of the nursing college impacts on transformational leadership.

6.7. CRITICAL REFLECTIONS ON THE MODEL

The criteria described by Chinn and Kramer (2008:246) were used to evaluate the model. The questions for consideration under the specific criteria for evaluation are listed below:

6.7.1. CLARITY

Clarity has to do with the understandability and of the usage of ideas in the model.

6.7.1.1. Semantic Clarity

The definitions of concepts in this theory were an important aspect semantic clarity because it helped to establish the empirical meaning for concepts in this theory. The concepts in this study were clearly defined. It reflected both general and specific traits. This means that concepts were not defined too specifically but generally in the sense that they provided clear and accurate guidance for the intended empiric indicators for a concept. No words with

similar meanings were used to present the central concepts of the theory. Overly complex illustrations discouraged comprehension. Diagrams were used to make the theory clearer

6.7.1.2. Semantic Consistency

A theory that is inconsistently presented leads to confusion. Semantic consistency means that the concepts of this theory used in ways that were consistent with their definition. No other meanings for definitions within this theory were implied. There was a consistent use of basic assumptions within this theory. The theory purpose, definitions of concepts and relationships were consistent with the stated assumptions of the theory. The purpose of this theory was consistent with all other components.

6.7.1.3. Structural Clarity

Structural clarity refers to how understandable the connections and reasoning within the theory are. In this theory concepts were interconnected and organised into a coherent whole. The theory flows. In other words, there are no structural elements that are related. No concepts stand alone from each other.

6.7.1.4. Structural Consistency

Structural consistency is related to the use of different structural forms within the theory. Consistency throughout the theory concerning structure was reflected in the relationships. From the above and from the discussion the researcher concluded that this theory was clear. Definitions in this model have been defined and linked in such a way that their relationships were understandable. Definitions and their structural forms were used consistently and there was a consistent evaluation semantic as well as structural clarity were preserved.

6.7.2. SIMPLICITY

Complexity implies many theoretical relationships between and among numerous concepts. The simplicity of the model becomes evident through the minimum elements in each category. The researcher comes to the conclusion from discussion that this model is not complex. The core concepts support the purpose of the model and are self evident. The meanings of the concepts have been retained by not introducing new unimportant concepts.

6.7.3. GENERALITY

The generality of a theory refers to its breath of scope. A general theory can be applied to a broad array of situations. The scope of concepts and purposes within this theory provided clues to its generality.

The model was intended for the transformational leadership for nursing education leaders. The model has the capacity for broader generalisation. The implication is that the model can be implemented in the other situations and has a broader application value within a specific context or performing nursing education and practice. This model can be used in the application of transformational leadership in general. A suggestion is that this model can used not only for nursing education leaders but also for lecturers, administrative staff and student that are in the process of transition.

6.7.4. ACCESSIBILITY

Accessibility refers to how attainable the projected outcomes of the theory are. Concepts can be made empirically accessible through generating and testing relationships, deliberative application of the theory and clarifying conceptual meaning. The theory that had been generated through this research is useful and should promote transformational leadership for nursing education leaders. It was the researcher's belief and it became clear from the discussions that the model will definitely promote transformational leadership for nursing education leaders

6.7.5. PARSIMONIOUSNESS

The importance of this theory is closely tied to the idea of its clinical significance or practical value. The importance of the model has to do with the applicability and the practical value of the theory generated in it. Research theory and praxis should be related in a meaningful way. This model is future directed as previously mentioned and is also practical so that it can be evaluated. The researcher conclude from discussions that this model is needed and will be of great value in practice in order to assist nursing education leaders entering the leadership positions as well as helping them to transform nursing education and training in the colleges.

6.8. GUIDELINES FOR OPERATIONALISATION OF THE MODEL

As the researcher utilised a functional reasoning approach as a meta-theoretical assumption in this study, it is necessary to describe the guidelines for the implementation of the model for transformational leadership in the nursing college. By implementing these guidelines in the nursing college, the leader should be able to implement successful transformational leadership to facilitate individual and nursing college transformation.

The guidelines for the implementation of the model in transformational leadership are formulated in order to achieve the following goals:

- To facilitate the personal development of nursing education leaders through internalisation of the development activities so as to become transformational leaders
- To promote transformational leadership for nursing education leaders through capacity building and acquire competencies that will enable to lead independently and interdependently with management team, lecturers, administrative staff and students
- These guidelines are written in the format of strategies to be implemented to enhance each of the described behaviours for transformational leadership and were derived from the conceptual framework by means of deductive reasoning.

6.8.1. SUPPORTIVE STRATEGIES FOR TRANSFORMATIONAL LEADERSHIP

6.8.1.1. Self-Awareness

For the nursing education leader to increase his/her own self-awareness the following strategies are utilised:

- Acknowledge you own strengths and limitations
- Accept the limitations or change the behaviours that support these limitations
- Be aware and conscious of your own identity, acts, thoughts, feelings and motives
- Gain knowledge on your body and physical potential
- Acknowledge your spiritual needs
- Acknowledge your interaction with the followers and the external environment

- Listen to yourself by allowing yourself to experience genuine emotions, identify and accept personal needs by exploring your own thoughts, feelings, memories and impulses
- Listen to and learn from others by active listening and openness to the feedback from other people
- Exercise self disclosure by revealing and sharing perspective with others
- Enlarge your experiences by criteria and engaging in unfamiliar and new activities
- Utilise role play and other strategies to encourage self knowledge
- Develop commitment to continual personal and professional learning and development
- Accept yourself and also accept other people unconditionally, and
- Judge yourself and other people less harshly
- The leader should also encourage above strategies in the follower to encourage the follower to increase self-awareness.

6.8.1.2. Trust

To build trust between the nursing education leader and followers, the leader implements the following strategies:

- Keep your word and keep promises
- Encourage followers by recognising positive traits and accomplishments
- Practice excellence and create an environment that encourages excellence by setting high personal and professional standards
- Display reliable and dependability by being available to provide guidance and/or support when needed
- Display honesty and always tell the truth
- Use open communications
- Demonstrate personal integrity by honouring commitments
- Display congruency and predictability by practising what you preach
- Demonstrate respect by treating followers as professional adults
- Acknowledge the follower's knowledge, skill and experience

- Give open and honest feedback to followers in a sensitive manner
- Acknowledge respect and value the input and effort from the followers, even though it was unsuccessful
- Acknowledge and communicate the followers' strength
- Be kind and courteous by demonstration understanding of the followers' needs and aspirations
- Encourage creativity by encouraging new projects and allowing for calculated risk-taking
- Attend to the little things such as congratulating a follower on his/her birthday
- Clarify expectations to prevent future misunderstanding and conflict
- Apologise for mistakes
- Display personal and professional accountability
- Demonstrate commitment to the followers and the nursing college
- Spend time with the followers to build contact
- Keep personal information of any follower confidential
- Respect each follower as an individual and do not judge the feelings of the followers and
- Create an environment of caring

6.8.1.3. Communication

6.8.1.3.1. Verbal communication (Speaking)

For effective verbal communication the nursing education leader implement the following strategies:

- Avoid stumbling blocks in verbal communication such as:
- Unclear/double/vague messages
- Quick thought processes (thinking on behalf of the other person)
- Language problem (not understanding the person's language) and
- External environment disturbances (noise, interruptions)

- Analyse and improve on the quality of your voice:

- Talk loud enough but do not shout

- Talk with enthusiasm and conviction and

- Pronounce words clearly and correctly
- Avoid mannerisms like “um; ok; you know”
- Control the tempo of your speech and pronounce words clearly and correctly
- Maintain eye contact with the person or persons you are speaking to
- Use pauses and silences effectively while speaking and
- If presenting a paper or addressing a group of followers, prepare well in advance

6.8.1.3.2. *Listening*

For effective listening the nursing education leader implements the following principles:

- Concentrating on what the follower is saying and how the follower is conveying the message to avoid false and selective listening
- Limit external disturbances such as noise and interruptions
- Listen in a non-judgemental manner
- Establishing good rapport by listening in a non-judgemental manner and by demonstrating empathy
- Clarify unclear messages through regular summarising of discussed content, asking questions and verifying facts
- Display patience and allows enough to the follower to expressed words, ideas and feelings
- Keep cool, calm, alert and attentive by showing interest in the person who is speaking and in the subject that is addressed and
- Be critical listener by analysing the discussed content
- Encapsulate the individual's and the nursing college's aspirations, expectations, intentions and opinions
- Create sufficient purpose to the followers to rise above self interest and work together as a team and
- Demonstrate trust and sensitivity

6.8.1.3.3. *Written communication*

For effective written communication the nursing education leader implements the following principles:

- State all facts, statistics and statements accurately for example 34% and not more or less 35%
- When using quotations, they should be accurate and applicable (the source should be tested)
- Use short sentences and paragraphs but give enough detail to be understandable
- Do not use unnecessary words
- Do not use abbreviations
- Give attention to the technical detail of a document
- Use scientific language and terminology in a professional document or when writing to another professional person or medical professional
- Order information logically and systematically by means of providing headings and subheadings and utilising the decimal system for numbering the heading and subheading
- Proof read all documentation carefully
- Write in the third person for example, "the writer or the researcher" and not "I"
- Always be polite and tactful
- Do not generalise by using, "sometimes, all" but use objective data to support statements
- Use the correct punctuation and capitalisation, and
- Avoid quantifiers like, "very little"

6.8.1.3.4. *Reading*

The nursing education leader uses:

- Skimming-quick review of a source to gain an overview of the content
- Comprehending-read the entire source carefully to understand the major concepts and the logical flow of ideas

- Analyse-dividing the content into parts to be examined in-depth and
- Synthesis-cluster ideas together to form a new meaningful whole

6.8.1.4. Vision

6.8.1.4.1. Create the vision

To create a vision the nursing education leader implements the following strategies:

- Use an open participative two way process between the leader and the followers
- State a clear, concise, logical and meaningful vision by including workable solutions to significant problems and emphasising priorities and common goals
- Encapsulate the individual's and the nursing college's aspirations, expectations, intentions and opinions
- Create sufficient purpose to the followers to rise above self interest and work together as a team and
- Demonstrate trust and sensitivity

6.8.1.4.2. Explain the vision

The following strategies are utilised to explain the vision:

- Communicate the vision clearly and consistently when interacting with individual and /or group within the nursing college
- Express the vision in meaningful ways by
- Explaining it so that it becomes clear and understandable and
- Use written and/or verbal format to explain the vision

6.8.1.4.3. Implement the vision

To implement the vision the nursing education leader utilises the following strategies:

- Hand a copy and explanation of the vision to each follower
- Encourage support and commitment to the vision and
- Integrate the vision into every aspect of the day-to-day nursing college management

6.8.1.5. Empowerment

- Display self-empowerment by demonstrating self comfort and self management
- Invest power in and share power with the followers by utilising participative management and by delegating responsibility and authority to the followers to centralise decision making
- Enhance feeling of self efficiency by limiting aspects and conditions that foster powerlessness
- Create an environment in the nursing college where the followers can utilise their unique knowledge, skill, experience and creativity to the fullest
- Strive to eliminate the barriers to empowerment by redirecting and redesigning goals, roles and management system in the nursing college
- Focus on the individual needs of the follower and encourage self responsibility by altering self limiting beliefs
- Create a paradigm shift by moving from nursing college domination to personal participation and partnership
- Develop a shared vision
- Educate followers on the shared vision and the purpose ("why") of the nursing college
- Demonstrate commitment to empowerment ("walk the talk")
- Monitor progress and evaluate the results of empowerment
- Encourage open communication system
- Provide autonomy from bureaucratic restraints
- Set goals that are meaningful and inspirational to the followers
- Encourage self expression and self growth by the followers
- Encourage integrity from and respect to all individuals
- Implement shared governance
- Revise or reaffirm or redefine existing values in the nursing college in participation with the followers to enhance a feeling of commitment and
- Display an openness, honesty and excitement regarding empowerment

6.9 CHAPTER SUMMARY

In this chapter, the structure and the process of transformational leadership were described by means of derivation and deductive reasoning from the conceptual framework. As a functional reasoning approach was utilised (see the methodological assumptions for the study) guidelines for implementation was also formulated. A model was derived from this described model and this model was implemented to empower the nursing education leaders in the nursing service to practice transformational leadership in their specific nursing college. Thereafter, the model for transformational leadership was implemented in the four Provinces (eight nursing colleges) and evaluated, validated and refined through the case study strategy.

CHAPTER 7

EVALUATION OF FINDINGS, CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

7.1 INTRODUCTION

In the previous chapter the researcher dealt with the structure and the process of the model for transformational leadership for nursing education leaders. The guidelines to operationalise the model were discussed in depth. This chapter dealt with the synthesis of findings, the conclusions made regarding whether the objectives of the research have been met. It also highlighted the limitations in the research. The chapter concluded with the recommendations on how the model to be utilised in the nursing education leadership and the nursing colleges.

7.2. OVERVIEW OF THE DEVELOPMENT OF THE STUDY

Chapter 1 related literature was reviewed to provide background to the study and to outline the challenges facing nursing education leaders in the nursing colleges. Important terms, namely leadership and transformational leadership, were explained. It was argued that nursing education leaders were not adequately equipped with knowledge and skills in transformational leadership to deal with the changing demands of transformation within the nursing colleges and to create conditions for change. For problem statement research questions were posed (cf 1.4) that linked to the purpose and the specific objectives (cf 1.5). The research design was briefly explained in (cf 1.5 and a detailed exposition was given in Chapter 2 for qualitative and quantitative research.

Two research methods were used for the purpose of data triangulation of the findings from both qualitative and quantitative research and to compare data obtained through these different methods as well as for internal validity. Qualitative research enabled the researcher to gain deeper insight into the information obtained through the quantitative research. Chapter 1 concluded with an explanation of the organisation of the study and a summary.

Chapter 3 dealt with the qualitative research into experiences of nursing education leaders (college principals, vice principals and subject heads of transformational leadership in the nursing colleges. The data gathering instruments was one to one interviews for principals

and focused group interviews with vice principals and subject heads). The data was subjected to qualitative analysis and organised according to emerging key themes and subthemes as explained in (cf 3.3 and 3.4). The key themes were as follows: transformation is a challenge, transformation is an inclusive process and transformation is dropping standards. The sub-themes were as follows: transformation is a challenge (lack of qualified lecturers, no standardisation of curriculum and national mandate implemented blindly) transformation is an inclusive process (leader support, transformation opened doors and actualisation of the vision and mission) dropping of standards (different calibre of students enrolled, changes in the nursing profession and increased intake of students). Details of the themes and subthemes were discussed extensively. The qualitative research was very useful as it gave a detailed account of the views of the participants and therefore gave a full picture of the research that enhanced the value of the study. The trustworthiness of the instrument and the data were determined as explained in Chapter 3. Trustworthiness enabled the instrument and data to be used with confidence as they were found to be reliable, stable and to have satisfactory validity.

Chapter 4 dealt with the quantitative research analysis. In the quantitative research one instrument was used, namely the Multi Leadership Questionnaire (MLQ) was for the purpose of gathering information on the expectations of lecturers, students and administrative staff about the leadership styles used by nursing education leaders. The MLQ was used in randomly selected four Provinces in each college that exists in the Province. A sample of eight nursing colleges was selected and there was a 64% return rate. The sample was large enough to generalise the findings to nursing colleges. The MLQ was designed in such a way that it collects data on biographical information of the participants, importance of leadership, leadership abilities and empowerment needs of the nursing education leaders. Data was computed using the statistical processing programme SAS, Institute Inc. 2002, and was subjected to data analysis in terms of biographical data, leadership empowerment, leadership abilities, leadership interpersonal relationship and leadership communication process. The results indicated that nursing education leaders in the nursing colleges engaged in the transformational leadership given to the MLQ to a low to moderate degree especially to : Interpersonal Relationship, mean:2.86 and SD: 0.75; Communication, mean:3.23 and SD: 0.61. This confirmed the problem of ineffective and inefficient leadership practices in most of the nursing colleges and thus supported the need for the study.

7.3. OBJECTIVES

The research dealt with the development of the model to serve as a framework for the nursing education leaders for transformational leadership. The researcher looked at the extent to which the following have been met:

7.3.1. OBJECTIVE ONE

To describe experiences of transformational leadership used by nursing education leaders in the nursing college.

The research was conducted in an exploratory, descriptive and contextual manner. Data collection was conducting in-depth one-to one interviews with principals and focused group interview with vice principals and subject heads. The participants were a sample of nursing education leaders drawn from eight nursing colleges within four Provinces. These participants took part in this research voluntarily.

Results obtained were analysed and were then categorised into themes and sub-themes. The findings were discussed within the literature review. The previous chapters dealt with the results obtained from the research.

It was evident from the research that the nursing education leaders (college principals, vice principals and subject heads) perceived transformation as a challenge and it was difficult for them to cope with changes.

Two themes hampered the nursing education leaders meaningful contribution to the total transformation of the nursing colleges and thus affected their performance in terms of the level of stress that they showed, were identified in this research. This had led to some nursing education leaders to feel frustrated, unhappy and depressed. Some nursing education leaders adopted silence as a way of avoiding being seen unco-operative or avoiding confrontation with leadership at Head Office level. This behaviour caused them to bottle up issues that bothered them. They felt angry and submissive and subtly displayed lack of trust in the Head Office management.

The literature reviewed assisted in putting the behaviours of nursing education leaders into perspective and also assisted in seeking strategies that would address in developing a model for transformational leadership.

To conclude this part, the findings showed that there was a need to develop a model that could serve as a framework to build capacity for transformational leadership for nursing education leaders.

7.3.2. OBJECTIVE TWO

To describe the transformational leadership styles used by the nursing education leaders

From the results of the quantitative research obtained from MLQ, it was apparent that nursing education leaders of the nursing college have low transformational leadership abilities. For example the mean scores on categories and unit of analysis were as follows:

STUDENTS

VARIABLE	NUMBER	MEAN	STANDARD DEVIATION
INTERPERSONAL RELATIONSHIP	423	2.44	0.83
COMMUNICATION	423	2.88	0.68
FACILITATION	423	2.37	0.87
EXPECTATIONS	423	2.56	0.72

The students had a moderate communication mean as compared to interpersonal relationships and facilitation variables. The students' expectations mean of principals' leadership styles was rated moderately.

For this research, in accordance with the sample size, principals (n=8) and lecturers (n=120), the t-value in the statistical table is -7.13 for $p < 0.0001$. The table below reflected that t-test for unequal standard deviations for comparison of college principals and lecturers on multifactor leadership styles.

T- Test for Unequal Standard deviations for Comparison between College Principals and Lecturers

GROUP	N	MEANS	STD DEV	DEGREES OF FREEDOM	T-VALUE	P-VALUE
PRINCIPALS	8	3.31	0.3313	11.3	-7.13	<0.0001
LECTURERS	120	2.37	0.6734			

This comparison indicated that college principals rated themselves slightly higher on their leadership styles whereas lecturers rated college principals' leadership styles very low. The result indicated that there was a significant difference between college principals and lecturers.

7.3.3. OBJECTIVE THREE

To develop a model that would serve as a framework for nursing education leaders in transformational leadership through capacity building

The objective was reached by using theory generative design based on the results of the in-depth one to one interviews and focused group interviews with nursing education leaders (college principals, vice principals and subject heads). A detailed descriptive of the design was given previously in this research document.

The findings of the research suggested that a quest to develop a model through capacity development could be achieved, and recommended that the nursing education leaders had to engage in this development because a quest for model development was a life long process.

The literature reviewed indicated that in order for nursing education leaders to quest for model development through capacity development, they need to be engaged in lifelong learning and developing.

The concepts forming the main concepts were analysed separately, looking at the dictionary meaning and the subject use of the concepts. A list of the main criteria from the dictionary meanings and the subject sources. This was further reduced to essential criteria. The essential criteria were further synthesised to form the main definition of the main concepts. A visual representation depicting the structure and process of the model was then developed.

Deductive reasoning was utilised as a method of inferring relationship statements from the described model and was fully described in Chapter six.

7.3.4. OBJECTIVE FOUR

To describe the guidelines as framework for operationalising the model in practice

The literature reviewed in this regard suggested that, for the nursing education leaders to be capacitated and followers needed to participate as well as and the process had to be aligned to other activities within the nursing colleges.

For the purpose of this model is to be embedded within the development programmes that were taking place in the nursing colleges. It had also to be aligned to the transformation of nursing that is currently taking place in the country, for example, the Nursing Act of 2005 (Act, No. 33 of 2005).

The guidelines for operationalising this model as developed within the context were described. Objectives and activities for attaining each of the stated objectives were suggested in this research.

In view of the above it was concluded that these objectives have been achieved.

7.4. SYNTHESIS OF THE FINDINGS

The significant findings from the qualitative (Chapter 3) and the quantitative research (Chapter 4) are synthesised here and integrated with prior research and theory as reviewed in Chapter 1 and 2. The point of departure that has been used and on which the synthesis of findings has been done is the manner in which MLQ was designed as well as the emergent themes and subthemes from the qualitative research. The synthesis has been reported accordingly.

7.4.1. IMPORTANCE OF LEADERSHIP

From the literature review, leadership is critical for optimal operation of the nursing colleges. There is no development without change, society is changing therefore nursing college leadership should also change and therefore, participatory and reflective leadership styles are necessary for changing time. Leadership is a process that involves influencing followers in a particular context and guiding them towards goal attainment. There is no best leadership style but the leader has to consider the total set of conditions under which he or she leads,

hence the contingency theories. Visionary and inspirational leadership is important for nursing college leadership during times of change. The main critics of transformational leadership allege that some of its activities are unethical and immoral. However, others refute these criticisms and indicate that authentic transformational leadership is a recognised, respected, acceptable leadership approach and as such transformational leadership is the focus of this research.

Many nursing education leaders clearly need to be empowered in transformational leadership to perform their leadership roles effectively; hence the following needs for empowerment emerged from qualitative and quantitative research.

7.4.2. EMPOWERMENT NEEDS

The research revealed that the following seem to be areas in which greatest need for empowerment exists:

- Participatory decision making
- Financial management
- Conflict management
- Policy formulation and implementation
- Education law
- Dealing with people
- Mentoring
- Computer literacy
- Strategic planning

In literature review and in the quantitative research, these were grouped into the following transformational leadership processes and practices:

- Challenging the process
- Inspiring a shared vision
- Enabling others to act
- Modelling the way
- Encouraging the heart
- Charismatic leadership

- Transactional and transformational leadership

During interviews participants confirmed that no induction /orientation was conducted for new nursing education leaders and yet this was very important to inform and equip leaders regarding developments that affect their leadership. Participants were concerned that new nursing education leaders were not orientated to their new positions and that there was no continuous orientation of nursing education leaders on leadership to keep them abreast of new developments affecting their leadership tasks. This is also called regular empowerment of nursing education leaders of nursing colleges in transformational leadership.

It emerged from the qualitative research that the present system of education requires that nursing education leaders as leaders of their nursing colleges and as members of the governance structures (Senate and Council) be adequately skilled in policy interpretation and issues of Nursing Education Act because these form the basis of numerous important decisions. To formulate and implement the college policy, the governance structures need thorough knowledge and understanding of national and provincial policies especially those pertaining to nursing education and the nursing college. Most of these have to be provided and interpreted by the nursing college leader. Participants in the qualitative research felt that nursing education leaders, lecturers and the governance structures should implement education policies at the grass root level. Some were not necessarily enthusiastic about new legislation and rules enforced from the top. The latter emphasises that the success of implementation depends upon the nursing education leader's skills to motivate all stakeholders to implement the new policy and provide them with the necessary resources to do so. Lecturers observed that often, new policies were either not implemented or were substantially modified during implementation. This calls for considerable skills and ability on the part of the nursing college leaders to interpret policies and to lead the implementation process, hence the need for empowerment in policy formulation and implementation.

7.4.3. LEADERSHIP ABILITIES

Leadership abilities in the quantitative research were categorised into interpersonal relationship, communication, facilitation and expectations, all forming the foundation for an effective transformational approach. With ratings on a scale of 5, the mean scores of the items in these categories were as follows:

ADMINISTRATIVE STAFF

VARIABLE	NUMBER	MEAN	STANDARD DEVIATION
INTERPERSONAL RELATIONSHIP	42	2.86	0.75
COMMUNICATION	42	3.23	0.61
FACILITATION	41	2.94	0.77
EXPECTATIONS	42	3.01	0.62

The results indicated that administrative staff had a high communication mean as compared to facilitation and interpersonal relationships variables. The results also indicated that administrative staff had a high expectation mean of principals' leadership styles.

Improved transformational leadership will enhance the effectiveness of nursing education leaders of nursing colleges and contribute positively to nursing college improvement and the implications of transformational leadership given. Participants came up with a variety of leadership skills, abilities, actions and behaviours that they felt were necessary and important for leadership during the time of change and transformation for example:

- Teaching
- Treating all followers in the same way
- Financial management
- Ability to work with people and
- Motivating followers

In the quantitative research, the abilities of the nursing education leaders were group into communication, interpersonal relationships, facilitation and expectations. The average of the means score of the categories was 3,01 on a scale of 5. The researcher judged this average as fair ability to perform the given leadership actions, practices and behaviours.

During the quantitative research, t-tests for the difference of means between the nursing education leaders and lecturers were analysed and the results were as follows:

T- Test for Unequal Standard deviations for Comparison between College Principals and Lecturers:

GROUP	N	MEANS	STD DEV	DEGREES OF FREEDOM	T-VALUE	P-VALUE
PRINCIPALS	8	3.31	0.3313	11.3	-7.13	<0.0001
LECTURERS	120	2.37	0.6734			

This comparison indicated that college principals rated themselves slightly higher on their leadership styles whereas lecturers rated college principals' leadership styles very low. The result indicated that there was a significant difference between college principals and lecturers.

7.4.4. EXPERIENCES OF LECTURERS ABOUT THE TRANSFORMATIONAL LEADERSHIP OF THEIR NURSING EDUCATION LEADERS

The lecturers expressed the view that the most nursing college leaders who were willing to embrace change encountered practical problems. When they encountered leadership challenges, they reverted to autocratic and inflexible leadership styles. Some nursing college leaders were not familiar with curriculum changes that made it difficult for them to guide lecturers in curriculum implementation. Lecturers felt that this was because some nursing education leaders do not teach, which made them less concerned about what is happening in class. Lecturers were concerned about the learning and teaching process in nursing colleges where nursing education leaders do not teach. Those who teach sometimes did not go class. This set a very poor example to lecturers in these nursing colleges.

Some nursing education leaders were very knowledgeable in terms of what should happen in the nursing colleges and in the interpretation of documents from the South African Nursing Council and National Department of Health, in other cases, the contrary was true. Some nursing education leaders were very strict, inapproachable and sometimes rude, while others were caring and understanding

7.4.5. EXPECTATIONS OF LECTURERS, ADMINISTRATIVE STAFF AND STUDENTS

Followers indicated a variety of expectations of their nursing education leaders:

- Active involvement of nursing education leaders in curriculum changes and their implementation
- To act as agents of change and lead nursing colleges to become truly democratic
- Integration of the nursing colleges into the community to realise community support
- Engage in participatory leadership
- Take an active role in learning, teaching and mentoring and
- To be present and punctual at the nursing college

Followers also indicated their expectations of parents and community that the nursing college serves, to ensure that their children study and leave nursing college better persons, interaction with the community and accountability. However, followers indicated that most of these expectations were not met.

The following were found to be the trends from the qualitative research as far as the expectations of the followers were concerned. In addition to the expectations given above, lecturers felt that nursing education leaders should have adequate knowledge and skills to guide and support them as they go through change especially curriculum changes that form the core of teaching and learning. They felt that nursing education leaders should attend workshops to inform them of implementation demands and thus reduce conflict during implementation stage. Other expectations were community integration, fund raising, good communication skills, encouragement of a good culture teaching and learning and time management. However, participants indicated some of these expectations are not sufficiently met.

7.5. LIMITATIONS

The researcher has identified the following limitations of the study:

Participants of the focus group interviews they focused on the concept transformation rather than transformational leadership. They reflected more on the impact on transformation, which had to address equity. Participants perceived their leaders as implementers of transformative issues rather than providing leadership. The researcher should have repeated the main

question to assist participants not to lose focus. There were instances some participants spoke intensely about occupation specific dispensation and how it has changed their lives.

Another limitation is that the researcher did not visit participants for re-evaluation of the information given during initial interview and check if participants still hold similar view. This limitation has been compounded by the distances between four selected Provinces and availability of participants.

There was another limitation in achieving an objective of the study about the nursing leadership programmes the nursing education leaders are exposed to. There is no literature available that reflect the leadership programme for nurse leaders in South Africa. This gap has a major influence in shaping nursing education leaders to become transformational leaders in the changing education landscape.

The last limitation was that the model and its guidelines had not been operationalised in nursing leadership, nursing education and nursing research, for the purpose of this research.

7.6. RECOMMENDATIONS

Recommendations were made for operationalisation in nursing leadership, nursing education and nursing research.

7.6.1. OPERATIONALISATION IN NURSING LEADERSHIP

In order to raise the profile of nursing and therefore make it an attractive career option, there is a need to articulate its values in the health care system by clearly identifying the contributions nurses make. The ability to clearly articulate nurses' contributions is possible through the perspective of nurse leadership whereby the nature of nurses' work can be articulated in a language that is clearly understood by all key stakeholders. Therefore it is recommended that the nursing profession through its political, educational and research activities influence health care organisations' structures at the macro level and the nurses' job descriptions at the micro level. It is only when the role statements of nurses at the micro level reflect the unique nature of nurse leadership that the value of the nurses' work will become obvious to others and the value of nurses' work will be reflected in organisational structures.

7.6.2. OPERATIONALISATION IN NURSING EDUCATION

The challenge for nursing education is to produce nurse leaders who can develop people with vision in a rapidly transforming health care system. In the light of the changing health care system, new models of care and new models for education are required to promote new leaders in new contexts.

As they take their positions within the interdisciplinary teams, nurse leaders will need to exhibit leadership qualities that are enduring, success oriented in any situation and develop aspirations beyond traditional boundaries (Malone, 2000 and Oulton, 2000). It also demonstrated how nurses accessed informal learning opportunities by personally selecting role models for their leadership development. These observations coupled with statements that indicated a traditional model of leadership was not appropriate for their practice indicate a need to rethink education of leadership to nurses both at undergraduate and post graduate levels. Therefore, it is recommended that nursing education develop curricula that reflect the relational and interactive elements of leadership. This thinking requires a move from traditional leadership theory to a new leadership for changing organisations so as to develop leaders who are competent, successful, persuasive and influential in the integration of the health care services.

7.6.3 OPERATIONALISATION IN NURSING RESEARCH

Organisational transformation requires that leadership studies focus upon the social and relational elements that drive successful health care systems and adopt a post industrial perspective of leadership that reflects the lived experiences of the workers. Therefore, it recommended that studies on nurse leadership utilise new leadership roles through which to explore nursing.

Furthermore like all research this study has raised some questions than questions and offers possibilities for further work that:

- The model of transformational leadership developed from this study be tested and further developed within nursing education and across other disciplines
- The research design be applied to another group of nurses who provide health care services in similar or different health care settings
- The study expands its focus and explores how nurse learn their leadership

- The findings of the study be utilise guide data collection tool to the evaluation of the relevance of the current leadership education to nurses at the micro level of the health care organisations
- The findings of this study are written up and distributed in such a way that they contribute to dialogue amongst nurses in order to contribute to change and articulate nurses' work
- The findings from this study contribute the evaluation of current career structures and position descriptions for nurses in the light of new leadership perspectives.

7.7. PERSONAL POSTSCRIPT

The decision to explore the nursing education leaders' work through the perspective of transformational leadership has enabled me to realise a life long ambition of demonstrating the worth nursing education leaders within the nursing education and training. My past experience with nursing education leaders was that they had been socialised to believe their work held no great value with the nursing education and training system and therefore subsumed their contributions under the guise of "only a nursing education leader".

By researching the work of nursing education leaders through the perspectives of transformational leadership I have discovered that nursing education leaders believe their work is pivotal in the delivery of nursing education and training services. The value of their leadership in the co-ordination of nursing education and training services in contemporary health care organisations became evident during interviews processes. These nursing education leaders enacted personal leadership as a means of overcoming challenges to achieving their professional ideology of nursing education and training. They personally knew the value of their work and it was this value that motivated them to take up the responsibility of ensuring standards of nursing education and training were maintained by all. For them leadership was not about personal accolades, instead accolades were collective as they moved the nursing education and training towards successful students outcomes. The meaning the nursing education leaders gave to their leadership is encapsulated by the following quotation, which for me reflected the nursing education leaders' philosophy of leadership:

A leader is best
When people barely know that he exist
Not so good when people obey and acclaim him
Worst when they despise him
“Fail to honour people they fail to honour you”
But of a good leader, who talks little
When his work is done,
His aim fulfilled
“We did these ourselves”

(Lao Tzu in Hughes, et al. 1999:25)

7.8. CONCLUSION

This chapter concludes the final stage of the phase and of the research. The research objectives have been achieved in that a model for transformational leadership for nursing education leaders through capacity development has been shown in this research.

The first research phase was then used for the formulation of the model for transformational leadership for nursing education leaders to promote nursing education and training through capacity development.

Central to this research was the second phase of the research the experiences of the nursing education leaders was critical to the facilitation of transformation in order to develop model for transformational leadership.

The limitation of this research was highlighted previously, mainly being that the model has not been operationalised in nursing leadership, nursing education and nursing research. However, the guidelines to address the above have been described in the previous chapter. The major limitation of the research is that the model has not been operationalised in nursing leadership, nursing education and nursing research, however, the recommendations have been made for such purpose.

The researcher concludes by stating that there are guidelines that have been described on how to operationalise this model in leadership.

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APPENDIX 1

LETTER REQUESTING PERMISSION TO CONDUCT RESEARCH

Excelsius Nursing College
Private Bag A 19
KLERKSDORP
19 January 2009

The Principal
KwaZulu Natal College of Nursing
Private Bag x 9050
PIETERMARITZBURG
3200
Dear Dr. Nkonzo-Mtembu

APPLICATION TO CONDUCT RESEARCH IN VARIOUS CAMPUSES

I hereby request a permission to conduct a research in various campuses of your college. I have been granted permission by Department of Health, KwaZulu Natal Province, and Research unit to conduct a research after I have made necessary arrangement with your office. It is against this background that I have to write to you.

The title of the research: **TRANSFORMATIONAL LEADERSHIP MODEL FOR NURSING EDUCATION LEADERS IN THE NURSING EDUCATION INSTITUTIONS.**

Research Methodology for Data Collection is reflected on the template below:

PARTICIPANTS	TYPE OF DATA COLLECTION	DURATION OF DATA COLLECTION
CAMPUS PRINCIPAL	ONE TO ONE INTERVIEW	40 MINUTES
DEPUTY PRINCIPAL AND SUBJECT HEADS	GROUP FOCUS INTERVIEW	60 MINUTES
LECTURERS	QUESTIONNAIRES	30 MINUTES
ADMINISTRATIVE STAFF	QUESTIONNAIRES	30 MINUTES
4 TH YEAR STUDENTS	QUESTIONNAIRES	30 MINUTES

Campuses identified to be used for data collection

NAME OF CAMPUS	PARTICIPANTS	DATES	START TIME
EDENDALE	CAMPUS HEAD ,	02/02/09	09H00

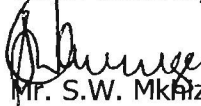
	STAFF AND STUDENTS		
GREYS	CAMPUS HEAD , STAFF AND STUDENTS	03/02/09	09H00
R.K. KHAN	CAMPUS HEAD , STAFF AND STUDENTS	04/02/09	09H00
ADDINGTON	CAMPUS HEAD , STAFF AND STUDENTS	05/02/09	09H00
NGWELEZANE	CAMPUS HEAD , STAFF AND STUDENTS	06/02/09	09H00

I have enclosed the following:

- Approval letter from Dept of Health, KwaZulu Natal Province, Research Unit.
- Approval ethical clearance copy from North West University, Potchefstroom Campus, Ethics Committee.
- Copy questionnaires for lecturers, administrative staff and 4th year students
- Copy of focus group interview for deputy campus principals and subject heads
- Copy of one to one interview with campus principals

I am looking for a favourable consideration from your office. Any queries can be directed to Mr. S.W. Mkhize at (082 3761720/ (018) 406 8601/ (018) 464 1428 (fax)/ smkhize@nwpg.gov.za

Yours Sincerely


Mr. S.W. Mkhize

PhD Student

APPENDIX 2
ETHICAL CLEARANCE LETTER



NORTH-WEST UNIVERSITY YUNIBESITHI YA BOKONE-BOPHIRIMA NOORDWES-UNIVERSITEIT

Private Bag X6001, Potchefstroom South Africa 2520

Tel: (018) 299-4900 Faks: (018) 299-4910 Web: <http://www.nwu.ac.za>

Prof H Klopper

Ethics Committee Tel +27182994850 Fax +27 182935329 Email Ethics@nwu.ac.za

Dear Prof Klopper

11 July 2008

ETHICS APPROVAL OF PROJECT

The North-West University Ethics Committee (NWU-EC) hereby approves your project as indicated below. This implies that the NWU-EC grants its permission that, provided the special conditions specified below are met and pending any other authorisation that may be necessary, the project may be initiated, using the ethics number below.

Project title: Leadership and policy development improving the quality of nursing in South Africa through nursing staffing and patient safety

Ethics number:

N	W	U	-	0	0	1	5	-	0	8	-	S	1
Institution			Project Number				Year			Status			

Status: S = Submission R = Re-Submission: P = Provisional Authorisation: P. = Authorisation

Approval date: 11 July 2008

Expiry date: 10 July 2013

Special conditions of the approval (if any): None

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

The project leader (principal investigator) must report in the prescribed format to the NWU-EC:

- annually (or as otherwise requested) on the progress of the project,
- without any delay in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.

The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the NWU-EC. Would there be deviation from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.

- The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date, a new application must be made to the NWU-EC and new approval received before or on the expiry date:

In the interest of ethical responsibility the NWU-EC retains the right to:

- request access to any information or data at any time during the course or after completion of the project;
- withdraw or postpone approval if:
 - any unethical principles or practices of the project are revealed or suspected,
 - it becomes apparent that any relevant information was withheld from the NWU-EC or that information has been false or misrepresented,
 - the required annual report and reporting of adverse events was not done timely and accurately,
 - new institutional rules, national legislation or international conventions demand it necessary.

The Ethics Committee would like to remain at your service as scientist and researcher, and wishes you well with your project. Please do not hesitate to contact the Ethics Committee for any further enquiries or requests for assistance.

Yours sincerely

APPENDIX 3

LETTER GRANTING PERMISSION TO CONDUCT RESEARCH



HEALTH
KwaZulu-Natal

Health Research & Knowledge Management sub-component
10 – 102 Natalia Building, 330 Langalibalele Street
Private Bag x9051
Pietermaritzburg
3200
Tel.: 033 – 395 2805
Fax.: 033 – 394 3782
Email.: xolani.xaba@kznhealth.gov.za
www.kznhealth.gov.za

Reference : HRKM076/08
Enquiries : Mr X. Xaba
Telephone : 033 – 395 2805

11 December 2008

Dear Mr Mkhize

Subject: Approval of research

1. The research proposal titled **“Transformational leadership model for nursing education leaders in nursing education institutions”** reviewed by the KwaZulu-Natal Department of Health. The proposal is hereby **approved** for research to be undertaken at Nursing Colleges.
2. You are requested to undertake the following:
 - a. Make the necessary arrangement with identified facility before commencing with your research project.
 - b. Provide an interim progress reports and final report (electronic and hard copies) when your research is complete.
3. Your final report must be posted to **HEALTH RESEARCH AND KNOWLEDGE MANAGEMENT, 10-102, PRIVATE BAG X9051, PIETERMARITZBURG, 3200** and e-mail an electronic copy to hrkm@kznhealth.gov.za

For any additional information please contact Mr X. Xaba on 033-395 2805.

Yours Sincerely

Dr. S.S.S. Buthelezi
Chairperson: Provincial Health Research Committee
KwaZulu-Natal Department of Health