Exploring *Ukuthwasa* didactic principles to enhance student nurses' theory-practice integration

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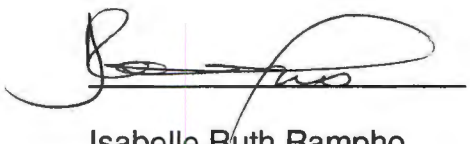
Declaration

I, Isabelle Ruth Rampho, student number 12603538, declare that the dissertation with the title: **Exploring *ukuthwasa* didactic principles to enhance student nurses' theory-practice integration** is my original work and that all the sources quoted have been indicated in the text and acknowledged by means of complete reference.

The research has been approved by the Research Ethics Regulatory Committee of the North West University (Mahikeng Campus). The ethical standards of the North West University (Mahikeng Campus) have been considered during the conduction of the research.



Isabelle Ruth Rampho

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Dedication

I dedicate this research to:

My late grandparents, Maitato and Gasenna Tlhomelang, who wished me the best education ever. Thank you for raising me up to be who I am today.

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Abstract

The existing gap of student nurses' theory-practice integration is of global concern, so far most measures to close this gap have failed. Conversely, students of indigenous health practitioners seem to be more successful in the integration of theory into practice. The aim of this research was to explore the *ukuthwasa* didactic principles of theory-practice integration in order to propose such principles for integration into western nursing education to enhance student nurses' theory-practice integration. A qualitative, explorative and descriptive design was followed. Non-probability purposive sampling was utilized to select participants who met the criteria. Semi-structured individual *makgotla*, field notes and audio/video recording was used to collect data.

The central question asked to all individuals was "*How do you make sure that the amathwasana know what you taught them*?" Pienaar's thematic analysis was utilized to analyze the collected data. To ensure trustworthiness; credibility, authenticity, confirmability, transferability and dependability was maintained. Exploring the *ukuthwasa* didactic principles to enhance student nurses' theory-practice integration revealed five themes as stated in this research. Subsequently the results of the research revealed that indigenous health practitioners follow a specific selection process for the admittance of trainees. They follow a teaching and training program according to the curriculum, employ different teaching and learning strategies, progress is regulated according to competency, and trainees are rewarded with a qualification on completion and are guided/mentored post-completion of training. It is hoped that recommending these methods will contribute to the existing western nursing system curriculum in developing strategies to close the existing gap of student nurses' theory-practice integration.

Keywords: Didactic, enhance, student nurses, theory-practice, *Ukuthwasa*

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List of Acronyms and Abbreviations

AIKS	African Indigenous Knowledge System
APA	American Psychological Association
CPAS	College Principals and Academic Staff
DENOSA	Democratic Nursing Association of South Africa
ESP	Extra Sensory Perception
FUNDISA	Forum of University Nursing Deans in South Africa
HPSA	Health Professionals of South Africa
KOSH	Klerksdorp, Orkney, Stilfontein, Hartebeestfontein – a group of mining Towns.
NEA	Nursing Education Association
NES	Nursing Education Stakeholders
OSCE	Objective Structured Clinical Examination
PHEPSA	Private Health Education Providers of South Africa
RPL	Recognition of Prior Learning
SANC	South African Nursing Council

Definition of Vernacular Concepts

XHOSA/ZULU/NGUNI CONCEPTS

Gobela: A qualified traditional healer teacher

Gogo: A trainee

Imikhoba: Hiding things from the trainee to look for

Impepo: Traditional incense burnt to connect with the ancestors

Intwaso: The process of having a vision of a cow/goat to be slaughtered and a trainee then having to drink the blood of that cow/goat as a sign of competency and completion of the whole process.

Ndomba: The room where training takes place

Sthoto/lebodlo: A mixture of water and herbs whisked until it foams which the trainee is required to drink.

Ukubingelela: Greeting and introducing the ancestors

Ukukhalela inkane: The process of drinking the foam from the calabash and finding the hidden necklace by the river

Ukumememza: The point when the trainee is about to complete the training, and the ancestors give instructions that they are ready to return home

Umkamase: A necklace which has indigenous medication and is worn by a trainee

Umshaelo: The process whereby the trainee is robed with the red dress and a cloth, and the burning of a nascence until the trainee falls down and explain her/himself, her/his ancestral clan and the name given to her/him by the ancestors

SESOTHO CONCEPTS

Difaha: Beads

Ditaola: Bones

Lesedi: To enlighten

Mabala: The grounds where the training takes place

Nkgono or mocholoko: The trainee

Nnyoko: A goat's gall bladder

Pono: Vision

Sethoto: The mixture of water and traditional herbs whisked to foam

1. CHAPTER 1: OVERVIEW OF THE RESEARCH

1.1 Introduction

Chapter one provides an overview of the research that explores the *ukuthwasa* didactic principles that enhance theory-practice integration amongst student nurses. Firstly, the background to the research is outlined, an overview of the relevant literature is then provided. This is followed by the problem statement, research questions, aims and objectives, significance of the research, definitions of concepts and research methodology.

1.2 Background

Integration of theory and practice refers to the ability to apply classroom teaching into clinical practice (Meyer & van Niekerk, 2008: 81; Nursing Education Stakeholders Group, 2012: 2). van Zyl (2014: 31) further explains theory-practice integration as the ability of student nurses to apply the theoretical knowledge gained in the classroom to practice, that facilitates judgments and skilled observations during the delivery of patient care. Nursing education aims at producing skilled and competent professional practitioners who are able to apply theoretical knowledge and skills during clinical placement on completion of their training (Kaphagawani & Useh, 2013: 1; Meyer & van Niekerk, 2008: 83).

Different factors are considered to contribute to the existing gap that currently exists in theory-practice integration (Botma, Greeff, Mulaudzi & Wright, 2014, 2010; Carelse & Dykes, 2013: 45; Gidman, Mcintosh, Melling, & Fisher-Smith, 2011: 1). From the examined literature it is evident that the nursing education system still faces a major challenge in attempting to bridge the theory-practice integration gap amongst student nurses irrespective of current measures employed (Botma & Nyoni, 2015: 2; van Zyl, 2014: 34). van Zyl (2014: 34) further concurs with the explored literature that theory-practice integration has been extensively studied for almost two decades worldwide and yet it still remains a concern and will remain so if no innovative intervention is provided.

In light of the assertions by the previous authors, South African nursing education is no exception to the theory-practice integration gap. Hence the Nursing Strategy was adopted as a blueprint for nursing in order to improve their education, training and practice (Bruce, Klopper & Mellish, 2011: 340). Bruce *et al.* (2011: 340) further advanced the thought that

as one of the focus areas in nursing education is to improve skills, competency levels, integrate practice and theoretical knowledge the strategy should address theory-practice integration.

Furthermore, the Nursing Education Stakeholders, consisting of representatives from College Principals and Academic Staff (CPAS), Democratic Nursing Association of South Africa (DENOSA), Forum of University Nursing Deans in South Africa (FUNDISA), Nursing Education Association (NEA), Nurse Managers, Private Health Education Providers of South Africa (PHEPSA) and the South African Nursing Council (SANC) at their meeting in September 2010 identified clinical education and the training of nurses in pre-registration programmes as an important area of concern for improving the quality of nursing education. It was from the meeting held by Nursing Education Stakeholders that the clinical training model was developed with the specific purpose of enhancing the theory-practice integration in nursing education (The Strategic Plan for Nurse Education, Training and Practice 2012/13-2016/17: 85). The proposed model for clinical nursing and training in South Africa has thus far not been implemented. Based on the above findings it confirms the statement made by van Zyl (2014: 34) that the theory-practice integration gap has been and still is a concern and will continue to be of international concern.

Conversely, African Indigenous Health Practitioners (AIHP) have been providing health care services to most African people through consultation/visits for various health needs (Gumede, 1990: 45). The use of the indigenous health care system is a wide-spread practice for many in the rainbow nation of South Africa where these practitioners are preferred to conventional western health care (Sorsdahl, *et al.,* 2010: 284; Ovuga, *et al.,* 1999: 276). The World Health Organization (WHO) revealed that over 80% of the African community makes use of African Indigenous Health Practitioners. Internationally, the Indigenous Health System is referred to as Traditional Medicine or Complementary and Alternative Practice/Medicine and there has been a continuous interest in their knowledge and skills worldwide. In support of this claim of this growing interest George, Chitindingu, and Gow (2014:1) state that 85% of Korean and 77% of Canadian medical schools are learning from the Complementary and Alternative Medicine field and are utilizing what the knowledge and skills they learn in their teaching and learning principles. Furthermore, WHO has acknowledged this practice (Gqaleni, Mbatha & Mkhize, 2010).

Literature indicates that the interest in potential benefits of knowledge gained from Indigenous Health Practitioners has led to WHO's approval of collaboration and incorporation of these practitioners within the Health Care System (Sandlana, 2014;

Williams, 2011). Indigenous knowledge refers to Community-Based Knowledge (CBK) that is primarily transferred orally and through experience. The practice is repetitive. This means that it is learnt from generation to generation (Phiri, 2006: 18). From the above it is clear that the knowledge and skills possessed by indigenous health practitioners are of vital importance to the nation.

The didactic principles applied by indigenous health practitioners are effective to the extent that other professionals from units such as the Departments of Psychology, Social Work, Biomedicine, and Health Care are willing to learn and utilize these principles in their teaching (Sandlana, 2014). Midwifery is one of the disciplines that has expressed interest in learning from indigenous birth attendants and traditional midwives (Phiri, 2006). However, there is limited local literature that explores the *ukuthwasa* didactic principles aimed at enhancing student nurses' theory-practice integration. Therefore, because of the importance of indigenous health practitioners' skills and knowledge in society, the researcher saw it fit to explore the didactic principles of these practitioners.

1.3 Brief Overview of Relevant Literature

The existing gap between theory and practice integration amongst student nurses is of global concern and has been widely commented on in literature (Ajani & Moez, 2011: 3928). Theory-practice integration refers to a system of combined ideas and explaining something repeatedly as an exercise to develop skills (Meyer & van Niekerk, 2008: 81-82; Ajani & Moez, 2011: 3927; Bruce *et al.*, 2011: 229; Nursing Education Stakeholders Group, 2012:1). Classroom teaching and learning is intended to prepare and equip student nurses with the necessary skills and knowledge for clinical practice (Panduragan, Abdullah, Hassan, & Mat, 2010: 404-407; Jamshidi, 2012: 3335). Nursing colleges are currently faced with challenges where student nurses experience an inability to integrate that theory into practice (Scully, 2011: 1). Carelse & Dykes (2013) concur with this. Although measures are employed to close the continuing gap of theory-practice integration amongst those student nurses who are taught according to western didactic principles, they still experience this gap during their clinical practice and on completion of training (de Swardt, du Toit & Botha, 2012: 591; Elbas, Bulut, Demir & Yuceer, 2009: 2163).

In addition to the above argument, there are many factors that contribute to the theory-practice integration gap. Literature indicates that the clinical environment lacks theoretical knowledge; nurse educators fail to transfer knowledge to student nurses; the teaching

methods used are inadequate; and there is over utilisation of formal lecturers (Bothma & Nyoni, 2015: 1; van Zyl, 2014: 3; Younas & Sommer, 2015: 1; Maginnis & Croxon, 2010: 5). According to van Zyl (2014: 20) further investigations have been carried out to establish the causes of the theory-practice integration gap all of which confirm that understanding the theory does not necessarily translate into practise (Ajani & Moez, 2011: 3927; Cook, 1991: 1462; Corlett, Palfreyman, Staines & Marr, 2003: 183; Dale, 1994: 521; Ferguson & Jinks, 1994: 687; Hewison & Wilman, 1996: 754; McCaugherty, 1991: 10551; Upton, 1999: 549). Various efforts have been made in an attempt to bridge this theory-practice integration gap but with only partial success. Hence the researcher has an interest in exploring other available solutions to attempt to enhance the theory-practice integration amongst student nurses and this is in the form of *ukuthwasa* teaching and learning principles of African Indigenous Health Practitioners.

1.4 Problem Statement

Theory-practice integration amongst student nurses remains of global concern. The South African Nursing Council (SANC) regulation R425 emphasizes meaningful integration of theory into practice (Meyer & Van Niekerk, 2008: 83; Wrenn & Wrenn, 2009: 1; Younas & Sommer, 2015: 443; Botma & Nyoni, 2015: 1).

An exploration of current literature indicates that student nurses continue to demonstrate incompetency in theory-practice integration even though they are taught and equipped with knowledge and skills for clinical practice (De Swardt, *et al.* 2012: 591, Botma & Nyoni, 2015: 1; Maginnis & Croxon, 2010: 1). This indicates that western didactic principles are not succeeding in closing the theory-practice gap among student nurses. However, some reliable literature reveals that students from the Indigenous Health Practice fully demonstrate integration of theory-practice on completion of their training (Gcabashe, 2009: 1; Mlisa, 2009: 161; Schussler, 2011; Truter; 2007) which indicates that the traditional health practitioners using the *ukuthwasa* didactic principles succeed in bridging the same gap amongst the *amathwasana.* The question that arises is then, which of the *ukuthwasa* didactic principles are being used by the indigenous health practitioners to successfully bridge the theory-practice integration gap? Hence this research seeked to explore the *ukuthwasa* didactic principles of theory-practice integration in order to ascertain which among its principles can be transferred across to the predominantly western nursing education, to bridge the existing lack of theory-practice integration.

1.5 Research Questions

a) How do indigenous health practitioners achieve theory-practice integration?

b) Which teaching and learning principles of indigenous health practitioners could be applied to the nursing education system?

c) Which teaching and learning principles of indigenous health practitioners can be transferred into nursing education to bridge the existing theory-practice gap?

1.6 Research Aim

The aim of this research was to explore the *ukuthwasa* didactic principles of theory-practice integration in order to recommend the adoption of those principles into the western nursing education system with the aim to enhance student nurses' theory-practice integration.

1.7 Research Objectives were to:

a) Explore the *ukuthwasa* didactic principles of theory-practice integration;

b) Identify *ukuthwasa* didactic principles of theory-practice integration that can be applied to western nursing education to enhance theory-practice integration; and

c) Recommend those *ukuthwasa* didactic principles that promote theory-practice integration into the western nursing education system to enhance student nurses' theory-practice integration.

1.8 Significance of the Research

- This research, through its contribution, benefit educators, students and ultimately patients through the enhancement of the standard of nursing;
- The *ukuthwasa* principles, contribute by adding to the didactic principles of western nursing education;
- The research also contribute to quality patient care that is rendered in health institutions;

- The Department of Health will be equipped with skilled and competent nursing professionals with less potential litigation than the current *status quo*;
- Student nurses will, on completion of their training, be competent and confident to practice with minimal supervision; and
- The research adds to the existing body of knowledge on the incorporation of African indigenous healing, medicine and knowledge into medical and nursing schools.

1.9 Definitions of Concepts

Theory-practice integration: Refers to a system of combined ideas and explaining something repeatedly as an exercise to develop skills (Meyer & van Niekerk, 2008: 81-82; Ajani & Moez, 2011: 3927; Bruce *et al.*, 2011: 229; The Nursing Education Stakeholders Group: 2012: 2). In this research theory-practice integration refers to the ability of the *mathwasana* to integrate that which is taught to them during training into practice on completion of their training

Student nurse: An individual who is enrolled at either a school for professional nurses or one for licensed practical nurses, both of which meet the standards established by the Board of Nursing (Mkhize, 2009: 14; Department of Health services, 2015: 1; Nursing Act 50 of 2005 as amended). In this research student nurse is an individual who is registered at the nursing college or university and also registered with SANC and is undergoing training to practice as a registered professional nurse.

Learning principles: These are defined as laws of acquiring applicable knowledge or knowledge through researching (Meyer & van Niekerk, 2008: 115; Bruce *et al.*, 2011: 229). In this research, learning principles will be referred to as *ukuthwasa* learning principles used by indigenous health practitioners.

Indigenous health practitioners: Refers to a person registered under the Act in one or more of the categories of indigenous health practitioners (Traditional Health Practitioners Act 22 of 2007: 5; Tshehla, 2015: 2; Mokgobi, 2014: 30). For purposes of this research an indigenous health practitioners refers to the person training the *amathwasana* as a registered indigenous health practitioner.

***Amathwasana*:** Refers to the person training to be an indigenous health practitioner (Mlisa, 2009; Zuma, Wight; Rochat & Moshabela, 2016: 5; Booi & Edwards, 2014: 4). For

purposes of this research, *amathwasana* refers to those individuals who are registered and undergoing the *ukuthwasa* training process.

***Ukuthwasa*:** This is the period of training that is undergone in order for one to practice as an indigenous health practitioner (Mlisa, 2009: 5; Gcabashe, 2009: 1; Booi & Edwards, 2014: 4). For the purposes of this research *ukuthwasa* thus refers to the learning process of the *amathwasana* in order for them to be able to integrate theory into practice

1.10 Research Methodology

An exploratory-descriptive qualitative research was conducted to explore the *ukuthwasa* didactic principles of theory-practice integration and describe those principles that can be recommended to the western nursing education system.

For the purposes of this research the community-centred African Indigenous methodology of *Lekgotla* was used because the researcher wished to gain insights on how indigenous health practitioners succeeded in integrating theory into practice (Pienaar, 2015).

1.11 Summary

Chapter one served as the introduction to the research giving details on the background, brief overview of relevant literature, problem statement, research questions, research aims and objectives, definition of concepts and research methodology.

1.12. Chapters in the Dissertation

Chapter 1 : Overview of the research

Chapter 2 : Research Methodology

Chapter 3 : Data Analysis and Literature Control

Chapter 4 : Recommendations, Limitations and Conclusions

2. CHAPTER 2: RESEARCH METHODOLOGY

2.1 Introduction

This chapter provides a detailed description of how the researcher explored the *ukuthwasa* didactic principles of theory-practice integration. The research methodology for the study with the research design, research method, ethical considerations and measures to ensure trustworthiness are presented.

2.2 Research Design

An exploratory-descriptive qualitative research was conducted to explore the *ukuthwasa* didactic principles of theory-practice integration and to describe those *ukuthwasa* didactic principles that can be recommended to the western nursing education system.

For purposes of this research, the community-centred African Indigenous methodology of *lekgotla* was followed because the researcher wished to gain insights into how indigenous health practitioners succeeded in integrating theory into practice for their trainees (Pienaar, 2015).

The researcher first arranged a meeting with the leader of the *lekgotla* of the indigenous health practitioners, explaining the purpose of the research to them. A pre-meeting followed with the group of participants where permission was granted to *makgotla* the members of the indigenous healer's *lekgotla*.

Although it seems as if individual *makgotla* were held with participants, the data collection started with a collective *lekgotla* and then experts were identified following the *Lekgotla*.

2.3 Research Method

According to Creswell (2014: 3) research methods are plans and procedures for research that span steps from the broad assumptions to detailed methods of data collection, analysis, and interpretation.

Figure 1 below illustrates the research methodology which was further elaborated.

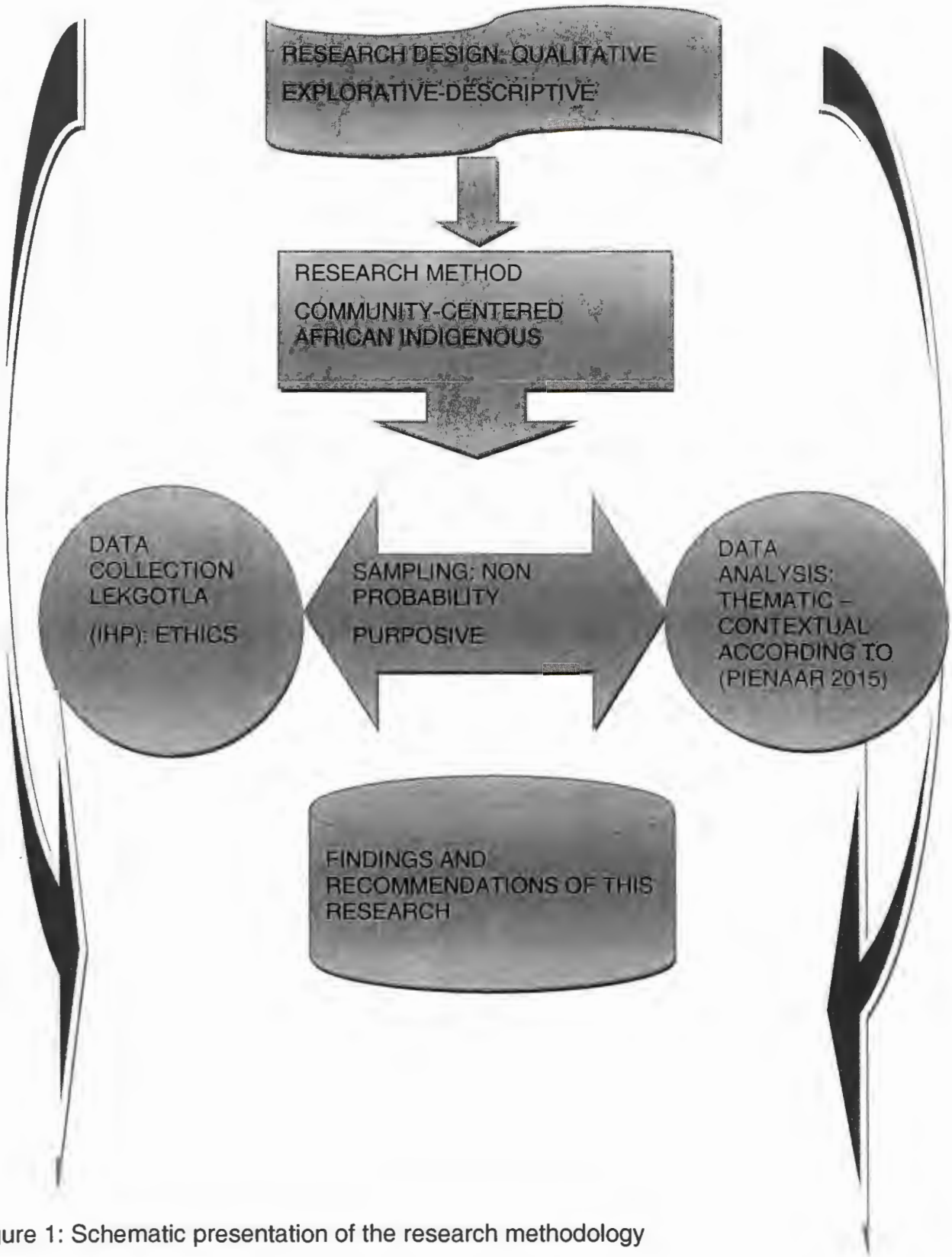


Figure 1: Schematic presentation of the research methodology

2.3.1 Population

The population targeted in this research were the African indigenous health practitioners who were registered to practice and were accredited for training with the North West Province Traditional Healers *Lekgotla* under the Traditional Health Practitioners' Act 22 of 2007 (Parliament of the Republic of South Africa, 2007). Most participants were from the Nguni/Mundawo and the Basotho ethnic groups

2.3.2 Sampling

A non-probability purposive sampling method was used to select those participants who were considered the most knowledgeable and experienced with respect to the didactic principles of *ukuthwasa.* The sampling method may or may not represent the population size accurately, therefore the researcher relied on seven African indigenous health practitioners, and data reached saturation (Creswell, 2014: 3 & Pienaar, 2015).

The researcher recruited relevant participants through the assistance of the Director of Traditional Healers in the North West Province, who appointed a coordinator from Dr Kenneth Kaunda sub-district in the KOSH area. Participants who met the criteria of knowledgeability on *ukuthwasa* didactic principles and were registered and accredited to train *amathwasana* were therefore part of the research.

The research was conducted at the participants' houses in Dr Kenneth Kaunda sub-district in the KOSH area in North West Province. The researcher had a pre-*makgotla* meeting with the l*ekgotla* of Indigenous Health practitioners as a means of building trust and relationships before and during data collection. All participants signed the consent form before participating in the research.

The researcher spent adequate preparation time with the participants to clarify reasons for conducting the research and explaining what was expected of them, all of the *makgotla* were conducted in Setswana and Sesotho. The majority of the participants felt that to fully explain the process of *ukuthwasa* it was preferable to explain in Setswana and Sesotho rather than in English. This was considered reasonable as *ukuthwasa* is part of their culture. This also further assisted the researcher in explaining and clarifying what exactly was needed from the participants.

2.4 Data Collection

Lekgotla was used as a method of collecting and confirming data as this method has been proven valuable especially when dealing with African Indigenous Knowledge System (AIKS) (Bock, 2015: 53). *Lekgotla* is a *Setswana* word that when translated directly means council meeting (Pienaar, 2015: 63). *Lekgotla*, is further explained by Pienaar (2015: 57-59) as a form of qualitative data gathering method undertaken with the population of interest to the research that the researcher is undertaking, where the researcher is allowed into the gathering as an observer. For the purpose of this research the researcher was permitted to attend the meeting as a non-participating observer in order to ascertain if indigenous health practitioners followed the training protocol and if they met requirements.

After the participants had been identified, the researcher visited them individually to explain the purpose of the research. These visits served as a pre-*makgotla* process that created rapport with the participants and gave opportunity to arrange dates for actual *makgotla*. The voluntary consent form was explained prior to proceeding with the actual process. Permission was obtained through the participants signing the consent form. Authorization was also granted for audio/video recordings and observations at the same time as the researcher was the only person allowed to attend. The researcher explained that field notes would be taken throughout the *makgotla*. The researcher began with the makgotla, then observed the *mathwasana* who were demonstrating assessment of a patient, interpretation and meanings of bones, assessment of the competency ceremony, and the graduation ceremony. Some questions were asked post-*makgotla* as the researcher did not want to disturb the on-going process. The prolonged engagement with the participants was to facilitate an in-depth understanding of the *ukuthwasa* process, how the training is done, and to identify those principles used successfully in theory-practice integration.

The researcher developed one central question which was asked to all participants: *What are your teaching and learning principles?* In order to stimulate and probe participants for the appropriate information, the researcher asked the following questions as a guide to achieving answers to the central question:

- What is the criteria for admission of *amathwasana*?
- How many *mathwasana* do you admit for training?
- How do you ensure that they know what is expected of them?

- How do you know when they are ready to be promoted to the next level?
- Can anyone teach them or train them?

Participants were very relaxed and open to answering questions. There were some initial language misunderstandings for some participants which caused the researcher to change language from Setswana to Sesotho. The change of language also made the researcher ask the questions in such a way that the participants fully understood and were able to supply the correct information or rather relevant information to the researcher.

The researcher personally transcribed the seven *makgotla* captured through audio recordings in order to become immersed in the data and be able to reflect on the exchanges. The recordings were transcribed verbatim in Setswana/Sesotho and then translated to English by the researcher who is a Setswana/Sesotho speaking individual. The researcher and the supervisors listened to the recorded data and compared this against the transcripts and after that, researcher went back to the participants for clarity on any information that was unclear.

2.5 Ethical Considerations

The following procedure was followed with regard to obtaining permission to conduct the research:

Permission to continue with the research was granted by the School of Nursing Science, Faculty of Health Sciences as well as the Research Ethics Committee of the North West University, North West Province Traditional Healers' Committee, as well as permission from the participants through a signed consent form.

All literature sources used in the research have been acknowledged in both the discussion and in the reference list.

The researcher adhered to the ethical considerations for non-therapeutic research and for protection of all participants' rights following the five general ethical principles stipulated by American Psychological Association (APA) (APA, 2010: 3-4) and made them applicable to the research as elaborated in the table below:

Table 1: Ethical considerations

General principle	Application
Beneficence and non-maleficence	A full explanation of the research was provided to the participants who were made aware that involvement was voluntary. Additionally, participants were advised of their right to withdraw at any stage should they not feel comfortable to continue.
Fidelity and responsibility	The researcher ensured that all of the indigenous health practitioners understood all of the information prior to participation (Botma, *et al.*, 2010: 11-12).
Integrity	To ensure integrity, the researcher strives to promote accuracy, honesty as well as trustworthiness. Several methods were used to acquire the data ensuring rigour. The researcher used individual *makgotla*, field notes, audio and video recordings and document analysis. Audio/video recordings used for data collection are kept safely secured for privacy.
Justice	Participants were selected accordingly. This was based on the fact that they were the most knowledgeable and had experience with the phenomenon of *ukuthwasa* didactic principles.
Respect for people's rights and dignity	The researcher ensured that the rules of the indigenous health practitioners were honoured through the signing of the code of conduct, and through following given instructions during the data collection process. Participants' rights to self-determination, the right to privacy, the right to anonymity and confidentiality, the right to fair treatment and the right to be protected from discomfort and harm were ensured (Botma, *et al.* 2010: 11-12; Brink, Van der Walt, & Van Rensburg, 2014: 32-40; Burns & Grove, 2005: 195); hence names were redacted from the collected data.

2.6 Trustworthiness

The researcher ensured trustworthiness by using different sources of information such as observations, *makgotla*, and audio-video-recording where possible. Therefore, in establishing the trustworthiness of this research, the researcher applied the following

principles of trustworthiness credibility, confirmability transferability, dependability and authenticity (Brink *et al.*, 2014: 171; Polit & Beck, 2012: 322). See table below for further description.

Table 2: Principles of trustworthiness

PRINCIPLE	APPLICATION
Credibility	Credibility refers to the truth of the data or the participant views, and the interpretation and representations of them by the researcher (Polit & Beck, 2012: 584; Brink *et al*, 2014: 172). The researcher wrote field notes; information was probed throughout the *makgotla* until the data was saturated. Audio and video recordings were carried out which were used during transcribing to ensure the accuracy of the results. The researcher made follow up *makgotla* for further clarity on information that was transcribed from the recordings.
Authenticity	Authenticity refers to the ability and extent to which the researcher expressed the feelings and emotions of the participant's experiences in a faithful manner (Polit & Beck, 2012; Brink *et al*, 2014: 173). The researcher transcribed the spoken words of participants from the recordings in Setswana and then translated the transcripts into English.
Confirmability	Confirmability refers to the researcher's ability to demonstrate that the data accurately represents participants' responses and not the researcher's biases or viewpoints (Polit & Beck, 2012: 585; Brink *et al*, 2014: 173). The researcher made a follow up of the transcribed *makgotla* for clarity and to obtain confirmation of the recorded information. The researcher's supervisor audited the transcripts. An independent co-coder audited the results and discussed them with the researcher. A conclusion was reached by both the researcher and the co-coder with respect to the themes and categories. The results of both the researcher and the co-coder were reviewed by the supervisor and any corrections were made.
Transferability	Transferability refers to findings that can be applied to other settings or groups (Polit & Beck, 2012; Brink *et al*, 2014: 173). The researcher explained the process of *ukuthwasa* as it happened during the data collection process. She attended different ritual ceremonies of all the processes or stages of *ukuthwasa* with participants and observed teaching principles of divination, intuitive learning, observation and accompaniment

	of the trainee during process.
Dependability	Dependability refers to the constancy of the data over similar conditions (Polit & Beck, 2012; Brink *et al*, 2014: 172- 173). The findings of *ukuthwasa* process must be repeatable with each participant in order to ensure the dependability of the findings and concurring with literature and ensuring that the discovered didactic principles can be applied to nursing education. Data was collected from experienced and knowledgeable indigenous health practitioners. The researcher coded the *makgotla* by herself and an independent co-coder reviewed the results and an agreement was reached by both the researcher and the co-coder.

2.7 Summary

This chapter gave a detailed description of the research design; ethical considerations and trustworthiness were discussed. The researcher discusses realization of data collection, data analysis and the results with a literature control in Chapter 3.

3. CHAPTER 3: DATA ANALYSIS AND REALIZATION OF RESULTS

3.1 Introduction

This chapter outlines the results of the explored; and the identified *ukuthwasa* didactic principles that can be applied to enhance western nursing education to augment student nurses' theory-practice integration and are presented in a table below. The themes and literature control that support the findings of the research are discussed following the presentation of the table of the results.

3.2 Pre-Data Collection *Makgotla*

The researcher began arrangements on 13 December 2016 at a meeting with the *Lekgotla* of traditional healers of Dr Kenneth Kaunda, Matlosana sub-district in North West province, South Africa. The research was presented to the members of the *Lekgotla* and after a long discussion the researcher was asked to write a letter of request to the Director of Traditional Healers in the province as the Dr Kenneth Kaunda *Lekgotla* could not independently make a final decision.

The first meeting was expected to be held in February 2017. Unfortunately this did not take place and a follow up contact was made with the Deputy Director. A letter of request to conduct research was written and e-mailed to the Director in April 2017. The North West Traditional Health Committee held a meeting in April 2017 at which the representative from the Office of the Premier was present. After a presentation and long deliberation about the research and the university, an agreement was reached with the Director that gave permission for the researcher to continue with the research. From that meeting a coordinator was appointed to accompany the researcher for participant identification according to the set criteria established by the researcher.

The coordinator arranged a meeting with a group of fourteen traditional healers from the KOSH area. The research was presented to the group but the response was not positive. The issue of secrecy was raised and it was felt that the ancestors would not approve because of the photographs to be taken. They also felt that the researcher should be either a trained traditional healer or a trainee in order to gain access to the teaching principles. The group further asked the coordinator if she would allow the researcher

access to her *ndomba* to evaluate her process, and the coordinator replied in the negative. The meeting ended inconclusively after one to two hours of discussions. The researcher thanked the group for their consideration and explained that she fully appreciated their position and would respect their decision.

During the first week of May 2018 the coordinator contacted the researcher to supply contact numbers of one of the identified participants, but one that wanted remuneration for supplying information. The researcher was prepared to discuss the whole process with the participants. On Wednesday, 9th May, the researcher called the participants telephonically and explained the procedure. Subsequently, the researcher was invited to a ceremony that was to take place the same week on the Saturday. It was explained to the researcher that she would be introduced to the ancestors and her intentions explained to them. For that to happen the researcher would be part of the ritual in the morning and had to dress accordingly. The ceremony took place from 08:00 in the morning until 18:30 in the evening. The researcher explained the procedure and the consent form to the participant prior to the official opening of the ceremony. The ceremony started with the families of the trainees going to the river to hide the *umkamase* (The process of hiding a necklace which has indigenous medication and will be worn by the trainee), and the researcher was an observer of these activities. After the river activities, the trainees went to the *ndomba* (the room where training takes place). Family members and the *gobela* (the traditional healer/teacher) remained outside with other community members and did not come into contact with trainees. Outside a variety of item such as sorghum beer, snuff, *impepo* (incense), soft drinks, traditional beer, were prepared and finally the trainees emerged. The trainees were then covered with a red, black and white cloth.

One of the trainees was in their first training stage, *ukubingelela* (knowing how to invite ancestors from the father, mother and *gobela's* side together), three were in the second stage, the consumption of *sethoto* (drinking the foam from the calabash and finding the hidden necklace by the river). The fifth was expecting to enter the *intwaso* stage (waiting for a vision of a cow/goat to be slaughtered from which the trainee subsequently drinks the blood, as a sign of competency and completion of the process). The process began with singing and the drinking of *sethoto* (drinking the foam from the calabash) and the first stage trainee successfully invited the ancestors. The next three were expected to point out where the *umkamase* was hidden, and the fifth was accompanying them as she was awaiting *intwaso*.

The three trainees successfully indicated where the *umkamase* was hidden but still had to go to the river to retrieve it. The researcher remained kneeling between the *gobela* and the trainees during their assessment. Being part of the assessment was to confirm if the evaluation was valid, that the *gobela* did not tell the trainees where the necklace was hidden. After stating where the *umkamase* could be found, the trainees ran out of the yard, down to the river followed by others who were to accompany them. The researcher also followed using her car, transporting other members, as the Vaal River was far from the township. The trainees ran until they had left the township and were collected by a previously organised taxi, which drove them to the bridge of the Vaal River. They were then expected to run down the hill and under the bridge by the river.

The researcher followed until she reached the river, and witnessed the identification of *umkamase* by the trainees. The next process was to slaughter the chickens and the three were individually lustrated in the river. The other two trainees were sitting and observing with the invited guests. After the ceremony at the river, the guests were expected to consume all the beverages that had been taken there, and the *impepo* was burnt. Everyone then returned and the celebration continued which included traditional songs and dancing. Furthermore, the trainees conducted random divinations to some community members as the food was still being prepared. The researcher left at 18:00 and was invited to attend the final *intwaso* ceremony scheduled for the 29th of June 2018. The family of the trainee who was awaiting *intwaso* had proposed this date, and the other three trainees still had to confirm if they also would be ready for *intwaso* on that date to allow them all to graduate simultaneously, but all was dependent on their ancestors; the *gobela* promised to follow-up.

The researcher secured an appointment for the *makgotla* on the 15th of May 2018 as, due to the ceremony, it had not been carried out. The *makgotla* went smoothly. The consent form was signed and proof of registration, certificates of attendance of Health Department workshops were shown to the researcher who also had an opportunity to take audio/video recordings during the assessment and diagnosis by the trainees. The researcher was the patient for the assessment and diagnosis, and she had to confirm the outcomes of the procedure; which were correct. The researcher thanked all the participants and the trainees.

On the 27th of June 2018, the *gobela* called to confirm the *intwaso* ceremony for the 29th, stating that all trainees would be eating *intwaso*, and that it was a big celebration. The researcher was 30 minutes late attending the ceremony which was due to start at 18:00.

She apologized to the *gobela*, who explained that the researcher had almost missed everything as the ceremony was almost over. Fortunately, family members of two of the trainees were coming from some distance and were still travelling, so there was an opportunity to observe and witness this last ceremony. The family members arrived and the ceremony began. Trainees were expected to explain their visions giving details of the animal, if it was a cow or a goat, its colour and where it was. They all successfully identified their animals and exited the yard to fetch the goats to be slaughtered. The singing continued during the slaughtering with the trainees kneeling ready to drink the fresh blood from their goats' throat.

This was immediately followed by the *gobela* giving water to the trainees to induce vomiting. They then had water mixed with herbs poured over their body. Family members were instructed to pay a specific amount there and then to release them which was paid and the celebration continued. The researcher left earlier that night at approximately 20:30 as she was travelling alone.

The second *makgotla* was scheduled to begin with a pre-*makgotla* meeting on the 27th of June 2018 at 10:00. However, this participant was busy on that day and it was rescheduled for the next day at 08:00. This participant was very open and relaxed and provided information for the researcher after presentation of the research, explanation of the procedure and viewing the consent form. On the 28th June 2018 at 08:00 the researcher reported to the participants' house, and the *makgotla* took place in the *ndomba*. The participant did not have trainees but she took the researcher through the entire process of teaching, and even produced her medication/herbal file. These herbs have been tested in the UNISA laboratory for their use, side effects, dosage and effectiveness. The participant also showed the researcher her proof of registration and certificates of attendance from the Department of Health workshops. The researcher thanked the participant after the *makgotla*.

The researcher requested an additional appointment after the *makgotla* on the 28 June. The participant was open to discussion. The participants brought along all her registration documentation and certificates for workshops she attended at the Department of Health. She wanted to take the researcher to the *ndomba*, after the procedure. The consent form was explained to her, and the researcher asked if they could start the *makgotla* process the following day. The *makgotla* went smoothly. Trainees were asked to assess, diagnose, integrate and interpret the meaning of the bones. At the end of the *makgotla*, the

trainees gathered and danced with the *gobela*. The researcher thanked them for their participation and enthusiasm.

The fourth, fifth and sixth *makgotla* were held on the 4th July 2018 at differing times. The researcher had a pre-*makgotla* meeting of approximately 10 minutes where she presented the research, and explained the procedure and the consent form to all three participants who agreed to be part of the research that day after confirmation of their registration certificates. For the sixth *makgotla* there was a delay. The participant had agreed to participate in the research but it had to be later that day. All participants also confirmed their attendance of Department of Health workshops for integration in promoting health and wellness.

The fourth and fifth participants did not have trainees. With the sixth *makgotla* the researcher was able to take a video recording while the trainees were assessing, diagnosing, integrating and interpreting the bones, for ethical reasons, the researcher opted to be the patient, in order to confirm the outcome. With all these data collected a vote of thanks was given by the researcher speaking to the *thokoza gogo* (thanking the *gobela* and the trainees in the *nguni/ndawo*) and clapping of hands.

The final pre-*makgotla* meeting was on the 12th July 2018 at 18:30, the research was presented and the procedure and consent form was also explained. The participant immediately produced her certificates of registration, and permit to dispense medication/herbs both in and outside the country. The researcher explained to the participant that the full *makgotla* would be conducted the following evening. The researcher secured an appointment for the next day, 13th July 2018 at 18:00 which went smoothly. The trainees assessed, diagnosed, interpreted and integrated the bones with the researcher being the patient. The researcher gave the *lesedi nkgono* (thanking the *gobela* and trainees in *Sesotho*) as a sign of thanks to the participant and the trainees, and was invited to witness the trainees in practice at a pharmacy in town.

3.3 Data Analysis

The researcher personally analysed data under the guidance of the research supervisor who is an expert in qualitative research and IKS. All audio recordings of the *makgotla* were transcribed verbatim and analysed according to Pienaar's thematic analysis (Pienaar, 2016:1). After transcription, the researcher read the transcripts repeatedly in order to identify underlying meanings. The transcripts were divided into four columns with the first

column being spoken words, the second column was for concepts, the third column was for categories and the fourth was for themes.

The researcher then selected the most relevant and informative information from the makgotla placing it in the columns and this was repeated with the rest of the *makgotla* transcripts. The researcher's work was analysed independently by an experienced co-coder in the field of qualitative research and IKS. Transcripts were e-mailed to the co-coder and telephonic discussions ensued and agreement regarding the themes and categories was reached. The co-coder e-mailed her signed report as proof of her original work and the agreement reached which was submitted to the supervisor. Figure 2 below illustrates the data analysis which will be elaborated on further.

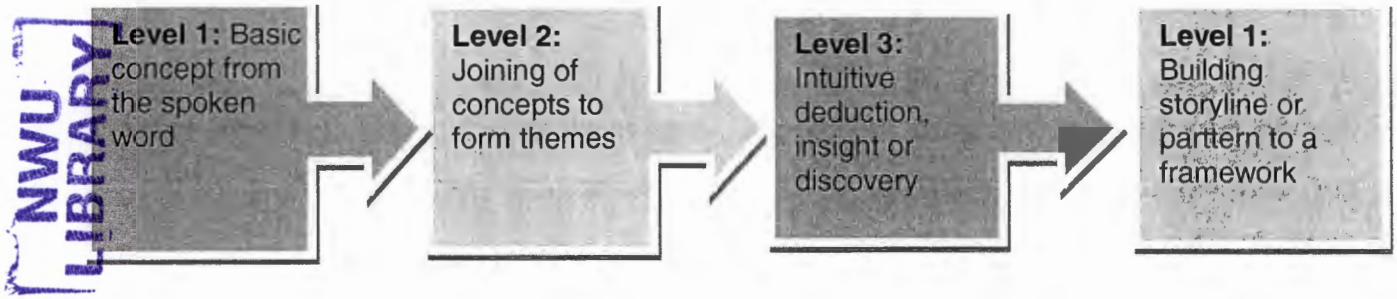


Figure 2: Levels of data analysis

Level one - Basic concept from the spoken word

The researcher transcribed all the individual *makgotla* of the indigenous health practitioners after collection of the data. The spoken words from individual *makgotla* were grouped together and unknown concepts were identified. The researcher tried to make meaning out of those concepts and also went back to participants for clarity on the meaning of certain words.

Level Two - Joining or grouping of these concepts to form themes or clusters

The researcher analysed the makgotla individually in order to develop common concepts/ideas which allowed themes or clusters to emerge thus creating understanding of the events during the process. As they emerged, similar topics were then clustered together under the concepts column.

Level three - An intuitive deduction, convergence or discovery of the concepts, themes or clusters normally called an insight or discovery (with close collaboration of the community)

The researcher eliminated information that was not relevant to the research and attached meaning to the concepts. The researcher confirmed new words/concepts with the participants in order to understand any fresh information and to conclude any new findings of IK that were relevant to the research. Similar concepts were clustered together under categories and themes were formed.

Level Four - The building of a storyline or pattern to form a framework to assert the research paradigm for an Indigenous African Health research.

From the data analysis five main themes emerged with specific categories. The themes that will be presented are: selection process, education and training programme, teaching and learning strategies, progress, reward and post-reward mentoring. The results of the analysed data are presented in the table below.

3.4 Emerging Themes

Five themes emerged during data analysis and a summary of the themes and categories is presented in the table below.

Table 3: Summery of themes and categories

THEME 1 Selection process	**THEME 2** Education and training programme	**THEME 3** Teaching and learning strategies	**THEME 4** Progression	**THEME 5** Reward and post reward mentoring
CATEGORIES	CATEGORIES	CATEGORIES	CATEGORIES	CATEGORIES
Calling	Competencies First level: learn, observe and ask questions for clarity	Intuitive learning	First stage: Initiation stage (to *bingelela*) greeting of fore-parents.	Role clarification

	Evaluation: on going Summative assessment		Connecting and observing.	
Confirmation	Second level: Knowledge of assessment. Ability to explain and interpret the bones. Understanding of different treatment for both adults and children. Knowledge of medication for different illnesses. Evaluation is continuous Summative assessment.	Observation and accompaniment	Second stage: *(Umkamase)* equipment to facilitate intuitive learning. Practice and reflection. Divination (bones, bible) Medication	Role change
Purpose of calling	Third level: Delegation to assess, diagnose and treat Practice Evaluation is continuous Summative assessment.	Oral instruction and demonstration	Third stage: *(Intwaso)* graduating Role exchange and role taking	Continuous mentoring and consultation
	Completion of training: Continuous consultation and mentoring	Practice		Involvement of other *gobelas* during the awarding ceremony
		Reflection		
		Peer mentoring and reflection		

3.5 Discussion of Results and Supporting Literature

The results of the data analysis and literature control are discussed as follows:

3.5.1 Theme 1: Selection Process

This is a process whereby trainees are selected accordingly; not everyone is admitted to train as an indigenous health practitioner. According to participants an individual is born with a calling, as being called runs in the family. Individuals with a calling are selected by the ancestors and it is not an individual choice for one to be called. There are processes to be followed in order to ascertain if that individual is indeed chosen to undergo training to become an indigenous health practitioner.

3.5.1.1 Calling

This is a process whereby an individual experiences an incurable illness for a period of time, or is troubled by issues such as visions and dreams that cannot be resolved. Participants explained that a person has to have a calling because calling is an inherent gift. They will also have visions of the people selected by the ancestors as a companion during the initiation process. Participants all have different experiences for their calling. During the makgotla participants responded as follows:

"Sometimes s/he has been bothered by these things".

"When I was shown to her/him, and s/he says it is said you must do this to me".

"Those that had a vision about me".

"And those with ancestral spirit".

"We don't just admit everyone".

"The person who is for training can be identified by her/his talks and visions".

These findings are supported by Zuma *et al.* (2016: 6) who state that when an individual ignores, misunderstands, denies or refuses the calling, the ancestors bring misfortune or illness to that individual. Xaso (2015: 19) concurs with the findings that an individual who has accepted the calling is directed by their ancestors to the chosen *gobela*. Zuma *et al.*

(2016:7) add that training or initiation takes place through a trainer who is chosen by the ancestors. Edwards (2010: 14) supports this finding that an individual may receive a call by the ancestors to become a diviner.

3.5.1.2 Confirmation

This is a process whereby the training traditional healer will confirm if the person with visions or claiming they have a calling is indeed the correct person to undergo preparation. Trainees must be able to explain to the trainer why they came to them and what they must do for them. Because not everyone is called, training has to be confirmed, initiating a person without confirmation that they are suitable for training is a waste of time and manpower. The training process will not have positive outcomes or any progression if a person has not been selected by their ancestors. During the makgotla participants said the following:

*"It will depend on you as a **gobela** during your assessment. Do you see her/his ancestral calling as being true through the bones"?*

"I can identify them through my ancestral spirit".

"Even when you are assessing her/him, you can see that this person is having this ancestral thing that s/he must do".

"The person who is for training can be identified by her/his talks and visions".

Mlisa (2009: 136) explains that a trainee undergoes several checks to assess if initiation can be processed. Booi & Edwards (2014: 8) further explain that a herbal preparation is given to an individual to drink and to wash with prior to the training initiation. The herbal preparations serve as a confirmation tool to establish if the person has a calling and is suitable for the training process. Matsika (2015: 63) concurs with the findings that an individual with a calling would show signs of spiritual possession usually expressed by strange behaviour or any behaviour that is considered out of character.

3.5.1.3 Purpose of Calling

When one is training to be an indigenous health practitioner it is not always to be able to assess, diagnose and treat people. Training is unique to an individual hence, on completion of their training, they operate on different levels. Trainees are trained according to their ancestral instructions. One can be trained to practice in a specific discipline different from their counterparts. Thus it is important that trainees relate their dreams or visions on a daily basis to their *gobela*. The reporting of dreams is to exclude any changes that might be an ancestral instruction during their training. This was clarified during the makgotla where participants said:

"It depends on where your calling is directed, s/he can go through the ***ukuthwasa*** *process but then not have patients, meaning some of your things were blocked and the doors are opened."*

"*S/he will be able to assist the mentally disturbed person with this herb given to her/him by ancestors and I can't use the same herb the way s/he used it. It is possible that we are given the same herb but using it in different ways. I can assist a person to have a baby with the same herb."*

Zuma *et al.* (2016: 6) further support the finding that the type of healer one becomes is not self-determined but is rather determined by spiritual entities. Traditional healers perform their duties in different fields because of their training. (See Truter 2007 for further elaboration on different types of indigenous health practitioners and their different expertise). Xaso (2015: 19) confirms that training differs and is dependent on the speciality of the trainer.

During data collection the researcher observed that there is indeed a difference in how indigenous health practitioners operate. An explanation was given by the participants that one can be a specialist in two or more disciplines, dependent upon how one is blessed by the ancestors. The other difference in training and specialization is the use of the same medication for different cases or illnesses. The difference can be attributed to the ancestral gift or instruction given on how to use the herb/medication for a specific condition.

3.5.1.4 Theme 2: Education and Training Programme

This program entails education and training processes of indigenous health practitioners. The trainees undergo a very strict and rigorous training process where they must follow rules laid down by their *gobela*. The teaching and learning processes take place mainly through intuition, orally and through demonstration. Throughout the training there are both formative and summative assessments in which the trainees are expected to demonstrate competency at each level. This level competency is emphasized throughout training until completion.

Ukuthwasa training is mainly based on praying, singing and dancing and these procedures serve as communication tools with the ancestors. Therefore, trainees must be able to demonstrate competency of oral and demonstrated knowledge, skills and abilities throughout their training.

3.5.1.5 First Level Competencies

This first stage of initiation is where the trainee has to accept the calling. To accept the calling means going to the identified *gobela* and accepting participation in the required rituals. The trainee starts first with being given a mixture of specific herbs with water. They must drink the foam of that mixture at a specific time and pray. This is the process of connecting with the ancestors, learning to communicate and greet, through a prayer or divination which is called *ukubingelela*. Then the trainee is taken through a procedure of collecting their ancestral spirit from their home before continuing with training.

There is continuous praying and drinking of the foam to enhance ancestral involvement. The trainee also connects with the *gobelas*' ancestor because they are also considered as part of the family. Connecting the differing ancestors paves the way throughout the training for teamwork between them. During assessment the *gobela* whisks the herb mixture in a calabash on top of the trainee's head. This is a process that is carried out with all the trainees and is said to open communication lines with the ancestors. During this stage the trainee is also involved with more senior trainees in order to learn through observation of their peer group and through asking questions. During the makgotla this is what participants said:

"Yes it is to greet when they start"

"Beginners start by greeting ancestors first".

"We start whereby I will be going to their places to collect her/his ancestors from her/his place and bring them to this place where her/his calling is".

"The first stage starts with the cleansing process, isn't it that I start by working spiritually with her/him, then I take her/him to the step of whisking a calabash for 3 days in order to awaken her/his ancestral gift".

"As you start we say you are initiated, s/he will be showing her/his beads, goats, vision,

"They start by drinking sethoto".

"The first proof when I say light, they know that I am calling one of them, if I clap my hands they know that I am calling all of them, teaching never end".

"After the process of 3 days now mother I wash her/him with the calabash foam at the river, when we come back I then test her/him".

Sandlana (2014: 543) confirms the findings that trainees are first introduced to the ancestors through a cleansing ritual which is performed next to the river to awaken the ancestral spirit of each trainee. Mlisa (2009: 162) explains that during the first stage of training, the trainee learns how to praise their ancestors according to their clan and following the right sequence. The *gobela's* ancestors are also included to enhance the relationship. Sometimes a trainee's ancestors may not have a good relationship with the *gobela's* ancestors and this will create a problem and training cannot progress. Xaso (2015: 40) confirms that trainees are supposed to collect their ancestral spirit before training can commence. During this stage, trainees are evaluated on their ability to communicate with their ancestors. This evaluation continues until the summative assessment. Mlisa (2009) maintains that a trainee is connected with their ancestors through immersion in the river.

The trainee is cleansed with a prepared mixture of herbs and after this process they will be evaluated for competency. Matsika (2015: 62) quotes Hewson to support the finding that traditional healers are believed to possess extra sensory perception (ESP) which enables them to communicate with supernatural beings such as God and the spirit of the ancestors. During the first stages summative assessment the trainee is expected to greet their ancestors from the maternal side followed by their *gobela's* ancestors. The assessment is done in the presence of not only the teacher, but other *gobelas*, family and community members. After demonstrating knowledge of ancestral greetings the trainee

can be promoted to the next level of *umkamase* (beginning of the teaching process guided/assisted by the traditional medicine/herbs necklace). The process is completed or finalized on instruction from the ancestors who judge when the trainee is ready to move to the next level.

3.5.1.6 Second Level Competencies

It is during this level that the teaching process takes place. Trainees' learning includes ancestral /spiritual involvement and they are taken through a process where they continue to connect with their ancestors through prayer, dancing and the drinking of the herbal foam from the calabash. The *gobela* begins to teach them how to assess, diagnose and treat patients but intuitive learning plays a major role during this stage. They learn how to throw the bones, how to describe and explain the meaning of the position of bones related to a specific illness and how to identify where things are hidden. The trainee needs to have knowledge of different medications for the treatment of different cases. It is critical to know the different medications' strength and dangers to avoid problems and complications.

During teaching, trainees are expected to observe, participate and ask questions for clarification. Trainees are given a patient to assess without any earlier preparations. This is on-the-spot training because they are called up individually or in a group to give an assessment. The researcher was used as a patient for assessment and she gave feedback to confirm the trainees' results. Continuous feedback and evaluation is carried out to ensure that learning is taking place and that the trainees remain committed to their learning. The mastering of intuitive skills, knowledge and the ability to describe and explain the bones and some of the required medications is all on-going. This was said during makgotla by participants:

"*We teach them how to assess so that we are able to identify what they know and what they don't know*".

"As you are with her/him you take the bones and throw them on the floor, then you tell her/him this is the bone for this and that, this one is described like this and this, can you see how they are positioned?"

"*This one explains that the person you are assessing this and that*".

"You just take her/him and tell her/him to come and assess".

"We assign them to assess people and I will get feedback from the people as to whether s/he assessed them correctly"

"I go sit with them and listen to them to see if what I taught them, how far are they with it"

"When we go to dig, I go with them so that s/he knows the herb from its roots and leaves"

"I have some hidden things for you, s/he is expected to find out where it is hidden "

"They come in here for individual assessment, we teach them how to assess with bones, then how to treat patients"

"I start by treating a patient with this herbs, demonstrating to them that a patient with this illness is treated with these herbs"

"Then I take a period of a month or two teaching and accompanying them, throughout we teach them, even with medications they need to know which ones are dangerous and which ones are safe"

"You don't stop teaching a person you continue to teach her/him and even when there's new admissions those that been on the process they listen and correct or remind you things you forgot"

"I teach them which medications to give and I let them do the work and I sit and observe them"

Matsika (2015: 63) supports the findings that the trainees learn through observation and will therefore be able to classify and differentiate the bones, medication/herbs and illnesses according to specific patients. Mlisa (2009) concurs with this, explaining that during assessment, the patient will be the one giving feedback as to whether or not they agree with what the trainee is telling them. Matsika (2015: 67) further says that trainees are taught about the different plants; their names, conditions under which they grow, and how their roots, leaves, bark or fruit can be used for treating different illnesses. Trainees also need to know how much of the medication should be given according to the age of the patient. He goes on to confirm that trainees learn how to work with the patients' mind and spirit, as they learn and practice mysticism. Kubeka (2016: 15) adds that trainees are expected to learn how to read a client's mind indicating the ability to use taught observational skills.

During summative evaluation a trainee is expected to be able to assess and diagnose using bones. They must demonstrate the ability to identify hidden objects, and intuition as

a critical skill is applicable during this level. It is during this time that *umkamase* is carried out; the trainee's family members hide the necklace containing ancestral medication by the river. The trainee then has to intuitively identify where the necklace has been hidden and to collect it. This will be followed by a process of assessment and diagnosis from the training centre (the *gobela's* home). All this is performed in the presence of witnesses who include other *gobelas*, family and community members. If the trainee has demonstrated competency in their knowledge, skills and abilities of this process, they can now move to the next level of eating *intwaso*. The trainee's competency is controlled by their ancestors through the giving of instructions to both the *gobela* and the trainee. Their instructions come through their visions or dreams which determines progress to the next level.

3.5.1.7 Third Level

By this level a trainee is expected to have acquired knowledge, skills and abilities of both levels one and two. They continue to drink the calabash foam, describe and interpret the bones, assess, diagnose and treat according to age and illness. The trainee is said to be 'waiting to eat *intwaso'*. They are going through the phase where it is said that the trainee *u khalela inkane* (is crying to complete training). Other *gobelas* explain the process as *uya memeza (*you are being called) or *o ya tswa* (you are going home*).* This process is also controlled by the ancestors for competency and readiness to work alone. Although the *gobela* can receive ancestral instructions that the trainee has or is about to complete training, they must wait for the trainee to inform them that they have also received ancestral instructions that they are going home or have completed training. During this final stage of training, the trainees are required to keep the *gobela* informed of their visions or dreams about the sacrificial animal. The family member who is to deliver the animal to the trainee's *gobela* is also identified by the trainee. During makgotla participants said:

"*I demonstrated to them, I to delegate them, they are the ones that will attend the patients*".

"*Being competent on assessment, competent with medication, s/he can attend the patient*"

"When you eat ***intwaso****, we already know that you are competent".*

"We saw that you can assess the sick person, when you assessed the patient I don't have to go and re-assess".

"S/he will be knowing how to assess using the bones. The trainee will have visions of her/his goat or cow indicating that s/he is ready to go home or to graduate".

Mlisa (2009) supports the findings that when one eats *intwaso,* they are about to graduate, and that they are considered competent. Mokgobi (2014: 31) concurs and states that a ceremony called *go ja ntwaso* (the process of having a vision of a cow/goat to be slaughtered and a trainee then having to drink the blood of that cow/goat as a sign of competency and completion of the whole process) is performed once training is completed. Kubeka (2016: 16) explains that a trainee's competency to graduate is dependent on the ancestral orders. It will depend on how quick the ancestors are with respect to providing visions and dreams or learning strategies to the trainee. Mndende (2002: 104) adds that only when the trainee has completed all their delegated duties can they then graduate.

During the process of *intwaso* the trainee goes through a final assessment/summative assessment. Assessment is again in the presence of other *gobelas*, family and community members. At this point the trainee is expected to apply their intuitive skills competently enough to identify where the goat or cow for the final ritual is hidden, its colour and the person who brought the animal. After that they will fetch the animal for slaughtering and they will drink its blood directly from its throat. This is followed by induced vomiting and cleansing of the trainees who are then returned to their families and may return home to practice. Trainees only fully graduate when the animal for the ceremony has been delivered and a specific fee has been paid to the *gobela* by the family members.

3.5.1.8 Completion of Training

At this stage the trainee is expected to work alone from home but will still be seeking advice and guidance from their *gobela* as some things may be revealed that they are not sure about or for which greater clarity is required. Some of the newly graduated *gobelas* may receive visions or ancestral instructions to train *amathwasana*. In the case of being chosen to train future traditional healers, one has to consult with the previous trainer for supervision. Because training is continuous, it is very important for the new *gobela* to continue reporting to their *gobela.* This continuous consultation and mentoring of newly qualified *gobelas* was emphasized during makgotla where participants said:

*"The **ukuthwasa** process will still continue at home as s/he will be having visions of more things, and she will continue to consult me as her/his gobela for guidance with some of the things".*

*"Your **gobela** must be close to you to teach and remind you" When you are a **gobela** you consult with your ex-teacher to teach you how to train the trainee and also give you requirements and equipments for training."*

"According to the traditional healer's rules, a traditional healer is independent under her/his teacher's supervision for 3 years."

Mlisa (2009: 149) confirms that strict supervision and guidance by the *gobela* of the newly qualified traditional healer is important. Mlisa (2009: 149) further maintains that a newly qualified traditional healer is expected to maintain regular contact with their *gobela*/trainer and to report their visions and dreams. Makhanya (2012: 19) adds that a new *gobela* need to have a relationship of trust with their trainer for continued supervision. Makhanya (2012: 19) confirms that trainees are only qualified after a final fee/token is paid to the *gobela*. Mndende (2002: 101) further explains that even if the newly qualified *gobela* is released to practice independently, they are still supervised until their final graduation.

3.5.2 Theme 3: Teaching and Learning Strategies

This is when indigenous health practitioners utilize different teaching and learning strategies on their trainees in order to impart knowledge, skills and abilities into their training to create competent independent practitioners on completion of training. *Gobelas* use different teaching strategies to assist the trainee to achieve the expected outcomes. The ancestral/ spiritual involvement is present during the process of teaching and learning. Trainees go through a process of being spirit possessed when they dance and sing during activities.

3.5.2.1 Intuitive Learning

Learning takes place once the trainees encounter spiritual and ancestral involvement. This is a process whereby trainees drink foam from the calabash which will awaken their connection with their ancestors and enable visions and dreams to occur. Trainees gain knowledge, skills and abilities through their interactions with the ancestors/spirits. They must have an intuitive ability to assess using the bones and bible as tools of learning and to have the ability to identify hidden objects.

Some of the trainees have already had spiritual involvement with their ancestors on admission. Trainees, whose ancestors are swift to provide visions and dreams, will tell their *gobela* what name was given to them by the ancestors. The *gobela* then calls the trainee by this name in honour of the ancestors. In order for the process of intuitive learning to take place commitment from the side of the trainee is required. Progress in training depends mostly on intuitive learning, dreams and visions. Without these there will be no progress. Learning takes place when trainees experience spiritual involvement during dancing, singing and hand clapping. During the makgotla participants reported that:

"They are given names by ancestors".
"S/he is to have visions, there is nothing we can do except that her/his ancestors shows her/him other things so as to move forward".
"I take her/him to a step of whisking the calabash in order to awaken her/his ancestral gift"
"*Because of the* ***lebohlo*** *s/he drank, that's why this is happening, s/he is growing in ancestral spirit*".

Mlisa (2009) explains that the *gobela* places the calabash filled with a special mixture of herbs on the trainee's head and start to whisk it. This is done to ask the ancestors to give the trainee the intuitive ability to assess and diagnose patients. Trainees continue to drink this foam from the calabash throughout their training because it connects them to their ancestors. Edwards, Makunga, Thwala & Mbele (2009: 3) agree with this finding that rituals are performed for various reasons; this can be to enhance contact, to appease and to promote everyday communication with the ancestors/spirit. Matsika (2015: 68) also concurs with the latter indicating that the rituals are necessary for communicating with and appeasing the ancestors. Makhanya (2012: 18-19) confirms that dreams and visions enhance the functioning power of the trainee. He goes on to explain that indigenous health practitioners use intuition as the central skill of their practice. Mlisa (2009: 161) adds that trainees must demonstrate competency in the application of intuition as it is a major skill in divination.

3.5.2.2 Observation and Accompaniment

Teaching is through the trainees firstly observing the *gobela* and then they are given time to practice what was taught, with the *gobela* observing them to ensure that they are

competent. Trainees are more involved in practical work than focusing on dreams and visions. Spending more time in contact with the *gobela* is important as trainees should not miss any demonstration. The same content of information is given to both seniors and juniors and trainees are not separated during teaching with the seniors being taught alongside the juniors. Seniors assist juniors during demonstrations and through the provision of feedback after patient assessment. Seniors are delegated to take the lead as a way of practicing and preparing them for independent practice. The *gobela's* responsibility is to ensure that the trainee is ready to work alone, as they need to work as independent practitioners with minimal supervision. Thus delegation serves as a formative assessment for senior trainees. Participants' response during makgotla was that:

"*I go sit with them, I listen to them to see if what I taught them, how far are they with it".*
"We check them every day, I take it I show it to them to say you must know what this is called this, when they are in this position they are called like this".
"W*hen we go to dig, everyone goes to dig her/his herbs, I train her/him with that herb, it is then that I tell her/him that this is the herb that was shown to you in your dreams, it is for this case of this person".*
"I start by treating a patient with these herbs, demonstrating to them that a patient with this illness is treated with these herbs".
"I will take a period of a month or two accompanying them, then I start to delegate them, I demonstrated to them".
"I give them a child and observe if they are doing correct things".
"I take two and one of them I say here is a patient, then they sit and observe how the other one is assessing".
"*I assess the patient first, then I call them individually or the four of us we are going to assess one person".*
"*Those that have completed training but not yet graduated, they continue to teach others*"
"*When I demonstrate the bones to her/him, teaching her/him how they work, s/he is to describe and explain them".*
"*S/he brings the bones' bag, you throw them on the floor, and s/he must be able to see which of the bones was in her/his visions then you tell her/him that this is the bone for this and that, describing and explaining their position, when you are done then you ask her/him again to take them and throw them".*
"*I assess the person first, then I delegate her/him to assess the person, if our assessment is the same, then we know that this trainee s/he knows her/his story".*

"I teach them which medications to give and I let them do the work and I sit and observe them".

"Where they experience difficulties I revise with her/him, now concentrating on her/him that s/he needs more attention so that s/he can be on the same level with others".

"You can't ordain a person who is not competent to be an independent practitioner".

Matsika (2015: 64) supports the findings that the trainee is the least experienced and is learns how to apply knowledge and skills together with their *gobela*. Makhanya (2012: 18-19) explains that trainees are taught how to throw bones, to interpret them and to control their ancestral connection. Mokgobi (2014: 31) adds that it is a requirement that the trainee lives with his/her *gobela* for constant observation during training. Emphasis is on trainees being more practically orientated.

Trainees are expected to master the skill of reading patients' minds indicating a certain competency using observational skills. Mlisa (2009) explains that firstly a case is simulated for the trainee and the *gobela* follows up through task delegation to the trainee. Mlisa (2009: 149) further explains that senior trainees act as assistants to the *gobela* and are often delegated to lead some of the ceremonies during their training. The delegated tasks serve as an assessment of leadership skills.

Teaching and learning of divination takes place when the trainee is able to predict and/or explain people's experiences and their problems or illness according to Matsika (2015: 67). Furthermore Mlisa (2009: 149) concurs that trainees are taught how to analyse and interpret dreams and the bones. Matsika (2015: 67) adds that trainees learn how to expand on the meaning of bones when they are combined, and that the pattern or position of the bones guides the trainee on the possible outcome of the diagnoses. The *gobela* continues to demonstrate and accompany trainees until they are sure that each knows what was taught and demonstrated to them.

3.5.2.3 Oral Instruction and Demonstration

Trainees are given oral instructions and demonstrations by their *gobelas* based on their visions, dreams and ancestral instructions. Oral learning has to be retained in their memories. Every training task that is carried out is guided by instructions from the trainee's ancestors. As an experienced instructor/ trainer the gobela will be able to guide the trainee according to these ancestral instructions. Trainees are expected to observe their seniors

and to practice. This confirms that learning and teaching of indigenous health practitioners can be transmitted from one generation to the other.

On a daily basis, trainees report their dreams and visions to their *gobela* for analysis and interpretation. Trainees are taught on how to recognize certain plants/herbs and their functions whilst in the field. Demonstrations are carried out to enable the trainees to have an appreciation of their visions/dreams being oral instruction and to integrate them to the practice. The practice takes place during the assessment of different cases to which the trainees are delegated. Participants during the *makgotla* said:

"S*/he is to have visions, so if s/he has not been shown anything, there is nothing we can do except that her/his ancestors shows her/him other things for us to move forward*".

"*Ancestors are also telling you as to whether the person is still far from being competent or the person is fast".*

"*It depends on how a person…her/his ancestors are speeding things up, including the way they are giving answers".*

"S/he must be able to see which of the bones was in her/his visions then you tell her/him that this is the bone for this and that".

"When we go to dig, everyone goes to dig her/his herbs. I train her/him with that herb. It is then that I tell her/him that this is the herb that was shown to you in your dreams, it is for this case of this person".

Phiri (2006: 18) confirms that knowledge is transferred orally and through experience. *Gobelas* are experienced trainers in the community and therefore apply these skills during the teaching and learning process. Mndende (2002: 100) explains that oral instructions are effective for the practice because trainees learn through task performance. Mlisa (2009) explains that a trainee without dreams or vision is unable to progress, this inability to progress may indicate that the ancestors are slow in giving instructions to the trainee. Mlisa (2009) further adds that instructions given to trainees are oral instructions absorbed into the memory of a trainee with no records kept for such teaching. Zuma *et al.* (2016: 11) concur with the findings that the identity of traditional health practitioners is directly influenced and linked to the ancestors, as well as learning to connect with the ancestors in

order to facilitate the process of training. Mokgobi (2014: 28) adds that trainees do receive oral instructions from their *gobelas* and are closely monitored for progress.

3.5.2.4 Practice

During this period, trainees are given an opportunity to practice what has been taught orally and demonstrated to them according to ancestral instructions throughout the period of their training, from the initiation phase until completion. Trainees practice through delegation of a specific task. During the collection of data, the *gobela* assigned trainees to assess the researcher without any prior preparation. The researcher can confirm that trainees are chosen to assess randomly. The researcher further requested the trainees to describe and explain the meaning of the bones and interpretations when they were combined. The *gobela's* presence was to confirm the results should the trainees not be able to provide an assessment and diagnosis. Some of the trainees were corrected on misidentification of the bones and analysis of their positioning. During the makgotla participants said the following:

"*We do it again, to see how much you have learned and sometimes when I am in the house they must continue to practice".*

"I call her…this oussy is here for assessment, so that I can hear if s/he is able to say some of your things".

"*They come in here for individual assessment, meaning each will have a patient as they arrive, if the other one had a chance today, tomorrow is a chance for the other one".*

Kubeka (2016: 24-25) supports the findings and states that knowledge is transferred from one generation to the next through observation of seniors or more experienced *gobelas*. Each trainee is given opportunities to practice by assessing patients according to age and including different medications to treat different cases. Patients are assigned to the trainees giving each access to practice according to their ancestral calling and instructions. Phiri (2006: 18) adds that the trainees repeat what is taught and demonstrated by the *gobela* because practice is repetitive and is learned and transferred from generation to generation. Matsika (2015: 68) confirms that trainees learn how to work with the patients' minds and spirit and that they also learn and practice mysticism.

The *gobelas* start to teach them on how to assess and diagnose intuitively through the bones. Truter (2007) supports the findings that the trainees are taught how to throw bones, analyse and interpret them. Mlisa (2009: 149) concurs and says that the trainee has to learn to intuitively assess, diagnose and treat the patient, and be able to identify where objects are hidden. Mlisa (2009: 149) maintains that the trainee must have knowledge to describe and explain the meaning of the bones in relation to any specific illness. The knowledge of different medications' strengths, dangers and safety requirements according to age is critical for proper treatment of illnesses. The researcher further confirmed the trainees' results by giving acknowledgement of their assessments and diagnosis.

3.5.2.5 Reflection

In this category trainees are given opportunities to reflect on their visions and dreams as this can be or is the only way for them to carry out ancestral instructions. The *gobela* is instructed by the trainee on what to do and how to do it because the ancestors indicated to them the person who was to carry out their training. Trainees must report their dreams and visions to the *gobela*. Trainees were also asked to look at the bones and explain as to where they saw that bone. During presentation of dreams and visions, the *gobela* allows the trainee to interpret their own dreams as they are presenting them to the *gobela*. Trainees are given an opportunity to reflect in/on and with practice. The reflection is done in different strategies and situations. During the makgotla the *gobelas* said:

"When we go to dig, everyone goes to dig her/his herbs".

"I train her/him with that herb. It is then that I tell her/him that this is the herb that was shown to you in your dreams, it is for this case of this person".

"S/he must be able to see which of the bones was in her/his visions then you tell her/him that this is the bone for this and that".

"The one who wants me to train her/him; I will bring a specific photo then give it to her/him and say, "Who is this person?" S/he will say yes that's the person".

Matsika (2015: 64) concurs with the findings that the teaching and learning strategies of *gobelas* aim at enabling a trainee to be a reflective practitioner. Mlisa (2009) further explains that during evaluation the trainee will be able to identify the goat/cow which was

shown to them. Sandlana (2014: 543) reports that trainees must relate their dreams to the *gobela* for analysis and interpretation. Throughout the training and presentation of their dreams the trainee will have the opportunity to self-reflect on their visions. They will remember what was shown to them during demonstration and during practice. Mndende (2002: 106) adds that trainees give oral reflections when they are reporting and demonstrating their ability to analyse their visions and dreams. They are able to use their reflection skills when given a case to assess and treat.

3.5.2.6 Peer Mentoring and Reflection

During this process more senior trainees are able to teach juniors and those that are still struggling with learning. They are also allowed to demonstrate some of the practices and are delegated to lead a few of the ceremonies enabling them to transfer what they have learnt to their juniors. During data collection the researcher did observe occasions when the *gobela* left the trainees alone. On enquiring from the *gobela* about the amount of time she spends with the trainees, she confirmed that if she is not home, juniors are monitored by those waiting to eat *intwaso*. One participant even said that trainees are required to practice in her absence. Trainees must then demonstrate to the *gobela* to indicate that seniors continued with teaching whilst the *gobela* was not there. Teaching and learning all takes place at the same time during training, and the levels of trainees are not separated. Trainees are taught the same content with juniors observing seniors. The researcher observed that those trainees who were correcting others were seniors, and this was after the *gobela* explained how she classified her trainees. The *gobela* makes use of on-the-spot training by not separating trainees. During makgotla the participant said:

"*They are equal,*" she continued to say "*the four of us we are going to assess one person and the person will tell who assessed her/him correctly between me and them.*"

"*Then they sit and observe how the other one is assessing.*"

"There are those we say they are older than others but during teaching they are not separated, they are all supposed to be taught the same thing at the same time."

"Those that have completed training but not yet graduated, they continue to teach others.

"Those that have been in the training process when you teach the new ones, they listen and in some instances if you omitted some information, they remind you."

Mlisa (2009: 149) explains that one of the key competencies of a trainer is to be able to manage trainees at different stages hence the delegation of some duties. Mlisa (2009: 163) further confirms that seniors are delegated to lead some of the ceremonies and also to be an assistant to the *gobela*. Delegation serves as continuous assessment for the trainee, monitoring of progress and preparing them for independence. Sandlana (2014: 543) concurs that peer mentoring is practiced within training and that guidance is not only from the *gobela*.

3.5.3 Theme 4: Progress

At this stage, progression is according to ancestral instructions and demonstration of competencies throughout the stages of training. In some cases there are trainees who are unable to progress to the next level due to financial constraints. Trainees are required to perform certain rituals throughout their training to enhance connection with the ancestors. Progression from one level to the next depends on how fast or slow the ancestors are in giving instructions to them. However, the delay is sometimes due to non-commitment of the trainee to specified duties indicated by the ancestors and the *gobela*. During the makgotla participants said:

"The other one will have visions of spear, or medications."

"S/he can't be a traditional healer, s/he can't assess."

Mokgobi (2014: 31) confirms that in order for the trainee to progress to another level certain rituals need to be done. Xaso (2015: 40) supports the assertion that it is the ancestors that are the ones that decide on the progress of the trainee. Kubeka (2016: 23) & Sandlana (2014: 543) further explain that trainees' progress is monitored through analysis and interpretation of dreams. An absence of dreams results in a lack of progress in training until ancestral instructions are given.

3.5.3.1 First Stage: Initiation Stage

This is the process where the trainee accepts their calling and gathers their ancestral spirit to be with them during training. The trainee will stay at the house of the *gobela* for support and mentoring. Trainees are given rules and regulations and a code of conduct to be observed throughout their training. Rituals are performed to assist the trainee in connecting with their ancestors together with the *gobela's* ancestors. Trainees are also given names by their respective ancestors which they are known by throughout training and during practice. During the makgotla participants said:

"Beginner start by greeting ancestors first".
"We start whereby I will be going to their places to collect her/his ancestors from her/his place and bring them to this place where her/his calling is".
"The first stage starts with the cleansing process, isn't it that I start by working spiritually with her/him, then I take her/him to the step of whisking a calabash for 3 days in order to awaken her/his ancestral gift".

Mlisa (2009: 146) explains that during this stage a trainee has to master the awakening procedure of ancestors, and to be able to call or greet ancestors in an orderly form. Truter (2007) supports this saying that the trainee has to master communication with the ancestors before training can be initiated. Sandlana (2014: 543) further supports the findings that the introduction of the trainees to the ancestors must be done first in this stage to promote communication.

3.5.3.2 Connecting and Observing

The trainee continues to drink the foam and to pray as this assists them in connecting with their ancestors and nurtures their divination skills. They are required to observe the teaching by the *gobela* and the learning processes of their seniors. They continue to dance, listen, observe and learn the ethical code of training. The process of drinking foam and praying opens and paves the way to the ancestors and enhances their ability to progress through the training. Ancestors are awakened and elevated in a relationship which is focused on healing. Junior trainees observe how seniors conduct themselves in training with regards to divination. During the makgotla one participant said:

"You are able to see that ooh…this one because of the foam s/he drank s/he is growing in spirit".

"If s/he is not committed and not following instructions, s/he won't progress, her/his ancestral spirit won't be awakened, and s/he will progress very slow".

"There are those that are older than others, those that have completed training but not yet graduated, they continue with them teaching others".

These findings are supported by Matsika (2015: 68) who maintains that if trainees do not perform the rituals correctly, there will be a lack of any good or positive results. A trainee will never progress without dreams or visions. Zuma *et al.* (2016: 8) add that trainees need to master the skill of connecting with the ancestors to activate healing powers and for progress. Mlisa (2009) confirms that during this stage the trainee is expected to continue praying, dancing and drinking the foam to facilitate communication with the ancestors. Kubeka (2016: 60) further explains that there is a need for deeper connections with the ancestors through performance of rituals, burning of incense and dancing.

3.5.3.3 Second Stage (Umkamase) Equipment to Facilitate Intuitive Learning

During summative evaluation a trainee is expected to be able to assess and make a diagnosis using bones. Trainees are to be able to identify hidden objects. The *gobela* begins the process by whisking the foam in a calabash on each trainee's head. Trainees all perform the same rituals irrespective of being either juniors or seniors. During this process the trainee's family members hide the necklace containing ancestral medication by the river. This process is called *umkamase* or *ukukhalela inkane.* The trainee then has to intuitively identify where the necklace is hidden and to collect it. The *ukukhalela inkane* process is performed from the training centre where summative assessment is done. Trainees will not be able to progress further if they cannot locate the hidden necklace.

During makgotla participants said the following as means to confirm competency of the trainees:

"I hide things from her".

"I show it to her".

"I tell her to assess".

"I hear from her/him, her/his ancestral orders".

"It all depends on your ancestors."

Gcabashe (2009: 1) adds that the trainees have to master the process of identification of hidden objects. This will be followed by a summative assessment of the trainees from the training centre (the *gobela*'s home) witnessed by other *gobelas*, their family and community members. Mlisa (2009: 149) concurs saying that the trainee has to demonstrate skills, knowledge and abilities in intuitive learning. Demonstrating competency in knowledge, skills and abilities of the *umkamase* stage, gives an opportunity to move to the next level of eating *intwaso*. The trainee's competency is controlled by their ancestors through the giving of instructions to both the *gobela* and the trainee. Xaso (2015: 40) also adds that it is dependent on ancestral instructions as to whether or not a trainee can move to the next level, and how the ceremony should be performed.

Trainees receive their instructions from their ancestors through visions or dreams which determines progression to the next level. Kubeka (2016: 16) specifically notes that progression is dependent on how fast or slow the ancestors are in giving orders to the trainee. Mndende (2002: 104) supports this stating that trainees' competency depends on their ancestors because of the guidance role which they play.

3.5.3.4 Practice and Reflection

During this phase, trainees are given an opportunity to practice what has been orally taught and demonstrated to them according to ancestral instructions throughout the period of their training, from the initiation phase until completion. In the African community the most experienced elders are the ones that transfer knowledge from one generation to the other, thus the training of prospective indigenous health practitioners takes the same route. Trainees learn through repetition of a task and demonstrating that task back to the *gobela*. Trainees are chosen randomly to assess patients as they arrive at the *ndomba*. This delegation of tasks allows trainees to reflect both in action and with the *gobela*. During the makgotla participants said that:

"We do it again, to see how much you have learned and sometimes when I am in the house they must continue to practice".

"They come in here for individual assessment, meaning each will have a patient as they arrive".

"If the other one had a chance today, tomorrow is a chance for the other one".

"When we go to dig, everyone goes to dig her/his herbs, I train her/him with that herb, it is then that I tell her/him that this is the herb that was shown to you in your dreams, it is for this case of this person".

"S/he must be able to see which of the bones was her/his visions then you tell her/him that this is the bone for this and that".

Mlisa (2009: 149) confirms that the trainee is given all of the instructions to remember and to apply in practice. Assessment is done when the trainee is teaching or demonstrating to the juniors or when assessing a patient. Kubeka (2016: 15) adds that trainees must be able to give the correct answers in response to what has been taught to them about reading a patient's mind.

3.5.3.5 Divination (Bones, Bible)

Trainees are expected to be able to communicate with their ancestors through divination. This process can be achieved only when the trainee is drinking the foam from the calabash. Praying at specific times and learning to greet the ancestors forms part of divination. This process gives the trainee the ability to assess and diagnose using the bones or the bible. This reinforces the ability to give the correct medication for different illnesses and the ability to identify hidden things as ordered by ancestors. Participants said this during the makgotla:

"S/he is to have visions, so if s/he has not been shown anything, there is nothing we can do except that her/his ancestors shows her/him other things to move forward".

"I take her/him to a step of whisking the calabash in order to awaken her/his ancestral gift"
"Because of the lebohlo s/he drank, that's why this is happening, s/he is growing in ancestral spirit".

Matsika (2015: 67) explains that trainees are taught how to describe and make meaning of the divination process and to be experts in practicing the science. Sandlana (2014: 543) concurs with the results that mastering divination is a major skill which is practiced daily by trainees. Mlisa (2009) supports the fact that the trainees have to continue to nurture their divination ability so that they can stay connected to the ancestors and are able to acquire the knowledge, skills and abilities to master their training. Trainees are expected to master the skill of divination as a key competency in their training. Mokgobi (2014: 31) adds that the *gobela* performs all the necessary rituals for the trainee according to ancestral instructions from the trainees' divination skills. Mokgobi (2014: 31) further explains that the performance of divination is used as an assessment tool by the *gobela* to confirm that the trainee has mastered the skill.

3.5.3.6 Medication

At this stage the trainee is able to identify different medicinal plants/herbs according to their origin, or through their leaves and roots. The trainee is also able to treat different illnesses using different medications and patients according to their ages. Participants had their medicine/herbs' cupboards well organized and each medicine/herb was clearly labelled for identification purposes. Some of the medication/herbs had undergone laboratory testing as part of the research for effectiveness and to exclude any danger or possible poisoning of patients. During the makgotla participants said that:

"With medication they need to know which ones are dangerous and which ones are safe".

"When we go to dig, everyone goes to dig her/his herbs, I train her/him with that herb, it is then that I tell her/him that this is the herb that was shown to you in your dreams, it is for this case of this person".

Matsika (2015: 67) concurs with the findings that trainees must acquire knowledge of medicines/herbs with regard to their origin and their specifications for treatment of patients with different illnesses. Mlisa (2009: 149) puts an emphasis on the trainees' ability to educate their patients on how to take the medication and to give advice on any potential side effects. Mokgobi (2014: 31) reports that a trainee has to master the skills of searching for medication/herbs, their indications, actions, side effects, patients teaching on medication and the storage and preservation of medication. Zuma *et al.* (2016: 11) further

explain that trainees undergo very intensive training on medicinal herbs for treatment of patients.

3.5.3.7 Third Stage (Intwaso) Graduating

During this stage the trainee is considered to be competent as s/he can now intuitively assess, diagnose and treat illnesses. Matsika (2015: 68) supports the finding that on completion of training, the trainee must develop and learn practical wisdom that was demonstrated to them which enables them to awaken the ancestral spirits, to be able to assess, diagnose and treat the patients accordingly. Mndende (2002: 104) adds that the ancestors confirm a trainee's graduation. They (trainees) are shown their goat/cow and have to drink the animal's blood and be cleansed after that procedure, and then they can be released to go home. Mlisa (2009: 149) adds that this trainee will demonstrate the ability to lead in some rituals and procedures and to guide juniors, and this serves as proof of mastery of one of the key competency skills of leadership and the ability to work independently as expected. During the makgotla participants said that:

"*When eat **intwaso**, already we know that you are competent".*

"We saw that you can assess the sick".

3.5.3.8 Role Exchange and Role Taking

During this stage which is after graduation, the trainee is expected to work at home under the supervision of their *gobela* and to consult if clarity is needed as they are still considered relatively inexperienced. Accepting the calling often causes a person to abandon some of their daily activities as they take on the new role of a *gobela.* On completion some do not practice healing as there are differences in their training. Some train to assess and treat, some deal with medication knowledge and prescription, whilst others do not deal with any patients but their training involved communication and blessing from the ancestors. One of the participants said the following during the makgotla:

"I just saw them coming to tell me that…take such and such a thing and go to the river and do such and such a thing".

*"There is something called **lobola**, you are supposed to pay lobola and come to the grounds to be taught".*

*"Then you will be taught that a **lethwasana** is taught like this….is trained like this".*

*"To be a **gobela** for training trainees is an inborn gift".*

*"You are supposed to have trainees too, before you train to be a **gobela**".*

*"When you are training people, those people that will be under your training, your **gobela** must be close to you to teach you…showing you the correct ways".*

Zuma *et al.* (2016:10) explain that because one is born with a calling, one has to accept it. Having said that Ogana & Ojong (2015: 60) supported by Mndende (2002:104) adding that newly qualified indigenous practitioners may be awarded the opportunity to establish their own practise where they can divine through ancestral supervision in the absence of their *gobela*. Nonetheless, (Mlisa, 2009: 149) additionally states that on completion of training traditional healers can work independently under strict supervision. Mlisa (2009: 149) further notes that a trainee can assist their *gobela* with training juniors and also to lead in some of the ceremonies.

3.5.4 Theme 5: Reward and Post Reward Mentoring

3.5.4.1 Role Clarification

The trainee is assigned her/his future role by the ancestors, and it is during training and through ancestral connection that this role is clarified. Some people train just to have connections with their ancestors and some train to be healers that assess and treat people. Mokgobi (2014: 31) confirms that some indigenous health practitioners are called upon completion or even during their training to be trainers of future trainees. The position is not awarded to everyone automatically just because they have undergone and completed the *ukuthwasa* process. The rewarding of their training is also determined by the ancestors through instructions given to both the *gobela* and the trainee. This is supported by Zuma *et al.* (2016: 9) who confirm that roles have to be acknowledged and guided by the ancestors.

If the trainee is to practice in different disciplines the ancestors determine how the healing is to be undertaken. Mlisa (2009: 149) notes that although a newly qualified traditional

healer can work independently they should remain under strict trainer supervision. The role of an indigenous health practitioner may either be clarified during or in the post-graduation period through ancestral instructions. Mndende (2002:100) explains that trainees may establish a consultation room (*ndomba*) whilst still awaiting to eat *intwaso* (to graduate). In this case the trainee is supervised and mentored until their graduation. Mlisa (2009: 157) further expounds that a newly qualified indigenous practitioner is expected to return to her/his trainer to further develop her/his divination skills and practice.

3.5.4.2 Role Change

Here the trainee's role changes from being a trainee to that of being a *gobela* according to ancestral instructions, and after competency evaluation by her/his *gobela.* They are also now able to take on trainees, training them under the supervision of their ex-*gobela.* Mokgobi (2014: 30) supports this finding pointing out that some traditional healers are operating as normal traditional healers whilst others have a specialist function, changing their roles according to ancestral instructions. Mlisa (2009: 149) confirms that a newly qualified traditional healer must consult with their supervisor for clarity on uncertain aspects and this confirms the fact that the new *gobela* is still working under supervision. Zuma *et al.* (2016: 8) support these findings and indicate that those traditional healers' roles change during practice as they constantly acknowledge their ancestors and supervisors as the source of their knowledge, skills and abilities. Zuma *et al.* (2016:8) further explains that a trainer can be trained in different types of healing thus changing their initially occupied role.

3.5.4.3 Continuous Mentoring and Consultation

On completion of their training, indigenous health practitioners work independently but under the supervision of their *gobela* until they are totally confident that the newly qualified indigenous healer can work unsupervised. Due to financial constrains the trainee may not be able to graduate but will be allowed to go home to work, and return for any further training having first saved for the goat/cow that was revealed to them. During their practice at home they will not have all the necessary equipment although they have completed training as they have not yet graduated. They will continue to consult with the *gobela* for guidance who will continue mentoring them until they are satisfied that the practitioner can work independently. Participants said the following:

"Your gobela must be close to you to teach you that....to remind you and even show you the correct ways".

"S/he will continue to consult me as her/his gobela for guidance with some of the things".

"I will continue to direct her/him to say no my child that means this and that".

"S/he will be coming occasionally".

Mndende (2002: 101) concurs with these findings that a qualified traditional health practitioner is continuously mentored and supervised even when s/he has her/his own practice or consultation room/premises. Mlisa (2009: 149) states that s/he continues to consult with her/his trainer to continue to develop competencies of traditional healing and for support where necessary. Zuma *et al.* (2016: 10) support the findings that newly qualified healers consult the ancestors and their trainer for guidance on a continuous basis. Booi & Edwards (2014: 8) concur with the assertion that if the trainee is working they will have to consult the *gobela* on alternative weekends.

3.5.4.4 Involvement of other Gobelas During Rewarding Ceremony

During each ceremony of summative assessment other *gobelas* from the indigenous health practitioners' forum join the ceremony as witnesses of assessment. Booi and Edwards (2014: 8) explain that during the graduation ceremony other *gobelas* take part as independent assessors. Thornton (2015:1) supports this statement to say that *gobelas* evaluate each other's performances in ways that stray far from the mere transmission of tradition. Mndende (2002: 100) further confirms the presence of community members and other *gobelas* in order to confirm the competency of the trainees. Mlisa (2009: 152) adds that other experienced and qualified *gobelas* are invited to all ceremonies of competency assessment. Mokgobi (2014: 31) maintains that involvement of community members during the assessment of trainees is an important factor.

This involvement of other *gobelas* ensures the validity and quality of the training thus eliminating training of bogus traditional healers. Schussler (2011: 184) explains that it is the trainee's supervisor who invites other fully qualified *gobelas* as witnesses to the graduate's competency. The community also now know that training is genuine and that those new indigenous health practitioners will now be able to assist them. The families are

able to appreciate what they have paid for. Newly qualified indigenous health practitioners can also be awarded the position of becoming a *gobela* immediately on completion of training, through ancestral instruction or rewarding.

3.6 Summary of Findings and Discussion

The researcher has provided a detailed description of the events as they were explored; observed and interpreted by the participants together with the researcher. Literature control was carried out to verify and support findings on identified *ukuthwasa* didactic principles that can be applied to the western nursing education to enhance their student nurses' theory-practice integration. This research offered the researcher insights into the *ukuthwasa* didactic principles. The thesis discusses all the stages that a trainee has to undergo in order to qualify as a recognised indigenous health practitioner.

The results in this research identified some relationship between the didactic principles of *ukuthwasa* and the western nursing education. However, there is a difference in how processes are carried out to ensure quality in the training of indigenous healers. The selection criteria ensures that the trainee meets all the requirements to belong to the profession and displays the right character. Emphasis is on ethical conduct and the ability to respect and abide by the rules set for training, for others and for patients unlike the selection criteria for western nursing education where the requirements for training are not that strict. Their selection process rather relies heavily on the subjects studied at high school by the candidate and whether or not they can afford college or university tuition. These student nurses' lack of interest and commitment to a caring profession which may be one of the reasons for their inability to integrate theory into practice. The Recognition of Prior Learning (RPL) process is not carried out appropriately as employment history is interrogated rather than the candidate submitting a portfolio of evidence before they are credited for training. As Mokgobi (2014: 31) states, a trainee has to master the assessment given by the *gobela* and if the trainee fails the assessment the training is further extended. Schussler (2011:184) confirms that trainees will not proceed to the next level without having mastered performance of the previous level. In western nursing education an individual is allowed to move through the levels without adequate demonstration of key competencies. Hence the same incompetency that can be displayed during classroom and clinical learning is carried through the levels.

Another concern is that student nurses' summative assessment is carried out only by their lecturers, whereas assessment of indigenous health practitioners involves other *gobelas* from the surrounding areas. Two of the participants informed the researcher that they travelled to other provinces when their colleagues had graduation ceremonies. The use of different assessors enables quality assurance and a more accurate reflection of competency as well as avoiding any bias or prejudice.

Student nurses learn through demonstration and accompaniment but there is a gap when it comes to clinical observation and practice. This can be due to lack of interest from the side of student nurses and other professional nurses not fulfilling their teaching role and acting as mentors to the student nurses. Conversely, indigenous health practitioners emphasized that spending maximum time with their trainees is vital. Western nursing students spend most of their time in class learning theory, which is to their disadvantage as their exposure to practise is overlooked and underplayed.

Accompaniment is emphasized for monitoring the progress of students and aids in the achievement of competency. Western nursing educators are less evident in practice and this presents challenges for the teaching and learning needs of the student nurses. In indigenous health training formative assessment is continuous through peer mentoring and exchanging roles with their trainees. However, within western nursing education practice, students' peer mentoring and role exchanging is minimal if at all.

Nursing students are rarely given a supervisory role with fellow students or opportunities to be in charge of a unit when training is being carried out. This leads to some nursing students completing their training unaware of how a unit operates. Indigenous health practitioners on the other hand emphasize strict supervision throughout the training process to ensure that trainees know exactly what is expected of them. After completion of their training; supervision and mentoring continues until the trainer is satisfied that the newly qualified *gobela* is able to work independently. With the western nursing students' supervision is less, hence even on completion of training, student nurses still struggle to function independently.

4. CHAPTER 4: RECOMMENDATIONS, LIMITATIONS AND CONCLUSION

4.1 Introduction

Theory-practice integration can be enhanced through some of the *ukuthwasa* didactic principles identified in the preceding chapter. Based on the identified teaching and learning principles, recommendations were made towards improving education of the western nursing education. The focusing of selection on those candidates who have a passion for the profession is suggested to the nursing education institutions. This will ensure commitment on the behalf of the student and give them responsibility for their learning process. Implementation of peer mentoring and mentors in clinical practice is also important. Reflective learning will be enhanced with improvement and competency in practice. Student nurses will know their role in a classroom setting and during clinical practice. Delegation of tasks to manage the unit and patients under strict supervision should be emphasized. This will enable the students to be reflective practitioners preparing to become competent independent practitioners on completion of their training.

4.2 Recommendations

4.2.1 Recommendations for Nursing Education

Table 4: Recommendations for Nursing Education

Ukhuthwasa Didactic Principles	Proposed Application in Western Nursing Education
The calling	The calling (Passion to care for ill people)
Based on indigenous knowledge (indigenous epistemology)	Inclusion of indigenous knowledge into the western nursing curriculum to enhance respect
Quality assurance: Other indigenous healers are involved in summative assessment.	Strengthening of Quality assurance: Other nursing educators, not linked to the NEI, should be involved in summative assessment.
Follow unique teaching and learning strategies to enhance theory-practice integration	Apply this unique teaching and learning strategies to enhance theory-practice integration in the western nursing context.

- In the *ukuthwasa* context, an individual must have a calling (passion) which is then confirmed by an experienced *gobela* before a candidate can be accepted.

  Therefore, it is recommended that the western nursing education and training institutions should improve on their selection criteria where by the candidate will not only be interviewed with the focus on alleviating poverty or driving a political agenda. Rather the candidates' interest and passion or purpose in pursuing nursing education should be the main focus and this must be confirmed during the makgotla by experienced nurses. This will enable institutions to identify the right candidates who will, in turn, be able to bring change to the health service.

- The researcher recommends inclusion of knowledge of indigenous health practices in the curriculum for community health nursing in order to restore respect for the practice. This will promote greater partnerships in rendering primary, secondary and tertiary quality nursing care to the community.

- In the indigenous health practice context other qualified traditional healers are involved in the summative assessment of trainees.

  Hence the western nursing education institutions must consistently involve assessors and moderators from other institutions during practical examinations as a way of ensuring quality and competency of the students' knowledge, skills and abilities and furthering of excellence within nursing practice.

- The following unique teaching and learning strategies of indigenous health practitioners; intuitive learning, observation and accompaniment, oral instruction and demonstration, peer mentoring, practice and reflection, are all recommended to the western nursing education system as aids that will enhance theory-practice integration amongst student nurses and ensure that the exiting student is competent, intuitive, and a reflective critical-analytical thinking practitioner.

4.2.2 Recommendations for Health Institutions

Table 5: Recommendations for Health Institutions

***Ukhuthwasa* Didactic Principles**	**Proposed Application in Western Nursing Education**
Senior trainees are required to demonstrate activities to junior trainees (enhance competence).	Strengthen peer group mentoring for senior students to mentor junior students.
Indigenous healers delegate some rituals to senior trainees	The professional nurse should delegate some activities to senior students to enhance theory-practice integration through role-taking.
Clarification of roles and functions from inception to graduation (each level knows its scope of practice).	Apply the same principle of consistent role and function clarification with nursing students.
Continuous monitoring and supervision of newly qualified indigenous healers for up to three years.	Similar continuous monitoring and supervision of newly qualified nurses should be encouraged for at least one year.

- In the context of indigenous healers, senior trainees are required to demonstrate some activities to junior trainees, hence the principle of peer mentoring is recommended for practice, creating a greater sense of commitment and responsibility from students.

  It is recommended that peer group mentoring forms an integral part of nursing education in the western context.

- Based on the fact that the indigenous health practitioner delegates some of the rituals and procedures to be performed to the senior trainees, it is therefore recommended that western trained nurses implement the principle of role-taking and role exchange during clinical practice as a means of preparing students for the profession and independent practice.

- In the context of indigenous health practitioners, trainees' roles are clarified on admission and as they progress in training, the principle of role change and role clarification on completion of each level of training should be implemented so that they are well informed of their new role in the clinical practice and are continuously monitored to achieve set expectations.

- Indigenous health practitioners emphasize continuous monitoring and supervision of newly qualified indigenous health practitioner's consultation rooms.

  It is therefore recommended that newly qualified professional nurses (community service nurses) should be mentored for supervision and support throughout their internships. This will enable competency in theory-practice related to the administration of nursing activities and patient management with the focus of achieving quality health care towards the community served.

4.2.3 Recommendations for Research

- Further research to be conducted on the teaching and learning principles of *ukuthwasa* to promote education and training and enhance theory-practice integration amongst student nurses. The following teaching and learning principles are suggested: intuitive learning, observation and accompaniment, practice, reflection and peer mentoring.

- Further studies can be conducted in the districts of other provinces since this research was only limited to the Dr Kenneth Kaunda district, specifically to the Matlosana sub-district in North West Province, South Africa.

- Exploration of the teaching and learning principles of *ukuthwasa* from other African communities in South Africa and the rest of the continent can be carried out as this research was limited to the Nguni, Mandawo and Basotho practices.

4.3 Limitations

- This research's limitations were that the researcher had challenges in accessing indigenous healers according to the set criteria, population size and setting. Only indigenous health practitioners from Orkney and Klerksdorp could avail themselves.

- It was challenging to gather the indigenous health practitioners in their groups for presentation and explanation of the research because several were not registered under the traditional healers' *lekgotla*.

- Some felt that the researcher has to be a *gogo* or to have been trained as a *gobela* before being given access to any information on the *ukuthwasa* teaching and learning principles of traditional healers because some of the activities performed were sacred, hence the limited number of seven participants in the research.

- There are some processes that are of sacred value and hence the researcher was unable to explore or comment about them and no video recording was allowed.

- Most of the participants were practitioners in Nguni/Swati and Sesotho practice and other cultures' practices could therefore not be accessed.

4.4 Conclusion

The general perception of western-trained health professionals is that the education and training system of the indigenous health practitioners is informal hence it cannot be compared with the western system which is generally accepted as better and more advanced. The results of this research categorically indicate that there are similarities between the two systems and no informality could be traced in the education and training of indigenous healing students. It is clearly evident that the program of indigenous health practitioners is not recorded or textbook based but that instructions are given orally and are binding and educational.

Both systems follow a specific curriculum to achieve the end result of a qualified practitioner graduating on completion of training. Indigenous health practitioners, just like the western nursing professionals, undergo extensive training in order to be classified as professionals (Nare, Pienaar & Mphuthi, 2018, Kubeka, 2016 & Mlisa, 2009). On completion of training the candidates of these two systems have relatively the same competencies except that the western nursing students have a lack of understanding and comprehension of an ethical code of conduct, lack of engagement with current research and lack of commitment within the practice. Western nursing students are accorded the status of being a professional nurse on completion of their training, indigenous health practitioners can also be accorded the status of practitioner using the ethical practice standards set by Traditional Health Practitioners Act 22 of 2007 (section 21-22). Schussler (2011: 184) confirms that on completion of training, indigenous healers receive qualified healer certification. Training is similar with respect to the period/ length of training. Nevertheless, with indigenous health practitioners' training, the process is at the pace of a trainee and there is no set time frame for completion.

The western nursing students lack intuitive analytical critical thinking skills in their practice however within the indigenous health practice, intuition is regarded as a major skill for the practice. Trainees learn through independent participation to find meaning in what has been learnt through practice. Learning is continuous through observation, reflection and practice. On the other hand, with the western nursing students, instructions are given through use of different resources in addition to textbook information which serves as reference post-teaching presentation. Yet these students struggle to remember the content taught to them.

Therefore, it can be concluded that there is a need for sensitization and education of the western nursing education and training institutions in partnership with the Department of Health within the African setting, to learn from the indigenous health practitioners' skills. If such skills could be exported into the western nursing education there will be an improvement in the nursing education and training theory and practice integration.

References

Ajani, K. & Moez, S. 2011, "Gap between knowledge and practice", *Procedia - Social and Behavioral Sciences,* vol. 15, pp. 3927-3931.

American Psychological Association. 2010, Ethical principles of Psychologists and code of conduct. Washington, DC.

Booi, B.N. & Edwards, D.J.A. 2014, "Becoming a Xhosa Healer: Nomzi's story", *Indo-Pacific Journal of Phenology,* vol. 14, no. 2, pp. 1-12.

Botma, Y. 2014, Nursing Students' perceptions on how immerse simulation promotes theory-practice integration, volume 1, pp. 1-5.

Botma, Y. & Nyoni, C. 2015, "What went wrong? A critical reflection on curriculum redesign", *Journal of Nursing Education and Practice,* vol. 5, no. 6, pp. 1-8.

Botma, Y., Greeff, M., Mulaudzi, F.M. & Wright, S.C.D. 2010, Research in Health Sciences. Pearson Education, Cape Town.

Brink, H., Van der Walt, C. & Van Rensburg, G. 2010, *Fundamentals of Research Methodology for Healthcare Professionals,* Juta, Cape Town.

Bruce, J.C., Klopper, H.C. & Mellish, J.M. 2011, *Teaching and Learning the Practice of Nursing,* 5th edn, Pearson Education, South Africa.

Burns, N. & Grove, S.K. 2005, *The Practice of Nursing Research: Conduct, Critique and Utilization,* 5th edn, Elsevier, Missouri.

Carelse, S. & Dykes, G. 2013, *Integration of theory and practice in Social Work: challenges and triumphs*, University of the Western Cape.

Cook, S.H. 1991, "Mind the theory/practice gap in nursing", *Journal of Advanced Nursing,* vol. 16, pp. 1462-1469.

Corlett, J., Palfreyman, J.W., Staines, H.J. & Marr, H. 2003, "Factors influencing theoretical knowledge and practical skills acquisition in student nurses: An empirical experiment", *Nurse Education Today,* vol. 23, pp. 183-190.

Creswell, J.W. 2014, *Qualitative Inquiry and Research Design: choosing among five traditions,* 2nd edn, Sage Publications, Thousand Oaks, CA.

Dale, A.E. 1994, "The theory-practice gap: The challenge for nurse teachers", *Journal of Advanced Nursing,* vol. 20, pp. 521-524.

de Swardt, H.C., Du Toit, H.S. & Botha, A. 2012, "Guided reflection as a tool to deal with the theory– practice gap in critical care nursing students", *Journal of Interdisciplinary Health Sciences,* vol. 17, no. 1, pp. 1-9.

Department of Health Services/ Division of Quality Assurance/Office of Caregiver Quality 2015, *Nurse Aide Testing Requirements for Students & Graduate Nurses*, Department of Health Services/ Division of Quality Assurance/Office of Caregiver Quality, USA.

Edwards, S. 2010, "On Southern African indigenous healing", *Indilinga African Journal of Indigenous Knowledge Systems,* vol. 9, no. 2, pp. 211-229.

Edwards, S., Makunga, N., Thwala, J. & Mbele, B. 2009, "The role of ancestors in healing", *African Journal of Indigenous Knowledge Systems,* vol. 8, no. 1, pp. 1-11.

Elbas, N., Bulut, H., Demir, S.G. & Yuceer, S. 2010, "Nursing students' opinions regarding the clinical practice guide", *Procedia - Social and Behavioural Sciences,* vol. 2, no. 2, pp. 2162-2165.

Ferguson, K.E. & Jinks, A.M. 1994, "Integrating what is taught with what is practiced in the nursing curriculum: A multi-dimensional model", *Journal of Advanced Nursing,* vol. 20, pp. 687-695.

Gcabashe, A. 2009, April 14, 2009-last update, *The process of Ukuthwasa* [Homepage of Gcabashe.co.za], [Online]. Available: http://www.africaspeaks.com/reasoning/index.php?topic=5923.0;wap2 [2018]

George, G., Chitindingu, E. & Gow, J. 2013, "Evaluating traditional healers' knowledge and practices related to HIV testing and treatment in South Africa", *BMC International Health & Human Rights,* vol. 13, pp. 1.

Gidman, J., Mcintosh, A., Melling, K. & Fisher-Smith, D. 2011. Student perceptions of support in practice. *Nurse education in practice.* 11(6): 351-355.

Gqaleni, N., Mbatha, N. & Mkhize, T. 2010, "Education and development of traditional health practitioners in isiZulu to promote their collaboration with public health care workers", Alternation, vol. 17, no. 1, pp. 295-311.

Gumede, M.V. 1990, *Traditional Healers, A medical doctor's perspective,* Skotaville, Cape Town.

Hewison, A. & Wildman, S. 1996, "The theory-practice gap in nursing: A new dimension", *Journal of Advanced Nursing,* vol. 24, pp. 754-761.

Jamshidi, L. 2012, "The Challenges of Clinical Teaching in Nursing Skills and Lifelong Learning from the Standpoint of Nursing Students and Educators", *Procedia - Social and Behavioral Sciences,* vol. 46, pp. 3335-3338.

Kubeka, N.P. 2016, *The psychological perspective on Zulu ancestral calling: A Phenomenological research*, University of Pretoria.

Maginnis, C. & Croxon, L. 2010, "Transfer of learning to the nursing clinical practice setting", *Rural and Remote Health,* vol. 10, pp. 1313.

Makhanya, S.M. 2016, *Traditional Healers & Caregivers' views on the role of Traditional Zulu Medicine on Psychosis*, University of Zululand.

Matsika, C. 2015, "The Education of Traditional Healers in Zimbabwe: A pedagogy of conflicting paradigms", *Journal of Pan African Studies,* vol. 8, no. 8, pp. 60-74.

McCaugherty, D. 1991, "The theory-practice gap in nurse education: Its causes and possible solutions. Findings from an action research research", *Journal of Advanced Nursing,* vol. 16, pp. 1055-1061.

Meyer, S. & van Niekerk, S. 2008, *Nurse Educator in Practice,* Juta, Cape Town.

Mkhize, S.W. 2009, *Transformational leadership model for nursing education leaders in Nursing Education Institutions*, North West University.

Mlisa, L. 2009, *Ukuthwasa initiation of amagqirha: identity construction and the training of Xhosa women as traditional healers*, University of the Free State.

Mndende, N. 2002, *Signifying Practices: AmaXhosa ritual speech*, University of Cape Town.

Mokgobi, M.G. 2014, "Understanding traditional African healing. ", *African Journal for Physical Health Education, Recreation and Dance,* vol. Supplement 2, pp. 24-34.

Nare, N.E., Pienaar, A.J. & Mphuthi, D.D. 2018, "Conceptualisation of African primal health care within mental health care", *Curationis,* vol. 41, no. 1, pp. 1-11.

Nursing Education Stakeholders Group. 2012. "A proposed model for clinical nursing education and training in South Africa". *Trends in Nursing,* vol. 1, Issue 1, pp. 1-23.

Ogana, W. & Ojong, V.B. 2015, "A Research of Literature on the Essence of *Ubungoma* (Divination) and Conceptions of Gender among *Izangoma* (Diviners)", *Journal for the Research of Religion,* no. 28, pp. 1-52-80.

Ovuga, E., Boardman, J. & Oluka, E.G.A.O. 1999, "Traditional healers and mental illness in Uganda", *The Psychiatrist,* vol. 23, pp. 276-279.

Panduragan, S.L., Abdullah, N., Hassan, H. & Mat, S. 2011, "Level of Confidence among Nursing Students in the Clinical Setting", *Procedia - Social and Behavioral Sciences,* vol. 18, pp. 404-407.

Parliament of Republic of South Africa 1978, *Nursing Act No 50 of 1978*, South Africa, Government Gazette.

Parliament of Republic of South Africa 2008, *Traditional Health Practitioners Act 22 of 2007*, South Africa, Government Gazette.

Phiri, V. 2006, "Recognition of Indigenous Health Practitioners' Knowledge & Skills and recommendations for Incorporation Collaboration",

Pienaar, A.J. 2015, "African indigenous methodology in qualitative research: the *Lekgotla*-a holistic approach of data collection and analysis intertwined" in *Nursing Research Using Data Analysis: Qualitative Designs and Methods in Nursing*, ed. M. de Chesnay, Springer, New York.

Pienaar, A.J. 2016, "Learning and Asserting an African Indigenous Health Research Framework" in *Handbook of Research on Theoretical Perspectives on Indigenous Knowledge*, ed. P. Ngulube, IGI-Global, Hershey, PA, pp. 85-99.

Polit, D. & Beck, C.T. 2014, *Essentials of Nursing Research: Appraising Evidence for Nursing Practice,* Wolters Kluwer Health /Lippincott Williams & Wilkins, USA.

Sandlana, N.S. 2014, "*Umoya*: Understanding the experiential value of traditional African dance and music for traditional healers", *Mediterranean Journal of Social Sciences,* vol. 5, no. 3, pp. 541-547.

Schussler, S. 2011, "Indigenous healing in Southern Zimbabwe, doing the work of ancestors. Religion, Health, and Healing, an Interdisciplinary Inquiry", *Journal of Religion & Society,* vol. Supplement 7, pp. 180-197.

Scully, N.J. 2011, "The theory-practice gap and skill acquisition: An issue for nursing education", *Collegian,* vol. 18, pp. 93-98.

Sorsdahl, K.R., Flisher, A.J., Wilson, Z. & Stein, D.J., 2010, "Explanatory models of disorders and treatment practices among traditional healers in Mpumalanga, South Africa", *African Journal of Psychiatry,* vol. 13, pp. 284-290.

The Strategic Plan for Nurse Education, Training and Practice 2012/13-2016/17. Department of Health, South Africa.

Thornton, R. 2009, " Transmission of knowledge in South African traditional healing", *Africa: Journal of the International African Institute,* vol. 79, no. 1, pp. 17-34.

Truter, I. 2007, " African Traditional healers: Cultural and religious beliefs, Complementary and Alternative Medicine", *South African Pharmaceutical Journal,* vol. 74, pp. 56-60.

Tshehla, B. 2015, "Traditional health practitioners and the authority to issue medical certificates", *South African medical journal,* vol. 105, no. 4, pp. 279-80.

Upton, D.J. 1999, "How can we achieve evidence-based practice if we have a theory-practice gap in nursing today?", *Journal of Advanced Nursing,* vol. 29, no. 3, pp. 459-555.

van Zyl, A.E. 2014, Exploring the potential theory-practice gap in the teaching methods of nurse educators. M Ed. Stellenbosch: Stellenbosch University

Williams, B. 2001, "The theoretical links between problem-based learning and self-directed learning for continuing professional nursing education", *Teaching in Higher Education,* vol. 6, no. 1, pp. 85-98.

Wrenn, J. & Wrenn, B. 2009, "Enhanced Learning by integrating theory and practice.", *International Journal of Teaching and Learning in Higher Education,* vol. 21, pp. 258-268.

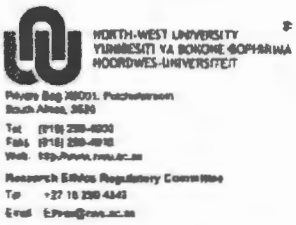
Xaso, Z.C. 2015, *The meaning of Ukuthwasa: Urban Youth Perspective on Social Change and the Persistence of tradition in the Eastern Cape*, Fort Hare.

Younas, A. & Sommer, J. 2015. "Integrating Nursing Theory and Process into practice; Virginia Henderson's Need Theory". *International Journal of Caring Sciences*, vol 8, Issue 2, pp. 443-450.

Zuma, T., Wight, D., Rochat, T. & Moshabela, M. 2016, "The role of traditional health practitioners in Rural KwaZulu-Natal, South Africa: generic or mode specific", *BMC Complementary and Alternative Medicine,* vol. 16, no. 1, pp. 304.

APPENDICES

Appendix 1: Ethics certificate



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ETHICS APPROVAL CERTIFICATE OF PROJECT

Based on approval by the Health Science Ethics Committee (FAST-HSEC) on 03/03/2018 after being reviewed at the meeting held on 27/02/2018, the North-West University Research Ethics Regulatory Committee (NWU-RERC) hereby approves your project as indicated below. This implies that the NWU-RERC 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: Exploring ukuthwasa didactic principles to enhance student nurses' theory-practice integration

Project Leader: Prof AJ Pienaar
Student: M Rangbe (12993638)

Ethics number: [redacted]

Application Type: Single study
Commencement date: 2018-03-01 **Expiry date:** 2021-03-31 **Risk:** Minimal

Special conditions of the approval (if applicable):

- Translation of the informed consent document to the languages applicable to the study participants should be submitted to the HSEC (if applicable).
- Any research at governmental or private institutions, permission must still be obtained from relevant authority and proposal to the HSEC. Ethics approval is required BEFORE approval can be obtained from these authorities.

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 (principle investigator) must report in the prescribed format to the NWU-RERC via HSEC:*
  - *annually (or as otherwise requested) on the progress of the project, and upon completion 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*
  - *Annually a number of projects may be randomly selected for an external audit.*
- *The approval applies strictly to the protocol as detailed 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 HSEC. Would there be deviations 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-RERC via HSEC and new approval received before or on the expiry date.*
- *In the interest of ethical responsibility the NWU-RERC and HSEC reserve the right to:*
  - *request access to any information or data at any time during the course or after completion of the project.*
  - *to ask further questions, seek additional information, require further modifications or monitor the conduct of your research or the informed consent process.*
  - *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 HSEC 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 deem it necessary.*
- *HSEC can be contacted for further information via Lynette.Abel@nwu.ac.za or 018 299 2598*

The RERC 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 RERC or HSEC for any further enquiries or requests for assistance.

Yours sincerely

Prof Refilwe Phaswana-Mafuya
Chair NWU Research Ethics Regulatory Committee (RERC)

Appendix 2: Co-coder Certificate

Western Cape Government

DIRECTORATE: WESTERN CAPE COLLEGE OF NURSING

Enquiries: Dr T M Bock

Tel: 083 402 7077

021 940 4547

Date: 2018/08/23

To Whom it may concern

RE: Second Coder

I T M Bock, herewith confirm that I acted as second coder to the work of Mme I N Rampho. I independently coded her work and entered into discussions with the candidate, during which time we confirmed through mutual agreement the Themes and Categories as identified in her work.

Sincerely

Dr TM Bock

Deputy Director: Head of Campus WCCN, Metro East

HOD Psychiatry

Acting Chair WCCN Research Ethics Committee

Phone: 021 940 4547 021 940 4543 (fax)

1 Hoyland Hospital De la Haye Road, Bellville, 7530

Appendix 3: Consent Form

NORTH-WEST UNIVERSITY
YUNIBESITI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
POTCHEFSTROOM CAMPUS

HREC Stamp

INFORMED CONSENT DOCUMENTATION FOR INDIGENOUS HEALTH PRACTITIONERS

TITLE OF THE RESEARCH STUDY: EXPLORING THE UKUTHWASA DIDACTIC PRINCIPLES TO ENHANCE THEORY-PRACTICE INTEGRATION OF STUDENT NURSES

ETHICS REFERENCE NUMBERS: NWU-00227- 18- A9

PRINCIPAL INVESTIGATOR: ISABELLE RUTH RAMPHO

POST GRADUATE STUDENT: ISABELLE RUTH RAMPHO

ADDRESS: 12 KOMATI STREET, RANDLESPARK, KLERKSDORP 2571

CONTACT NUMBER: 083 611 0226/ 083 867 8345

You are being invited to take part in a **research study** that forms part of my/ nursing research in IKS Please take some time to read the information presented here, which will explain the details of this study. Please ask the researcher or person explaining the research to you any questions about any part of this study that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research is about and how you might be involved. Also, your participation is **entirely voluntary** and you are free to say no to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part now.

This study has been approved by the **Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (NWU- 00227-18-A9)** and will be conducted according to the ethical guidelines and principles of Ethics in Health Research: Principles, Processes and Structures (DoH, 2015) and other international

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

- *Anonymity of your findings will be protected by not mentioning your names anywhere in the study. Your privacy will be respected by not sharing any information with anyone else other than the supervisors and the Research Ethics Committee. Your results will be kept confidential by locking the recorder and the field notes. Only the researchers and supervisors will be able to look at your findings. Findings will be kept safe by locking hard copies in locked cupboards in the researcher's office and for electronic data it will be password protected. (As soon as data has been transcribed it will be deleted from the recorders.) Data will be stored for 5 years.*

What will happen with the findings or samples?

- *The findings of this study will be used in future for further studies in research related to health and education, and indigenous knowledge systems, and for any study conducted related to the findings of these results, it will first be approved by Research Ethics Committee which is a committee acting on behalf of the participants, the data collected will be analysed In South Africa, North West Province by myself and my supervisor and co-supervisor and it will be stored in a locked cupboard in the researcher's office..*

How will you know about the results of this research?

- We will give you the results of this research when it has been approved for publication by showing the video and the dissertation
- You will be informed of any new relevant findings by calling you for appointment and presenting the findings to you

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

This study is no funded by anyone, so you will not be paid to take part in the study because your participation is voluntary and I will be consulting from your places/areas

Is there anything else that you should know or do?

- You can contact Isabelle Ruth Rampho at 0836110226/ 0838678345 if you have any further questions or have any problems.
- You can also contact the Health Research Ethics Committee via Mrs Carolien van Zyl at 018 299 1206 or carolien.vanzyl@nwu.ac.za if you have any concerns that were not answered about the research or if you have complaints about the research.
- You will receive a copy of this information and consent form for your own purposes.

Declaration by participant

By signing below, I X. MALEBONE ..... agree to take part in the research study titled: exploring the ukuthwasa didactic principles to enhance student nurses' theory-practice integration

I declare that:

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

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

Signature of participant X [signature] **Signature of witness**

Declaration by person obtaining consent

I *(name)* ..... declare that:

- I clearly and in detail explained the information in this document to .....
- I did/did not use an interpreter.
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I gave him/her time to discuss it with others if he/she wished to do so.

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

Signature of person obtaining consent **Signature of witness**

Declaration by researcher

I *(name)* Isabelle Ruth Rampho declares that:

- I explained the information in this document to ...Makhoane..... for the purpose of understanding the study process, confidentiality and protection during participation.
- I did not use an interpreter
- I encouraged her/him to ask questions and took adequate time to answer them and that during data collection she can ask any questions.
- The informed consent was obtained by an independent person.
- I am satisfied that he/she adequately understands all aspects of the research, as described above.
- I am satisfied that he/she had time to discuss it with others if he/she wished to do so.

Signed at (*place*) Kimberley on (*date*) 20.18

Signature of researcher **Signature of witness**

Appendix 4: Individual Makgotla Transcription

R = Researcher

P = Participant

R	Which criteria do you use for admission?
P	Eh... s/he brings him/herself isn't it, their family members are also allowed to come, and then the gogos are also available to assist with making beads for him/her, we *shaela* her.
R	When s/he brings himself/ herself is it for training or...
P	"Sniffing"...ee, s/he comes for training, isn't it that you would have talked before, sometimes others are come due to illness, a person is already sick, sometimes s/he has been bothered by these things, it has been a long time been...sometimes this other person is been bother...bothered by these things now s/he wants to deal with them, they must pass *klaar klaar*, so that s/he completes her/his training, yes.
R	How do you classify them?
P	Eh...there are those that ...those that... it depends on how many were admitted, or the one that is being admitted finds others already in the process... isn't!
R	Yes!
P	Yes! We mix them, then each will know that I am the first, the one that came first, then it will also be clear if they have past the *mkamase* (drinking of sorghum beer and baptism by the river) so on, or if the other one has eaten *ntwaso* (drinking of goat's blood) already...yes!
R	You said they start first with *mkamase neh*?
P	Aah...yes! Is to greet (*bingelela)* when they start, yes
R	Is to greet first and then they eat *mkamase*?
P	Yes! *Ntwaso*...yes then they go home.
R	Yes! Then graduation?
P	Yes!
R	Ohk! So when they are mixed, do they know where they belong, that I am her and you are there?
P	(Sighs)...Yes, each knows where they belong, each knows where they

	belong, the reason being...isn't it that there's a difference of the one that has not yet eaten *ntwaso*, is greeting isn't it, s/he doesn't have *mkamase.*
R	Yes!
P	The one that ate *ntwaso* wears both the leather and *mkamase.*
R	Or...ee...oooh, so that's the way they divide themselves?
P	Yes, the way...yes.
R	How do you ensure that they know what is expected of them...What is it that you are doing to make sure that...that the l*ethwasana* knows what...what you expect her/him to do?
P	That s/he must do?
R	Yes!
P	When what happens?...is that...(pause)...
R	That when s/he is for training...*lefehlong*, what is it that you do that they know that, when I am here this is what is expected of me
P	S/he is supposed to honour the laws...
R	Ohk...
P	S/he must follow our laws, to know how are the laws carried out
R	Ohk...
P	Then hers/his is to talk to the ancestors, to dance, to learn the bones, to learn medication, to ask us where s/he does not understand.
R	Mmm...So is there a way that you...that you are testing them like isn't it that everyday...everyday...may be there's ...you...you test them to see if they know...(P: s/he knows ...yes...interrupting) specific thing, or since you said s/he is expected to...to...to know the laws, is there a way that you check if...s/he still remember those laws?
P	Yes, we check them in everyday we check them everyday, (ohk...researcher interrupts), as we have explained to you just now, they have been busy with the bones, (R: yes), I go sit with them, I listen to them to see if what I taught them (R: ohk), they...they...how far are they with it, (R: yes), how are they saying it, when a patient arrives, I assign her/him immediately to say assess...
R	Ooh...alright...so this is what is done on daily basis?
P	Everyday yes!

R	Alright, and then how do you...how do you know that s/he is ready? Or the very test that you...that you give on daily basis is the one that informs you that now s/he is ready for...eh...for the next step?
P	You know what happens mother? Isn't it that I will be assigning her to assess people...people when...when s/he assess, they are the ones that start isn't it, I will get feedback from the people as to whether s/he assessed them correctly or not? (R: ohk) they are satisfied, each and every person that enters *ndomba* I will be...I will be telling you...yes...you are perfect now and even her/his visions again, s/he is to have visions isn't it, (R: mmm) so if s/he hasn't been shown anything, there is nothing that we can do except that her/his ancestors shows her/him other things as to move forward.
R	Ohk, so until s/he knows to...to...eh...eh...her/his ancestors shows her/him, being able to assess a patient, being able to give the patient correct medication, only then ...when s/he knows all those things, will those things enable her/him to move to the next step?
P	Yes...yes!
R	Ohk...oooh...Did you say you are with them the whole day or in a day how long do you stay with them?
P	I can stay with them...close to...you see after 12, (R: yes), I stay with them until the evening when they go for *sethoto* (whisking of sorghum beer)
R	Ohk! From 12 to 6...ohk (P: yes), ohk! So when you teach them it's like...you...you tell them that this thing does this and this?
P	Yes! I take it...I take it I show it to them, to say "you must know what this is called...what this is called...when it's like this...when they are in this position, they are called like this...so I am going to throw them down, so you must add them up to say when that one is called this...when they are combined what are they called.
R	Oooh...
P	Yes, That's the only thing, I teach her/him, everything, (R: ohk) I must do a thing so as they see how it is done.
R	So s/he sees and be able to do it and then practice it?
P	Yes!
R	Ohk...you want it...ooohk! You said the one of testing you do them every day? (P: yes...everyday) whatever that you did yesterday (P: yes) today you test them?
P	Yes, we do it again, to see how much you have learned, how much did you hear, then some time when I am sitting in the house, they must

	continue isn't it, they must continue to practice so that when I come they know that they have been practicing at least (R:mmm)...yes!
R	Oohk...And then what determines that a *lethwasana*... that you say "now this one is a *gobela*", what is it?
P	Is that...we...we...when we say now is a *gobela*? (R:yes), *gobela* is a person who is already...interruption) or who is already...who is ready to go home to work alone, once s/he...we... we say s/he is eating *ntwaso*...when you eat *ntwaso,* already we know that you are competent, when you have eaten *ntwaso* you can pass out at any time, you are competent, we saw that you can assess the sick person, when I ask you about medication to say "that and that medication *gogo,* when you mix it to treat a person, do you know it?...s/he knows it.
R	Mmm....Oohk...
P	To say "when one is having headache, what are you going to do *gogo*?" S/he will tell me and say "I do like this and this mommy", then I will know that eh...yes...now s/he is perfect.
R	Oohk...
P	That's when we will set a date for...for *ntwaso*...(R: for *ntwaso*), yes, yes!
R	Oohk...
P	Then after *ntwaso* s/he can go, s/he will be competent doctor.
R	Oohk...And does it happen that...maybe s/he does not complete in time, or what is the exact time of completion exactly, that for training you are expected to complete at this time...? Is it not there?
P	Its 3 months
R	Its 3 months...oohk, so does it happen that may be...3 months pass with her/him still being on training?
P	Yes...yes...its...its...its possible but majority its financial matters...mmm... but according to me...me...3 months a person is competent.
R	Mmm...oohk...so if it's not financial matters, has it never happened that you have those that have problems of may be a person being slow?
P	S/he is hard-headed?
R	Yes...is hard-headed...
P	Nooo! I have never had such.
R	Oooh...you meet cream only?

P	Iyooooh...(R: laughing), again with us what makes us nice is what? We are not employed with my husband, (R: oooh) so if one is tired, the other one continues with them, (R: oooh), just like that we rotate...
R	Oooh...it means that ...you spend more time with them?
P	On...yes...on...training we...we are always with them as you find me sitting this side, baba (father) is with them, when baba gets out, I am going in that side.
R	OK...And then eh...eh...how should I ask it? You...you...you have maximum of ma...of *mathwasana* of how many, or may when you...that's may be you say you only take 4, or...(P: noo), or you only take 10?
P	Nooo....they come in big numbers, as I speak now now, there is one coming from Moruleng, it will be 7, I don't have that maximum because as they come in they go out isn't it, they come and go out.
R	Oohk...so there's nothing like you have...you are overloaded...(P:noo) to an extend that you can't attend them? (P:noo), you are able to attend them...(P: all), individually? (P: all)
R	In...like...at one time?
P	Yes...individually so...
R	Oooh...(P:yes..), so they get you total attention?
P	Total my love...
R	Oohk...and then...eh...eh...is there may be like when we are mathwasana...being two, isn't it that we will be starting, then it happens that you give us work to do assisting each other, or each does her/his own work?
P	Everyone does their own work.
R	There's no assistance?
P	Nooo...there's no assistance.
R	There's nothing like...what we call at school group discussion?
P	Nooo...nooo...everyone does her/his own work (R: s/he does her/his own work) My love, there's no way that somebody does for someone else, we don't want you to blame the other person tomorrow.
R	Oohk...no group discussion...so training is 3 months then you have completed?
P	You have completed.

R	Can anybody be...be...be a trainer for... for...uhmm...*mathwasana*?
P	There are some things that we say...when it's said that I am a *gobela*, there are things that one has to go through first, that you must also do...even us, we still have some things that we are supposed to learn first...you can't just train *amathwasana*, you are supposed...there is something called *lobola,* you are supposed to pay *lobola*, and come to the grounds to be taught that" this *lethwasana* now that you have paid *lobola* with her/him, we are going to give you *ntwaso*....we are going to give you medication for *leshaelo*, then the *mkamase,* then the *ntwaso,* then you will be taught that a *lethwasana* is taught like this...is trained like this...
R	Oohk...so *gobela* also goes through training? (P: yes), before s/he can be a *gobela*? (P: s/he can be a *gobela,* yes), so how long is her/his training?
P	The way that *lethwasana* will be taking...s/he will also be 3 months but s/he isn't it that s/he does not sleep by the grounds, (R:yes) s/he will be coming occasionally, coming occasionally...coming occasionally at that time...(R:oohk), yes...
R	Oohk...eh...eh...I think they are covered, they are covered....(P:oohk)
R	Yes...I think they are all covered...that I wanted to do, except only maybe that I go and observe when...when you...you...you make them do that side maybe with the bones only or...
P	Oohk...
R	The bones, how do they use them...when you teach them so...and then s/he is able to answer you, (P: yes), maybe you must ask her/him questions only?...
P	Oohk...there is no problem
R	With that that you taught her/him yesterday...(P: oohk), so today when you let her/him repeat, how does s/he do it.
P	There is no problem.
R	Eh...thank you...we will continue on that side...both moving out of the house to the *ndomba* where *mathwasana* are.
	For the part of *amathwasana* the audio recording is attached

Appendix 5: Language Editor Certificate

Supplier Database No: MAAA0450241
PostNet Suite #40
Private Bag X04
Menlo Park 0102
Mobile : 060 530 1165
Email: noteworthy@myconnection.co.za / honey@myconnection.co.za

30 November 2018

TO WHOM IT MAY CONCERN

This serves to confirm that the thesis for: Master of Nursing Science

By: **IR Rampho** - North West University

Entitled: **EXPLORING *UKUTHWASA* DIDACTIC PRINCIPLES TO ENHANCE STUDENT NURSES' THEORY-PRACTICE INTEGRATION**

has been edited by one of our accredited language editors. The accuracy of the final work is still the student's own responsibility.

A & M Steyn