

Professionalism of enrolled nursing auxiliary learners in a private nursing education institution in Potchefstroom, North West: A case study

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“A patient is the most important person in our hospital. He is not an interruption to our work., he is the purpose of it. He is not an outsider in our hospital, he is a part of it.

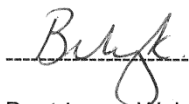
We are not doing a favour by serving him, he is doing us a favour by giving us an opportunity to do so”.

Mahatma Gandhi

Declaration

I, Beatrix van Wyk, student number 10743189, declare that:

- Professionalism of enrolled nursing auxiliary learners in a private nursing education institution in Potchefstroom, North West: A case study, is my own work and that all the sources that I used or quoted are indicated or acknowledged in the bibliography.
- The study has been approved by the Ethics Committee of the Institutional Office of the North-West University (Potchefstroom Campus).
- The study complies with the research ethical standards of the North-West University (Potchefstroom Campus).



Beatrix van Wyk

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ABSTRACT

When people hear the word "nurse," they often think of qualities such as compassion and patience. While these are essential characteristics, nurses must go even further when striving for professionalism. Nurses also need strong morals and ethics and the commitment to always act in the best interests of their patients. The term professionalism embraces a set of attitudes, skills and behaviours, attributes and values which are expected from those to whom society has extended the privilege of being considered a professional. The core values of professionalism include: honesty, integrity, altruism, respect, responsibility, accountability, compassion, empathy, dedication, self-improvement, competency of clinical skills and knowledge. Professional nursing practice is a commitment to compassion, caring and strong ethical values, continuous development of self and others, accountability and responsibility for insightful practice, demonstrating a spirit of collaboration and flexibility.

Rapid changes in the nursing sector have recently occurred across all areas and settings, making for a chaotic and seldom unstable work environment. All of these changes have impacted the ability of ENA learners to maintain high levels of professionalism and collaboration. In particular, the researcher, as an educator within a private NEI responsible for teaching ENA learners, experienced a lack of professionalism amongst ENA learners during the course of their training, as well as after their enrolment with the South African Nursing Council (SANC). Currently, there seems to be a difference between the professionalism portrayed by ENA learners and that which is expected of them.

The overall aim of this research is to enhance the professionalism of ENA learners in a private NEI in Potchefstroom, North West. The following objectives have been identified in order to reach this aim:

- To explore and describe professionalism amongst ENA learners in a private NEI in Potchefstroom, North West, and
- To formulate recommendations to advance professionalism amongst ENA learners in a private NEI in Potchefstroom, North West.

This study was conducted by means of a case study approach as the selected topic focuses only on a private nursing education institution situated in Potchefstroom, North

West. From the qualitative instrumental case study approach, a qualitative, explorative, contextual research design was followed. The population in the study was all the ENA learners of a private NEI in Potchefstroom, North West. A sample was selected through non-probable, purposive sampling according to inclusion criteria (n=25).

Data collection was conducted by means of a “World Café” method and a focus group. The data collected through the World Café method was recorded and transcribed and reconstructed by means of thematic analysis. The main theme that crystallised from data analysis was that ENA learners viewed professionalism as a set of behaviours that are displayed in their external environment.

The behaviours are grouped into the following five subgroups, namely punctuality versus absenteeism, adhering to scheduling and duty hours, responsibility of observations and awareness, the role of dress code and the image of nursing and finally obedience to organisational rules and regulations and tolerance towards others.

The World Café and focus group results were integrated with case records according to repetitive themes. From the results and conclusions, recommendations were formulated for nursing practice, nursing education and nursing research to enhance professionalism amongst ENA learners in general.

Keywords: professionalism, learner, enrolled nursing auxiliary (ENA), private nursing education institution (NEI), case study, advance, World Café.

OPSOMMING

Wanneer mense die woord "verpleegster" hoor, dink hul dikwels aan eienskappe soos deernis en geduld. Alhoewel dit noodsaaklike eienskappe is, moet verpleegkundiges selfs verder gaan in die strewe na professionalisme. Verpleegsters moet ook sterk morele waardes en etiese gedrag hê, asook die verbintenis om altyd in die beste belang van hul pasiënte op te tree. Die term "professionalisme" behels 'n stel van houdings, vaardighede en gedrag, eienskappe en waardes wat van diegene verwag word aan wie die samelewing die voorreg bied om as 'n professionele persoon erken te word. Die kernwaardes van professionaliteit sluit in: eerlikheid, integriteit, onbaatsugtigheid, respek, verantwoordelikheid, aanspreeklikheid, deernis, empatie, toewyding, self-verbetering, bevoegdheid van kliniese vaardighede en kennis. Die professionele beoefening van verpleging, beteken 'n verbintenis tot deernis, omgee en sterk morele waardes, voortdurende ontwikkeling van die self en ander, aanspreeklikheid en verantwoordelikheid vir insiggewende praktyk, asook die demonstrasie van 'n gees van samewerking en aanpasbaarheid.

Die verplegingsektor word huidiglik gekenmerk deur vinnige veranderinge wat alle gebiede en instellings affekteer, en wat dikwels lei tot 'n chaotiese en onstabiele werksomgewing. Al hierdie veranderinge het 'n impak op die vermoë van ingeskrewe verpleegassistent (IVA) leerders om hoë vlakke van professionaliteit en samewerking te handhaaf. In die besonder ervaar die navorser, as 'n opvoeder in 'n private verpleegonderwys instelling (VOI) verantwoordelik vir onderrig van IVA leerders, 'n gebrek aan professionaliteit onder IVA leerders in die loop van hul opleiding, sowel as in hul inskrywing aan die Suid-Afrikaanse Raad op Verpleging (SARV). Dit wil tans voorkom asof daar 'n gaping is tussen die mate van professionaliteit wat deur IVA leerders uitgebeeld word en dít wat van hulle verwag word.

Die oorhoofse doel van hierdie navorsing is om die professionaliteit van IVA leerders in 'n private VOI in Potchefstroom, Noordwes te verbeter. Die volgende doelwitte is geïdentifiseer om hierdie doel te bereik:

- Om die konsep *professionaliteit* te ondersoek en te beskryf soos dit voorkom onder IVA leerders in 'n privaat VOI in Potchefstroom, Noordwes, en
- Om aanbevelings te formuleer wat professionaliteit onder IVA leerders in die privaat VOI in Potchefstroom, Noord- Wes kan bevorder.

Hierdie studie is uitgevoer deur middel van 'n gevallestudiebenadering, aangesien die geselekteerde onderwerp slegs fokus op 'n privaat verpleegonderwysinstelling geleë in Potchefstroom, Noordwes. Deur middel van die kwalitatiewe instrumentele gevallestudiebenadering, is 'n kwalitatiewe, verkennende en kontekstuele navorsingsontwerp gevolg. Die studiepopulasie (n = 25) was al die IVA leerders van 'n privaat VOI in Potchefstroom, Noordwes. 'n Steekproef is deur nie-waarskynlike, doelgerigte strekkingsmetode gekies volgens insluiting kriteria.

Data-insameling is gedoen deur middel van 'n "Wêreld Kafee" metode en 'n fokus groep. Die data wat ingesamel is deur die Wêreld Kafee metode is aangeteken en oorgeskryf en herbou deur middel van tematiese analise. Die hooftema wat verkry is vanuit data-analise, is dat IVA leerders professionaliteit beskou as 'n reeks gedragspatrone wat in hul eksterne omgewing vertoon word.

Hierdie gedragspatrone is in die volgende vyf groepe verdeel, naamlik: stiptelikheid teenoor afwesigheid, voldoening aan skedules en werksure, verantwoordelikheid van waarnemings en bewustheid, die rol van kleredrag en die beeld van verpleging, en uiteindelik gehoorsaamheid aan organisatoriese reëls en regulasies insluitend verdraagsaamheid teenoor ander.

Die Wêreld Kafee- en fokusgroepresultate is met die gevallerekords geïntegreer volgens herhalende temas. Vanuit die resultate en gevolgtrekkings is aanbevelings vir verpleegpraktyk, verpleegonderrig en verpleegnavorsing geformuleer, ten einde professionaliteit onder IVA leerders in die algemeen te verbeter.

Slutelwoorde: professionaliteit, leerder, ingeskrewe verpleegassistent (IVA), privaat verpleegonderwys instelling (VOI) , gevallestudie, bevorder, "World Café".

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LIST OF ABBREVIATIONS

AN	Assistant nurse
AIDS	Acquired immunodeficiency syndrome
ENA	Enrolled nursing auxiliary
FET	Further education and training
HIV	Human immunodeficiency virus
NEI	Nursing education institution
ORU	Oral Robbins university
PHC	Primary health care
PNA	Pupil nurse auxiliary
DA	Data analysis
RNAO	Registered nurses' association of Ontario
RSA	Republic of South Africa
SANC	South African Nursing Council
SAVR	Suid Afrikaanse Verpleegsters Raad
WHO	World Health Organization

SECTION ONE

OVERVIEW OF THE RESEARCH

1.1 INTRODUCTION

This study focuses on enrolled nursing auxiliaries (henceforth ENA) as a subcategory of the nursing profession. It is nonetheless still part of the nursing profession. This study investigates the professionalism of ENA learners in a private nursing education institution (henceforth NEI) in Potchefstroom, North West. In section 1 follows the background, discussing the research problem and research questions, the research aim and objectives, the paradigmatic perspectives, the research methodology, measures to ensure trustworthiness, as well as ethical considerations.

1.2 BACKGROUND

Profession is derived from the Latin work “profiteri” that means a public or open statement of a person’s intentions and beliefs and of a person’s acknowledgement of a specific way of life (Searle, Human & Mogotloane, 2009:3). A profession is viewed as a chosen and paid occupation that requires prolonged training and formal qualification (Gokenbach, 2010:1). Professionals are expected to display competent and skilful behaviour aligned with their profession. Being professional then is the act of performing in a manner defined and expected by the chosen profession. This context for professionalism in nursing began with Florence Nightingale and her expectation of quality in practice (Gokenbach, 2010:1). The nursing profession includes professional and registered nurses, enrolled nurses and auxiliary nurses (Searle, Human & Mogotloane, 2009:3) of which the latter is referred to as sub-category nurses. Yet, the core concepts of a profession (Kotzé, 2013:13; Muller, 2009:7; Searle *et al.*, 2009:279) is not applicable to sub-category nurses. It is within this unique challenge of being part of a profession, but not adhering to the full criteria of a professional, that this research is conducted.

The background brings a complex discussion of professionalism in nursing impacted by international and national challenges. There was a national call towards increased professionalism in nursing. This call was proclaimed at the National Nursing Summit (Department of Health, 2011), held in 2011 in South Africa. The theme of this summit was “Reconstructing and revitalising the nursing profession for a long and healthy life for all South Africans.” At this summit the following themes were addressed: i) the role of the nurse and improving health outcomes; nursing’s value and ethical systems; ii) nursing training and education; iii) the regulatory framework in nursing training and education; iv) nursing leadership, governance, policy and legislation; and v) creating an enabling environment for nurses, as well as the planning, resourcing and financing of nursing.

The present South African minister of health, Dr Motsoaledi’s approach to the Nursing Summit of 2011 was directed by four (4) health burdens (also referred to as the quadruple burden of disease) impacting South Africa, namely i) Tuberculosis (TB), Human Immunodeficiency virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS); ii) high maternal and child mortality rates; iii) non-communicable diseases; and iv) violence and injuries (Motsoaledi, 2011:1). This quadruple disease burden is managed in the South African health systems that are unsustainable, unaffordable and destructive, moving from a curative and hospital-centric system and not being promotive and preventive. The quadruple burden of disease approach presented by Dr Motsoaledi positioned the crucial role that nurses play in the uplifting of South African health systems. Amongst other initiatives, the Minister of Health (2011) stated that the South African Nursing Council (SANC) should review nurses’ scope of practice in order to enhance relevant training in response to the needs of patients and communities. A direct link is drawn between the uplifting of the nursing profession and a positive impact on the life expectancy of South Africans (Anderson, 2008:401-409).

The follow-up on the summit was the Nursing compact, designed to assist the restoration of nurses’ dignity and professionalism (Anderson, 2008:401-409). The Nursing Compact of 2011 acknowledged the concerns regarding the negative image and the social position of nurses in communities and recognised the pivotal role that nurses play in strengthening health systems (Department of Health, 2011). By 2013 the strategic plan to revitalise nursing was launched in response to the 2011 Nursing Summit, titled the National Strategic Plan for Nurse Education, Training and Practice.

The following two (2) objectives of this strategy is stipulated, namely to promote and maintain a high standard and quality of nursing and midwifery education and training and to enhance and maintain professionalism and professional ethos amongst members of the nursing and midwifery professions (Khumalo, 2013:1).

The need to enhance professionalism in nursing is not endemic to South Africa. George (2009:2) claimed that nurses should reshape their image within the global community as a matter of urgency. Maben and Griffith (2008:12) added that the declining image of nursing is partially understood when exploring the contradictory images of the nursing profession held by both society and by nurses. This contradiction is on the one hand the “angel metaphor” where the nurse was the doctor’s handmaiden, a custodian of care and a guardian angel. The angel metaphor translated the image of nursing as selfless devotion and compassion. Women’s view in society has led to a woman being the doctor’s handmaiden (Maben & Griffith, 2008:12). The shift of women in society, the complex and multiple roles of nurses in modern healthcare and the continuous training opportunities of nurses have changed the original view of nursing (Maben & Griffith, 2008:13). The contradiction emerged between the humanity of caring and the advanced technical roles and tasks nurses undertake, impacting negatively on the image of nurses (Maben & Griffith, 2008:13). Maben and Griffith (2008:13) concluded that both the public and patients judge the professionalism of nurses according to nurses’ behaviour, appearance and communication.

In addition to the image of nurses, the nursing profession are facing various challenges of which shortage of staff is a crucial challenge. Although there are more than 196 914 nurses that are qualified to practice nursing in South Africa, the challenge facing the health care system is that the total number of nurses are not nearly enough to address the health care demands facing the South African health care system (SANC, 2007). This is of significance as South African nurses form the backbone of the South African health system and constitute nearly 50 per cent of all the health professionals (LaMarche, 2008). Amidst the shortages of nurses in South Africa, the South African Nursing Council (SANC) strive to present a positive picture by noting past gains. The SANC emphasised already in 2007 that the shortage of qualified nurses in South Africa is a reality yet that there is growth in nursing figures (SANC, 2007), especially when noting that there was 31000 vacant nursing posts in 2003 (Nursing Update, 2003). Despite a general moratorium on public service posts, many of the vacant nursing posts

advertised could not been filled due to shortage of nurses (Makie, 2006). In addition DENOSA (2007) highlighted that South Africa doesn't produce sufficient nurses to deal with its health demands which impacts directly on the ability of the health sector to deliver an efficient service in a Primary Health Care (PHC), nurse-driven system (Vellema, 2009). Yet, South Africa is ahead of the rest of Africa in terms of health care workers per capita. The absolute minimum standard set by the World Health Organisation (WHO) is 228 health workers for every 100 000 people and the maximum 438 people per health worker (Joubert, 2009). South Africa rises just above the minimum standard. The definition of health workers includes doctors, registered nurses, auxiliary nurses and other medical personnel. In addition to the nursing shortages briefly outlined above, the scope of practice for nurses was required to ensure that the practice of nursing is responsive to the health care delivery needs. In this regard, the SANC (2004) revised the scope of practice of the current three (3) categories of nurses and midwives, namely, registered nurses, registered midwife, enrolled nurses and enrolled nursing auxiliaries. In line with the Nursing Act No 33 of 2005, these three (3) categories of nurses proposed in the revised scopes of practices were professional nurses, professional midwives, staff nurses and auxiliary nurses (Government Gazette R2598, 1984).

A logical intervention to address the shortages in nursing in South Africa is to increase training opportunities. The number of nursing education institutions (NEIs) approved by the SANC is a dynamic training environment. NEIs have to be approved by the SANC as established by the Nursing Act of 2005 under the South African Qualifications Authority Act of 1995 in order for the nurses being trained there to be allowed to practice as a nurse or midwife in South Africa or globally (Nursing Act nr 33 of 2005). Nursing education by private providers has also increased. The private sector (HSRC, 2009) plays a large and often lucrative role in the production of nurses. The major private hospital groups in South Africa, in response to their own severe shortage of nurses and despite accusations of poaching from the public sector, expanded their own training programmes, producing increasing numbers of nurses to meet their own specific needs (HSRC, 2009).

Already in 1995 Webb and Hope (1995:101-108) concluded that patients want nurses to listen to their (the patients) worries, relieving pain and teach patients about their (the

Table 1: Examples of professional attitudes and corresponding behaviours (RNAO, 2007).

Attitude	Behaviour
Accountability	Takes responsibility for actions
Caring	Volunteering, acts of service
Desire for self-improvement	Continued learning, self-instruction
Diversity	Fair treatment of all people regardless demographic characteristics
Honesty	Behaviours that demonstrate honesty and trustworthiness
Open-minded	Increased receptiveness to new ideas
Respect	Dresses appropriately, punctual, maintains confidentiality
The responsibility to learn	Comes to class prepared, actively participates in class activities, such as engaging in discussion
Team player	Engages in constructive peer assessment, accepts and applies constructive criticism
Values new experiences	Desires to seek out and take on new challenges

patients) condition. These wants of patients were reflected towards nurses in general. Nurses therefore play an important role in providing and maintaining the health care systems. These professionals carry the responsibility of bringing health services to all communities through the spectrum of health care delivery mechanisms from PHC to tertiary levels of health care. Any shortage experienced in this professional care negatively impacts on access and the quality of care (DOH, 2008). Despite private initiatives to train more nurses the importance of sub-category nurses (referred to enrolled nurses [ENs] and enrolled nursing assistants [ENAs]) is underscored in several research and policy documents, some of which have proposed a ratio of three sub-category nurses to each professional nurse (HSRC, 2009).

How well ENA learners are able to demonstrate the characteristics of professionalism is a factor of both the environment and the nurse (RNAO, 2007:27). Table 1 gives examples of professional attitudes and corresponding behaviours that ENA learners are expected to demonstrate when providing nursing care and when collaborating with patients, families, nurse colleagues, nursing learners and other members of the multi-disciplinary healthcare team (RNAO, 2007:27-29). In addition ENA learners, as individuals, should continuously reflect on the values, behaviours and relationships of their profession (RNAO, 2007:27-29). With continued progress in the area of developing professional attitudes and behaviours in our ENA learners, we will not only make the academic environment more professional but help to enhance the professionalism of ENA learners in the clinical area (Hammer, 2000:455).

ENA learners are expected to demonstrate a certain degree of altruism, special ability, self-sacrifice and the right attitude in their dealings (Donelan, 2004: 18). The core values that are expected and appreciated of ENA learners are responsibility, honesty, integrity, belief in human dignity, patient equality, and the desire to prevent and relieve suffering (Anon., 2011).

Education for each of the different categories of nursing has common curricular components, while some add specialty components. The teaching of ethics and professional practice is part of the ENA learner's curriculum (refer Annexure 3). All ENA learners in the private NEI where the researcher is an educator are expected to

maintain professional behaviour in both the clinical and classroom settings (refer Annexure 10 and 11).

This professional behaviour includes, but is not limited to:

- attending orientation, class and clinical practice.,
- taking exams as scheduled.,
- arriving and leaving class and clinical practice as scheduled.,adhering to the appropriate dress code when in clinical practice., accepting responsibility for their own actions.
- dealing with others (peers, faculty, patients and clients) in a respectful, sensitive and non-judgmental manner (Anon., 2013:5).

1.3 PROBLEM STATEMENT

As expounded in the information above, there is a shortage in all the nursing categories in South Africa. In addition, there is a call for ENAs to respond to the criteria of professional behaviour. There are international and national literature on the professionalism of nurses that refer to behaviours and attitudes which are associated to all nurses in general.

There is also an increased societal awareness on the need to increase professionalism in the nursing profession. The nursing profession refers to different categories of nursing and is not inclusive of professional nurses only. All nurses must practice according to the standards of professional nursing practice set by the SANC. ENA learners as well as all registered nurses, are expected to demonstrate a certain degree of altruism, special ability, self-sacrifice and the right attitude in their dealings. Each ENA learner needs to understand the responsibilities and concerns that are integral to the nursing profession. The core values that are expected and appreciated of ENA's are responsibility, honesty, integrity, belief in human dignity, patient equality, and the desire to prevent and relieve suffering. The scope of practice of an ENA is being reviewed by the Nursing Council. In the new draft regulations that would follow on the new Nursing Act, (SANC, 2005), the ENA will be able to function independently and take responsibility and be accountable for his or her own actions (Pick Report, 2001), (please refer to Annexure 2 and 2a: Scope of practice as stipulated by the SANC). The

researcher, as an educator within a private NEI responsible to train ENA learners experienced a lack of professionalism amongst ENA learners during the course of their training as well as after their enrolment with the SANC. There seems to be a difference between the levels of professionalism portrayed by ENA learners against the expected professionalism that should be portrayed by ENAs.

1.4 RESEARCH QUESTION

Against the above-mentioned background and problem statement the research question asked is: How can professionalism of ENA learners be enhanced in a private NEI in Potchefstroom, North West?

1.5 RESEARCH PURPOSE, AIM AND OBJECTIVES.

The purpose of this research study is that patients and the general community will comment on the professionalism of ENA learners. The aim of this research is to enhance the professionalism of ENA learners in a private NEI in Potchefstroom, North West. The following objectives are formulated in order to reach this aim:

- to explore and describe professionalism amongst ENA learners in a private NEI in Potchefstroom, North West and
- to formulate recommendations to enhance professionalism amongst ENA learners in a private NEI in Potchefstroom, North West.

1.6 RESEARCHER'S ASSUMPTIONS

The researcher's assumptions, also known as paradigmatic perspectives are the researcher's own points of view. The researcher's assumptions are declared as these assumptions that might influence the researcher's view of reality. The assumptions divide into the meta-theoretical, theoretical and methodological statements, which serve as a framework in which the research is conducted (Botes, 1995:9). The researcher chose to include perspectives about the research field as described by Mouton and Marais (1996:43) because this formulation offers a specific framework or research model. The meta-theoretical and methodological perspectives will be discussed in the following paragraphs.

1.6.1 META-THEORETICAL ASSUMPTIONS

Meta-theoretical assumptions refer to the researcher's personal beliefs regarding man and the environment in which he lives (De Vos, 2005:40) and is not testable. The meta-theoretical assumptions of the researcher holds that of a Christian philosophy, meaning that human beings have values and search for meaning, and are thus spiritual beings. God is the Creator who made the world and everything in it. He (God) created the researcher, the ENA learners and other role players in the study and He is beyond-, but also with the researcher, the ENA learners and all other role players. God is love and He truly cares for those humans that suffer on the earth. He guides the researcher and ENA learners and other role players into truth through His teachings. The researcher, instrumental in His hand through obedience and faithfulness, believes to contribute to effective support of the ENA learners. The researcher's Christian philosophy is captured by the following two verses indicating that God created everything that exists (Hurt, 2013) and refers to Genensis1:1 "In the beginning God created the heaven and the earth and everything is held together by Him" and Colossians 1:17 "And He is before all things, and by Him all things consist".

The researcher departs from a Christian philosophy that is founded on the whole Bible as the source of truth. In addition, the *Nursing Theory for the Whole Person* from the Anna Vaughn School of Nursing (Anon., 2010:7) was used as a framework for the study. Please refer to Figure 1 (on the following page) for a graphic depiction of the Nursing Theory of the Whole Person. In the following paragraphs the researcher's view of man as human being, health, nursing, environment and society are described from a Christian philosophy combined with the Nursing Theory for the Whole Person and applied to this research.

1.6.1.1 HUMAN BEING

Human beings have values and search for meaning and have their own choices with the freedom to redesign life by means of these choices. Human beings are open systems and have the ability and need to transcend themselves and their circumstances. The researcher's view of human beings is connected to her view of God, Almighty. God is

the creator of the universe, 'owner ' and the ruler of Creation. He cares for His Creation and is concerned about His creations. Human beings are created as complex, unique, multidimensional beings, as man or woman. God has given man a task of increasing, inhabiting, ruling, cultivating and caring for creation. He has given each human being specific tasks, as well as specific gifts and talents, time, energy, and means to fulfil these tasks within specific societal relationships and structures.

For the purpose of this study, human being refers to the ENA learner, who is a God-created, unique, multi-dimensional being that is called by God to love his/her fellow man as much as he/she loves himself and to love God with all his/her heart, mind, soul and strength. The ENA learner therefore has a duty in his/her profession to deliver compassionate care of the sick, weak, traumatised and wounded patients in his/her care, so as to act as instrument of service and to demonstrate the loving, compassionate heart of God towards his/her fellow man (Hurt, 2013). The researcher regards the patient that visits the clinical facilities as someone who desires wholeness through acceptance, support and care that stems from the interaction process with the health care personnel, who in turn are also striving towards wholeness.

1.6.1.2 HEALTH

Within a Christian philosophy and the Nursing Theory for the Whole Person, the researcher supports the view of health according to the World Health Organisation (WHO, 1979), stating that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Health also includes the ability to lead a "socially and economically productive life". The health of a patient is a dynamic process that changes all the time. Such wholeness can be achieved when these interactions lead to the patients being committed to, and taking responsibility for, their own health needs through the development of coping mechanism, and in doing so a state of equilibrium can be maintained.

For the purpose of this study, health includes compassion and caring, and refers to the ENA learners' ability to compassionately care for the sick, wounded, traumatised and weak patients/health care users in their professional care. Professional values, attitude and behaviour are needed to show this compassion.

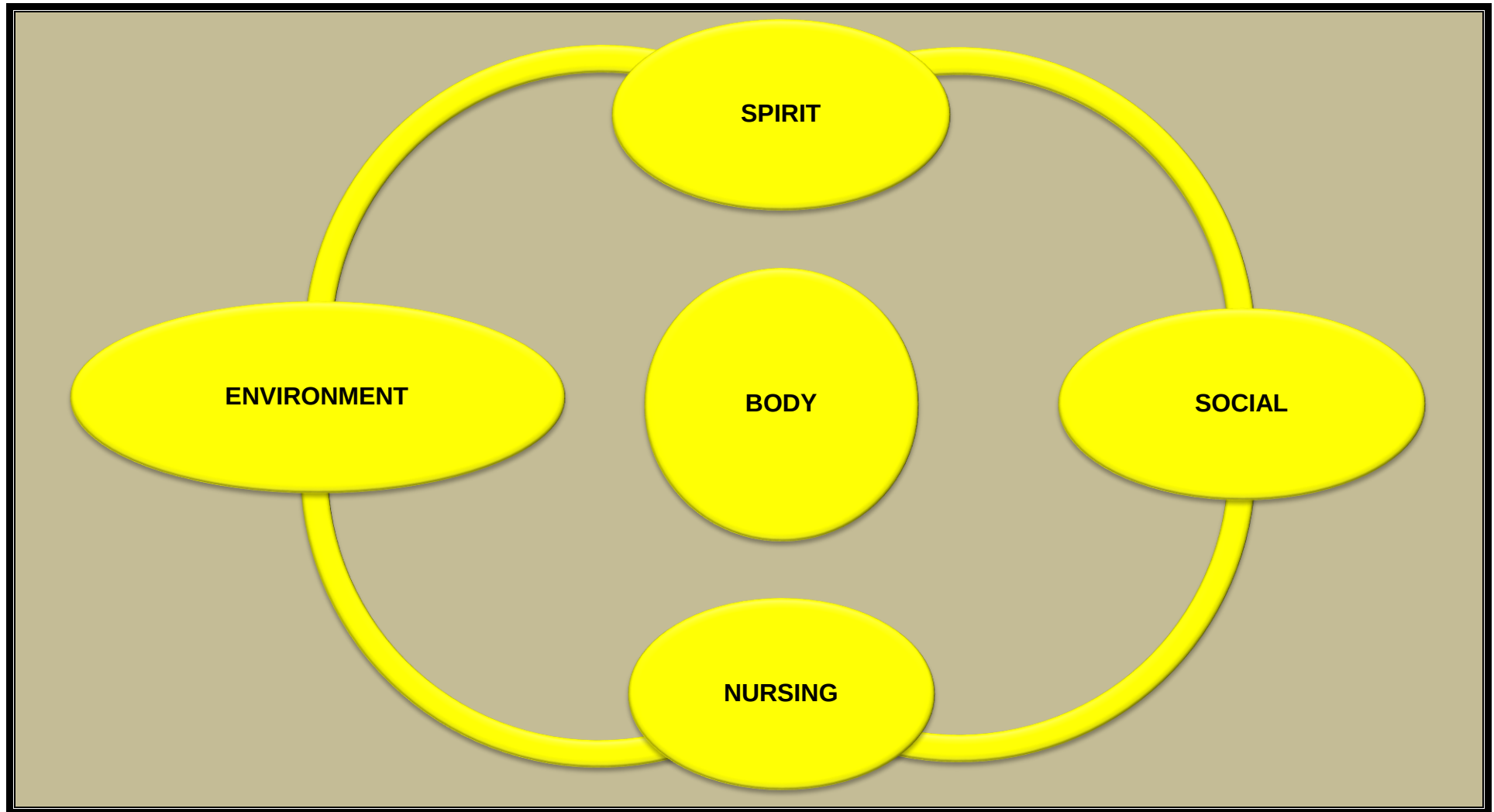


Figure 1: Nursing Theory for the Whole Person (Anon, 1990:7).

1.6.1.3 NURSING

According to South African Nursing Council Act (No.33 of 2005), nursing refers to a caring profession practised by a person registered under section 31, which supports, cares for and treats a health care user to achieve or maintain health, and where this is not possible, cares for a health care user so that he or she lives in comfort and with dignity until death. For the purpose of this study, nursing is the art and science of compassionately caring for the individual, family and community to promote, maintain and restore health, as well as caring for the dying. Promotion of health includes all the activities the ENA learner performs to assist the patient in attaining a higher level of health. Maintenance of health is all the activities the ENA learner performs (inside her/his scope of practice) to prevent illness and preserve health, while restoration of health includes all the nursing activities the ENA learner performs to reinstate the individual, family or community's previous level of functioning or health. The nursing activities that are provided by the ENA learner are adaptive and holistic in nature, catering to the individual, family and community's physical, psychological, social, intellectual and spiritual needs (Kozier *et.al.*,2000:326). Nursing implies a goal and authentic commitment directed toward service., provided to individuals, families and communities in order to promote, maintain and restore health. Nursing in this research will be viewed as the comprehensive services provided to individuals, families and communities. by ENAs and ENA learners as part of the nursing profession.

1.6.1.4 ENVIRONMENT

The researcher believes that the concept, environment, refers to what is known as society, created by God and exists under the stewardship of man. This is the place where human beings live and serve God. Therefore, within this environment human beings have the task to care for nature, as well as each other. This task is carried out within societal structures such as marriage, family, school and government. The environment is a reflection of how God is being served by society.

The environment refers to the ENA learner's workplace and the private NEI. In this environment the ENA learners works in strenuous settings with staff shortages, unbearable workloads, poor working conditions, inadequate management support, a

lack of resources, low wages, limited career opportunities, the impact of HIV and AIDS and poor management of health services (Buchan, 2006:457-458), all while caring the patients in his/her professional care. This concept also includes the internal and external environment of the patients and the health care personnel. God created them with a body, mind and soul as the internal environment, whereas, the external environment consists of the physical, social and spiritual dimensions. The focus is on the interaction between patients seeking support and care and the health care personnel rendering the support and care in a clinical facility. This type of interaction forms part of the external environment. This personally exposes the ENA learners to the patients' pain, trauma and suffering on a daily basis.

1.6.1.5 SOCIETY

A society is a grouping of individuals that is characterised by common interests and that may have a distinctive culture and institutions (Collins English Dictionary, 2003). Society can also refer to an organised group of people associated together for religious, benevolent, cultural, scientific, political, patriotic or other purposes (Collins English Dictionary, 2003). In this research society refers to the public as the recipients and evaluators of ENA learners' values, attitudes and behaviours of professionalism.

1.6.2 THEORETICAL ASSUMPTIONS

The Nursing Theory for the Whole Person (Anon., 1990) is used as the theoretical framework for the study. This theory is graphically portrayed in figure 1 (above). In addition, the *Butterfly Theory Towards Professionalism* (Ziglio, 2013) is acknowledged as a significant theoretical framework that presents the complexity of professionalism as a constructive and complex phenomenon. The Butterfly Theory Towards professionalism is discussed in Section 2.

1.6.2.1 CENTRAL THEORETICAL ARGUMENT

As there is an increased need towards professionalism in nursing both from national and international literature, a better understanding of how professionalism is perceived

by ENA learners in a private NEI in Potchefstroom as a case study may assist the researcher to formulate recommendations to enhance professionalism of ENA learners at this NEI.

1.7 CONCEPTUAL DEFINITIONS

The following concepts are central to the research and defined as follows:

1.7.1 PROFESSIONALISM

Professionalism denotes attitudes representing levels of identification with and commitment to a specific profession (Wynd, 2003:251). The term professionalism embraces a set of attitudes, skills and behaviours, attributes and values that are expected from those who are viewed as professionals (Hendelman, 2009).

1.7.2 PRIVATE NEI

A private NEI is an educational nursing institution of higher learning that provides education and training for student nurses as well as ENA learners as regulated by the South African Nursing Act, No. 33 of 2005. In this study, NEI refers to the private NEI in Potchefstroom, North West.

1.7.3 Enrolled nursing auxiliary (ENA)

An ENA, sometimes called an assistant nurse (AN), is an individual who has completed a year programme or a similar course at nursing college, or nursing school for the duration of one year. This person is educated and competent to practice elementary nursing (Subedar, 2005).

1.7.4 CASE STUDY

A case study is a type of qualitative descriptive research that is used to look at individuals, a small group of participants, or a group as a whole. Researchers collect data about participants using participant and direct observations, interviews, protocols, tests, examinations of records, and collections of writing samples (Becker *et al.*, 1994 - 2012). Case study is a popular approach that allows researchers to develop and present an in-depth view of a particular situation, event or entity (Rule & John, 2011:16). In this research the professionalism of ENA learners at a private NEI in Potchefstroom, North West, is presented from a case study approach.

1.8 METHODOLOGICAL STATEMENTS

The methodological statements of this research are based on the Botes research model (Botes, 1995:12). This model was specifically developed for nursing research and has a functional reasoning and open methodological approach (Botes, 1995:12). Botes' research model is divided into three interconnected levels of nursing activities that function in a specific relationship with each other (Botes, 1995:12).

The first order represents the practice of nursing and the activities that take place in the practice of nursing. In this study, the first order represents the practice of nursing education, i.e. teaching and learning practice to ENA learners in a private NEI in Potchefstroom, North West. The second order represents the theory of nursing and research methodology. The activities are research and theory development. This order is the research approach of a case study in which a qualitative research design and research process of 4 phases are conducted. The third order is the paradigmatic perspective that includes the researcher's meta-theoretical perspectives which is a Christian philosophy and the Nursing Theory of the Whole Person.

1.9 RESEARCH METHODOLOGY

Research methodology is defined as the total strategy from the identification of the

problem, to the final plans for data collection and analysis (Burns & Grove, 2011:223). This study was conducted by means of a case study approach (Rule & John, 2011:8) as the selected topic focuses only on a private NEI situated in Potchefstroom, North West. The research methodology is described as the research design and research methods. As this research is conducted from a qualitative descriptive approach with a case study as research design.

1.9.1 CASE STUDY APPROACH

Case study research excels at advancing the understanding of a complex issue or object and can extend experience or add strength to what is already known from previous research (Soy, 1997). A case study is an in-depth study of a particular situation rather than a sweeping statistical survey (Johnson & Christenson, 2010:31). It is a bounded system (e.g., a person, a group, an activity, a process), and multiple methods of data collection are often used in case study research (e.g. interviews, observation, documents, questionnaires, World Café, etc.) (Johnson & Christenson, 2010:31). Case study research generally answers one or more questions that begin with "how" or "why" (Rule & John, 2011:13). During the design phase of case study research, the researcher determines what approaches to use in selecting single or multiple real-life cases to examine in depth and which instruments and data gathering approaches to use (Rule & John, 2011:12). When using multiple cases, each case is treated as a single case. A useful step in the selection process of a case study is to repeatedly refer back to the aim of the study in order to focus attention on where to look for cases and evidence that will satisfy the purpose of the study and answer the research questions posed (Rule & John, 2011:12).

1.9.2 QUALITATIVE INSTRUMENTAL CASE STUDY

The qualitative instrumental case study (Rule & John, 2011:12) will be used to explore and describe how to enhance professionalism of ENA learners in a private NEI in Potchefstroom, North West. The qualitative instrumental case study was used to accomplish something other than understanding a particular situation. It provides insight into an issue or helps to refine a theory. The case played a supportive role, facilitating

the researcher in understanding professionalism of ENA learners in a private NEI in Potchefstroom, North West.

1.9.3 QUALITATIVE DESIGN

With a case study approach a qualitative research design that is descriptive, explorative, and contextual (Burns & Grove, 2011:223), was followed to explore the professionalism of ENA learners during their training, in a private NEI in Potchefstroom North West. Qualitative research aims to provide an in-depth understanding of the world as seen through the eyes of the people being studied (Wilmot, 2009:1-2). Qualitative research is an inquiry in which the inquirer (Creswell & Plano Clark, 2004:58):

- analyses and codes the data for description and themes;
- interprets the meaning of the information drawing on personal reflections and past research; and
- writes the final report that includes personal biases and a flexible structure.

The objectives of this research as seen by the researcher are to explore and to describe professionalism in nursing and how to enhance professionalism of ENA learners. This will be done in order to get to a better understanding of the concept professionalism in nursing and how to enhance professionalism of ENA learners.

1.9.4 EXPLORATIVE DESIGN

Explorative research is the investigation of the full nature of a relatively unknown phenomenon, including the manner in which it manifests itself and all the factors to which it is related (Polit & Hungler, 1997:20, Mouton & Marais, 1996:44). Such research aims to comprehend and gain new insights into phenomena, to explain concepts and constructs, to determine recommendations for future research. According to Lambin (2000:143), explorative research is conducted in order to determine the nature of the problem and is not intended to provide conclusive evidence, but helps us to have a better understanding of the problem. For explorative research to be successful, however, the researcher must be willing to examine new ideas and suggestions from all perspectives and be open to new stimuli (Mouton & Marais, 1996:43). This study is explorative in nature as the researcher wanted to investigate the perceived

professionalism of ENA learners in a private NEI in Potchefstroom, North West through a case study.

1.9.5 DESCRIPTIVE DESIGN

A descriptive design involves identifying, observing, understanding, and unfolding the nature and the relationship between phenomena as it exists in reality as accurately as possible (Burns & Grove, 2011:3, Polit & Hungler, 1997:20, Mouton & Marais, 1996:44). The primary purpose of a descriptive design is to describe that which exists, to discover new information and meaning, to further understanding of situations and to order information used in the nursing practice (Burns & Grove, 2011:3, Polit & Hungler, 1997:20, Mouton & Marais, 1996:44). Descriptive design yields findings based on conversations, observations and checklists (Parse *et al.*, 2007:90). Description is interpretive, therefore data have to be collected accurately, in this case this entails describing and documenting the situation as it naturally occurs (Mouton & Marais, 1996:43). This study is descriptive in nature, as a systematic, factual and accurate description of the perceived professionalism of ENA learners is attempted (Mouton & Marais, 1996:16). The researcher selected a descriptive design to describe the exploring of the perceived professionalism by ENA learners in a private NEI in Potchefstroom, North West.

1.9.6 CONTEXTUAL RESEARCH

This research is contextual as it involves ENA learners' perceived professionalism in their real-world environment. Contextual research does not aim to generalise findings of the research, but rather aims to analyse and describe the reality of a particular research setting in such detail that transferability of the research findings will be possible in a similar context (Botes, 1995:9).

The context in which this research was conducted is a private NEI in Potchefstroom, North West. The NEI offers the ENA course for the duration of one year (refer to Annexure 3). The NEI has two intakes per annum of 40 ENA learners per intake. The staffing consists of one principal, two tutors, two clinical tutors, one ENA, one administrative assistant and one cleaner. The NEI is accredited with the following

organisations: SANC, Umalusi (Umalusi Council for Quality Assurance in General and Further Education and Training), and also accredited as a Private Further Education and Training College (FET) by the Department of Higher Education and Training. The private NEI is situated central in Potchefstroom's business division. The demographic profile of the ENA learners are learners coming from all over South Africa (SA) and the enrolment criteria of the ENA course is Grade 10, 11, or 12 (refer figure 2).

1.10 RESEARCH METHODS

The research methods are presented in four (4) phases as outlined below.

1.10.1 PHASE 1: CASE IDENTIFICATION, CASE SELECTION AND CASE RECORDS

Case identification refers to first recognise the population into which the case was situated, and then finding individual cases that were members of this population (Rule & John, 2011:13). The identified case is a private NEI in Potchefstroom, North West, where teaching-learning of ENA learners are done in order for ENA learners to register as ENAs by the completion of this education. The following case records were collected for the purpose to give a thicker description of the case:

- Private NEI mission & vision (annexure 9).
- The private NEI's policy on classroom conduct (annexure 10).
- Private NEI's code of conduct while doing practical (annexure 11).
- The NEI's undertaking of confidentiality (annexure 12).
- SANC R2598 Regulations Relating to the Scope of Practice of Persons Who are Registered or Enrolled under the Nursing Act, 1978 (annexure 2 & 2a).
- SANC R2176 Regulations Relating to the Course Leading to Enrolment as a Nursing Auxiliary (annexure 3).
- SANC R1648 Regulations Regarding the Conduct of Enrolled Nursing Assistants which shall Constitute Improper or Disgraceful Conduct (annexure 4).
- A copy of a poster that was displayed in each lecturing room at the NEI, which is an acronym of professionalism (annexure 13). Each letter in the word

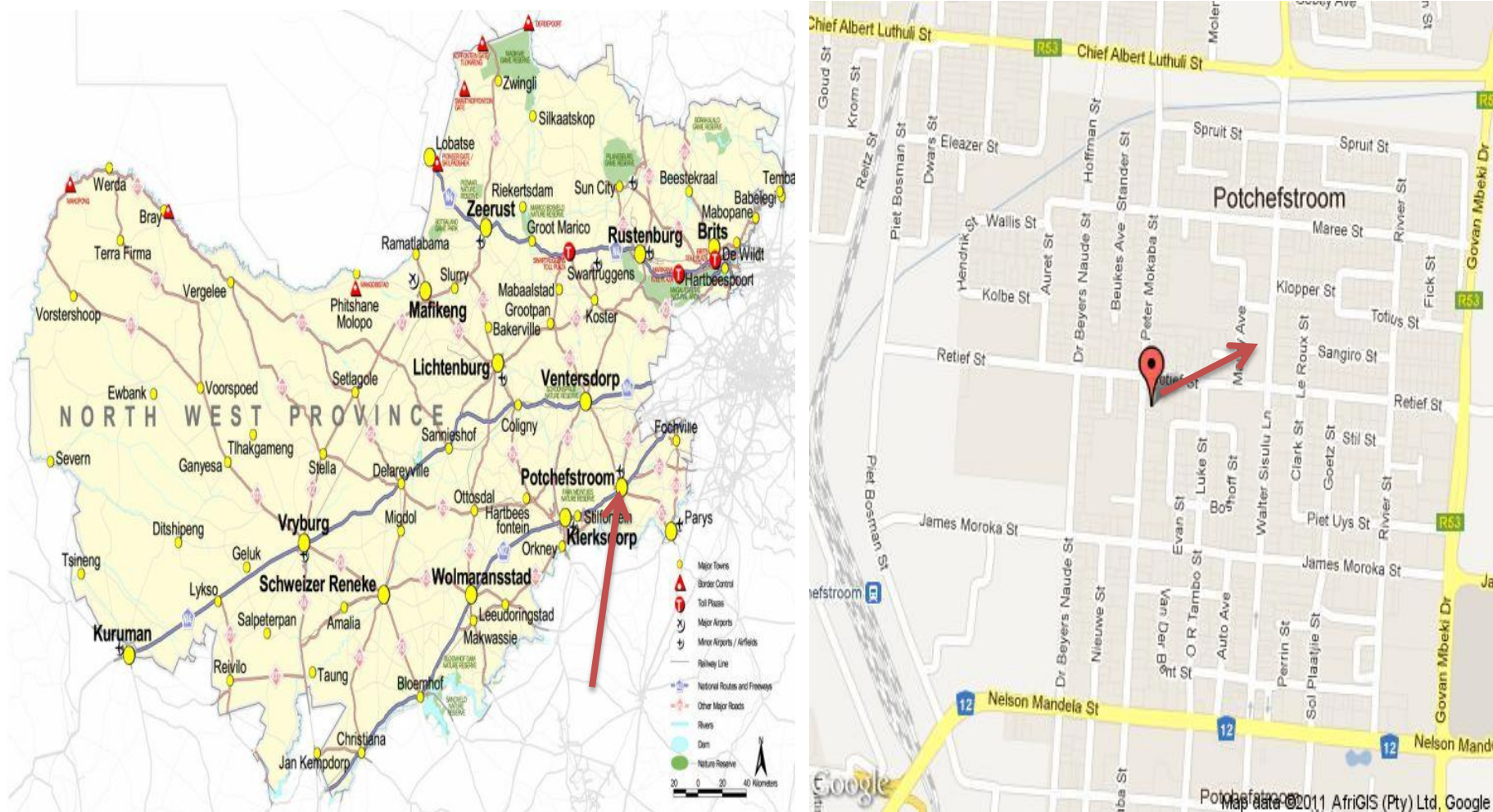


Figure 2: Map of North West Province and street map of central of Potchefstroom

Key:  = Situation of Potchefstroom on left side map, on right side map is the situation of the private NEI.

“professionalism” presents with specific behaviours that the nei expects from the ena learners.

1.10.2 PHASE 2: DATA COLLECTION THROUGH WORLD CAFÉ AND DATA ANALYSIS

1.10.2.1 POPULATION, SAMPLE, SAMPLING

Within the identified case, the population (Botma *et al.*, 2011:290) is selected as the 2012 mid-year enrolled group of ENA learners at the private NEI in Potchefstroom, North West (N=40). The sample is selected by means of a non-probable, purposive sampling according to inclusion and exclusion criteria (Botma *et al.*, 2011:125). The inclusion and exclusion criteria are as follows:

- Inclusion criteria: ENA learners enrolled at the private NEI in Potchefstroom, North West; registered as ENA learners with the SANC; willing to participate voluntarily and with sufficient business English to participate in a World Café and focus groups.
- Exclusion criteria: ENA learners that cannot participate in a World Café and focus groups in business English and that wish not to participate.

The sample size is indicated through a repetitive pattern of results (n=25).

1.10.2.2 DATA COLLECTION

Data collection is conducted by means of the World Café, also known as the Knowledge Café. The World Café preparation and facilitation will be done by the researcher. The World Café is a brainstorming technique, used for structuring a meeting that invites dialogue, spurs creativity and supports “conversations that matter” (Brown, 2002:2). It is based on the assumption that wisdom and creativity to confront difficult challenges might already be present within participants.

The process of the World Café (Brown, 2002:2) is described below and because this is a relative unfamiliar trend in data collection, it is also graphically depicted in Annexure 15 and 16. The participants will be divided into five (5) groups with approximately five (5) members per group. Participants are seated around tables in a room prepared to model a café. A lecturing room at the identified private NEI will be used as the facility for the World Café. Tables are numbered from one (1) to five (5). On each table is a sized A2 poster and stationary to be used by participants to brainstorm about a specific theme. Each table's theme remains at the table and participants rotate between the tables. The theme per table is deducted from a literature study. Before brainstorming starts, participants are welcomed, the World Café process explained and participants are placed at ease. After approximately 15 to 20 minutes each group rotates to the next table, leaving the poster paper behind to explain what the previous group brainstormed for that particular identified area. When it is time for the next rotation, a different person will stay behind to report on the information of the previous group. The process repeats until all five (5) groups covered all the themes. After all the groups covered the five (5) themes, a participant per table shares the information their brainstorming and conversations with the larger group. The results are reflected visually in a variety of creative ways and captured on the A2 posters. As indicated by Brown (2002:21), the participants left the World Café, feeling amazed by the amount of information gathered in an hour's time. The World Café is a data collection method whereby a relative large group can all participate in data collection and each participant has an opportunity to voice their contribution.

1.10.2.3 DATA ANALYSIS

At the completion of the World Café, the posters are collected for content analysis (Botma *et al.*, 2011:221). The following eight steps of coding for content analysis (Tesch, 1990) applied to the content on the A2 posters as a result of the World Café will be followed:

- i. View all the posters and read all the content to get a sense of the whole, and ideas that come to mind are written down.
- ii. A poster that is the most interesting, will then be selected, read again and questions will be asked such as "What is this poster's information all about?" A look will be taken from the underlying meaning and not about the substance.

- iii. Several of the data will be read through to develop a general sense of the information and will be listed that comes to mind. These themes will be organised into columns as main and sub themes, unique themes and left over information.
- iv. The themes are reverted back to the data at hand and abbreviated as codes, and the process is continued to see if any new themes and codes emerge.
- v. The most descriptive wording for the themes are used to formulate categories. This will enable the researcher to group themes together and interrelationships will be highlighted.
- vi. Decisions will be made regarding the abbreviations for each category and if needed, codes will be alphabetised.
- vii. All the categories will be assembled and a preliminary analysis will be done.
- viii. If necessary decoding of the existing data can be done.

After data analysis a consensus discussion will be held between the researcher and an independent co-coder and a decision will be reached on the main themes and the sub-themes that will emerge from the written text (Polit & Beck, 2008:329).

1.10.3 PHASE 3: FOCUS GROUP INTERVIEW TO CONFIRM THE RESULTS OF THE WORLD CAFÉ, DATA ANALYSIS AND LITERATURE INTEGRATION

During Phase 3, all participants that participated in the World Café will be invited to participate in focus group interviews to clarify and confirm the results from the World Café. Two (2) focus groups will be conducted by a psychiatric nursing specialist with approximately 10-12 participants per group. A focus group as a form of interview involves verbal communication during which the participants provide information to the researcher (Burns & Grove, 2011:80). The focus group is also designed to obtain participants' perceptions in a designated area as a permissive and non-threatening technique to enhance group dynamics, to assist participants to express and clarify their views in ways that are less likely to occur in a one-to-one interview. In the focus group interviews the group may give a sense of safety to those wary of the researcher or those who are anxious (Burns & Grove, 2011:208). This is especially valuable in this research as the researcher is a staff member of the private NEI and the focus group interviewer was an independent psychiatric nursing specialist.

A semi-structured interview schedule will be used where questions will be formulated from the results of the World Café to ensure that ENA learners' perceptions on professionalism was captured in the World Café and to enrich the research results. The interviewer will also rephrase analysed themes from the World Café results and facilitate participants' clarification thereof. The outcome of the focus groups will be a final table of main- and subthemes by learner ENA regarding the perception of professionalism. The digitally voice recorded focus groups will be transcribed and analysed (refer Annexure 19) by the psychiatric nursing specialist in combination with the field notes (refer Annexure 20). From the final main- and subthemes, literature integration will be conducted.

1.10.4 PHASE 4: INTEGRATED DATA ANALYSIS BETWEEN CASE RECORDS, WORLD CAFÉ AND FOCUS GROUP INTERVIEWS

The final phase is the analysed integration between the case records with the results from the World Café and focus groups. This will be conducted according to the strategies by Yin (1994:102-123). The analytic strategy of pattern matching (Yin, 1994:109) will be used. Pattern matching refers to the linking of evidence patterns between the case records, World Café and the focus groups.

1.11. STRATEGIES TO ENHANCE RIGOUR

Rigour in qualitative research refers to trustworthiness. Lincoln and Guba (1985:329) suggest that trustworthiness of a research study is important to evaluate its worth. Trustworthiness involves strategies to enhance the following four (4) criteria in the research:

- i) Credibility - confidence in the 'truth' of the findings.
- ii) Transferability - showing that the findings have applicability in other contexts.
- iii) Dependability - showing that the findings are consistent and could be repeated.
- iv) Confirmability - a degree of neutrality or the extent to which the findings of a study are shaped by the respondents and not researcher bias, motivation, or interest (Lincoln & Guba.1985:323).

In this study, trustworthiness was enhanced through the strategies detailed in Table 2 below..

Table 2: Strategies to enhance trustworthiness in this research

Strategy	Criteria	Definition	Application
Credibility	Prolonged field experience (Klopper & Knobloch, 2009:5).	Spending time in the field to learn and understand the culture, social setting, or topic of interest. This involves spending adequate time observing various aspects of a setting, speaking with a range of people, and developing relationships and rapport with members of the culture. Developing rapport and trust facilitate understanding and co-construction of meaning between the researcher and the participants (Lincoln & Guba, 1985:323).	The researcher who is also an educator, will spend as much time possible with the ENA learners to build trust and rapport. Informed consent will be asked to request voluntary participation.
	Triangulation	Triangulation involves using multiple data sources in an investigation to produce understanding (Lincoln & Guba, 1985:302).	A single method can never adequately shed light on a phenomenon, using multiple methods can help facilitate deeper understanding (Olsen, 2004:21). Denzin (1978) and Patton (1999) identify four types of triangulation, of which the following will be used in this research: i) data sources: different data sources

			were used such as journals, studies, policies and guideline documents; ii) method of data collection: the researcher uses the World Café method where ENA learners brainstormed about their perceptions of professionalism, focus groups, various case records and field notes.
	Peer debriefing	Peer debriefing is a "...process of exposing oneself to a disinterested peer in a manner paralleling an analytical sessions and for the purpose of exploring aspects of the inquiry that might other-wise remain only implicit within the inquirer's mind" (Lincoln & Guba, 1985:308).	The purpose of debriefing through analytical probing can help uncover the researcher's biases, perspectives and assumptions. Through this process the researcher can become aware of her position towards data and analysis (Spall, 1998:284). Supervision was provided by a research supervisor that is familiar with qualitative research.
	Member-checking	This is when data, analytic categories, interpretations and conclusions are tested with participants. This can be done both formally and informally as opportunities for	The positive aspects of member-checking: provides an opportunity to understand and assess what the participant intended to do through his or

		member checks may arise during the normal course of observation and conversation. Typically, member checking is viewed as a technique for establishing the validity of an account. Lincoln and Guba posit that this is the most crucial technique for establishing credibility (Lincoln & Guba, 1985:302).	her actions; provides respondents the opportunity to assess adequacy of data and preliminary results as well as to confirm particular aspects of the data. Focus groups will be done with the participants to see if the themes emerging from the World Café's brainstorming is correct.
Transferability	Thick description	Thick description is described by Lincoln and Guba (1985:309) as a way of achieving a type of external validity. By describing a phenomenon in sufficient detail one can begin to evaluate the extent to which the conclusions drawn are transferable to other times, settings, situations, and people.	Feedback will be provided to participants through the focus groups interventions. The sampling method will be non-probable, purposive and voluntary
Confirmability	Confirmability audit	External audits involve having a researcher not involved in the research process, to examine both the process and product of the research study. The purpose is to evaluate the accuracy and evaluate whether or not the findings, interpretations and conclusions are supported by the data.	The results and findings of the research process, including raw data, field notes, data reduction and analysis of the data, field notes relating to trustworthiness are kept to show what is done during the research process.

	Reflexivity	Reflexivity is an attitude of attending systematically to the context of knowledge construction, especially to the effect of the researcher, at every step of the research process. A researcher's background and position will affect what they choose to investigate, the angle of investigation, the methods judged most adequate for this purpose, the findings considered most appropriate, and the framing and communication of conclusions (Malterud, 2001:483-484).	Field notes will be taken during data collection (World Café and focus groups). The systematic collection and documentation of data will assist the researcher to drawing conclusions about the data, its truth-value and applicability.
Dependability	Attributes, threats and means.	A way to assess the dependability of a system, an understanding of the things that can affect the dependability of a system and ways to increase a system's dependability	ENA learners' participation in the World Café as well as focus group interviews and field notes may indicate the consistency of the research findings and could be repeated.

1.12. ETHICAL CONSIDERATIONS

This research is grouped into the research programme entitled *Leadership and governance as mechanisms towards excellence in South African health systems*. An ethics certificate request has been submitted to the Ethics Committee of the North-West University as part of the above research programme.

Ethical considerations form a universal requirement to research especially when participants are human beings. These ethical considerations include the basic ethical principles of respect for the person, beneficence and justice. The principle of respect for the person is manifested in obtaining approval from the ethics committee and permission from the institutions where the research was conducted (Burns & Grove, 2009:131). The researcher obtained the necessary permission to conduct the study from the CEO of the private NEI (annexure 7) as well as from the respondents in the form of written consent for the interviews (annexure 8) (Burns & Grove, 2011:666). The respondents were informed of the following rights:

- Anonymity and confidentiality

The participants are assured that their names will not be disclosed or linked to any results, reports after this study is completed. All information received from them are treated with the utmost confidentiality.

- Protection from discomfort and harm

The researcher will inform participants that they are free to terminate their participation at any time should they so wish (Burns & Grove, 2011:666) without discrimination.

- Scientific objectivity

The researcher includes all the data, including unsupportive or negative remarks/perceptions. This may help the researcher to come to grips with personal values and biases that may impact on the outcome (Wilson, 1989:67).

- Integrity

The researcher will not withhold any information about the study's possible risks, discomfort, benefits or intentionally deceive participants on these matters (see annexure 8 for a letter of consent) (Wilson, 1989:68).

- Justice

The principle of justice includes that the participants have the right to fair selection and treatment and the right to privacy. The human rights of participants are protected by

informing them about the type of information needed to ensure that they understand what is required from them and that they have a free choice to participate in the research (Brink, 2009:31).

1.13 LAYOUT OF THIS STUDY

The layout of this dissertation consists of four sections and annexures.

- Section 1: Overview of the research
- Section 2: Literature review: Exploring the professionalism of ENA learners in a private NEI in Potchefstroom, North West
- Section 3: Article: Enhance professionalism in ENA learners: A case study
- Section 4: Conclusions, limitations, evaluation and recommendations
- Section 5: Annexures

1.14 SUMMARY

Section 1 described the background to the study, problem statement, the research question, the significance of the study as well as clarifying the concepts used. An overview of the methodology used in the research was also presented. Section 2 focuses on the literature review on professionalism and ENA learners within the context of South Africa.

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SECTION TWO: LITERATURE REVIEW: EXPLORING THE PROFESSIONALISM OF ENA LEARNERS IN A PRIVATE NEI IN POTCHEFSTROOM, NORTH WEST.

2.1 INTRODUCTION

This chapter is aimed at providing national and international literature on professionalism as well as professionalism applied to ENA learners. A conceptual framework is formulated that will serve as a lens through which to review important facts related to the professionalism of ENA learners within a South African context. A graphic depiction of the conceptual framework is presented in **Figure 3**.

2.2 SEARCH STRATEGY

A literature review indicates to the researcher other authors interested in professionalism in nursing and discloses the history of research about the topic. The first step in the literature review was a comprehensive search of databases. The following key words were used: professionalism, ENA learner, private NEI, exploring, case study. Articles, both nationally and internationally, relevant to the research questions were reviewed. Articles were excluded from the review based on the following criteria:

- articles in languages other than English or Afrikaans;
- secondary sources; and
- outdated articles (i.e. articles published prior to the year 2000).

On the home page of the North-West University (NWU) Library, quick links were utilised to access the complete list of databases. First, the A-Z journal list was consulted to determine the electronic availability of journals identified. Secondly, on the complete list of databases EbscoHost, Google Advanced Scholar Search and Science Direct were used as search engines for more articles. The literature also included journals, books, policies, procedures, newspaper articles and conference presentations relevant research.

2.3. GRAPHIC DEPICTION OF THE CONCEPTUAL FRAMEWORK

The researcher formulated a conceptual framework to present the literature review on professionalism and ENA learners within a South African context. This conceptual framework is presented in a graphic depiction in figure 2. The literature review is organised according to the conceptual framework and described in the following paragraphs.

2.3.1 THE EPISTEMOLOGICAL AND ONTOLOGICAL GROUNDS FOR EXPLORING THE PROFESSIONALISM OF ENA LEARNERS

Epistemology is the study of truths and beliefs about the origin and acquisition of knowledge, while ontology is the study of beliefs about the nature of reality (Lincoln & Guba, 2000:163; Schraw & Olafson, 2008:1). The literature review on the professionalism of ENA learners within a South African perspective's first point of departure is to consider what is professionalism in general, professionalism in nursing in general and professionalism specifically for ENAs, referring to the epistemology. Regarding the ontology, the literature review will explore what are the characteristics, values, attitudes and behaviours associated with professionalism in nursing in general as well as for ENAs. The ontology of professionalism in nursing and in ENA will also be viewed within the South African context. Creswell (1994:4) stated that there are multiple realities and ontology strives to understand not one, but multiple realities.

2.3.2 THE ORIGINS AND DEFINITIONS OF PROFESSIONALISM IN NURSING

Nursing has been identified as the profession with the most potential to have an impact on the transformation of healthcare delivery to a safer, higher quality, and more cost effective system (Nelson *et al.*, 2007:6). The environments in which professional nurses practice have become more diverse and more global in nature (Nelson *et al.*, 2007:6). The following (table 3 and 4) describe different definitions and ways of approaching the concept of professionalism.

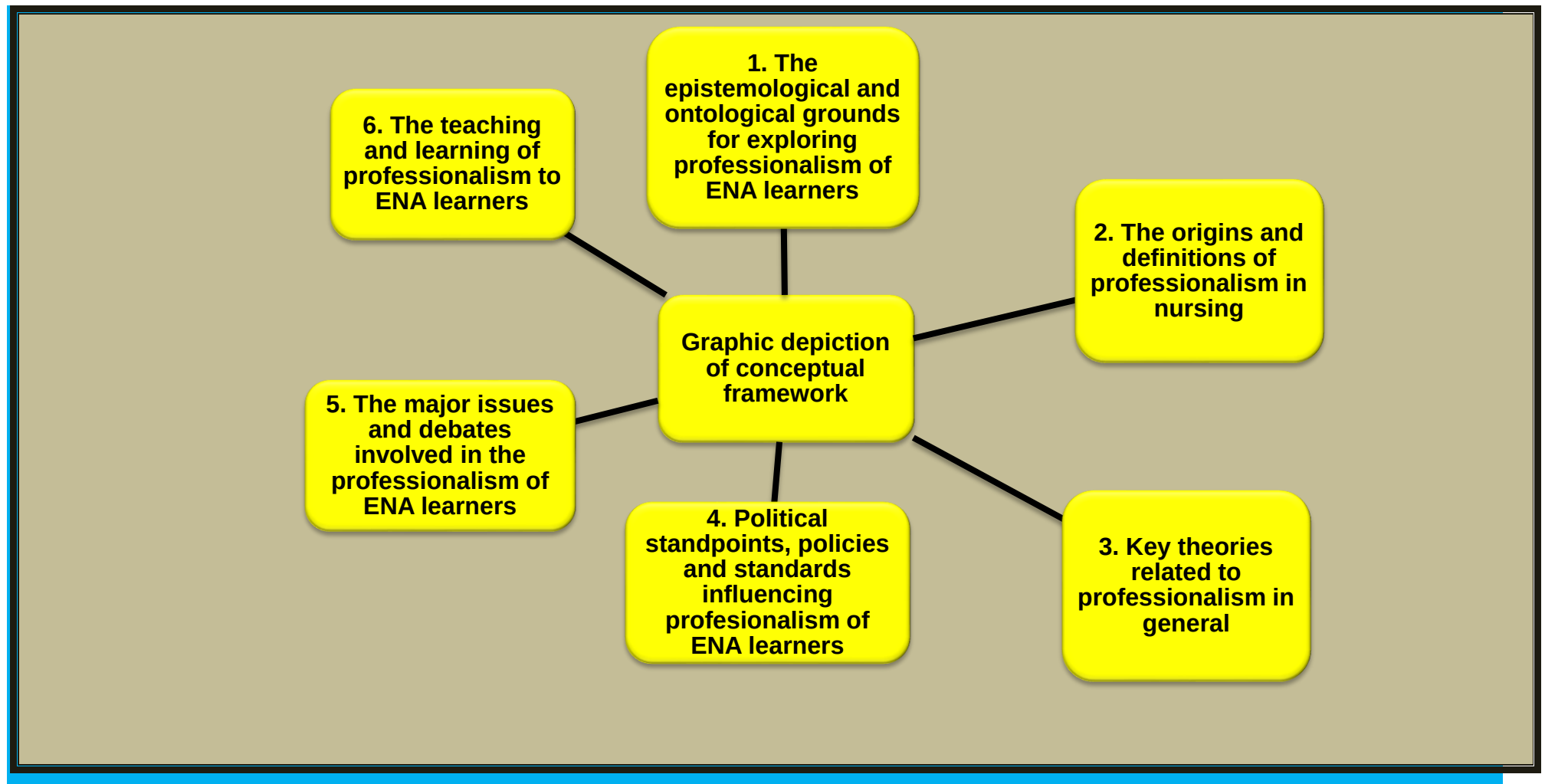


Figure 3: Graphic depiction of the conceptual framework that directed the search strategy and literature review

NEIs must educate future professionals as members of a trans-disciplinary team to deliver patient-centred care and emphasising evidence-based practice, quality improvement approaches, and informatics (Mantzorou, 2004:1). One objective of nursing education is the socialisation of students into the professional role of a nurse (Mantzorou, 2004:1).

As indicated in the background in Section 1, professionalism is the “value-added” factor that enhances the quality of care and the involvement of ENA learners (Anon., 2013:2). It indicates a commitment to vocation and believes in an adherence to a set of values that are owned and understood by all (Anon., 2013:3). Professionalism provides ENA learners with much needed continuity in the face of an ever-changing system and an “internal scope” to guide them in challenging circumstances (Anon., 2013:3).

Professionalism in nursing is an essential component of a healthy work environment (Brady, 2010:section 1). How well nurses in general are able to express the attributes of professionalism is a factor of both the environment and the nurse (Vickie, 2008:41). For some professional nurses, consistently demonstrating professionalism can be a challenge given the multifaceted demands of patient care and the everyday realities of the workplace (RNAO, 2007:38). Professionalism is demonstrated by professional nurses as well as ENA learners with actions that include:

- possessing a special body of practical and theoretical knowledge;
- applying that knowledge;
- using theoretical and/or evidence-based rationale for practice;
- synthesising information from a variety of sources;
- using multi-faceted information or evidence from nursing and other disciplines to inform practice; and
- sharing or communicating knowledge with colleagues, clients and others to
- continuously improve care and health outcomes (RNAO, 2006:43).

2.3.3 THE KEY THEORIES RELATED TO PROFESSIONALISM

The nursing practice is based on nursing theories and contributes to the nursing discipline as a profession (Donaldson & Crowley, 1978:113-120). Nursing theories provide direction and guidance for structuring professional nursing practice, education,

Table 3: Definitions of professionalism in general

Author	Definition of professionalism in general
Bourdieu (1992)	Professionalism is "a folk concept that has been smuggled into scientific language ..."
Larson (1977:224)	Larson (1990:224) argues that it is "the production of 'learned discourse' and its implications for the professional phenomenon" which must be considered in how that discourse legitimises expert knowledge.
Merriam-Webster (2013)	The conduct, aims, or qualities that characterise or mark a profession or a professional person.
Swick (2000:612-616)	The term "professionalism" encompasses a reaffirmation of the values and behaviours of physicians.
Vitez (2009)	Professionalism is often defined as the strict adherence to courtesy, honesty and responsibility when dealing with individuals or other companies in the business environment. This trait often includes a high level of excellence going above and beyond

and research (Snyder & Berman, 2010:178). Furthermore nursing theories also differentiates the focus of nursing from other professions (American Nurses Association, 1984). Nursing theories serve to guide assessment, intervention, and evaluation of nursing care (George, 2002). Nursing theories provide a rationale for collecting reliable and valid data about the health status of clients, which are essential for effective decision making and implementation. Furthermore help nursing theories to establish criteria to measure the quality of nursing care (Rajamani, 2012). Nursing theories help build common nursing terminology to use in communicating with other health professionals. Finally, nursing theories enhance the autonomy of nursing by defining its own independent functions (Webb, 2013). In nursing education, nursing theories provide a general focus for curriculum design. Therefore nursing theories guide the curricular decision making. To understand nursing theories, a theory, concept, conceptual frameworks, and conceptual model must first be defined (Kozier *et al.*, 2000:36):

- A theory is a supposition or system of ideas that is proposed to explain a given phenomenon.
- Concepts are the building blocks of theory, are abstract ideas or mental images of phenomenon.
- A conceptual framework is a group of related concepts. It provides an overall view or orientation to focus thoughts.
- A conceptual model is a graphic illustration or diagram of a conceptual framework.

2.3.3.1 THE BUTTERFLY THEORY TOWARDS PROFESSIONALISM

The butterfly theory towards professionalism was authored by Ziglio (2013). This theory presents professionalism in the shape of a butterfly both as an explanation and a symbol (please refer to figure 3). Every wing of the butterfly stands for a precise professional dimension and “to fly professionally” means to be able to exploit the power of the four wings, and not just of one or two (Ziglio, 2013:1). The four wings of the Butterfly Theory of Professionalism are discussed below.

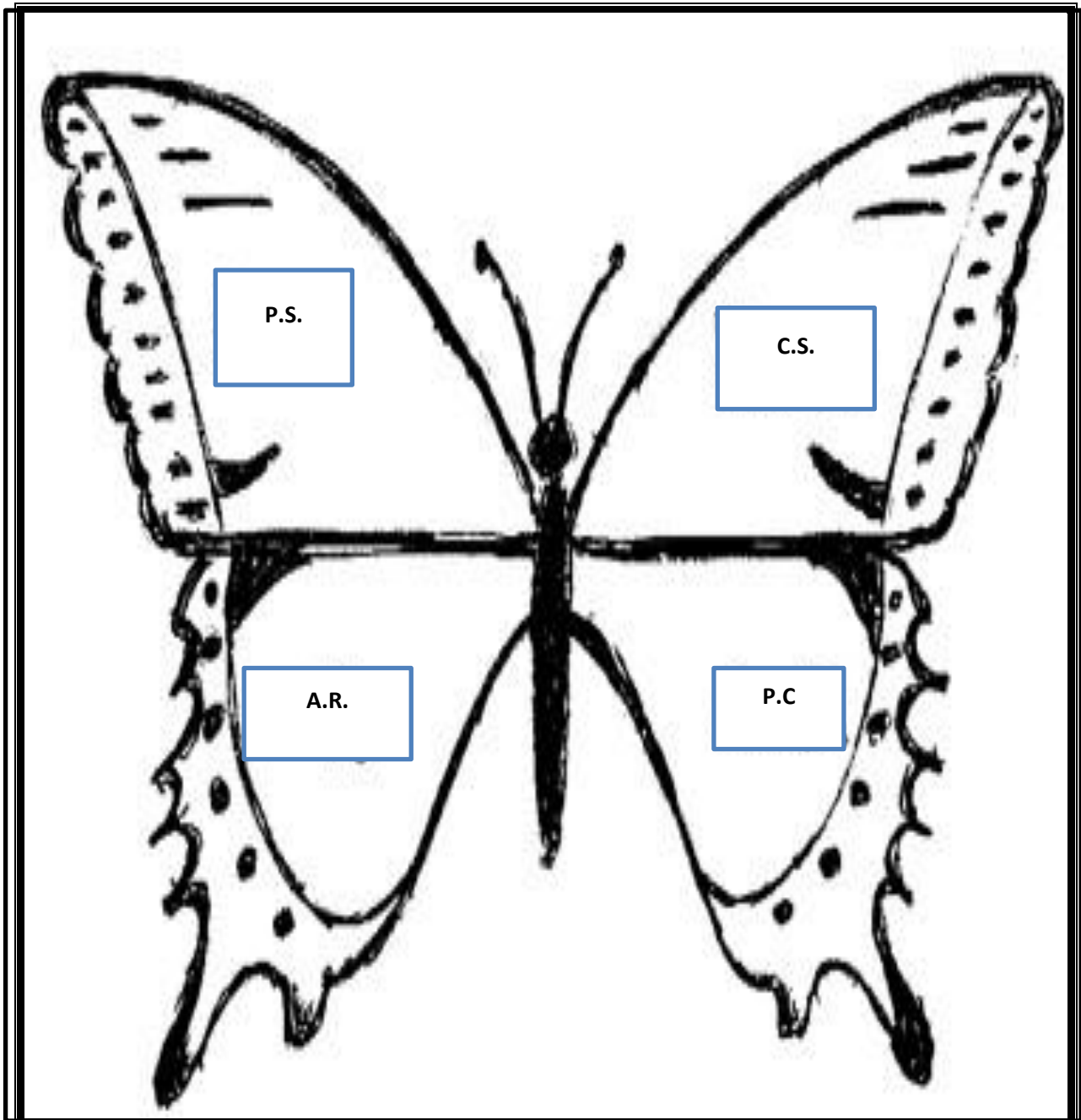
Table 4: Definitions of professionalism in nursing (national and international)

Author	National definitions of professionalism in nursing
DENOSA (1996)	DENOSA views professionalism as a value and uses values as part of their mission and vision as indicated here after: Vision: Nurses united in pursuing service excellence. Internal mission: DENOSA supports, represents and develops its members as the backbone of South African health care. External mission: DENOSA - an empowered nursing cadre, serving, caring and advocating for society. Values: Excellence and professionalism, accountability, transparency, collectivism, leadership development (including empowerment), organisational growth, diversity, integrity and loyalty, democracy, visibility.
SANC (1944)	SANC sees professionalism as part of values and uses values as part of their mission and vision. Mission of SANC: We serve and protect health care users by regulating nursing and midwifery professions. Guided by the values: Advocacy, caring, quality, professionalism, innovation and relevance. Vision of SANC: Excellence in professionalism and advocacy for health care users.

Author	International definitions of professionalism in nursing
Sigma Theta Tau International (STTI) Honour Society of Nursing (1922)	STTI uses professionalism also as part of their mission as indicated below: Organisational mission: The mission of the Honour Society of Nursing, Sigma Theta Tau International is to support the learning, knowledge and professional development of nurses committed to making a difference in health worldwide. Society vision: The vision of the Honour Society of Nursing, Sigma Theta Tau International is to create a global community of nurses who lead in using knowledge, scholarship, service and learning to improve the health of the world's people.
Girard, Linton and Besner (2005:3)	The term professionalism embraces a set of attitudes, skills and behaviours, attributes and values which are expected from those to whom society has extended the privilege of being considered a professional.
RNAO (2007:28)	Professionalism includes: • A body of knowledge that is theoretical, practical, and clinical. • Being able to apply that knowledge. Using theoretical and/or evidence-based rationale for practice. Synthesizing information from a variety of sources. Using information or evidence from nursing other disciplines to inform practice. Sharing or communicating knowledge with colleagues, clients, family and others to continually improve care and health outcomes.
Zakari <i>et al.</i> (2010)	Professionalism is the extent to which an individual identifies with a profession and adheres to its standards. In nursing, a profession

comprises of a system of rules that is socially define.

2.3.3.2 THE FIRST WING: PROFESSIONAL SKILLS



Key: P.S. = professional skills; C.S. = communicative skills; A.R. = awareness of the role; P.C. = personal character.

Figure 4: The butterfly of professionalism (Ziglio, 2013)

Ziglio's (2013) opinion professional development on this first "wing" has been doing an excellent work. It is a behaviour and good attitude towards work. One should know on all aspects of what to do, when to do, why to do, how to do and then really doing it with quality. There is a major misunderstanding with an individual with good skills being called as a professional. An individual may be highly skilled with best technical knowledge at his profession but that isn't enough. One needs to have additional knowledge that involves business ethics, positive attitude, willingness to learn, teach, and various other aspects. Professionalism is in everyone but is practiced by oneself through self-improvement (Kini, 2013).

Pfeffer and Sutton (1999:135-137) describe the following as part of nurses' knowledge:

- Compassion (nurses often spend more time with patients than doctors. Therefore, compassion is absolutely necessary in this field).
- Patience (on any given day, a number of things could happen that will test your patience. Whether dealing with an irate patient, a confused family or a moody supervisor, it is the patience in which you bring your colleagues, patients and their families that will help solidify your success as a nurse).
- Organisation (you must be organised and diligent. You are responsible for taking care of other people (and their lives), and without organisation, chaos could ensue. You must also demonstrate knowledge in being able to communicate well with patients and families).
- Discipline (you must obey rules, be prompt, flexible and display good work habits, time-management skills and endurance).
- Detail-oriented (paying attention to minute details is important in professional nursing). For example, nurses must document everything they do on patients' charts, listen closely to a patients' description of symptoms, ask the right questions, and remember to bring medications at the correct times. Therefore, being detail oriented is crucial for a nurse.

2.3.3.3 THE SECOND WING: COMMUNICATIVE SKILLS

The necessity to equip professionals with communicative skills has been expanding, because it is shared knowledge that the ability to communicate often determines the

result of professional services (Ziglio, 2013:2). Within health care, there have been and will continue to be many approaches to professional communication.

- Communicative codes and grammars

To explore communicative codes is one of the most fascinating adventures, as it is through what we say and how we behave that we can establish a relation—a positive or negative one-- with any other person. Our professional daily life is made up of a number of relations with different people: colleagues, officers, executives. And every relation, even superficial ones, possesses as many codes and as many grammars. There is much work to do on this second “wing” as regard training: on the development of this dimension it depends on any professional performance and intelligent professional relation. It should be a training able to raise the awareness of the power of communicative skills not only in those who lack this talent but also in those who already possess it., both could get out of an obvious and banal attitude to their own professionalism (Ziglio, 2013:2).

2.3.3.4 THE THIRD WING: AWARENESS OF THE ROLE

This dimensions open wide scenarios which are difficult to explore. Every professional is a cell within a work structure, which in time can accumulate toxic substances, such as frustration, loss of motivation, uneasiness, intolerance, etc. In some professionals an overdose of those processes can produce phases of indifference, slyness, careless attitude, perfunctoriness; all negative behaviours which are both toxic for the whole work setting and degenerative for the professional’s role (Ziglio, 2013:2).

2.3.3.5 THE FORTH WING: PERSONAL CHARACTER

To grow “professionally” means to grow “personally”. Even on this point people too often forget an absolutely inextricable fact: each of them is a person who practices a profession. Someone is more extravert, someone more jesting, someone more touchy, someone more cheerful, someone more aggressive and so on and so forth, within an endless list of personal dimensions. Ziglio (2013:2) stated when we carry on any professional performance, those traits stay with us, we cannot leave them aside. According to Ziglio (2013:3) our personality are prone to internalise different beliefs.

2.4 THE POLITICAL STANDPOINTS, POLICIES AND STANDARDS INFLUENCING PROFESSIONALISM OF ENA LEARNERS

In nursing, a profession comprises of a system of rules that is socially defined (Zakari *et al.*, 2010). Professions offer society contracts to provide services for the public good, and in return, the professionals gain higher prestige and more autonomy in their work (Adams & Miller, 2001). Professionalism in nursing is represented by the leaders of various nursing organisations. The effectiveness of the ENA learners has traditionally been associated with maintaining standards of care (Adams & Miller, 2001). Continuing professional development (further training/in service training, etc) is essential to ensure that this important group feels adequately prepared to perform their role and has been recognised as an important factor in maintaining job satisfaction and reducing wasteful staff turnover (Gould *et al.*, 2001). In order to adequately address the demand for policy involvement, the education of the ENA must include ethics (Porter-O'Grady, 2011). Nurses must see themselves as essential policy leaders responsible for identifying roles and opportunities for policy leadership in their own commitment to be personally engaged in policy decisions (Porter-O'Grady, 2011).

There are three basic categories of nurses who are educated and trained in South Africa: the Professional Nurse (PN), Enrolled Nurse (EN), and Enrolled Nursing Auxiliary (ENA) (SANC 2005:1) (refer Annexure 22). SANC offers accreditation to both public and private NEIs. In the North West the basic training leading to enrolment as an ENA takes place in public as well as private NEI's. ENA learners undergo a one-year training and education period to qualify and to become a ENA. The qualification for ENA learners is a one year certificate program, which is a Further Education and Training (FET) program and the entry requirement for this program is a grade 10, 11 or 12 pass (SANC, 2005:5). Since ENA learners form part of the nursing profession in the Republic of South Africa (RSA), they have to be professional in rendering basic nursing care. The scope of practice for ENA learners (R 2598 - Regulations Relating to the Scope of Practice of Persons who are Registered or Enrolled under the Nursing Act, 1978- valid till 30 June 2015), includes rendering basic nursing care (Subedar, 2005). (See Annexure 2a: Scope of Practice). The current nursing scope of practice is not aligned to the current health policies and the health care system (Subedar, 2005). These constraints and challenges have motivated SANC to review and align the scopes of

practice with the national health care policies and delivery requirements (Subedar, 2005). The scope of practice provides the parameters within which nursing professionals function (Subedar, 2005). In line with the numerous changes to health care delivery system in South Africa already alluded to earlier, the scope practice for nurses was required to ensure that the practice of nursing is responsive to the health care delivery needs. In this regard the SANC in 2004 revised the scope of practice of the current three categories of nurses and midwives, namely, registered nurses (Subedar, 2005). The revision of the scopes of practice took into consideration the current health care system, international best practice, national health care policies and the health care priorities facing South Africa together with the challenges currently facing nursing practice (Subedar, 2005). Currently there is some confusion about the roles and scope of practice of the different categories of nurses. In order to clarify these roles and scopes of practice in the health system, the SANC has drawn up a draft definitions and scope of practice document for the four categories of nurses. This is based on the categories in a new Nursing Bill that was anticipated to become legislation in 2005/06 (Subedar, 2005). In 2003 the SANC drafted a revised scope of practice for each category of nurse (Subedar, 2005).

The new categories of nurses and the scope for each category were based on the provisions contained in the Nursing Bill which is scheduled to be considered by Parliament. The proposed scope of practice will only be enforced after the passing of the Nursing Bill and once regulations prescribing the scope of practice are written and passed as part of the new legislative framework for the nursing profession (Subedar, 2005). The existing categories of nurses (i.e. professional nurses, enrolled nurses and nursing auxiliaries) are necessary for providing health care within the current health care delivery system (Subedar, 2005). Each category of nurse will be an independent practitioner in accordance with their scope of practice and the level of training and competence attained. This draft scope of practice focuses on outlining the practice of the three basic categories of nurses (Subedar, 2005). According to the new scope of practice (draft only), an ENA is an independent practitioner responsible and accountable for his/her own area of practice (SANC, 2005). An ENA can also be referred to as a Nursing Assistant in nursing (SANC, 2005). The private sector has played a large role in the production of enrolled nurses and auxiliaries over the past nine years but most of their production (90%) has been in the two provinces of Gauteng and KwaZulu-Natal (SANC, 2012). Public sector production of these two categories has been more

widespread but in some provinces, namely the Eastern Cape, Northern Cape, Free State and North West there was minimal or no training of new enrolled nurses in the past nine years (SANC, 2012).

The two most important role players in the South African nursing profession are, the South African Nursing Council (SANC), and the Democratic Nursing Organisation of South Africa (DENOSA) (Mekwa, 2000:271-284). The former was established to be an autonomous, financially independent, statutory body with the responsibilities to set and maintain standards of nursing education and practice in the Republic of South Africa (SANC, 2007). The latter, is a voluntary organization representing the interests of nurses and nursing in South Africa (Mekwa, 2000:271-284). It has one encompassing aim to: protect, promote, develop, empower and support nurses by means of a member driven pro-active approach, using all relevant legal mechanisms to address members' needs (DENOSA, 2007).

Nursing education and training plays an important role in the production of well-trained and properly groomed nurses. The growth trend over the last six years in the enrolment of ENA learners is of serious concern as this growth is not in keeping with the growth in the population of the same period (La Marche, 2008). South Africa's nurses form the backbone of the health system and constitute nearly 50 % of health professionals (La Marche, 2008). (See table 5 below.)

Amidst the shortages of nurses in South Africa as acknowledged by the South African Nursing Council (SANC), this Council strives to present a positive picture by noting past gains (DOH, 2008). It emphasises, "although there may still be a shortage of qualified nurses in the Republic of South Africa (RSA), the positive side to this overall picture is the growth in nursing figures is now approaching the population of South Africa" (SANC, 2007). In addition, DENOSA (2007) also highlighted the shortage of nurses, stating that South Africa is "not producing sufficient nurses to deal with its health needs", which impacts directly on the ability of the health sector to deliver an efficient service in the new South African Primary Health Care (PHC), nurse-driven system (Vellema, 2005). Although there are more than 196 914 nurses (please refer to table 5), that are qualified to practice nursing in South Africa, the challenge facing the health care system is that the total number of nurses are not nearly enough to address the health care demands

Table 5: Nurse per population by province, 2011 (Census, 2011)

Province	Registered nurses	ENs	ENAs	Total
Limpopo	536:1	1060:1	615:1	226:1
North West	418:1	1269:1	714:1	218:1
Mpumalanga	638:1	1514:1	995:1	309:1
Gauteng	382:1	848:1	726:1	193:1
Free State	353:1	1393:1	845:1	211:1
KwaZulu-Natal	380:1	489:1	857:1	171:1
Northern Cape	511:1	2541:1	910:1	290:1
Western Cape	377:1	988:1	695:1	196:1
Eastern Cape	449:1	1486:1	1021:1	258:1

Note: These figures exclude nurses in training (students, pupils and pupil nursing auxiliaries). Source: Statistics SA (census 2011).

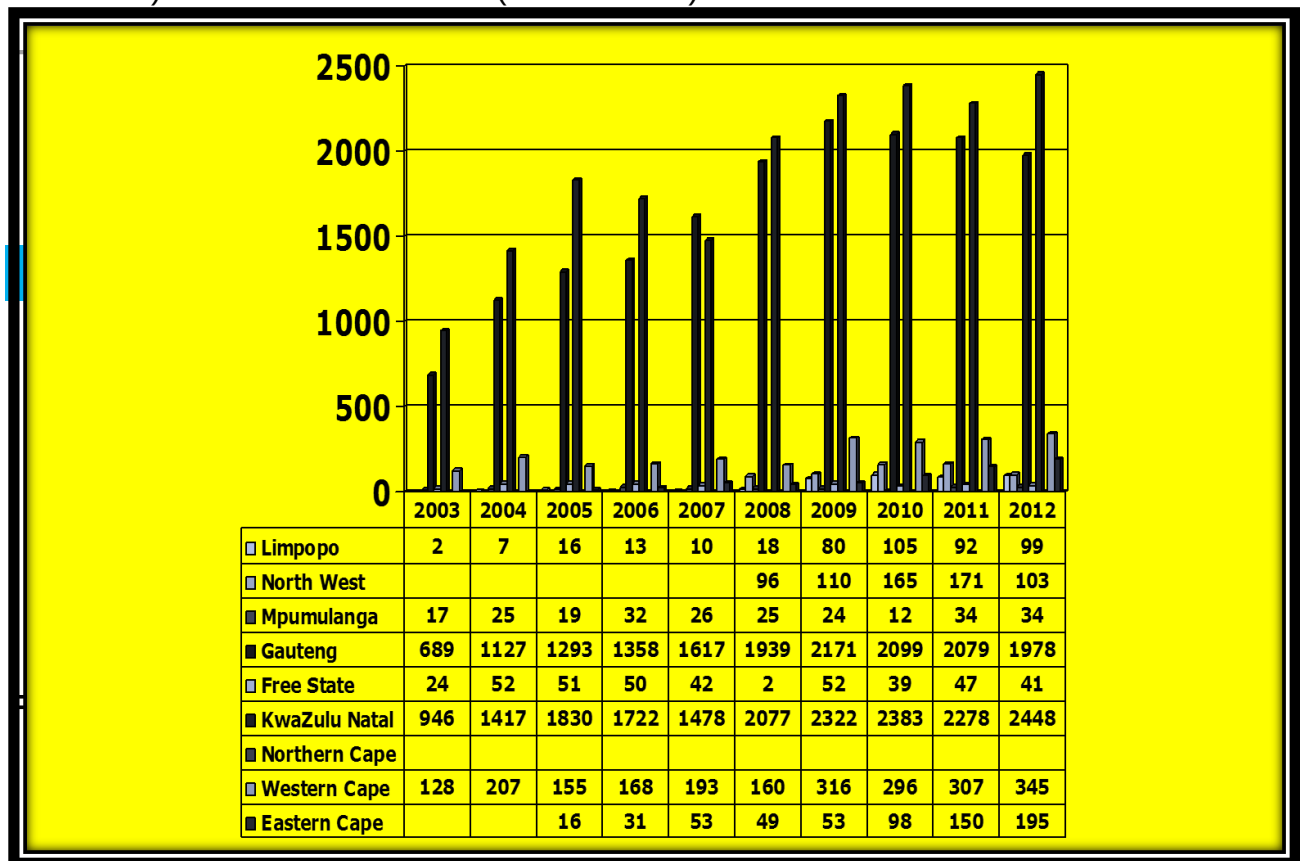


Figure 5: Output ENA learners 2002 – 2011, private NEI (SANC, 2012)

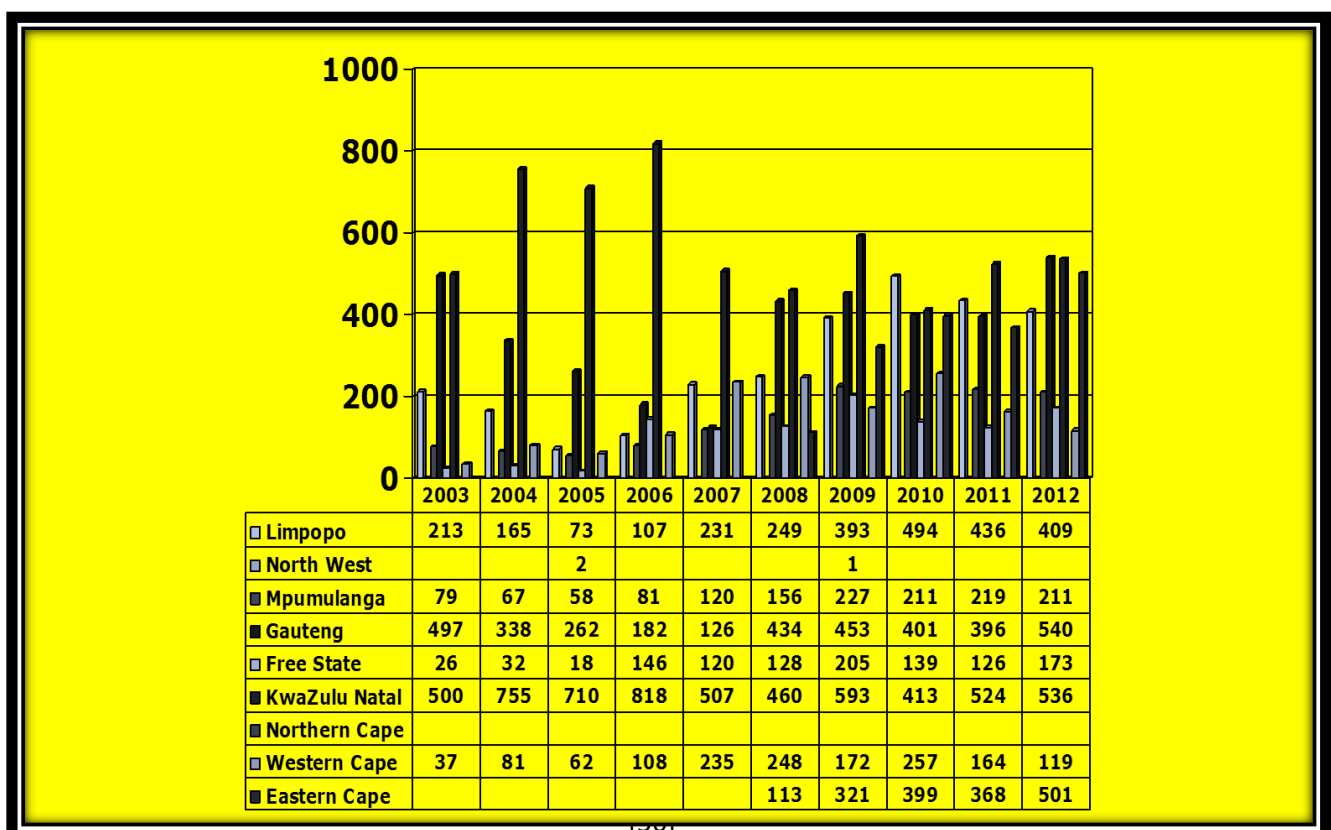


Figure 6: Output Pupil Nursing Auxiliaries 2003-2012 Public NEI (SANC, 2012)

facing the South African health care system (is ahead of the rest of Africa in terms of health workers per capita allowed to practice as a nurse or midwife in South Africa, or indeed anywhere in the world (Nursing Act nr 33 of 2005). (See table 6 below).

The absolute minimum standard set by the World Health Organisation (WHO) is 228 health workers for every 100 000 people and a maximum of 438 people per health worker (Joubert, 2009). South Africa rises just above the minimum standard. The definition of health workers includes doctors, professional nurses, auxiliary nurses and other medical personnel. Minimum levels of nurses are dependent on sufficient nursing education. The figures 5 and 6 show the number of nursing education institutions (NEIs) approved by SANC and illustrates a dynamic training environment.

The Nursing Act of 2005 rules that NEIs have to be approved by the SANC under the South African Qualifications Authority Act of 1995 in order for training nurses to be

The former South African Health Minister, Dr Manto Tshabalala-Msimang quoted in the Nursing Update (August, 2003) when saying that there were almost 31,000 vacant nursing posts. Despite a general moratorium on public service posts, many of the vacant nursing posts advertised could not be filled due to the shortage of nurses (Makie, 2006). South Africa has 196 914 nurses eligible to practice nursing, and due to the prominence of nurses in the health care delivery system, a specific focus on a strategy for nursing is warranted (SANC, 2006). Nurses play a unique role in providing and maintaining the health care system. These professionals carry the responsibility of bringing health services to all communities across the wide spectrum of health care delivery mechanisms for primary health care up to tertiary levels of health care.

Any shortage experienced in this professional care negatively impacts on access and the quality of care (DOH, 2008). A logical intervention to address the shortages in nursing in South Africa is to increase training opportunities. Nursing education by private providers has increased. Private Health Education Providers of South Africa (PHEPSA) represents the interests of private providers of nursing education and training in South Africa. Today the private sector is playing a large and often lucrative role in the production of nurses (Breier *et al.*, 2009). The major hospital groups, in response to their own severe shortage of nurses and accusations that they poach from

the public sector, expanded their own training programmes, producing increasing numbers of nurses to meet their own specific needs (HSRC, 2009).

Table 6: Number of NEIs approved by SANC, by province in 2010 (SANC, 2012)

	Total Number	Number (hospitals and old age homes)	Dedicated education institutions	Professional nursing students	Nursing students (of all three groups)
Eastern Cape	34	25	9	3004	3775
Free State	35	28	7	996	1402
Gauteng	85	37	8	4000	10719
KwaZulu- Natal	77	40	37	2801	8577
Limpopo	34	28	6	1753	2481
Mpumalanga	20	17	3	426	763
North West	18	11	7	1429	1611
Northern Cape	4	3	1	290	433
Western Cape	39	23	16	1758	2933

Total	346	212	134	16457	32694
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Despite private initiatives to train more nurses, the importance of sub-professional nurses (ENs and ENA learners) is underscored in several research and policy documents, some of which have proposed a ratio of three sub-professional nurses to each professional nurse (HSRC, 2009). In 2008 the ratio ENA learners and ENs to the population in the North West Province was 1 566:1 and 747:1 (SANC, 2008), portraying a shortage in these categories (refer to table 5). In line with the Nursing Act No 33 of 2005, these three categories of nurses proposed in the revised scopes of practices were Professional Nurse, Professional Midwife, Staff Nurse and Auxiliary Nurse (Government Gazette R2598:1984). As expounded in the information above, there is a shortage in all the categories of nurses in the nursing profession in South Africa. In addition, there is a call for ENA learners to respond to the criteria of professional behaviour.

2.5 THE MAJOR ISSUES AND DEBATES INVOLVED IN THE PROFESSIONALISM OF ENA LEARNERS

In the following paragraphs major issues and debates associated with professionalism of ENA learners are presented. There is a fundamental crisis of professionalism, particularly with ENA learners, and this demands a return to the ethos and structures that dominated in the past (Moore, 2012). The reality is that evidence of unprofessional behaviour of ENA learners undoubtedly exists, e.g. late coming for duty, use of cell phones while caring for patients, wearing of dirty uniforms, poor interaction with patients and families (a lack of empathy, insensitivity to patients' needs, feelings and wishes or to those of the family, lacking rapport with patients and families, inadequate commitment to honouring the wishes of the patient are symptoms of poor professionalism), unreliability in completing tasks (e.g. feeding a patient. If the patient does not want to eat the ENA learners do not put in any effort to help or try other ways feeding the patient), etc.

One continuing debate is the crisis of professionalism that can occur as a result of role diversity (Mitchell *et al.*, 2012:5-16). This characteristic is common in the discussion in both the nursing and teaching professions. Professionalism must speak to all healthcare personnel and act as a driving force for quality (Moore, 2012). Does professionalism perhaps go beyond regulation, competence and compliance (Lee, 2013). Is regulation

really the vital spark that can motivate staff to work with pride and passion and do the right thing every time (Mitchell *et al.*, 2012:18-22). ENA learners need to distinguish between their personal values and their professional ethics. Personal values are what ENA learners hold significant and true for themselves, while professional ethics involve principles that have universal application and standards of conduct that must be upheld in all situations. ENA learners thus must avoid allowing personal judgments to bias patient care. ENA learners must be honest and fair with patients, and they should act in the best interest of and show respect for patients. In addition to competence in their field, all ENA learners must strive to retain those humanistic qualities that constitute the essence of professionalism, such as integrity, respect and compassion. The core of professionalism includes altruism, accountability, excellence, duty, service, honour, integrity, and respect for others (Klein, 2013).

2.6 THE TEACHING AND LEARNING OF PROFESSIONALISM TO ENA LEARNERS

The environment in which the training and education of ENA learners' take place, serves in many ways as the incubator of professionalism. The formal curriculum of NEI's has started to address standards for professional and ethical conduct, but this must be re-enforced by example when the clinical facilitators accompany the ENA learners. Factors that aid and obstruct professionalism exist in this environment to a greater degree (Anon., 2012).

- Positive factors

Professionalism is enhanced by the high standards of the educational environment and its dedication to collegiality, support of formal mentoring programs, and formal recognition of the clinical facility, mentors and student role models (The University of Kansas Medical Center, 2013).

- Negative factors

The increasing expectations in the face of decreasing resources confronting nurses, particularly in the academic as well as in the clinical environment, can threaten professionalism. The list of challenges to professionalism is extensive, but the most prominent are stress and work overload., chronic fatigue and sleep deprivation, lack of

Table 7: The components of professionalism

Core Values	Definition	Guides	Guides (continue)	Authors
Accountability	Accountability is active acceptance of the responsibility for the diverse roles, obligations, and actions of the physical therapist including self-regulation and other behaviours that positively influence patient/client outcomes, the profession and the health needs of society. Nursing professionals are accountable to their patients, colleagues and society as a whole for the health needs of the public and the advancement of science. They are accountable to their profession for adhering to SANC's ethical principles. Professionals are accountable for their actions at all times. Professionals hold themselves ultimately accountable for the quality of their work with the client.	Responding to patients' /clients' goals and needs. Seeking and responding to feedback from multiple sources. Acknowledging and accepting consequences of his/her actions. Assuming responsibility for learning and change. Adhering to code of ethics, standards of practice, and policies/procedures that govern the conduct of professional activities. Communicating accurately to others (payers, patients/clients, other health care providers) about professional actions.	Participating in the achievement of health goals of patients/clients and society. Seeking continuous improvement in quality of care. Maintaining membership in professional organisations. Educating students in a manner that facilitates the pursuit of learning. If you make a mistake, own up to it and try to fix it if possible. Don't try to place the blame on a colleague. If your company made the mistake, take responsibility and work to resolve the issue.	Anon.,(2002:2-9); Hendricks, (2011); Joseph, (2013); Rutledge, (2011);

Altruism	Altruism is the primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient client ahead of the physical therapist's self- interest.	Placing patient's/client's needs above the physical therapists. Providing physical therapy services to underserved and underrepresented populations.	Providing patient/client services that go beyond expected standards of practice. Completing patient/client care and professional responsibility prior to personal needs.	Anon (2002:2-9).
Compassion/ Caring	Compassion is the desire to identify with or sense something of another's experience; compassion is defined as the feeling of concern and sympathy for others. Caring is the concern, empathy, and consideration for the needs and values of others. The deep awareness of the suffering of another and the desire to relieve it.	Understanding the socio-cultural, psychological and economic influences on the individual's life in their environment. Understanding an individual's perspective. Being an advocate for patients' /clients' needs. Communicating effectively, both verbally and non-verbally, with others taking into consideration individual differences in learning styles, language, and cognitive abilities etc.	Designing patient/client programs /interventions that are congruent with patient/client needs. Empowering patients/clients to achieve the highest level of function possible and to exercise self-determination in their care. Focusing on achieving the greatest well-being and the highest potential for a patient /client. Recognizing and refraining from acting on one's social, cultural, gender and sexual biases. Embracing the patients' /clients' emotional and psychological aspects.	Anon (2002:2-9).

Excellence	Excellence is physical therapy practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgment and the patient/ client perspective, embraces advancement, challenges mediocrity, and works toward development of new knowledge. A conscientious effort to exceed ordinary expectations and to make a commitment to continuously improve one's knowledge and skills through lifelong learning. Excellence also requires the capacity to recognise and accept limitations in one's knowledge and skills. It entails an awareness of one's responsibilities and demonstrating initiative and a commitment to ensure the job gets done well.	Demonstrating investment in the profession of physical therapy. Internalising the importance of using multiple sources of evidence to support professional practice and decisions. Participating in integrative and collaborative practice to promote high quality health and educational outcomes. Conveying intellectual humility in professional and interpersonal situations. Demonstrating high levels of knowledge and skill in all aspects of the profession.	Using evidence consistently to support professional decisions. Demonstrating a tolerance for ambiguity. Pursuing new evidence to expand knowledge. Engaging in acquisition of new knowledge throughout one's professional career. Sharing one's knowledge with others. Contributing to the development and shaping of excellence in all professional roles	Anon (2002:2-9); Hendricks, (2011).
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Integrity	Integrity is the possession of and persistent adherence to high ethical principles or professional standards. The consistent regard for the highest standards of behaviour and the refusal to violate one's professional codes. Integrity implies being fair, being truthful, keeping one's word, meeting commitments, and being straightforward. Integrity requires not cheating or is representing data, circumstances, identity, position, etc. It also requires recognition of the possibility of conflict of interest and avoidance of relationships which allow personal interests to superede responsibility to those we serve.	Biding by the rules, regulations, and laws applicable to the profession. Adhering to the highest standards of the profession (practice, ethics, reimbursement). Articulating and internalizing stated ideals and professional values. Using power (including avoidance of use of unearned privilege) judiciously. Resolving dilemmas with respect to a consistent set of core values. Being trustworthy.	Taking responsibility to be an integral part in the continuing management of patients/ clients. Knowing one's limitations and acting accordingly. Confronting harassment and bias among ourselves and others. Recognizing the limits of one's expertise and making referrals appropriately. Choosing employment situations that are congruent with practice values and professional ethical standards	Cruess, R L; Cruess, S R; Johnston, S E. (1999)..
Professional Duty	Professional duty is the commit-ment to meeting one's obligations to provide effective physical therapy services to individual patients/clients, to serve the profession, and to posi-tively influence the health of society.	Demonstrating beneficence by providing "optimal care". Facilitating each individual's achievement of goals for function, health and wellness.	Involved in professional activities beyond the practice setting. Promoting the profession of physical therapy.	Anon (2002:2-9) Hendricks, (2011).

Social Responsibility	Social responsibility is the promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness.	Advocating for the health and wellness needs of society including access to health care and physical therapy services. Promoting cultural competence within the profession and the larger public. Promoting social policy that effect function, health, and wellness needs of patients/clients. Ensuring that existing social policy is in the best interest of the patient/client. Advocating for changes in laws, regulations, standards and guidelines that affect physical therapist service provision. Promoting community volunteerism	Participating in political activism. Justice and economic efficiency of services. Participating in achievement of societal health goals. Understanding of current community wide, nationwide and worldwide issues and how they impact society's health and well-being and the delivery of physical therapy Providing leadership in the community. Participating in collaborative relationships with other health practitioners and the public at large.	Anon (2002:2-9) Cruess, R L; Cruess, S R; Johnston, S E. (1999). Joseph, (2013); Rutledge, (2011).
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confidence, self-esteem and experience due to inadequate supervision, tension with other professionals, arrogant and demeaning behaviour, exposure to health risks, decreasing revenues despite increasing workloads, and not least, family obligations. The academic environment may never be able to eliminate all of these barriers, but by their recognition, efforts to avoid them may be more successful so that their potential damage can be lowered (The University of Kansas Medical Center, 2013). One major reason for such an expectation is that nursing education is based on scientific knowledge (Knapp, 2008). Today nurses continue to make an important contribution to planning and decision-making and to the development of appropriate and effective public health and nursing policy on all levels (Tomajan, 2012).

2.7. CONCLUSION

- From the literature review, the following conclusion statements are formulated:
- The overall production of nurses in SA over the past nine years is of major concern and is not even keeping up with the increase in population growth let alone providing the health system with additional nurses to cope with new demands and the effects of the HIV epidemic.
- The production of more ENA learners, who are considered as the mid-level workers for the nursing profession, requires special attention as this category of nurse could provide the critical support for the delivery of health care services.
- There should be finalisation and implementation of the revised scope of practice of the various categories of nurses. For this to happen, the Nursing Bill and the prescribed regulations need to be finalised.
- As professionals, nurses in general need a practice environment that acknowledges the social and health mandate of their discipline and the scope of practice as defined by the country and relevant legislation.
- Institutional policy structures must recognise the importance of education and on-going learning, as well as emphasise teamwork and collegiality (Department of Education and Training, 2004).
- For quality professional practice environments, the needs and goals of nurses are met and patients are assisted in meeting their individual health objectives. This takes place within the cost and quality framework mandated by the organisation in which the care is provided.

- When people, resources and or structures are lacking there is a conflict between nurses' professional responsibilities and provision of adequate patient care.
- Nurses who are stressed because of heavy workloads, friction with colleagues, inappropriate tasks, insufficient skills and knowledge, poor management or unsafe working conditions are challenged to provide the highest standards of care.
- Positive practice environment affects not only nurses in general but also health care workers and support excellence in services, ultimately improving patient outcome.
- The beneficial effects of positive practice environment on health service delivery, health worker performance, patient outcomes and innovation are well documented.

2.8. SUMMARY

In this section a comprehensive literature review was conducted regarding professionalism and ENA learners within a South African perspective. In Section 3 the research article is formulated and contains the research results.

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SECTION THREE

ENHANCE PROFESSIONALISM IN ENA LEARNERS: A CASE STUDY

3.1 AUTHOR GUIDELINES



Original research articles

COVER PAGE

The format of the compulsory cover letter forms part of your submission and is located on the first page of your manuscript and should always be presented in English. You should provide all of the following elements:

Article title: Provide a short title of 50 characters or less.

Significance of work: Briefly state the significance of the work being reported on.

Full author details: Title(s), Full name(s), Position(s), Affiliation(s) and contact details (postal address, email, telephone and cellular number) of each author.

Corresponding author: Indicate to whom all correspondence should be addressed to.

Authors' contributions: Briefly summarise the nature of the contribution made by each of the authors listed, along the lines of the following: J.K. was the project leader, L.M.N. and A.B. were responsible for experimental and project design. L.M.N. performed most of the experiments. P.R. made conceptual contributions and S.T., U.V. and C.D. performed some of the experiments. S.M. and V.C. prepared the samples and calculations were performed by C.S., J.K. and U.V. wrote the manuscript.

Possible reviewers: Authors are encouraged to provide the names and full contact details (including email) of two or three potential referees to evaluate the work (referees should not be people with whom the researcher has recently collaborated or published).

Summary: Lastly, a list containing the number of words, pages, tables, figures and/or other supplementary material should accompany the submission.

A letter from a statistical consultant needs to be presented upon submitting your article to this journal. EN learnersure that this letter is uploaded in Step 4 of the online submission process.

ARTICLE STRUCTURE

Submission language: ENGLISH (UK)

Title:

The article's full title should contain a maximum of 95 characters (including spaces).

Abstract (first-level heading)

- Do not cite references in the abstract.
- Do not use abbreviations excessively in the abstract.
- The abstract should be written in English.
- The abstract should be no longer than 250 words and must be written in the past tense. The abstract should give a succinct account of the objectives, methods, results and significance of the matter. The structured abstract for an Original Research article should consist of five paragraphs labelled Background, Objectives, Method, Results and Conclusion.
- Background: Why do we care about the problem? The context and purpose of the study (what practical, scientific or theoretical gap is your research filling?).
- Objectives: What problem are you trying to solve? What is the scope of your work (a generalised approach, or for specific situation). Be careful not to use too much jargon.
- Method: How did you go about solving or making progress on the problem? How the study was performed and statistical tests used (what did you actually do to get the results). Clearly express the basic design of the study, name or briefly describe the basic methodology used without going into excessive detail. Be sure to indicate the key techniques used.
- Results: What is the answer? The main findings (as a result of completing the above procedure/study what did you learn/invent/create?). Identify trends, relative change or differences on answers to questions.

- Conclusion: What are the implications of your answer? Brief summary and potential implications (what are the larger implications of your findings, especially for the problem/gap identified in your motivation?).

Introduction (first-level heading)

The introduction contains two subsections, namely the background section and the literature review.

Problem statement (second-level heading): The setting section should be written from the standpoint of readers, that is, without specialist knowledge in that area and must clearly state and illustrate the introduction to the research and its aims in the context of previous work bearing directly on the subject. The setting section to the article normally contains the following five elements.

Aims of the study/Key focus (third-level heading): A thought-provoking introductory statement on the broad theme or topic of the research.

Background (third-level heading): Providing the background or the context to the study (explaining the role of other relevant key variables in this study).,

Trends (third-level heading): Cite the most important published studies previously conducted on this topic or that has any relevance to this study (provide a high-level synopsis of the research literature on this topic).

Research objectives (third-level heading): Indicate the most important controversies, gaps and inconsistencies in the literature that will be addressed by this study. In view of the above trends, state the core research problem and specific research objectives that will be addressed in this study and provide the reader with an outline of what to expect in the rest of the article.

Definition of key concepts (third-level heading)

Contribution to field (third-level heading): Explanation of the study's academic (theoretical and methodological) or practical merit and/or importance (provide the value-add and/or rationale for the study).

Literature review (second-level heading): The literature review is the second subsection under the Introduction and provides a brief and concise overview of the literature under a separate second-level heading, e.g. literature review. A synthesis and critical evaluation of the literature (not a compilation of citations and references) should at least include or address the following elements, EN learnersure these are in the literature review. Define conceptual (theoretical) definitions of all key concepts., A critical review and summary of previous research findings (theories, models, frameworks, etc.) on the topic., A clear indication of the gap in the literature and for the necessity to address this void., and A clearly established link exists between formulated research objectives and theoretical support from the relevant literature.

Research method and design (first-level heading)

This section should include:

Design (second-level heading): Describe your experimental design clearly, including a power calculation if appropriate. Note: Additional details can be placed in the online supplementary location.

Materials (second-level heading): Describe the type of organism(s) or material(s) involved in the study.

Data collection method/Procedure (second-level heading): Describe the protocol for your study in sufficient detail (clear description of all interventions and comparisons) that other scientists could repeat your work to verify your findings.

Data analysis (second-level heading): Describe how the data were summarised and analysed, additional details can be placed in the online supplementary information.

Context of the study (second-level heading): Describe the site and setting where your field study was conducted.

Results (first-level heading)

This section provides a synthesis of the obtained literature grouped or categorised according to some organising or analysis principle.

Tables may be used and/or models may be drafted to indicate key components of the results of the study.

Organise the results based on the sequence of Tables and Figures you will include in the manuscript.

The body of the Results section is a text presentation of the key findings which includes references to each of the Tables and Figures.

Statistical test summaries (test name, p-value) are usually reported parenthetically in conjunction with the biological results they support, use SI unit.

Present the results of your experiment(s)/research data in a sequence that will logically support (or provide evidence against) the hypothesis, or answer the question, stated in the Introduction.

All units should conform to the SI convention and be abbreviated accordingly. Metric units and their international symbols are used throughout, as is the decimal point (not the decimal comma).

Ethical considerations (first-level heading)

Articles based on the involvement of animals or humans must have been conducted in accordance with relevant national and international guidelines. Approval must have been obtained for all protocols from the author's institutional or other relevant ethics committee and the institution name and permit numbers provided at submission.

Potential benefits and hazards (second-level heading): What risks to the subject are entailed in involvement in the research? Are there any potential physical, psychological or disclosure dangers that can be anticipated? What is the possible benefit or harm to the subject or society from their participation or from the project as a whole? What procedures have been established for the care and protection of subjects (e.g. insurance, medical cover) and the control of any information gained from them or about them?

Recruitment procedures (second-level heading): Was there any SEN learner in which subjects might be 'obliged' to participate – as in the case of students, prisoners, learners or patients – or were volunteers being recruited? If participation was compulsory, the potential consequences of non-compliance must be indicated to

subjects., if voluntary, entitlement to withdraw consent must be indicated and when that entitlement lapses.

Informed consent (second-level heading): Authors must include how informed consent was handled in the study.

Data protection (second-level heading): Authors must include in detail the way in which data protection was handled.

Trustworthiness (first-level heading)

This refers to the findings of the study being based on the discovery of human experience as it was experienced and observed by the participants.

Reliability (second-level heading): Reliability is the extent to which an experiment, test, or any measuring procedure yields the same result on repeated trials. Without the agreement of independent observers able to replicate research procedures, or the ability to use research tools and procedures that yield consistent measurements, researchers would be unable to satisfactorily draw conclusions, formulate theories, or make claims about the generalisability of their research.

Validity (second-level heading): Validity refers to the degree to which a study accurately reflects or assesses the specific concept that the researcher is attempting to measure. While reliability is concerned with the accuracy of the actual measuring instrument or procedure, validity is concerned with the study's success at measuring what the researchers set out to measure. Researchers should be concerned with both external and internal validity. External validity refers to the extent to which the results of a study are generalisable or transferable. Internal validity refers to (1) the rigor with which the study was conducted (e.g. the study's design, the care taken to conduct measurements, and decisions concerning what was and wasn't measured) and (2) the extent to which the designers of a study have taken into account alternative explanations for any causal relationships they explore. In studies that do not explore causal relationships, only the first of these definitions should be considered when assessing internal validity.

Discussion (first-level heading)

This section normally contains the following four elements. It is suggested that sub-headings are used in this section:

Outline of the results (second-level heading): Restate the main objective of the study and reaffirm the importance of the study by restating its main contributions., summarise the results in relation to each stated research objective or research hypothesis., link the findings back to the literature and to the results reported by other researchers., provide explanations for unexpected results.

Practical implications (second-level heading): Reaffirm the importance of the study by restating its main contributions and provide the implications for the practical implementation your research.

Limitations of the study (first-level heading)

Point out the possible limitations of the study and provide suggestions for future research.

Recommendations (first-level heading)

Provide the recommendations emerging out of the current research.

Conclusion (first-level heading)

This should state clearly the main conclusions of the research and give a clear explanation of their importance and relevance, with a recommendation for future research (implications for practice). Provide a brief conclusion that restates the objectives., the research design., the results and their meaning.

Acknowledgements (first-level heading)

If, through your study, you received any significant help in conceiving, designing, or carrying out the work, or received materials from someone who did you a favour by supplying them, you must acknowledge their assistance and the service or material provided. Authors should always acknowledge outside reviewers of their drafts and any sources of funding that supported the research.

Competing interests (second-level heading)

A competing interest exists when your interpretation of data or presentation of information may be influenced by your personal or financial relationship with other people or organisations that can potentially prevent you from executing and publishing unbiased research. Authors should disclose any financial competing interests but also any non-financial competing interests that may cause them embarrassment were they to become public after the publication of the manuscript. Where an author gives no competing interests, the listing will read 'The authors declare that they have no financial or personal relationship(s) which may have inappropriately influenced them in writing this paper.'

Authors' contributions (second-level heading)*: This section is necessary to give appropriate credit to each author, and to the authors' applicable institution. The individual contributions of authors should be specified with their affiliation at the time of the study and completion of the work. An 'author' is generally considered to be someone who has made substantive intellectual contributions to a published study. Contributions made by each of the authors listed, along the lines of the following (please note the use of author initials):

J.K. (University of Pretoria) was the project leader, L.M.N. (University of KwaZulu-Natal) and A.B. (University of Stellenbosch) were responsible for experimental and project design. L.M.N. performed most of the experiments. P.R. made conceptual contributions and S.T. (University of Cape Town), U.V. (University of Cape Town) and C.D. (University of Cape Town) performed some of the experiments. S.M. (Cape Peninsula University of Technology) and V.C. (Cape Peninsula University of Technology) prepared the samples and calculations were performed by C.S., J.K. (Cape Peninsula University of Technology) and U.V. wrote the manuscript.

References (first-level heading)

Begin the reference list on a separate page with no more than 60 references. Health SA Gesondheid uses the Harvard referencing style, details of which can be downloaded from the journal website. Note: No other style will be permitted.

Title:

Enhance professionalism in ENA learners: A case study

Content:

Aim and objectives:

The overall aim of this research is to enhance the professionalism of ENA learners in a private NEI in Potchefstroom, North West. The following objectives have been identified from the problem statement and research question in order to reach this aim:

- To explore and describe professionalism amongst
- ENA learners in a private NEI in Potchefstroom, North West Province; and
- To formulate recommendations to enhance professionalism amongst ENA learners in a private NEI in Potchefstroom, North West.

Design and Method

This study was conducted by means of a case study approach as the selected topic focuses only on a private NEI situated in Potchefstroom, North West. The population in the study were the ENA learners of a private NEI in Potchefstroom, North West. Data collection was conducted by means of a 'World Café' method. The data that was collected through the World Café method was recorded and transcribed and reconstructed by means of thematic analysis.

Results

The main theme that crystallised from data analysis was that learner ENA learners viewed professionalism as a set of behaviours that are displayed in their external environment. The behaviours are grouped into the following five subgroups, namely punctuality versus absenteeism; adhering to scheduling and duty hours; responsibility of observations and awareness; the role of dress code and the image of nursing and finally obedience to organisational rules and regulations and tolerance towards others.

Discussion & recommendations

ENA learners should reflect a high degree of professionalism to patients, the public, and other professionals. Both ENA learners and expert nurses can gain insight and advice to develop a professional image, and should understand the importance of that image in the development of their careers.

Keywords:

professionalism, learner, enrolled nursing auxiliary (ENA), private nursing education institution (NEI), case study, advance, World Café

3.2 INTRODUCTION

3.2.1 BACKGROUND

There is a direct link between uplifting the nursing profession and a positive impact on life expectancy (Anderson, 2011). Therefore nursing in South Africa is being aligned as a crucial role player to improve South Africa health systems (DOH, 2008). These health systems are best understood against the setting of a quadruple burden of disease (Motsoaledi, 2011) that describes the diagnostic groupings which influence the fundamental perspectives of health care service delivery. These four diagnostic groupings are i) HIV/AIDS and tuberculosis; ii) chronic diseases; iii) high maternal and child mortality rates; and iv) diseases due to violence and injuries. These burden of disease are managed within a hospital-driven and curative system that is destructive, unaffordable and not sustainable (Motsoaledi, 2011).

In addition to the changing landscape of patients' health profile is the progressive awareness towards quality of care. The initiation of the National Health Insurance (NHI) system symbolises a grotesque effort towards sustainable health care delivery (DOH, 2009:22). It also represents the transformation that South African health systems underwent from health for all towards improved health care. Peltzer (2009:2) referred to the second health care-transformation towards enhanced quality of care. And nursing as the largest component in the health workforce (LaMarche, 2008) is central to these changes. To meet the needs of patients and communities, the Minister of Health requested from the South African Nursing Council (SANC) to review the nurses' scope of practice and to enhance relevant training (Motsoaledi, 2011). The relevant training of nurses is one of various challenges that impacts on the nursing profession such as an ageing workforce, nurse shortages (SANC, 2007), consumerism and a global call towards increased professionalism. The 2011 National Nursing Summit (Department of Health, 2011) revisited the role of the nurse and improved health outcomes; the ethical and value systems of nursing and nurse education and training amongst other aspects. In response to the National Nursing Summit, the Nursing Compact surfaced (Anderson, 2011), designed to fortify nurses' restoration of their professionalism and dignity. By 2013 the National Strategic Plan for Nurse Education, Training and Practice was launched to revitalise the nursing profession. Amongst other objectives, enhancing and

maintaining professionalism and professional ethos amongst members of the nursing and midwifery professions (Khumalo, 2013:1) was highlighted in this plan.

The urgency to address nursing's image is both a national and international phenomenon as nurses are requested to reshape their image globally (George, 2009:2). The contradictory images of the nursing profession held by both society and nurses contribute to the declining image of nursing. This contradiction is a dichotomy between the "angel metaphor" and the advanced technical roles and tasks nurses undertake (Maben & Griffith, 2008:12-13) and where both the public and patients judge the professionalism of nurses according to nurses' appearance, behaviour, appearance and communication (Maben & Griffith, 2008:13).

The reference to nursing and to the nursing profession in South Africa is the collective of professional and registered nurses, midwives, enrolled nurses (EN learners) and enrolled auxiliary nurses (ENA learners) (Searle *et al.*, 2009:70-71) of which the latter two are referred to as sub-category nurses. The scope of practice of these categories of nurses is stipulated in the Nursing Act No 33 of 2005. Yet the importance of sub-categories nurses are less valued in various research and policy documents of which some proposed a ratio of three sub-category nurses to one professional nurse (Human Sciences Research Council [HSRC], 2009).

Professionalism is by itself a complex concept, derived from the Latin (*profiteri*), meaning a public or open statement of a person's intentions and beliefs and of a person's acknowledgement of a specific way of life (Searle *et al.*, 2009:3). A profession is a paid and chosen occupation requiring extended training and formal qualification (Gokenbach, 2010). The professionals within a profession are expected to display skillful and competent behaviour defined and expected by the chosen profession. Yet, the core concepts of a profession (Kotzé, 2013:13, Muller, 2009:7; Searle *et al.*, 2009:279) is not applicable to sub-category nurses. But it is argued that patients don't necessarily differentiate between the nursing categories and evaluate nurses' behaviour in general. In 1995 Webb and Hope (1995:101-108) noted that patients expect from nurses to listen to their (the patients) worries, relieving pain and teach patients about their (the patients) condition. ENA learners ability to demonstrate the characteristics of professionalism depends on both the nurse and the nurse's environment (RNAO, 2007:27). The professional attitudes and corresponding behaviours expected from ENA

learners are accountability, care, desire for self-improvement, diversity, honesty, being open-minded, respect, responsibility to learn, being a team player and to value new experiences (Registered Nurses' Association of Ontario [RNAO], 2007:27-29). Yet the understanding of professionalism in sub-category nurses are challenged when leading textbooks focus on professionalism for registered and / or professional nurses (Searle, Human & Mogotloane, 2009:70). Furthermore the scope of practice of ENA learners is being reviewed by the SANC and the new draft regulations to follow the Nursing Act (SANC, 2005) ENA learners will be able to function independently, take responsibility and be accountable for his or her own actions (Pick Report, 2001).

The researcher as a professional nurse and educator in a private nursing education institution (NEI) to ENA learners identified an abyss between the expectations of patients from nurses in general, the professionalism exhibited by ENA learners during their training and the expectations for ENA learners in the draft regulations for ENA learners' changed scope of practice. The lead the researcher to ask how do ENA learners perceive their own professionalism and what recommendations can be formulated during the finalisation of scope of practices to facilitate an increased professionalism amongst ENA learners.

3.3 LITERATURE REVIEW

The search strategy included a comprehensive search of databases and search engines. The following key words were used: professionalism, ENA learner, private NEI, case study. Articles that were relevant to the research questions were reviewed, both national and international.

This study was undertaken to identify what preconceptions ENA learners have of nursing when they enter the nurse training programme at a private NEI. The term 'perspective' was chosen to describe how the ENA learners view themselves, their environment, ways of thinking and feelings about nursing and the opportunity to act in nursing and educational situations (Anderson, 2008:808-815). Much of the literature concerning nursing professionalism describes the various reasons why nurses have failed to attain the degree of autonomy attained by other professionals (Kozier & Erb, 2010; Potter & Perry, 1985). The limited research in this area focuses on specific

aspects of professionalism, such as autonomy and advocacy (Akhtar-Danesh *et al.*, 2009:1).

3.4 PROBLEM STATEMENT

Rapid changes in the nursing sector have recently occurred across all areas and settings, making for a chaotic and seldom unstable work environment (Alidina, 2012:1-10). All of these changes have impacted the ability of ENA learners to maintain high levels of professionalism and collaboration (RNAO, 2007). In particular, the researcher, as an educator within a private NEI responsible for teaching ENA learners, experienced a lack of professionalism amongst ENA learners during the course of their training, as well as after their enrolment with the South African Nursing Council (SANC). Currently, there seems to be a difference between the professionalism portrayed by ENA learners and that which is expected of them (Gokenbach, 2012).

3.5 AIMS OF THE STUDY/KEY FOCUS

The motivation for this study is to expand the current literature on nursing professionalism with specific reference to ENA learners. The purpose of this case study was to arrive at a better understanding of the professionalism of ENA learners in a private nursing education institution (NEI) in Potchefstroom, North West. Core nursing values play a fundamental role in the development of ENA learners, as well as the overall nursing profession (Haigh & Johnson, 2007:1-11). Progress in the area of developing professional attitudes and behaviours in ENA learners will not only make the academic environment more professional, but also help to enhance the professionalism of ENA learners in clinical practice (Hammer, 2000:455). The end results will help to give insight and increase understanding of the professionalism of ENA learners, which is not sufficiently defined in nursing research at this stage, as the literature review will indicate. A qualitative instrumental case study was used to explore this matter within the context of this study (Rule & John, 2011:8-9).

3.6 CONTEXT FOR THE STUDY

This research is contextual. In a contextual research strategy, the phenomenon is studied for its intrinsic and immediate contextual significance (Mouton, 1998:133). Burns and Grove (2005:32) point out that contextual studies focus on specific events in “naturalistic settings”. Naturalistic settings are uncontrolled real-life situations, sometimes referred to as field setting (Botes, 1995:9). The context in which this research was conducted is a private NEI in Potchefstroom, North West. The NEI offer the ENA course for the duration of one year (SANC, 2005). The NEI has two intakes per year of 40 ENA learners per intake. Staffing of the private NEI consists of one principal, two tutors, two clinical facilitators, one ENA, one administrative assistant and one cleaner. The NEI is accredited by the following organizations: SANC, Umalusi (Umalusi Council for Quality Assurance in General and Further Education and Training), and is also accredited as a Private Further Education and Training College (FET) with the Department of Higher Education and Training. The private NEI is situated in the central business area of Potchefstroom. The demographic profile of the ENA learners were: average age=30, language=Setswana, first time studies=18, male learner=1, female learners=24. Criteria for enrolment to the ENA course is Grade 10, 11, or 12.

3.7 TRENDS

Professionalism in nursing is in the direct scope of the major stakeholders in South Africa. The Nursing Compact (Anon., 2011:1-4) states that professional ethos and ethics in nursing are one of the major challenges faced by the nursing profession in general. Furthermore, the Strategic Plan for Nursing Education, Training and Practice 2012/13-2016/17 indicates that professionalism and ethics with the focus of care should be compulsory modules in all the different levels of nursing and midwifery training as a mechanism to enhance the image of nursing and of nurses (DOH, 2012:7). The enhancement and maintenance of professionalism for all the members of the nursing profession were listed as one of the aims of the Strategic Plan (DOH, 2012:15).

3.8 RESEARCH OBJECTIVES

The aim of this research is to enhance the professionalism of ENA learners in a private NEI in Potchefstroom, North West. The following objectives are formulated in order to reach this aim:

- to explore and describe professionalism as perceived by ENA learners in a private NEI in Potchefstroom, North West and
- to formulate recommendations to advance professionalism amongst ENA learners in a private NEI in Potchefstroom, North West.

3.9 DEFINITION OF KEY CONCEPTS

In order to understand the concept of professionalism in nursing, the concept of profession first has to be defined. Webster (2013) describes profession as a “chosen, paid occupation requiring prolonged training and formal qualification”. Professionals can therefore be defined as individuals expected to display competent and skilful behaviours in alignment with their profession. Being professional then is the act of behaving in a manner defined and expected by the chosen profession (Gockenbach, 2012:2).

The following concepts are central to the study and defined as follows:

- **Professionalism**

The Merriam-Webster dictionary (2013) defines professionalism as "the conduct, aims, or qualities that characterize or mark a profession or a professional person", and it defines a profession as "a calling requiring specialized knowledge and often long and intensive academic preparation". These definitions imply that professionalism encompasses a number of different attributes, and, together, these attributes identify and define a professional.

- **Private NEI**

A private NEI is an educational nursing institution of higher learning that provides education and training for student nurses, as well as ENA learners as regulated by the South African Nursing Act, No. 33 of 2005. In this study, NEI refers to the private NEI in Potchefstroom, North West.

- ENA

An ENA is an individual who has completed a year program or a similar course at a nursing college or nursing school for the duration of one year. This person is educated and competent to practice elementary nursing (Subedar, 2005:6).

- Case study

A form of qualitative descriptive research that is used to look at individuals, a small group of participants, or a group as a whole. Researchers collect data about participants using participant and direct observations, interviews, protocols, tests, examinations, records, and collections of writing samples (Becker *et al.*, 2012). Case study is a popular approach that allows researchers to develop and present an in-depth view of a particular situation, event or entity (Rule & John, 2011:16).

3.10 CONTRIBUTION TO FIELD

It is argued that the majority of literature on professionalism in nursing is based on the professional nurse. There is limited literature on professionalism in sub-categories of nursing. This limitation is also present in the ENA learner's curriculum followed as part of the training to be enrolled with the SANC as ENA learners. This research provides insight into professionalism amongst ENA learners in a private NEI and can be assimilated by other NEIs in South Africa.

3.11 RESEARCH METHODOLOGY

3.11.1 RESEARCH DESIGN

A qualitative instrumental case study approach was used to explore and describe professionalism amongst ENA learners in a private NEI in Potchefstroom, North West, within the context of this study (Rule & John, 2011:8-9). Case study research excels at bringing an understanding of a complex issue and can extend experience or add strength to what is already known from previous research (Soy, 1997:1-11). The research design followed within the instrumental case study approach was that of a qualitative, descriptive, explorative and contextual design (Burns & Grove, 2009:223). The contextual nature of the research aims to analyse and describe the reality of the research setting in such detail that transferability of the research findings could be

possible in a similar context (Botes, 1995:9). The context of this study was a private NEI in Potchefstroom, North West.

3.12. RESEARCH METHOD

3.12.1 PHASE 1: CASE IDENTIFICATION, CASE SELECTION AND CASE RECORDS

Case identification refers to first recognising the population among which the case is situated, and then finding individual cases that are members of this population (Rule & John, 2011:13). The identified case is a private NEI in Potchefstroom, North West where teaching-learning of ENA learners takes place in order for ENA learners to register as an enrolled ENA on completion of this training. The following case records (Rule & John, 2011:10) were used to provide a better understanding into the case: vision and mission statements; a professionalism acronym that is presented in each classroom at the NEI; scope of practice of ENA learners; classroom conduct and code of conduct while doing clinical practica.

3.12.2 PHASE 2: DATA COLLECTION THROUGH WORLD CAFÉ AND DATA ANALYSIS

Within the identified case, the population (Botma *et al.*, 2010:290) was a 2012 mid-year enrolled group of ENA learners at the private NEI in Potchefstroom, North West (N=40, n=25). A non-probable, purposive sampling was conducted from the population according to inclusion and exclusion criteria (Botma *et al.*, 2010:125). The sample size was determined by a repetitive pattern of results (n=25). Participants were invited to participate in the World Café, also known as the Knowledge Café (Brown, 2002:2). The World Café preparation and facilitation was done by the researcher. The World Café is a brainstorming technique used for structuring a meeting that invites dialogue, spurs creativity and supports “conversations that matter” (Brown, 2002:2). It is based on the assumption that wisdom and creativity to confront difficult challenges might already be present within participants.

The process of the World Café is graphically depicted in annexures 15 and 16. The 25 participants (n=25) were divided into five (5) groups with five (5) members per group. Participants were seated around tables in a prepared room, setting an atmosphere to model a café. The facility used was a lecturing room at the identified private NEI. Students were seated around square tables, five (5) chairs per table. Tables were numbered from one (1) to five (5). Each table had sized A2 posters and stationary to be used by participants to brainstorm about a specific theme. Each table had a theme that remained at the table when participants rotated. The five (5) themes used in the World Café were randomly selected by the participants and the researcher. Themes were deducted from a literature study. Before brainstorming started, the researcher welcomed the participants, explained the World Café process, put the participants at ease and set the context. After approximately 15 minutes each group rotated to the next table, the poster and one person stayed behind to explain to the next group what had been brainstormed for that particular identified area. When it was time for the next rotation, a different person will stay behind to report on the ideas of the previous group. The process repeated until all five (5) groups covered all the themes. After all the groups covered the five (5) themes, a participant per table was invited to share insights or results from their conversations with the larger group. The results were reflected visually in a variety of ways and captured on the A2 posters. As indicated by Brown (2002:21), the participants left the World Café feeling amazed by the amount of information gathered in an hour's time.

The participants' (n=25) demographics were as follows: 24 participants were Black South Africans., one (1) participant was a Coloured South African. One (1) participant was male and the remaining 24 were female. Seven (7) participants were employed previously, whilst ENA training at this NEI was the first training for 18 participants. The participants' age distribution was as follows: 21-25 years: 7 (seven); 26-30 years: 4 (four); 31-35 years: 10 (ten); 36-40 years: 3 (three) and one participant aged 42 years. On completion of the World Café, the posters were collected for thematic content analysis (Botma *et al.*, 2010:221). After consensus with a co-analyst, who is also a psychiatric nursing specialist, the five themes from the World Café were categorised into main- and subthemes.

3.12.3 PHASE 3: FOCUS GROUP INTERVIEWS TO CONFIRM THE RESULTS OF THE WORLD CAFÉ, DATA ANALYSIS AND LITERATURE INTEGRATION

During Phase 3, all participants that participated in the World Café were invited to a focus group interview to confirm the results from Phase 2. Twenty-four (n=24) participants returned to participate in the focus group. Two (2) focus groups were conducted by a psychiatric nursing specialist. A semi-structured interview structure was followed. The interviewer rephrased the analysed themes from the World Café and facilitated participants' clarification thereof. The outcome of the focus groups resulted in a final table of main- and subthemes by learner ENA learners enrolled at a private NEI in Potchefstroom, North West, regarding professionalism of ENA learners. The digitally voice recorded focus groups were transcribed and analysed by the psychiatric nursing specialist in combination with the field notes and existing main- and subthemes. From the final main- and subthemes, a literature integration was conducted.

3.12.4 PHASE 4: INTEGRATED DATA ANALYSIS BETWEEN CASE RECORDS, WORLD CAFÉ AND FOCUS GROUP INTERVIEW

The final phase was the integration of the case records with the results from the World Café and focus groups according to repetitive patterns.

3.13 RESULTS

The main theme that crystallised from data analysis was that ENA learners viewed professionalism as a set of behaviours that are displayed in their external environment. The external environment refers to the workplace, the practice within an organisation such as an old age home or hospital unit. The behaviours are grouped into the following five subgroups, namely punctuality versus absenteeism; adhering to scheduling and duty hours; responsibility of observations and awareness; the role of dress code and the image of nursing and finally, obedience to organisational rules and regulations and tolerance towards others.

The first behaviour of professionalism was that the learner ENA learners should be punctual. The ENA learners should be responsible enough to be punctual. Secondly, ENA learners should be at work, as they are part of a team. Their team depends on them and therefore their presence at work is vital for optimal care of patients. Although from an United Kingdom perspective (Thornley, (2000:454) confirms that the function of ENA learners and health care assistants as part of patient care is understated and undervalued, as these workers form an integral part of the health team. Thirdly, the ENA learners' punctuality and absenteeism profile are critical indicators of their professionalism profile. Finally, a distinction should be made between good absenteeism, such as having a valid reason for being absent and following the correct procedure when absent such as phoning the unit, versus bad absenteeism. Bad absenteeism refers to poor reasons for absenteeism and not informing the employer regarding absenteeism. These themes were not confirmed in the literature.

The second behaviour that portrays professionalism according to the ENA learners is the role of scheduling and duty hours. According to the ENA learners it is a continuous balance between the organisation's needs versus the individual's needs. On the one hand there is the organisation's schedule, rotation roster, day and night duty schedule and the policies that direct these schedules and rosters. Yet on the other hand there is the reality of a learner ENA as human being, feeling called to be a nurse and aware of the physical and emotional demands of nursing, who has to submit to the organisation's needs that might be in conflict with his/her own. The occupational stress associated with shift work, schedule rotations and shift work tolerance of nurses in general is confirmed by Saksvik-Lehouillier *et al.* (2012:143-160).

The ENA learners' portrayed professionalism as the combination of effective observations and awareness in the clinical nursing of the patient. Professionalism refers to the ENA learners' observations that are patient-directed and refers to tangible aspects surrounding the patient, such as the patient's physical health status and the patient's external environment. In addition, the ENA learners should have an awareness of the non-tangible needs of the patient, such as the patient's emotional and spiritual needs. The ENA learners should observe patients and be aware of patients' needs, but should address these within the ENA learners' scope of practice. In Gilmore (2001:19) it is ENA learners own responsibility to act within their scope of practice. With regard to the fourth sub-theme, the ENA learners held specific views on dress code and the image of nursing as part of professionalism. Firstly, the dress code of ENA learners is

the main tool to capture the general image of nursing and is perceived as a powerful medium to convey the characteristics of nursing. Brennan and Timmins (2012:747) confirm that the uniform is, amongst other things, used as a symbol to identify nurses. Secondly, the dress code of nurses differentiates nurses from other professions and members of the multi-professional team. Tolbert and Beilstein (2010:58) conclude that patients have a need to differentiate nurses in general, based on a uniform. To conclude, Holleran (2012:58) highlights the link between the image of nurses and professionalism.

The fifth sub-theme is the ENA learners' view of obedience and tolerance as two behaviours of professionalism. Firstly, obedience is exhibited when the ENA learners adhere to the stipulated rules and regulations of an organisation. In addition to obedience, ENA learners should also be tolerant towards their patients, co-workers and the community. Tolerance of ENA learners refer to the principle that you should do unto others as you want to be done unto you. Tables may be used and/or models may be drafted to indicate key components of the results of the study (**see table 8**).

3.14 ETHICAL CONSIDERATIONS

The ethical principles of autonomy, self-determination, anonymity and beneficence were taken into consideration throughout this research. Prior to data collection, ethics clearance was granted by the Ethics Committee of the North-West University.

Participants gave voluntary, written consent after the research aim and the research process was described, visually assisted by a slide presentation.

- Potential benefits and hazards

Participation in this research had no potential harm to participants.

- Recruitment procedures

All the students that were enrolled for the nursing auxiliary course at the private NEI were invited to participate in the research. A purposive, non-probable sampling was conducted and voluntary informed consent was granted by participants.

- Informed consent

The researcher explained the research rationale and motivation by means of a PowerPoint presentation (refer annexure 8). Thereafter participants completed a voluntary consent form.

- Data protection

The posters that were completed in the World Cafe are anonymous, were scanned and binded into the final research report. The signed consent forms, digitally voice-recorded focus group interviews and typed transcriptions are kept by the researcher in a locked cupboard and on a password-secured computer. Anonymity was maintained and the identities of participants are not revealed in the research and in the final publication.

The private NEI provided consent for the research (refer annexure 7).

- Trustworthiness

The concept trustworthiness refers to rigor in qualitative studies. The measures taken by the researcher to ensure that the findings of the study are worth paying attention to (Babbie, 2007:148). The trustworthiness of this study is ensured by adhering to the criteria identified by Guba (as described by De Vos, 2005b:346-347) and includes the strategies for credibility, transferability, dependability and confirmability. A detailed description of the application of these strategies was done in section 1. Trustworthiness also refers to the establishment of rigor in this qualitative study. The research is said to be trustworthy if it is conducted in such a way that it ensures strictness and accuracy (Babbie, 2007:62-78) when presenting the participants' experiences. Therefore the trustworthiness of this research is ensured by adhering to the criteria identified by Guba (as described by Babbie & Mouton, 2001:277-278., De Vos, 2005b:346-347). These criteria include the strategies of credibility, transferability, dependability and conformability as described in section 1 of this study.

- Validity

Swayer and Cosby (2004:111) describe a contextual study as the validity of findings within a specific time, area and circumstances where the study is conducted. Transcribed interviews were listened to as soon as the interviews were completed and verbatim transcription was done. The tone of voice and pauses were carefully listened to and recorded as these might be an indication of the participant's emotions during data collection. Voice recordings were re-listened to, to ensure that all valuable data had been captured.

Data from both the individual interviews and the focus group discussion were cross-checked to EN learners that all the collected data was attended to. A search for

similarities, differences, categories and themes was done. The analysis commenced with reading all the data and dividing it into small meaningful units.

3.15 DISCUSSION

3.15.1 FINAL INTEGRATION OF RESULTS

The final phase in the research process was integration of the case records and the results obtained from the World Café and the follow-up focus group. The integration was done according to a repetitive pattern that became visible during the analysis of all the data. This pattern was the internal and external environment of ENA learners. From the World Café themes, the overall theme was that ENA learners viewed punctuality and absenteeism, adherence to scheduling and duty hours, responsibility for observation and awareness, the role of dress code and the image of nursing and obedience to rules and

TABLE 8 Main and sub-themes

Set of behaviours displayed in the ENA learners external environment (unit, organisation, community)				
Punctuality versus absenteeism	Adhering to scheduling and duty hours	Responsibility for observations and awareness	Role of dress code and the image of nursing	Obedience to rules and regulations, tolerance towards others
• It is your responsibility to be punctual. • Being at work is to be part of a team and is vital for caring. • These are critical indicators of your profile as employee. • Goodabsenteeism (follow correct procedure, having a valid reason) versus bad absenteeism.	• Continuous balance between organisational needs against individual needs. On the one hand the organisation's schedule, rotation, night and day duty and policies. On the other hand the calling of being a nurse and the hard work.	• Your responsibility to do the right thing within your scope of practice. • Observations are patient-directed with regard to tangible aspects and awareness is also directed with regard to nontangible aspects such as emotions.	• The dress code is the main tool to capture the image of nursing. • The dress code is to differentiate nurses from other professions.	• You have to adhere to external rules and regulations as stipulated by the organisation. • Tolerance is about doing to others as you want to be done to you.

regulations and tolerance towards others as a set of behaviours displayed in the ENA learners' external environment. The following case records from the private NEI were integrated into the external environment pattern of the ENA learners: i) vision and mission of the private NEI, ii) scope of practice for ENA learners from the SANC, iii) code of conduct for clinical practice and class attendance, iv) an acronym on professionalism that is portrayed in all the classes in the private NEI facility.

The vision and mission statements of the private NEI, as well as code of conduct limit the responsibility that the ENA learners should take for their own behaviour. A major focus in these case records were the time factor, to be punctual and on time. The scope of practice focused predominantly on the patient care and interventions, but did not address punctuality. The vision and mission as well as the code of conduct value professionalism as experienced by stakeholders in practice. The focus on professionalism on managerial level was visible as the private NEI invited stakeholders to report bi-annually on the NEI's professionalism through the assessment of the ENA learners behaviour. Punctuality and absenteeism were addressed in the code of conduct for clinical practice. The Regulation 2176 (SANC, 2005) (refer annexure 3) stipulates the number of clinical hours required, which is the only reference to the adherence to scheduling and duty hours. The scope of practice of the ENA learners addresses the responsibility for observations and awareness (refer annexure 2a). The code of conduct for clinical practice referred to ensures that patients are always safe. The code of conduct refers only in a limited manner to the role of dress code and the image of nursing. The obedience to rules and regulations and tolerance towards others are not addressed in the scope of practice. Yet, the code of conduct and mission statement of the private NEI addresses this sub-theme (refer annexures 9 and 11). The professionalism acronym positioned in each facility at the private NEI represents again external behaviour criteria (refer annexure 13).

As indicated in Section 1 (background and problem statement) and in Section 2 (literature review on the behaviours, values and attitudes of professionalism), professionalism entails more than visible behaviour. Internal criteria such as character, integrity and personal values were also identified. Yet, the World Café results and the focus groups confirmed ENA learners' view that professionalism is a set of behaviours displayed in the ENA learners' external environment (refer annexures 17, 18, 19 and 20). This view was used as a repetitive pattern for an integrative discussion. All the

case records indicate a high priority to rules and professionalism with a strong link to behaviour. *The internal environment of the ENA learner was omitted by the ENA learners themselves.*

3.16 LIMITATIONS OF THE STUDY

The limitations of the study are those characteristics of design or methodology that set parameters on the application or interpretation of the results of the study; that is, the constraints on generalizability and utility of findings that are the result of the devices of design or method that establish internal and external validity (Labaree, 2013). The data collection were conducted in only one private NEI, as this is where the researcher became aware of the lack of professionalism among ENA learners. There was a limited amount of literature available on professionalism of ENA learners the majority of literature was about professionalism of professional nurses.

3.17 RECOMMENDATIONS

In light of the research findings, the following recommendations for nursing practice, nursing education and nursing research were formulated:

Further qualitative research is recommended to focus on:

- Criteria for professional nursing values and behaviours for sub-categories in nursing.
- More studies are needed to examine the impact of nursing scope of practice on conflict and professionalism amongst nurses.
- Incorporate professionalism into all staff governance and employment activities as the major focus on professionalism is applicable to professional nurses.
- How to incorporate the criteria of professionalism within personal development planning of all nursing categories.

3.18 CONCLUSION

Literature on professionalism in nursing focus on professional nurses, not on sub-category nurses. Yet, there is an increased awareness that even sub-category nurses

have to be professional. An exploration into the concept “professionalism” indicated a complex, multi-facet concept. Professionalism entails specific values, behaviours and attitudes. An investigation into professionalism amongst ENA learners, in a private NEI indicated that these ENA learners view professionalism as a set of behaviours in their external environment. ENA learners made no referral to professionalism in their internal environment.

3.19 AUTHORS' CONTRIBUTIONS

B.A.v W. (North-West University) completed the majority of the manuscript in partial completion of her Masters’ degree. P.B (North-West University) was the study supervisor and assisted with data analysis and co-authored in the manuscript.

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SECTION FOUR

CONCLUSIONS, LIMITATIONS, EVALUATIONS AND RECOMMENDATIONS

4.1. INTRODUCTION

The research findings and supporting quotations from the focus group interviews were discussed in section 1. A literature control was also done to verify the research findings against the existing literature and to highlight unique findings from the research. Section 4 deals with the second objective of this research, namely to formulate recommendations to enhance professionalism amongst ENA learners in a private NEI in Potchefstroom, North West. Recommendations will be made for nursing education, nursing practice as well as for nursing research, with specific reference to the formulation of guidelines to facilitate mentoring student nurses in the clinical practice. In addition, the conclusions and limitations of the research were discussed.

4.2. CONCLUSIONS

From the research results with the case study, the following conclusions are formulated:

- Professionalism is widely accepted as a central element of health care, but it is a complex and multifaceted concept that is often difficult to define. Professionalism is not something that comes easy, and therefore it is important that nurses evaluate themselves on a continual basis to ensure that they are maintaining the standards that make them professional.
- ENA learners as well as professional nurses (registered nurses) are expected to demonstrate a certain degree of altruism, special attainment, self-sacrifice and the right attitude in their dealings.
- Each nurse needs to understand the responsibilities and concerns that are integral to the nursing profession.
- Working with a team of health care professionals to provide care for patients in need, requires a discipline and internal and external composure that stays steady throughout the day.

- Nurses need to demonstrate the attributes of professionalism in their daily practice as it impacts positively on patient satisfaction and health outcomes. It provides nurses with an opportunity to grow personally and professionally.
- The core values that are expected and appreciated in nurses are responsibility, honesty, integrity, belief in human dignity, patient equality, and the desire to prevent and alleviate suffering.
- There are many professions and disciplines in which professionalism is of the utmost importance, and nursing is among them.
- Within the field of nursing, there is much value to be placed with the enhancement of professionalism within the profession.
- Nursing is a profession that relies on practitioners to act in a way that represents the virtuousness of the broader discipline, as all nurses are in a position of responsibility.
- Nursing professionalism stems from nurses developing their practice. This means that nurses need to work to educate others about the role of nurses within the health care sector, as well as lead by example.
- Nursing professionalism requires that those who work within the industry are leaders, and this facilitates the passage of professional tendencies from older and more experienced nurses to newer nurses.
- Overall, nurses need to conduct themselves in a way that is good for the profession a way that reflects well on all nurses, not just the individual.
- All nurses must always give their best effort. It is not acceptable for nurses to only give a partial effort on some days. Regardless of how “well” a nurse is feeling on any particular day, it is important for the pursuit of professionalism that nurses are able to provide excellence, day in and day out.
- Maintaining professionalism in nursing is essential to the profession.
- Nurses put themselves in positions of trust each and everyday, and therefore it is essential that the people that rely on the care of nurses are confident that they are being cared for by professionals.
- There are barriers to professionalism in the nursing practice.
- The environment in which the training and education of ENA learners’ take place, serves in many ways as an incubator for professionalism.
- The formal curriculum of NEI’s has started to address standards for professional and ethical conduct, but this must be re-enforced by example when the clinical facilitators accompany the ENA learners.

As indicated in Section 1 (background and problem statement) and in Section 2 (literature review on the behaviours, values and attitudes of professionalism), professionalism entails more than visible behaviour. Internal criteria such as character, integrity and personal values were also identified. Yet, the World Café results and the focus groups confirmed ENA learners' perception of professionalism is a set of behaviours displayed in the ENA learners external environment. This view was used as a repetitive pattern for an integrative discussion. All the case records indicate a high priority to rules and professionalism with a strong link to behaviour.

4.3. LIMITATIONS

The limitations of the study are those characteristics of design or methodology that set parameters on the application or interpretation of the results of the study. The researcher acknowledges the limitations of this research. This helps the reader to understand the context in which the research claims are set. The limitations identified by the researcher for this research are as follows:

- only five (5) aspect of professionalism were explored
- the interviews were conducted in only one private NEI, as this is where the researcher becomes aware of the lack of professionalism with ENA learners.
- there was a limited amount of literature available on this research topic.

4.4 EVALUATION

The two major objectives of this research were to explore and describe the enhancing professionalism amongst ENA learners in a private NEI in Potchefstroom, North West. Through the focus group interviews the research has been able to identify the challenges which the student nurses face in the clinical practice. Having selected an explorative, descriptive, contextual qualitative research design, the study has been able to explore and describe the enhancing of professionalism amongst ENA learners in a private NEI in Potchefstroom, North West. It is argued that the majority of literature on professionalism in nursing is based on the professional nurse. There is limited literature on professionalism in sub-categories of nurses. This limitation is also present in the ENA learners' curriculum for the training to be enrolled with the SANC as ENA learners.

This research provided insight into professionalism amongst ENA learners in a private NEI and can be assimilated by other NEIs in South Africa.

4.4.1 AIM AND OBJECTIVES

The aim of this research was to enhance the professionalism of ENA learners in a private NEI in Potchefstroom, North West. The following objectives were formulated in order to reach this aim:

- to explore and describe professionalism perceived by ENA learners in a private NEI in Potchefstroom, North West; and
- to formulate recommendations to enhance professionalism amongst ENA learners in a private NEI in Potchefstroom, North West.

It is argued that the objectives of this research were met. Through this research nursing administrators and other health care professionals can gain an understanding of the importance of enhancing professionalism of ENA learners.

4.4.2 CENTRAL THEORETICAL STATEMENTS

The central theoretical argument, namely: As there is an increased need towards professionalism in nursing both from national and international literature, a better understanding of how professionalism is perceived by ENA learners in a private NEI in Potchefstroom as a case study may assist the researcher to formulate recommendations to enhance professionalism of ENA learners at this NEI, are deemed appropriate and was reached in this research.

4.4.3 METHODOLOGY AND RESULTS

This study was conducted by means of a case study approach as the selected topic focuses only on a private nursing education institution situated in Potchefstroom, North West. The population in the study were the ENA learners of a private NEI in Potchefstroom, North West. A sample was selected by the researcher from the study population to participate in the research study (n=25). The data that was collected

through the World Café method was recorded and transcribed and reconstructed by means of content analysis. This data collection referred to ENA learners' perception of professionalism. An instrumental case study approach was used to explore and describe ENA learners' perception of professionalism in a private NEI in Potchefstroom, North West. The research design followed within the instrumental case study approach was that of a qualitative, descriptive, explorative and contextual design. The contextual nature of the research aimed to analyse and describe the reality of the research setting in such detail, that transferability of the research findings could be possible in a similar context. The context of this study is a private NEI in Potchefstroom, North West. The methodological statements of this research are based on the Botes research model. This model was specifically developed for nursing research and has a functional reasoning and open methodological approach.

4.5. RECOMMENDATIONS

Recommendations are formulated for nursing research, nursing education and nursing practice.

4.5.1 RECOMMENDATIONS FOR NURSING RESEARCH

The results from this research identified a number of issues that involve nursing practice institutions, nursing education institutions and aspects that require further research are discussed in the paragraphs that follow. In the light of the research findings, the following recommendations for nursing practice, nursing education and nursing research were formulated:

- The criteria of professional nursing values and behaviours amongst nurses.
- Strategies to promote professionalism in nursing within a knowledge society.
- Society's view of the professionalism of all nursing categories within the nursing profession in South Africa.

4.5.2 RECOMMENDATIONS FOR NURSING EDUCATION

The following recommendations are formulated for nursing education:

- To be a successful student in the nursing field, the following needs to be developed: appositve attitude, time management skills, study skills, etc.
- Professional nursing is a process through which knowledge is obtained. Nurse educators focus on knowledge and skills essential for professional nursing practice. Most curricula also have a professional issues course, which allows for reflection on the profession. However, this type of course often is completed late in the program. Reflective courses or seminars on professionalism should begin with the program developing a sense of professionalism is equally important as the knowledge and skills.
- Nursing education is aimed at preparing ENA learners to function as “persons who are qualified and competent to independently practice comprehensive nursing in the manner and to the level prescribed and who are capable of assuming responsibility and accountability for such practice” (SANC Nursing Act, Act no.33 of 2005). Nursing education is aimed at preparing ENA learners to function as a competent professional practitioner who “has knowledge, abilities and is able to apply skills appropriately according to the scope of practice.
- More studies are needed to examine the impact of nursing scope of practice on conflict and professionalism.
- Incorporate professionalism as a central concept within all training and education programmes, including undergraduate and postgraduate curricula.
- As professionals, nurses need a practice environment that acknowledges the social and health mandate of their discipline and the scope of practice as defined by SANC and relevant legislation. Institutional policy structures must recognize the importance of education and on-going learning, as well as emphasise teamwork and collegiality. In quality professional practice environments, the needs and goals of all nurses are met and patients are assisted in meeting their individual health objectives.

4.5.3 RECOMMENDATIONS FOR NURSING PRACTICE

The following recommendations are formulated for nursing practice:

- Upper management to develop an internal plan to create a professional environment in the workplace. Define clear, enforceable guidelines that can be followed by all employees. Make sure the guidelines are applicable to not just the nurses but everyone who works at the company. SANC provides guidelines on professional boundaries, publishes a code of conduct, and sets competencies for practice.
- Professional standards are taught and assessed from the first year of nursing education and nurses are expected to maintain these standards throughout their careers.
- Implement measures such as
 - students access mentorship from experienced staff in clinical placements
 - all nursing staff undertaking mandatory induction and assessment of compliance with the code of conduct
 - all nursing staff to organise individual mentoring and coaching schemes to support their personal and professional development to enable a professional culture to flourish in nursing.
- Incorporate the requirements of professionalism within personal development planning.
- Promote positive role modelling and leadership in nursing as means of promoting professionalism such as:
 - personal responsibility for learning and a commitment to lifelong learning.
 - continuing professional development (CPD) is fundamental to the development of all healthcare staff.

4.6. SUMMARY

The findings and conclusions of this research emphasised that professionalism of ENA learners is fundamental to all nurses, including professional nurses, lecturers and students. .This chapter concluded with the proposed guidelines to suggest possible implementation to the nursing practice and nursing education institutions. The

researcher also evaluated the research and made recommendations for nursing practice, nursing education and nursing research.

A LAST COMMENT

Make the care of people your first concern, treating them as individuals and respecting their dignity

Work with others to protect and promote the health and wellbeing of those in your care, their families and carers and the wider community

Provide a high standard of practice and care at all times

Be open and honest, act with integrity and uphold the reputation of your profession

ANNEXURE 1

THE RESEARCHER'S VIEW

The nature of caring and supporting others is incredibly appealing for many people and seen as a valuable and worthwhile career choice. Nursing is a very challenging career that can also be both rewarding and interesting; and has been my passion since I was a child. Nursing is a lifelong learning experience, a vocation and a profession that I really wish to join. My ambition was to become a fully qualified registered nurse. I loved to study nursing because I felt it would lead me directly to one of the most emotionally fulfilling careers available, as well as giving me the chance helping people's mental well-being as well as their physical health. Nursing is a profession I have always looked upon with respect.

I believe that the role of a nurse can be very challenging and hectic at times, as well as rewarding and fulfilling. In my opinion a person who is willing to become a nurse needs to have very good interpersonal skills, be a good listener, empathetic, eager to learn and strive to improve themselves, all characteristics of professionalism. Nursing, in my opinion, is a career where you never really finish training. It is a highly challenging career that brings new challenges every day, but with it comes many rewards and a real sense of job satisfaction.

For the past thirty eight years I have been working in the caring profession; almost nine of those have been with a private NEI. Throughout this time I have gained several teaching skills while teaching the ENA learners, which have also improved my people skills and how I interact with others. Professional nursing practice is a commitment to compassion, caring and strong ethical values; continuous development of self and others; accountability and responsibility for insightful practice; demonstrating a spirit of collaboration and flexibility. a Positive and professional image is crucial to a successful nursing career and in benefiting from these interactions and experiences. Creating and maintaining a professional image means more than personal appearance; effective communication skills and a professional attitude are also crucial. Your ability to communicate is vital to productive interactions that benefit patients and the nursing profession.

Professional development is important in order to remain a practicing member of the multidisciplinary team. Although the meaning of professional development is highlighted in the literature, the researcher has some concerns that the lack of professionalism of ENA learners has not been fully described. While taking care of the patients, it is essential that the ENA learners be prepared to nurse the patient with the highest respect and dignity while they are being cared for – as this is a right of the patients that are entering hospitals. In nursing care, it is vital to be a good employee, to respect our patients' rights and dignity and to respect ourselves. After years of seeing certain things and personalities of people, the researcher has come up with a few things specific to ENA learners. When we accept a career, anywhere, we are expected to act in a professional way.

Number one, no matter what ANYBODY says, is how we look. The nursing staff is supposed to be clean and neat- in order to prevent infection. All too often, we see ENA wearing clothing, uniforms- that is wrinkled and dirty looking. Stains and holes are just plain messy looking. If we want to project an appearance of being professional, we must be willing to dress the part. The researcher has heard many ENA learners say - "I don't make enough money for decent uniforms" ... This is true for many of us. No one is saying one needs lots of uniforms, just that the uniforms we have kept in good shape. This is an issue of despair for so many of the ENA.

Missing a lot of time from work is bad for you. It can really ruin your name. If you need to be out for a valid reason, then so be it. People have different ideas of what valid means- this is a very individual thing. The researcher can say without any hesitation that lying is the single biggest thing **ANYBODY** can do to destroy his or her professional life. Telling tales have been just not acceptable and has no place in nursing. A lie will **ALWAYS** come back to bite you. It might take years, but it will catch up with you.

More importantly, in our work, being honest about what we have done is essentially to patient safety. We are responsible for giving hands on care. Every now and then, we just cannot get it all done. It is much wiser to tell the truth, to admit a mistake, than to try to cover up.

Respect for the individual, patient, co- workers, family is a big part of being professional. Of course **ATTITUDE** counts a lot, when dealing with patients, co- workers and

family....**PATIENCE** also plays an important role in professionalism. I just feel bad that all these seem to fade away little by little with enrolled nursing auxiliaries as well as pupil nursing auxiliaries.

Good character is based on a person's behaviour and attitude in general, as well as any beliefs and cautions that are not considered compatible with professionalism and that might bring the nursing profession into disrespect. A person's character, as part of the nursing profession, must be sufficiently respectable to be capable of safe and effective practice of nursing.

The researcher always hears of an unnamed person or thing that is a bad attitude. This is another issue that is described by each of us, in our own way. For the researcher, it means something very different. The researcher thinks a certain amount of complaining, done in the right places with the right people, can be a healthy thing. It can be a stress reliever and a way to think of answers.

A bad attitude is defined by the researcher as one of being rude towards peers and co-workers, as well as towards patients and the public.

The researcher also sees ENA learners, **ABUSING** the supplies of their employer. The researcher talks about the phone, the fax machine, the computers and the supplies on hand for the patients.

The researcher knows many ENA learners who are always using the phones at the nurse's station- for personal conversations. This is mean. Phone calls cost money - even the free local calls cost your employer money in terms of YOUR time being spent away from the patients. With the using of a patient's supplies- this is not only unprofessional and unethical it is also illegal. It is called dishonesty and an ENA learner can go to jail for this (refer to Annexure 4 R1648). If the behaviour of the others influences the ENA learner's ability to do their work, then they will need to evaluate whether staying at this job is in their best interest.

Begin developing your professional image while still in the NEI. When you step through hospital doors for a clinical practice, you are representing your NEI, and, more importantly, yourself. Arrive on time, be prepared and seek out learning opportunities. Clinical time is better spent on learning skills and finding your position in nursing as well as looking for your future employer or discovering a specialty interest. Act professionally

to everyone with whom you interact, from the administrative assistant to the recruiter and manager to demonstrate a competent and professional image. Learn the right way to do things and stick to the correct techniques, which will create good work habits throughout your career.

Communicate clearly with your manager, educator and/or tutor about your strengths, weaknesses and concerns.

Experienced nurses are a great source of information and can help you feel more comfortable. Make sure to introduce yourself to everyone you meet, and learn all about the hospital to respond to questions from patients and their families about your institution. Getting involved in organisations, journals and continually seeking out new information will keep you up-to-date on the nursing profession. As a nurse, your education will never end. A positive image is essential to being a nurse. You will spend time with patients, families, managers and the public. Nursing is an incredibly challenging profession. It is important for the public to view nurses as competent, educated critical thinkers who want to contribute to their communities.

By portraying a positive image in all aspects of your life, beginning while with the NEI and continuing throughout your nursing career, you will help to advance the profession of nursing

ENA learners are expected to demonstrate the values and attributes of professionalism when providing nursing care and when working together with patients, families, nurse colleagues, nursing students and other members of the healthcare team. It is important that ENA learners, as individuals, always reflect on the values, behaviours and relationships of their profession. The researcher's view of professionalism is the following:

To appear professional:

- wear clean unwrinkled uniforms that do not have cartoon characters on them.
- keep your hair back and off your shoulders.
- keep your nails short and unpainted, wear only one pair of earrings, and your tattoo doesn't show.

To work professionally:

- be accountable for your actions, follow orders promptly but have no hesitation to ask questions if an order doesn't seem right.
- keep your patient's needs at the forefront of your mind.
- answer their questions if needed and if you don't know the answer ,find out. -document everything.
- stay in the scope of nursing practice.
- help your co-workers if needed.

To act professional:

- don't swear at work and don't waste time.
- be polite and nice to everyone.

To be professional: A combination of all the above.

The most important reason for the researcher conducting this research study is to increase professionalism of ENA learners in a private NEI in Potchefstroom, North West as well as in provincial hospitals in Potchefstroom, North West, South Africa.

ANNEXURE 2 A



Government Notice No. R. 2598

30 November 1984

as amended by

No. R. 1469

10 July 1987

No. R. 2676

16 November 1990

No. R. 260

15 February 1991

South African Nursing Council

Regulations Relating to the Scope of Practice of Persons Who are Registered or Enrolled under the Nursing Act, 1978

The Minister of Health and Welfare has, on the recommendation of the South African Nursing Council, in terms of Section 45(1)(q) of the Nursing Act, 1978 (Act 50 of 1978), made the regulations as set out in the Schedule hereto.

SCHEDULE

CHAPTER 1. - DEFINITIONS

1. In these regulations "the Act" shall mean the Nursing Act, 1978 (Act 50 of 1978), and any expression to which a

meaning has been assigned in the Act, shall bear such meaning and, unless the context otherwise indicates-

"child" shall include the unborn child;

"co-ordination" shall mean the bringing together of the acts of members of the health team to [meet](#) the spectrum of identified health needs of an individual or a group;

"diagnosing" shall mean the identification of, and discriminating between physical, psychological and social signs and symptoms in man;

"health needs" shall mean those signs, symptoms and processes which denote the individual's interaction with any actual or potential health problem and which require nursing intervention;

"midwifery regimen" shall mean the regulation and implementation of those matters which through midwifery intervention, have an influence on the course and management of pregnancy, all stages of labour and the puerperium and includes the provision of care plans, their implementation and evaluation and [the recording](#) of the course of pregnancy, labour and puerperium and of any health problem and the care received by the mother and child whilst in the charge of the midwife;

"nursing regimen" shall mean the regulation of those matters which, through nursing intervention have an influence on the preventive, promotive, curative or rehabilitative aspects of health care and includes the provision of nursing care plans, their implementation and evaluation thereof and recording of the course of the health problem, the health care received by a patient and its outcome whilst a patient is in the charge of the nurse;

"prescribing" shall mean giving the written directions regarding those treating, nursing care, co-ordinating, collaborating and patient advocacy functions essential to the effective execution and management of the nursing regimen;

"registered person" shall mean a person who is registered as a nurse or as a midwife in terms of the Act or as a medical practitioner or dentist in terms of the Medical, Dental and Supplementary Health [Service](#) Professions Act, 1974 (Act 56 of 1974);

"treatment" shall mean selection and performance of those therapeutic measures essential to the effective execution and management of the nursing regimen.

CHAPTER 6: THE SCOPE OF PRACTICE OF ENROLLED NURSING ASSISTANTS

6. The scope of practice of an enrolled nursing assistant shall entail the following acts and procedures as part of the nursing regimen planned and initiated by a registered nurse or registered midwife and carried out under his direct or indirect supervision:

- (a) The promotion and maintenance of the health of a patient, a family and a community;
- (b) the provision of health and family planning information to individuals and groups;
- (c) the care of a patient and the execution of a nursing care plan for a patient;
- (d) the promotion and maintenance of the hygiene of a patient, a family and a community;
- (e) the promotion and maintenance of the physical comfort, rest, sleep, exercise and reassurance of a patient;
- (f) the prevention of physical deformity and other complications in a patient;
- (g) the supervision over and maintenance of a supply of oxygen to a patient;
- (h) the taking of the blood pressure, temperature, pulse and respiration of a patient;
- (i) the promotion and maintenance of the body regulatory functions of a patient;

- (j) the promotion of the nutrition of a patient, a family and a community;
- (k) the maintenance of intake and elimination in a patient;
- (l) the promotion of communication with a patient during his care;
- (m) the preparation of individuals and groups for the execution of diagnostic procedures and therapeutic acts by a registered person;
- (n) the preparation for and assistance during surgical procedures under anaesthetic;
- (o) the care of a dying patient and a recently deceased patient.

ANNEXURE 2 SCOPE OF PRACTICE TILL 30 JUNE 2013

“DRAFT” SCOPE OF PRACTICE FROM 30 JUNE 2013

Regulations Relating to the Scope of Practice of Persons Who are Registered or Enrolled under the Nursing Act, 1978	“ DRAFT” Scope of Practice of Different categories of Nurses
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CHAPTER 2. - THE SCOPE OF PRACTICE OF REGISTERED NURSES The scope of practice of a registered nurse shall entail the following acts or procedures, which may be performed by scientifically based physical, chemical, psychological, social, educational and technological means applicable to health care practice:	CHAPTER 6: THE SCOPE OF PRACTICE OF ENROLLED NURSING ASSISTANTS The scope of practice of an enrolled nursing assistant shall entail the following acts and procedures as part of the nursing regimen planned and initiated by a registered nurse or registered midwife and carried out under his direct or indirect supervision: (a) The promotion and	THE SCOPE OF THE PROFESSIONAL NURSE IS TO PROVIDE COMPREHENSIVE NURSING AND THE PRIMARY RESPONSIBILITIES ENTAIL: ✧ The provision of comprehensive nursing treatment and care of persons in all health care settings; ✧ Taking responsibility and accountability for the management of nursing care of indivi-	THE SCOPE OF THE NURSING AUXILIARY IS TO PROVIDE ELEMENTARY NURSING CARE AND THE PRIMARY RESPONSIBILITIES ENTAIL: ✧ Providing assistance and support to a person for the activities of daily living and self care; ✧ Providing nursing care as prescribed or directed by a professional nurse or staff
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(a) The diagnosing of a health need and the prescribing, provision and execution of a nursing regimen to meet the need of a patient or group of patients or, where necessary, by referral to a registered person; (b) the execution of a program of treatment or medication prescribed by a registered person for a patient; (c) the treatment and care of and the administration of medicine to a patient, including the monitoring of the patient's vital signs and of his reaction to disease conditions, trauma, stress, anxiety, medication and treatment; (d) the prevention of disease	maintenance of the health of a patient, a family and a community; (b) the provision of health and family planning information to individuals and groups; (c) the care of a patient and the execution of a nursing care plan for a patient; (d) the promotion and maintenance of the hygiene of a patient, a family and a community; (e) the promotion and maintenance of the physical comfort, rest, sleep, exercise and reassurance of a patient; (f) the prevention of physical deformity and other complications in a patient; (g) the supervision over and	duals, groups and communities; ✧ Providing emergency care; ✧ Ensuring safe implementation of nursing care; ✧ Taking responsibility and accountability for the care of persons who have unstable and complicated health conditions; ✧ Ensuring that nursing care is only delegated to competent practitioners. Demonstrates knowledge and insight into laws and regulations relevant to nursing, midwifery and health care in South Africa; • Practises nursing and midwifery in accordance with	nurse; ✧ Providing nursing care in accordance with a standardised plan of care; ✧ Rendering basic first aid. Demonstrates an understanding of laws and regulations relevant to the practice of the nursing auxiliary; • Practise as a nursing auxiliary in accordance with the laws and regulations relevant to nursing and health care in South Africa; • Protects the rights of individuals and groups in relation to health care. • Practises nursing in accordance with the standards and ethical
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and promotion of health and family planning by teaching to and counselling with individuals and groups of persons; (e) the prescribing, promotion or maintenance of hygiene, physical comfort and re-assurance of the patient; (f) the promotion of exercise, rest and sleep with a view to healing and rehabilitation of a patient; (g) the facilitation of body mechanics and the prevention of bodily deformities in a patient in the execution of the nursing regimen; (h) the supervision over and maintenance of a supply of oxygen to a patient;	maintenance of a supply of oxygen to a patient; (h) the taking of the blood pressure, temperature, pulse and respiration of a patient; (i) the promotion and maintenance of the body regulatory functions of a patient; (j) the promotion of the nutrition of a patient, a family and a community; (k) the maintenance of intake and elimination in a patient; (l) the promotion of communication with a patient during his care; (m) the preparation of individuals and groups for the execution of diagnostic procedures and therapeutic	the laws and regulations relevant to nursing and health care in South Africa; • Practises nursing, midwifery and health care in an ethically justifiable manner; • Creates and maintains an enabling environment for ethical practice; • Protects the rights of individuals and groups in relation to health care. • Practise nursing and midwifery in accordance with the standards set by the profession. • Accepts and assumes accountability and responsibility for nursing and midwifery actions and omissions within the legal and	code set by the profession. • Understands and accepts accountability and responsibility for his/her own nursing actions and omissions within the relevant legal and ethical parameters. Provides assistance and support to the health care user for the activities of daily living and self-care; • Establishes and promotes a supportive and helping relationship with health care users; • Maintains a safe environment for nursing care; • Provides nursing care according to professional standards; • Provides nursing care in
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(i) the supervision over and maintenance of fluid, electrolyte and acid base balance of a patient; (j) the facilitation of the healing of wounds and fractures, the protection of the skin and the maintenance of sensory functions in a patient; (k) the facilitation of the maintenance of bodily regulatory mechanisms and functions in a patient; (l) the facilitation of the maintenance of nutrition of a patient; (m) the supervision over and maintenance of elimination by a patient; (n) the facilitation of communication by and with a	acts by a registered person; (n) the preparation for and assistance during surgical procedures under anaesthetic; (o) the care of a dying patient and a recently deceased patient.	ethical parameters of a dynamic health care Develops and implements a comprehensive nursing plan for the promotion of activities of daily living, self-care, treatment and rehabilitation of health care users; • Provides direction for the implementation of the nursing plan; • Provides supervision for all nursing care • Initiates and maintains a therapeutic relationship; • Establishes and maintains an environment in which health care can be provided safely and optimally; • Continuous review of nursing practice against professional	accordance with the prescribed plan of care; • Assist with the maintenance of continuity in health care user care; • Observes the health status of the health care user and reports and records thereof; • Maintains an environment that promotes safety, security and health care user rights; • Promotes health through the provision of health care information.
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patient in the execution of the nursing regimen; (o) the facilitation of the attainment of optimum health for the individual, the family, groups and the community in the execution of the nursing regimen; (p) the establishment and maintenance, in the execution of the nursing regimen, of an environment in which the physical and mental health of a patient is promoted; (q) preparation for and assistance with operative, diagnostic and therapeutic acts for the patient; (r) the co-ordination of the health care regimens provided for the patient by other		standards; • Facilitates continuity of care through reporting and communication to the care givers and members of the health care team; Assesses health and nursing needs of individuals and groups through observation, interaction and measurement; • Analyses, interprets data and diagnose and prioritise nursing needs. • Appropriately refers of a health care user; • Evaluates health care user's progress towards expected outcomes and revises nursing care plans in accordance with evaluation data; • Creates and maintains an	
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categories of health personnel; (s) the provision of effective patient advocacy to enable the patient to obtain the health care he needs; (t) care of the dying patient and the care of a recently deceased patient within the execution of the nursing regimen.		environment that promotes safety, security and integrity of health care users; • Manages nursing care and co-ordinate health care to ensure continuity of care within the health care team; • - Creates and maintain a complete and accurate nursing record for individual health care users; • - Assesses the health care information needs of clients and plan for and respond accordingly; • Advocates for the rights of health care users; • Promotes health care user participation in health care and empowers them towards self resilience; • - Demonstrates and maintains of adequate knowledge and skills for safe practice.	
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ANNEXURE 3



Government Notice No. R. 2176

19 November 1993

as amended by

No. R. 59

17 January 1997

South African Nursing Council

Regulations Relating to the Course Leading to Enrolment as a Nursing Auxiliary

The Minister for National Health and Welfare has, on the recommendation of the South African Nursing Council, in terms of section 45 (1) of the Nursing Act, 1978 (Act No. 50 of 1978), made the regulations set out in the Schedule hereto

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SCHEDULE

Definitions

1. In these regulations "the Act" means the Nursing Act, 1978 (Act No. 50 of 1978), and any expression to which a meaning has been assigned in the Act shall bear such meaning and, unless the context otherwise indicates-
"academic year" means a period of at least 44 weeks in any calendar year;

"course" means a programme of education and training approved by the council which is offered by an approved nursing school referred to in regulation 3 and which leads to a qualification which confers on the holder thereof the right to enrolment as a nursing auxiliary in terms of section 16 of the Act;

"General Nursing Science and Art I" means a subject prescribed for the first year by Government Notices Nos. R. 879 of 2 May 1975, as amended, R. 881 of 2 May 1975, as amended, or R. 882 of 2 May 1975, as amended or in regulations published in terms of the Nursing Act, 1984 (Act No. 13 of 1984) (Ciskei), under Government Notice No. 36 of 1987, as amended;

"portion" means a part of an examination for which a result is published in the examination results, and which is taken as a whole;

"practical portion" means a portion consisting of a practical examination which may include an oral examination and also the marks obtained in a system of continuous assessment;

"Psychiatric Nursing Science and Art I" means a subject prescribed for the first year in the regulations published under Government Notice No. R. 880 of 1 May 1975, as amended;

"written portion" means a portion consisting of one written paper.

Conditions for enrolment as a nursing auxiliary

2. (1) A person shall be enrolled as a nursing auxiliary in terms of section 16 of the Act if-

- (a) he has received the education and training referred to in these regulations at an approved nursing school;
 - (b) he was enrolled as a pupil nursing auxiliary for the duration of the course referred to in these regulations;
 - (c) he has attained the course objectives referred to in regulation 6;
 - (d) he has passed the examination referred to in regulation 8 or has been exempted therefrom in terms of regulation 7;
 - (e) the nursing school where the course was followed submits a satisfactory [record](#) to the council of his theoretical and clinical training.
- (2)** A candidate who qualifies for exemption in terms of regulation 7(1) shall be enrolled as a nursing auxiliary only if the record and certificate referred to in regulation 7(1)(d), together with the prescribed fee, have been submitted to the council.

Conditions for the approval of a nursing school

3. (1) A nursing school shall [apply](#) to the council to offer a course referred to in these regulations.
- (2) An [application](#) referred to in subregulation (1) shall be approved by the council if-
- (a) all required information has been furnished by the nursing school;
 - (b) the organisational structure and the facilities for [presenting](#) the course are satisfactory in the opinion of the council;
 - (c) the [curriculum](#), including the system of continuous evaluation in respect of theory and clinical practica, submitted by the nursing school, is satisfactory in the opinion of the council;
 - (d) the facilities for clinical practica are satisfactory in the opinion of the council;
 - (e) the person in charge of the nursing school is a registered nurse against whose name an additional qualification in nursing education has been registered in terms of section 22 of the Act;
 - (f) at least one registered nurse is on duty at all times at the institution where the clinical training is presented;
 - (g) all members of the nursing staff who take part in the clinical training are registered or enrolled nurses.
- (3) Notwithstanding the provisions of subregulation (2), the council may approve a nursing school upon conditions that substantially correspond with the requirements of that subregulation.

Admission to the course

4. (1) A candidate shall apply to the person in charge of a nursing school for admission to the course referred to in these regulations.
- (2) Such application shall be accompanied by proof that the candidate has passed at least an academic Standard 8 or has an equivalent educational qualification.

Duration of the course

5. The duration of the course shall be one academic year which shall be completed within a period of 18 months from the date of commencement, unless the council determines otherwise.

The curriculum

6. (1) *Course objectives*

The curriculum for the course shall be compiled in such a manner that it leads to the personal and professional development of a pupil nursing auxiliary so that, on completion of the course he-

- (a) recognises and respects the dignity and worth of man;
- (b) appreciates that social and cultural influences and physical circumstances have a bearing on human behaviour and health;
- (c) demonstrates an understanding of the relevant legislation and the aspects of the common law applicable to nursing;
- (d) accepts the ethical and moral codes governing nursing;
- (e) accepts that nursing is involved with man at all stages of life;
- (f) is able to assist with the implementation of nursing acts for individuals or groups as part of the nursing regimen planned by a registered nurse or registered midwife, with particular reference to basic human needs;
- (g) recognises the place of the enrolled nursing auxiliary in the health team providing comprehensive health care;
- (h) is willing to co-operate with other health team members;
- (i) recognises and carries out his responsibility in respect of the promotion of the physical and mental health of man and the prevention of physical and mental disorders in man.

(2) *Course contents*

The course shall consist of

a subject made up of the following:

- (a) Nursing history and ethics;
- (b) basic nursing care;
- (c) elementary nutrition;
- (d) first aid;
- (e) elementary anatomy and physiology;
- (f) introduction of comprehensive health care.

(3) ***Clinical training***

- (a) Subject to the provisions of regulation 7 a pupil nursing auxiliary shall undergo a minimum of 1 000 hours of clinical training, which shall be spread over the full period of the course.
- (b) The clinical training referred to in paragraph (a) shall include practica at night for at least one twelfth but not more than one quarter of the total prescribed period of training.
- (c) Notwithstanding the provisions of paragraph (b), a pupil nursing auxiliary shall not be allocated for clinical practica at night during the first six months of the course.

Exemptions

7. (1) A candidate who, during the five years prior to the date of application, has terminated training at an approved nursing school in any course leading to registration as a nurse may be enrolled as a nursing auxiliary on application and payment of the prescribed fee, if-

- (a) he has completed at least one year of such a course;
 - (b) he has passed the examination in General Nursing Science and Art I or Psychiatric Nursing Science and Art I or the equivalent thereof;
 - (c) he has completed at least 1 000 hours of clinical practica; and
 - (d) a record of training which is satisfactory to the council is submitted by the nursing school where the training took place, together with a certificate from the person in charge of the nursing school, that the candidate has attained at least the equivalent of the course objectives referred to in regulation 6.
- (2) A candidate referred to in subregulation (1) who has not passed the examination in General Nursing Science and Art I or Psychiatric Nursing Science and Art I or the equivalent thereof, but who complies with the other requirements of that subregulation, may be granted exemption from the full period of the course, from the clinical training referred to in regulation 6 and from enrolment as a pupil nursing auxiliary and may enter for the examination referred to in regulation 9 without undergoing further training.
- (3) A candidate who, during the five years prior to the date of application, has terminated his or her training at an approved nursing school in a course leading to enrolment as a nurse may be enrolled as a nursing auxiliary on application and payment of the prescribed fee if-
- (a) he or she has completed at least the first academic year of such a course;
 - (b) he or she has passed a first-year examination conducted by the council for the course leading to enrolment as a nurse;
 - (c) he or she has completed at least 1 000 hours of clinical practica; and
 - (d) a record of training which is satisfactory to the council is submitted by the nursing school where the training took place, together with a certificate from the person in charge of the nursing school that the candidate has attained at least the equivalent of the course objectives referred to in regulation 6.
- (4) A candidate who, during the five year prior to the date of application, has terminated his training in any course leading to registration or enrolment as a nurse, and has completed at least six months, but less than one year of such a course may be granted exemption from

not more than 100 days of the period prescribed for the course referred to in these regulations and from not more than 500 hours of the prescribed clinical training.

(5) Other exemptions may be granted by the council in its discretion.

Examinations

8. (1) (a) The subject referred to in regulation 6(2) shall be examined by the council in accordance with the regulations relating to examinations of the council.

(b) For the purposes of the regulations referred to in paragraph (a) the course referred to in these regulations shall be deemed to be a basic course.

(2) The examination shall consist of the following two portions:

(a) A written portion conducted by the council and consisting of one paper of three hours' duration;

(b) a practical portion conducted by the nursing school.

Requirements for admission to an examination

9. A candidate shall be admitted to an examination only if he-

(a) will have completed the prescribed period of training for the course not later than the end of the months in which the examination is conducted;

(b) obtains a year-mark of at least 50% in a system of continuous evaluation referred to in regulation 3(2)(c);

(c) will have achieved the objectives referred to in regulation 6(1) by the date of the examination.

Application of regulations

10. Subject to regulation 11, these regulations shall apply to all courses in the Republic of South Africa leading to enrolment as a nursing auxiliary.

Transition clause

11. (1) (a) Subject to the provisions of paragraph (b) and subregulations (2)(a) and (3), these regulations shall not derogate from the provisions of the regulations published under Government Notice No. R. 1571 of 21 July 1989, hereinafter referred to as the 1989 regulations, which shall remain in force until 31 December 1996.

(b) Notwithstanding the provisions of paragraph (a) and subject to the provisions of subregulations (2)(b) and (3), these regulations shall not derogate from the provisions of the regulations published in terms of the Nursing Act, 1984 (Act No. 13 of 1984) (Ciskei), under Government Notice No. 67 of 10 August 1990, hereinafter referred to as "the 1990(a) regulations" or the regulations published in terms of the Health and Related Professions Act, 1985 (Act No. 33 of 1985) (Bophuthatswana), under Government Notice No. 46 of 23 March 1990, hereinafter referred to as "the 1990(b) regulations", which shall remain in force until 31 December 1997.

(2) (a) Notwithstanding the provisions of subregulation (1)(a) and subject to the provisions of paragraph (b), no person shall be permitted to enrol for a course referred to in the 1989 regulations later than one year after the publication of these regulations.

(b) Notwithstanding the provisions of paragraph (a) and subregulation (1)(b), no person shall be permitted to enrol for a course referred to in the 1990(a) regulations or the 1990(b) regulations after 28 February 1997.

(3) Notwithstanding the provisions of subregulation (1), the examinations for the course referred to in the 1989 regulations shall be conducted in accordance with the regulations relating to examinations of the council and the course shall for the purposes of the provisions of those regulations be deemed to be a basic course.

ANNEXURE 4



Government Notice No. R. 1648

14 September 1973

as amended by

No. R. 482

10 March 1978

South African Nursing Council

Regulations Regarding the Conduct of Enrolled Nursing Assistants which shall Constitute Improper or Disgraceful Conduct

The Minister of Health, in terms of section 11(1) of the Nursing Act, 1957 (Act 69 of 1957), as amended, has approved the following regulations regarding the conduct of enrolled nursing assistants which shall constitute improper or disgraceful conduct, made by the South African Nursing Council:

Note (i). - Attention is directed to section 22 of the Act, which reads as follows:

"The Council may, in the manner prescribed, enquire into any complaint, charge or allegation against any registered or enrolled person, or any person registered under section 14 or enrolled under section 15, of improper or disgraceful conduct, whether or not with regard to such person's profession, or whether or not prescribed as constituting improper or disgraceful conduct, and may on conviction impose the penalties prescribed by section 25."

Note (ii). - Attention is directed to section 1(xii) of the Act, which reads as follows:

"In this Act, unless the context otherwise indicates, 'nurse' includes a nurse who is a male person."

Practice

1. An enrolled nursing assistant shall carry out such nursing care as his enrolment permits, under the direct or indirect supervision or direction of a registered nurse or an enrolled nurse or, where applicable, under the direct or indirect supervision of a [medical](#) practitioner or a dentist or on his direction or written or verbal prescription.

Advertising

1A. (1) An enrolled nursing [assistant](#) shall not advertise for professional gain, or permit such advertisement, other than by indicating his name, address, telephone number, hours of attendance and enrolled qualification in such advertisement.

(2) An enrolled nursing assistant shall not advertise any other person (whether such person is registered or enrolled under the Act or registered under the Medical Act or not), or any product or business or institution or organisation of any nature whatsoever, for any purpose whatsoever and in any way whatsoever, or permit his name or photograph (whether in uniform or not) to be used in such an advertisement.

Breach of Contract

2. An enrolled nursing assistant shall not without good cause break any contract of service into which he may have entered.

Professional Reputation of Registered and Enrolled Persons

3. An enrolled nursing assistant shall not wilfully cast reflection by word or implication upon the probity or professional reputation or professional skill of any person registered or enrolled under the Act or registered under the Medical Act.

Professional Secrecy

4. An enrolled nursing assistant shall at all times observe the principles of professional secrecy.

Contempt of Council, Its Members and Officials

5. An enrolled nursing assistant shall not wilfully commit any act or omission which will bring the Council, or any of its members or officials, into contempt or disrepute, or which will hamper the work of the Council.

Application to the Territory of South-West Africa

6. These regulations shall also [apply](#) in the Territory.



Privaat sak X6001, Potchefstroom
Suid-Afrika, 2520

Aan wie dit mag aangaan

Tel: 018 299-1111/2222

Tel: 018 2994237

Faks: 018

E-pos: 10055355@nwu.ac.za

Geagte Prof./Dr./Mnr./Me.

Etiekaansoek: NWU-00050-12-S1

“Leadership and governance as mechanisms towards excellence in South African health systems”

Die komitee is tevrede dat die kommentaar van die paneel voldoende aangespreek is en etiese goedkeuring word aanbeveel.

Vriendelike groete

A handwritten signature in black ink, appearing to read 'H.H. Vorster'.

Prof. H.H. Vorster

Voorsitter

ANNEXURE 6



NORTH-WEST UNIVERSITY
YUNIBESITHI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT

Private Bag X6001, Potchefstroom
South Africa 2520

Tel: (018) 299-4900
Faks: (018) 299-4910
Web: <http://www.nwu.ac.za>

Ethics Committee
Tel +27 18 299 4850
Fax +27 18 293 5329
Email Ethics@nwu.ac.za

Dr P Bester

15 August 2012

ETHICS APPROVAL OF PROJECT

- ☐ The North-West University Ethics Committee (NWU-EC) hereby approves your project as indicated below. This implies that the NWU-EC grants its permission that, provided the special conditions specified below are met and pending any other authorisation that may be necessary, the project may be initiated, using the ethics number below.

Project title : Leadership and governance as mechanisms towards excellence in South African health systems																
Project Leader: Dr P Bester																
Ethics number:		N	W	U	-	0	0	0	5	0	-	1	2	-	A	1
		Institution			Project Number						Year		Status			
Status: S = Submission; R = Re-Submission; P = Provisional Authorisation; A = Authorisation																
Approval date: 2012/08/13										Expiry date: 2017/08/12						

Special conditions of the approval (if any): None

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

- The project leader (principal investigator) must report in the prescribed format to the NWU-EC:
 - annually (or as otherwise requested) on the progress of the project,
 - without any delay in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.
- The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the NWU-EC. Would there be deviation from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.
- The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date, a new application must be made to the NWU-EC and new approval received before or on the expiry date.
- In the interest of ethical responsibility the NWU-EC retains the right to:
 - request access to any information or data at any time during the course or after completion of the project;
 - withdraw or postpone approval if:
 - any unethical principles or practices of the project are revealed or suspected,
 - it becomes apparent that any relevant information was withheld from the NWU-EC or that information has been false or misrepresented,
 - the required annual report and reporting of adverse events was not done timely and accurately,
 - new institutional rules, national legislation or international conventions deem it necessary.

The Ethics Committee would like to remain at your service as scientist and researcher, and wishes you well with your project. Please do not hesitate to contact the Ethics Committee for any further enquiries or requests for assistance.

Yours sincerely

Prof Amanda Lourens
(chair NWU Ethics Committee)

ANNEXURE 7



YOUR REFERENCE

OUR REFERENCE A M CLAASSEN

14 March 2012

The Dean
Department of Nursing Science
Northwest University
POTCHEFSTROOM

Dear Madam

LETTER OF AUTHORISATION

We hereby consent to Ms B A VAN WYK using, quoting, copying or otherwise utilising the policies and procedures of this institution in her thesis *HOW CAN PROFESSIONALISM OF ENROLLED NURSES BE ENHANCED IN A NURSING EDUCATION INSTITUTION IN POTCHEFSTROOM, NORTHWEST*.

Yours faithfully

A M CLAASSEN

CEO: UKWAZI SCHOOL OF NURSING PTY LTD

1ST FLOOR, STANDARD BANK BUILDING, 670 WALTER SISSUI & RETHEF ST, POTCHEFSTROOM
P O BOX 343 POTCHEFSTROOM 2521
TELEPHONE (014) 297-6533 / 297-6574 FAX (014) 297-7794

UKWAZI SCHOOL OF NURSING (PTY) LTD
2006/085683/23

Provisionally registered until 31 December 2015 as a Private Further Education and Training College by the Department of Higher Education and Training
(Registration Number 2009/TEO/7014)

DIRECTORS: A M CLAASSEN (CEO) K F CLAASSEN MCJ VAN DER REINE E A VAN WYK



The information you will share with us if you participate in this study will be kept completely confidential to the full extent of the law.
Your information will be assigned a code number that is unique to this study.
The list connecting your name to this number will be kept in a locked file and only the researcher and other researchers will be able to see the list or the checklist you participate in.
When the study is completed and the data have been analysed the linking participant's names to study (code) numbers will be destroyed.
Study findings will be presented only in summary form and your name would not be used in any report.

About 25 people will take part in this study

WORLD CAFÉ GUIDELINES




Table 1: Absenteeism & Punctuality
Table 2: Observation & Awareness
Table 3: Scheduling & Hourlists
Table 4: Obedience & Integrity
Table 5: Image & Dress Code

Any new significant findings, either good or bad, developed during the course of the research that may affect your willingness to participate further will be explained to you



If you have any questions regarding this research project you may contact Mrs B van Wyk



018 2976529

moekie.vw@ukwazi.co.za

If you agree to participate in this research, please sign the name list

Name:

Signature:



Thank You
Thank You
Thank You!!!!

Private nursing education institution

1. Vision

It is our vision to evolve into an education and training provider known amongst hospital groups in South Africa; governmental health institutions; the South African Nursing Council; the School's learners and stakeholders; and the local and national community for the excellence of its training and education and for uncompromising integrity of service.

2. Mission statement

The private nursing education institution is dedicated to developing and providing nursing education and training of the highest quality in serving the needs of the South African community through the establishment of campuses in all major metropolitan areas. The private nursing education institution is committed to excellence of service to our learners, our contracted hospitals and our community. The private nursing education institution will provide these services with integrity and compassion.

The private nursing education institution espouse and subscribe to the principles of:

- Learner centeredness
- Lifelong learning
- The removal of barriers to accessing learning
- The recognition of prior learning and experience
- The provision of learner support
- The maintenance of rigorous quality assurance over the design of learning materials and support systems
- The integration of education and training; and
- Non-discrimination on the basis of sex, colour, creed or race.

The School is accredited with the South African Nursing Council ("SANC") for the course leading to Enrolment as a Nursing Auxiliary (R2176). As an approved nursing school, the School undertakes the training and education of nursing auxiliaries enrolled as such with the SANC.

The School has set as goal the delivery of nursing auxiliaries who have been educated and trained to the highest degree of competence available in South Africa: prospective employers of these learners expect nothing short of such degree of competence. In ensuring that the School achieves its goal, the School has designed a quality assurance system which encompasses the following:

- Ensuring that all staff members involved in the training of learners have a clear and unambiguous understanding of the quality standard the School has set for the training and education of learners
- Ensuring that sufficient resources and systems are available in attaining the standard set by the School in this regard
- Ensuring that all staff members have the required skills, knowledge and motivation for the School to attain its goal in this regard
- Ensuring that the means and skills are available to monitor the quality of training and education delivered by the School in this regard and to modify its practices to better meet its set goal in this regard
- To independently audit and monitor quality of education and training and giving feedback to all who are in a position to enhance the quality of pupil nursing auxiliaries educated and trained by the School.
- **Professionalism:** The extent to which an individual identifies with nursing as profession; adheres to its standards; and possesses characteristics of competence, caring autonomy, commitment, responsibility and personal integrity.

Classroom conduct

- The School expects and requires the highest degree of attention and concentration from learners at all times.
- No disruptions will be tolerated.
- Cellular phones are to be and remain switched off during lectures and practical classes.
- Incoming and outgoing phone calls will only be allowed in an emergency situation.
- Worksheets and homework are to be handed in timeously. Assignments are to be completed and handed in good time to the lecturer concerned.
- Learners are to respect the dignity of the lecturing and administrative staff as well as of their peers. No disruptive behaviour will be allowed. Repeated transgressions may result in a written warning.
- Learners are responsible for all equipment, implements, tools and materials. Loss or breakage will be charged to the learner causing such loss or breakage.
- Textbooks and other learning aids issued to learners are the responsibility of the learner and will only be replaced at the cost of the learner.
- All classrooms are to be left clean and tidy at conclusion of lectures – learners are required to tidy up after practical classes.

Professionalism: The extent to which an individual identifies with nursing as profession; adheres to its standards; and possesses characteristics of competence, caring autonomy, commitment, responsibility and personal integrity.

Code of conduct whilst in clinical practice

- The learner will at all times behave professionally in the clinical areas. He/she will be seen as part of the organization and the following will be expected of her:
 - ✓ Punctuality at all times.
 - ✓ Loyalty and teamwork.
 - ✓ Ensuring the safety of her patient.
 - ✓ Accepting authority of the people in charge.
 - ✓ The organization should not be discussed with outsiders.
 - ✓ Unauthorised absenteeism will not be tolerated.
 - ✓ Structured clinical guidance sessions must be attended.
Failure to do so will result in the failure to attain entrance to the practical exams.

All learners are also subject to the rules and regulations as well as the disciplinary proceedings of the clinical area (hospital/old age home) at which clinical training takes place.

ANNEXURE 12

Confidentiality undertaking

I ----- agree to maintain confidentiality during and after completion of clinical practica at ----- hospital.

I agree to keep confidential and not to divulge / disclose any information which relates to the North West department of health, the administration and activities of

----- hospital, its processes, procedures and documentation, its patients, clients, visitors, employees and the public in general including but not limited to class visitations, evaluations, summary evaluations, documentation and information relating to proceedings for misconduct, misrepresentation or grievance or litigation instituted or to be instituted or any matter that may give rise to such proceedings or litigation.

I acknowledge and agree that should I be in breach of this undertaking of confidentiality such breach could result in the summary termination of my practica at ----- hospital. I furthermore agree that

----- (private NEI) shall be entitled to terminate my learner contract should I be found guilty by a preponderance of probabilities of such breach.

I record being aware that there are limited circumstances under which disclosure of confidential information is authorised (i.e. to the Registered nurse in charge, doctors, etc.) and that the onus of determining such circumstances rest on me. In the event of uncertainty, I agree to obtain a written directive from the principal of ----- (private NEI) in regard thereto.

I have read and understand the above Confidentiality undertaking and agree to be bound thereby

Signature of learner: -----

Signature of clinical tutor: -----

Signature of principal: -----

Date: -----

PROFESSIONALISM

P = PERFORMANCE

R = RESPECT

O = OBSERVATION / AWARENESS

F = FRIENDLY

E = EMPATHY / SYMPATHY

S = SAFETY / NON-MALEFICENCE

S = SCHEDULING / DUTY HOURS

I = INTEGRITY / HONESTY

O = OBEDIENCE / TOLERANCE

N = NURSING CARE

A = ABSENTEEISM / PUNCTUALITY

L = LANGUAGE / COMMUNICATION

I = IMAGE / DRESS CODE

S = SKILLS

M = MORALS / VALUES

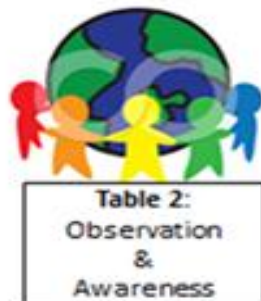
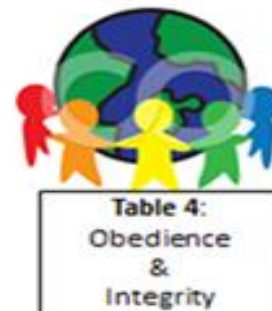
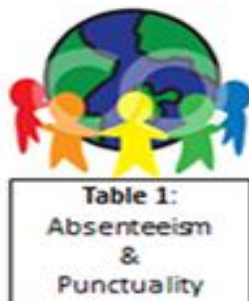
ANNEXURE 14:

DEMOGRAPHICS OF WORLD CAFÉ PARTICIPANTS

Participant	Age	Gender	Language	Culture	Work as a care-giver previously	Any other job
	23	♀	XHOSA	BLACK	NO	NO
	35	♀	XHOSA	BLACK	NO	NO
	26	♀	TSWANA	BLACK	NO	YES
	21	♀	AFRIKAANS	COLOURED	NO	NO
	40	♀	XHOSA	BLACK	NO	YES
	33	♀	TSWANA	BLACK	NO	NO
	39	♀	XHOSA	BLACK	NO	YES
	31	♀	TSWANA	BLACK	NO	NO
	23	♀	TSWANA	BLACK	NO	NO
	42	♀	TSWANA	BLACK	NO	NO
	25	♀	TSWANA	BLACK	NO	NO
	30	♀	SOUTH SOTHO	BLACK	NO	NO
	21	♀	TSWANA	BLACK	NO	NO
	34	♀	TSWANA	BLACK	NO	YES
	33	♀	SOTHO	BLACK	NO	YES
	24	♀	SESOTHO	BLACK	NO	NO
	31	♀	SOTHO	BLACK	NO	NO
	31	♀	TSWANA	BLACK	NO	NO
	32	♀	TSWANA	BLACK	NO	NO
	30	♀	VENDA	BLACK	NO	NO
	31	♂	XHOSA	BLACK	NO	YES
	33	♀	SETSWANA	BLACK	YES	YES
	37	♀	SOTHO	BLACK	NO	NO
	30	♀	XHOSA	BLACK	NO	NO
	21	♀	TSWANA	BLACK	NO	NO

Annexure 15

WORLD CAFÉ GUIDELINES



ANNEXURE 16

WORLD CAFÉ TIME MANAGEMENT

Explanation of the world café and the thematic organisation of five groups

10 minutes

Five Cafes

Table 1: Absenteeism & Punctuality

Table 2: Observation & Awareness

Table 3: Scheduling & Hour lists

Table 4: Obedience & Integrity

Table 5 : Image & Dress Code

World Café (the participants stay 10 minutes in each café and turn from one café to the other)

55 minutes

TOTAL

65 minutes



Table 1:
Absenteeism
&
Punctuality



Table 5 :
Image
&
Dress Code



Table 4:
Obedience
&
Integrity



Table 2:
Observation
&
Awareness



Table 3:
Scheduling
&
Hour lists

ANNEXURE 17 PARTICIPANTS VIEW OF TOPICS

IMAGE OR DRESS CODE

- ① Uniform must be neat and clean ✓ AND TIDY ✓
- ② Wear your NAME TAG ✓
- ③ Shoes must be comfortable ✓ AND FLAT AND clean
- ④ HAIRSTYLE must be neat and ^{NOT TOUCH} ~~neat~~ A ✓
COLLAR ✓
- ⑤ No NAIL POLISH, MAKEUP must be light ✓
- ⑥ Uniform must NOT TO SHORT AND TIGHT ✓
- ⑦ UNDERWARE must be clean and changed daily ✓
- ⑧ WEAR STOCKINGS WHEN WEARING SKIRTS ✓
- ⑨ ONLY WEDDING RINGS AND SMALL EARRINGS ARE ALLOWED ✓
- ⑩ MILD PERFUME ✓
- ⑪ NAILS must ^{BE} SHORT AND CLEAN ✓
- ⑫ Must not wear jewellery that can hurt the patient (e.g. ~~Big~~ Bracelet, Big earrings) ✓
- ⑬ Only wear clean uniform daily. ✓
- ⑭ Shoes must be black or navy for the uniform. ✓



your dress code will show:
 * ~~What~~ are you going
 * Your Image shows your Professionalism
 * Always be on Proper dressing code. (Name tag)
 * Presentable.

you are the mirror for your actions.
 If your dress code is not clear, it shows that your image or dignity is nothing

my uniform my image.

your dress code will simply express you from your status
 your dress code will show us what you are?

your dress code differentiate you from other department

your Dress code & image will show the where you come from & how do you raised.

SCHEDULING

* TYPES OF WORK

* WORK SCHEDULE

* MEETINGS

* Department

* You are scheduled according to your banks (Staff nurse) you are able to handouts Medication but AXX Covert.

- You must not be Absent without a valuable reason ✓
- During lunch you must be on time and come back at time ✓
- Stick to your schedule but you can assist where you can. ✓
- You must work as an assistant to a professional nurse but be eager to learn ✓

- CHECK THE SCHEDULE FOR PROPER ALLOCATION ✓
- WORK THE SCHEDULE ACCORDING TO THE INSTITUTE POLICY ✓
- DO NOT WORK AND LEAVE AS YOU PLEASE ✓

* You are only

* You can only observe as an aux when they are handout medication. ✓

* You must rotate according to your schedule [e.g. work day shift and night shift] ✓

* You must always be in time when you are from tea or lunch always be in time. ✓

DAIDUTY HOURS

* WORK.

* PROFESSION

* PUNCTU

* PUNCTUALITY

Don't move
up your duty
Schedule!!!!

Try to be on work according
to your Schedule time &
hours.

Be on time, then you
will be awarded for your
highly hours points

Be always on
time while you
are on duty

ALLOCATION 800

When ever, whenever
the time, it will be there
as a nurse, please

Don't Complain
about the work
you have been
Scheduled for.
If this nursing
Career is your
Calling

I am ready
for night duty
or day duty
I am Nurse

I will stand on
my feet
for 12 hrs

OBSERVATION / AWARENESS

* Cleanliness / Good hygiene ✓

* Signs and symptoms ✓

* Crying

* ~~Swollen~~ Swollen

* Not talking other people (Abuse)

*



if you see the sign like this everywhere you must know that the smoking is not allowed there

Observe the rules and be aware of what the signs are all about!!!

Observe my Patients always!!!
Observe what you see!!!
I am responsible for my patients surroundings and ensure their feelings.

Observe what you are doing eg is it a right time or a right way to do it

Be aware of what you are saying or doing to other people, try not to hurt someone's feeling or emotions.

* Observe the behaviour of the patient so that you can see some changes on your patient or colleague.
* Be aware of your patient's needs.
* Be aware of your patient's facial expressions

→ Be CAREFUL WHEN YOU ARE WORKING WITH THE PATIENT

→ If you find any abnormalities you must REPORT TO THE NURSE / NURSE

→ Be AWARE OF THE TASK THAT THE SENIOR GIVES TO YOU AND MAKE SURE THAT IS IN YOUR SCOPE OF PRACTICE.

* OBSERVE VITAL SIGNS 4 HOURLY or as prescribed.

* Monitor intake & output

* Observe for swelling on the extremities of the patient

* Observe patient's skin on admission
* If the patient has a plaster of paris observe for the following:
- blood circulation, feeling if skin is warm or cold
- record and report pain or discomfort
- smell, burning sensation and bleeding under the cast

OBSERVATION / AWARENESS

* Cleanliness / Good hygiene ✓

* Signs and symptoms ✓

* Crying

* ~~Swollen~~ Swollen

* Not talking other people (Abuse)

*



If you see the sign like this everywhere you must know that the smoking is not allowed here

I observe my Patients always!! ✓

Observe the rules and be aware of what the signs is all about!!!

I am responsible for what I see!! I am responsible for what I see!! I am responsible for what I see!!

AB: if you want people to respect you, give them respect before if you want to be loved love others first!!!

Always observe the surroundings and the people are around you!

Be aware of what is going on!!!

Observe what you are doing eg is it a right time or a right way to do it

Be aware of what you saying or doing to other people try not to hurt someone's feeling or emotions.

* Observe the behaviour of the patient so that you can see some changes on your patient or colleague

* Be aware of your patients needs ✓

* Be aware of your patients facial expressions

→ Be CAREFUL WHEN YOU ARE WORKING WITH THE PATIENT

→ If you find any abnormalities you must report to the sister / nurse

→ Be AWARE OF THE TASK THAT THE SENIOR GIVES TO YOU AND MAKE SURE THAT IS IN YOUR SCOPE OF PRACTICE.

* OBSERVE VITAL SIGNS 4 Hourly or as prescribed.

* Monitor intake & output

* Observe for swelling on the extremities of the patient

* Observe patients skin on admission

* If the patient has a plaster of paris observe for the following: blood circulation, feeling if skin is warm or cold, record and report pain or discomfort, smell, burning sensation and bleeding under the cast

PUNCTUALITY / ABSENTEEISM

PUNCTUALITY

- BEING ON TIME AT SPECIFIC PLACE ON SPECIFIC TIME, THAT SHOWS PROFESSIONALISM
- NOT BEING PRESENT / NOT SHOWING UP AT SPECIFIC PLACE WHEN YOU ARE SUPPOSE TO BE THERE



ABSENTEEISM

- * Not taking part in activities and not doing your work on duty at the right time.
- * Not reporting to the person in charge if you are not feeling well and you go and take leave.

PUNCTUALITY

- * Not reporting any abnormalities at the right time to avoid the consequences.
- * Always tolerate to save the time.

- * Absenteeism shows no signs of professionalism
- * If you are not punctual it shows that you are not part of the team.
- * Being absent is making you left behind
- * With punctuality your work is always up to date without you working under pressure.

I am not absent without reason

If you are punctual everything that you are doing will be punctual

Do not combine work time with nice time
Absenteeism

Sorry! I'm late

Sleeping is not good habit during work time!! everyone wake up early
Sleeping is always healthy

Absenteeism and Punctuality gives you good record of work!!

Always coming to work on time

- * If you are absent at work you must give a specific reason to your boss.
- * If you are absent at work you must give a specific reason to your boss.
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It is it is recording I putting it there and don't be intimidated by a red light ok

I: so I want to ask all of you in your opinion what is professionalism for auxiliary nurses students What would you say yes tell me

A: its to be on time at work..... ok.... and when..... wear the name tag it

I: should be on time and having a clean uniform and name tag who wants to add to that.

Please... and to how to behave as well behavior and to be professional you need to know your limits and boundaries how to speak to patients with so I think that forms a profession ok so what I am hearing is that it is more than being on work and having a clean uniform with a name badge hats part of it..... yes its also your behavior yes your behavior against to your colleagues your behavior against your patients who disagree do you all agree yes is there anybody that wants to tell me more about this behavior that you must have between you, our colleauges and patients. Yes to give a order you must start yes you must you forced you must start before to obey orders. Ok so with this behavior its also to obey orders.for your key part before you give orders help me to understand how does. First obey orders before you give orders fit in with professionalism. Explain to me you put sometimes..... you want somebody you must you want to do something to tell someone to do something but you don't want to listen to somebody when she tell you you must do something so its just how you must start first to obey so you start to obey first and then you give orders that's part of professionalism. Tell me if I understand correctly because only if you come first. Secondly it is also your behavior, obey orders and then give orders it will have an impact on your professional behavior. Do you all agree.... Yes.... Did I interpreted that correctly yes..... ok so lets see so far professionalism for you are is being on duty on time, having a clean uniform with your name badge. Secondly it is also your behaviour. Your behaviour that you have with your colleauges and with your patients its more than just being there. But how you behave in that situation and then you add it to say that part of this behavior is that you first have to be able to obey orders and then you can give orders and obey and giving orders are important when you look at professionalism. Who wants to add something to that. Yes uhm I think that part of the behavior being able to work with their teamwork as well so part of the behavior.

Tell me do you think teamwork is important in professionalism. Yes it is why? Because same trusts need to be born my mother you can do it alone you can't always work alone you have to work with other people. I might not know everything but my partner might know something.....ok so if I hear you correctly it is being part of a team is helping each other working with each other yes and because that can strengthen what you do. O you agree. Yes ok. Anything that you want to add to professionalism. I think the ethical characteristics that we learn about honesty, tolerance and obedience and all that stuff often plays a major role in professionalism.s an auxiliary nurse you must have empathy. Put yourself in this stage where the patient is, how do you want to be treated if you are the person on he bed . ok I am hearing something here that you must have what's that word, empathy.

Yes so it is something within yourself. Mam I think that the problem is that nurses don't really ok some nurses done very bad, one day they can be in that situation that's why they mistreat their patients uhm uhm mostly with HIV positive patients an then they would start being like they would they don't really treat the patient like this other patients they like treating them differently. So I think that also goes with what she just said ok so its that treating everybody the same way....yes.....say again treat everyone with dignity and respect ok and that sometimes absent and you say you think it might be because nurses think I wouldn't be in such a situation yes you are in such a situation due to whatever reason you struggle with that, what is your opinion on that.

I think because all ptients have the same rights. As us auxiliary nurses like we need to correct first then if you see your senior doing nothing you as an auxiliary nurse we must correct the situation. Ok there's a new thing coming out. Your responsibility to correct something where you know its wrong yes yes we are just put it here for a moment I want us to think more about it I just quickly wanna came back to this statement here made because I think its something that we can still talk through nd that is that uhm so I am putting it here we are gonna take it up just now and that is your comment about patients its not about a person that did something wrong and that's why they are in the bed you must see every patient as a peson like you are a person. Did I understand that correctly yes anything that you want to add to that. Yes I think that the other thing is to have a positive attitude towards any disease you mustn't judge that. Ok let me quickly bring some structure in here before it becomes overwhelming because I can see you are starting to talk now. I want to go back to that point tht you made and that was that if you see somebody that's a senior doing something that's wrong its your responsibility to

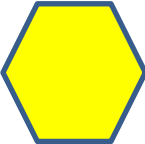
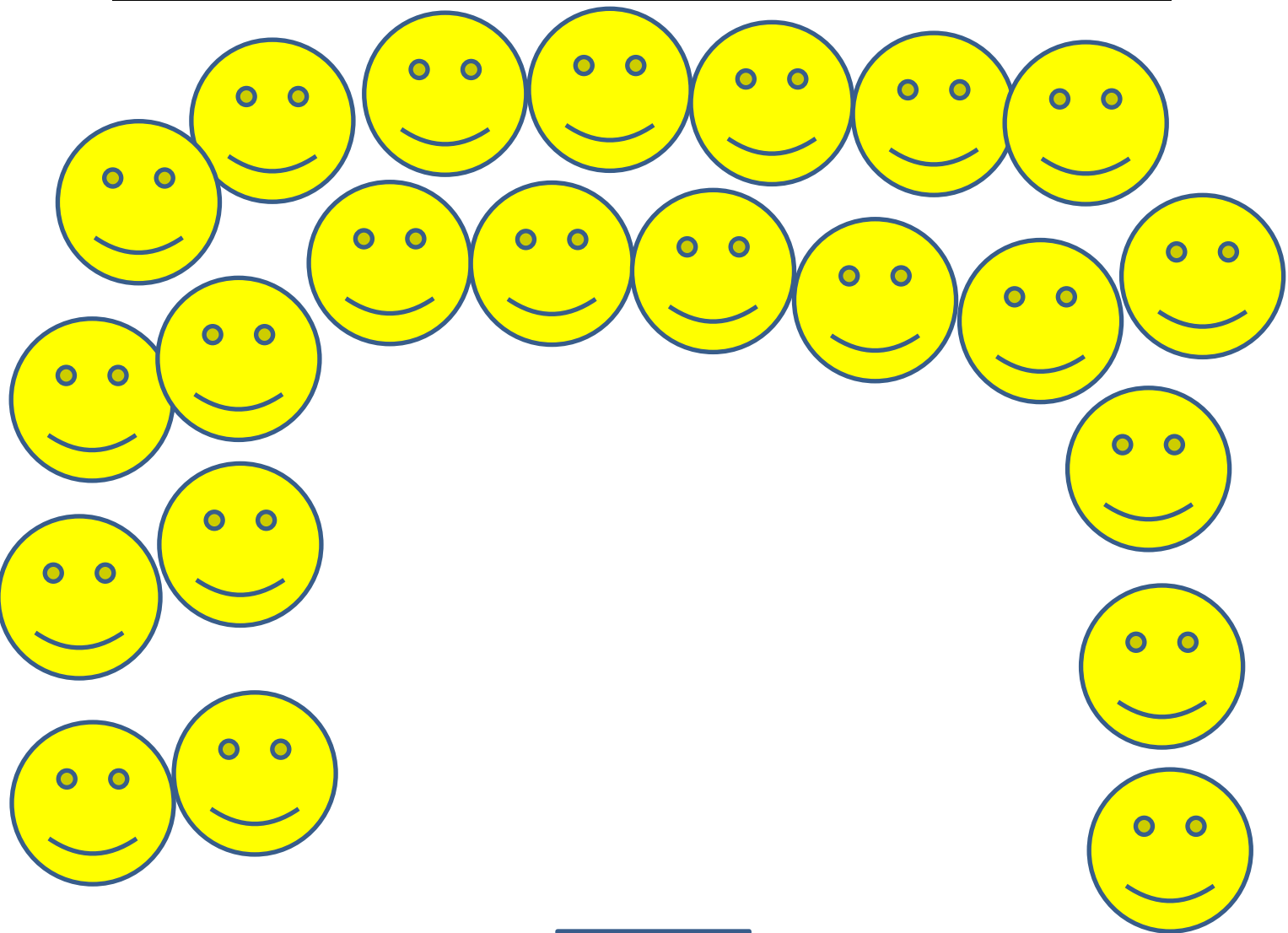
correct it. Yes ok do you want to tell us more about that. yes I think as an auxiliary nurse I have a right to be heard if I say something wrong.....I must be heard.ok would it be ok with you if we quickly came back to the attitude against diseases and equality. Is that fine. Lets first take the attitude against different diseases that was your comment where you said that people should have not discriminate against specific diseases – part of professionalism. Who wants to talk more about it. Come again please your colleague said that part of professionalism is to always hve a positive attitude against all diseases and don't discriminate. Do you want to allaborate more about that. I can I just add yes I think its not, people should not discriminate about certain diseases. So in that handling diseases you have to be precautious take precaution as your procedure don't discriminate against patients and with that explain to the patients why you are taking the precaution. Ok I quickly want to ask you to make the switch in your head and ask you again what is professionalism for an auxiliary nurse and also what is unprofessional behavior, do you understand. It is treating everybody the same not only how you treat them but also according to their wealth status ok I'm coming to you now, yes please add to us while we are still greeting I think we must maintain confidentiality and We must not go around and discuss the patient's diagnose and everything you must always be professional. Its sound difficult you have to treat everybody equal, doesn't matter what is the diagnose even if they are ill or healthy but keep it confidential and do not discuss with anyone that is not involved in the patients treatment.

Yes who agree. Ok there were 5 tables with 5 themes/topics

- Punctuality / absenteeism

ANNEXURE 19

SETTING OF FOCUS GROUP PARTICIPANTS



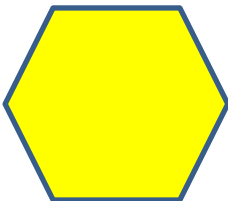
KEYS:



= Participants



= Interviewer



= Researcher

ANNEXURE 20 DEMOGRAPHICS OF FOCUS GROUP PARTICIPANTS

Participant	Age	Gender	Language	Culture	Work As A Care-giver Previously	Any Other Job
	23	♀	XHOSA	BLACK	NO	NO
	35	♀	XHOSA	BLACK	NO	NO
	26	♀	TSWANA	BLACK	NO	YES
	21	♀	AFRIKAANS	COLOURED	NO	NO
	40	♀	XHOSA	BLACK	NO	YES
	33	♀	TSWANA	BLACK	NO	NO
	39	♀	XHOSA	BLACK	NO	YES
	31	♀	TSWANA	BLACK	NO	NO
	23	♀	TSWANA	BLACK	NO	NO
	42	♀	TSWANA	BLACK	NO	NO
	25	♀	TSWANA	BLACK	NO	NO
	30	♀	SOUTH SOTHO	BLACK	NO	NO
	21	♀	TSWANA	BLACK	NO	NO
	34	♀	TSWANA	BLACK	NO	YES
	33	♀	SOTHO	BLACK	NO	YES
	24	♀	SESOTHO	BLACK	NO	NO
	31	♀	SOTHO	BLACK	NO	NO
	31	♀	TSWANA	BLACK	NO	NO
	32	♀	TSWANA	BLACK	NO	NO
	30	♀	VENDA	BLACK	NO	NO
	31	♂	XHOSA	BLACK	NO	YES
	33	♀	SETSWANA	BLACK	YES	YES
	37	♀	SOTHO	BLACK	NO	NO
	30	♀	XHOSA	BLACK	NO	NO
	21	♀	TSWANA	BLACK	NO	NO

ANNEXURE 21 DISTINGUISHING DEVICES (SANC).



Maroon epaulette and Council badge worn by a Registered General Nurse.

A Registered nurse / midwife may be registered in more than one category. In such cases, he /she must wear the specific colour epaulettes prescribed in the regulations for such persons. One or more of the following coloured bars must be attached to the prescribed epaulettes:



Navy blue bar worn if the person is also a Registered Psychiatric Nurse.



Green bar worn if the person is also a Registered Midwife.



White bar worn if the person is a Tutor (holds a qualification in Nursing Education).



Silver bar worn if the person holds a qualification in Nursing Administration.



Yellow bar worn if the person holds a qualification in Public Health Nursing (Community Nursing Science.)



White epaulette and maroon badge worn by an Enrolled Nurse.



Brooch worn by an Enrolled Nursing Auxiliary.



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29 July 2013

I, Christina Maria Etrechia Terblanche, id nr 771105 0031 082, hereby declare that I have language edited the study of Beatrix Adriana van Wyk (student nr 10743189), entitled **Professionalism of enrolled nursing auxiliary learners in a private nursing education institution in Potchefstroom, North West: A case study** without viewing the final product.

Regards,

CME Terblanche

Cum Laude Language Practitioners (CC)

SATI registration number 1001066



Thank you