



**A MODEL FOR COLLABORATION BETWEEN NURSING
EDUCATION INSTITUTIONS IN THE NORTH WEST
PROVINCE OF SOUTH AFRICA**

by

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Promoter

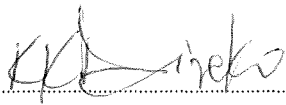
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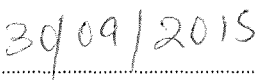
DECLARATION

I, **Kathleen Khomotso Direko**, declare that “**A Model for Collaboration Between Nursing Education Institutions in the North West Province of South Africa**” is my original work and that all the sources that I have used or quotationd have been duly indicated and acknowledged by means of complete references, and that this work has not been submitted previously for a degree at any other institution of higher education.

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Date Signed

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DEDICATION

This work is dedicated to all the students and young people I had the opportunity to teach at Baragwanath Nursing College, Bophelong Nursing College, North West University and at church.

ACKNOWLEDGEMENTS

- ✚ I thank God Almighty for the opportunity and energy to do a doctoral degree.

- ✚ I am very grateful to a very brave and visionary promoter, Professor M. Davhana-Maselesele, who was not deterred by my age. To this end, I extend my gratitude to the Faculty of Agriculture, Science and Technology and the Mafikeng Campus of the North West University.

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- ✚ I acknowledge statistical guidance by Silas Sedupane, transcribing assistance by Lebo Poen and formatting assistance by Boitumelo Mongale. Thanks to my supportive family and friends. I am indebted to LP, Oratile and Obakeng, who allowed me the opportunity and space I needed for my decisions.

- ✚ I dedicate this degree to all the young people I have taught, in my profession and in church. I also dedicate the degree to my late parents, Kate Motsatsi and Manase Nephtali Mphelo, a nurse and a teacher whose careers I had the opportunity to combine in mine.

- ✚ Professor D.C. Hiss, Department of Medical Biosciences, University of the Western Cape, for editorial assistance and typesetting of the manuscript.

ABSTRACT

The education and training of professional nurses in South Africa is done in colleges administered by Provincial Departments of Health, and in universities administered by the Department of Higher Education and Training. The South African Nursing Council (SANC) has introduced new qualifications that require nursing colleges to transform to Higher Education in order to offer the qualification of a Bachelor's degree for professional nurses as required in the SANC changes, and in order to conform with the National Qualifications Framework (NQF) Act No. 67 of 2008. With the changing landscape of nursing education, there is a need for all sectors providing nursing education to work together towards a common goal. This will facilitate better use of teaching and learning resources. The purpose of this study was to develop a model for collaboration between nursing education institutions in the North West Province of South Africa. A mixed methods design using the *Convergence Model* of triangulation was utilized. The *Social Exchange Theory* provided a framework for the study (D'Armour et al., 2005). The basic concepts of the theory were used to structure data collection and analysis. Ethical clearance was obtained from the university, and permission was granted by the Provincial Department of Health. Information about the study was given and consent sought from the stakeholders interviewed and the educators who completed the questionnaire which was used to collect data from 66 nurse educators. An interview guide was used to interview 15 nurse education and training stakeholders. Data collection and analysis were done concurrently and results converged. Themes which emerged from the interviews included identifying collaboration goals, establishing a conducive environment for the collaboration, maximizing exchange of resources, role clarification and perceived challenges. Each theme had two or more categories. Quantitative results showed high agreement percentages (84.13% to 100%) on most of the basic concepts and themes. The lowest agreement percentage was 53.97% with comments for and against central and decentralized management of the nurse education institutions in collaboration. A framework for the model of collaboration was developed using the five stage process of the social exchange theory, and a survey list with activity aspects guided by Dickoff, James & Wiedenbach (1968: 422-423). The model indicates a framework, agents, recipients, procedure, dynamics and terminus of the collaboration.

Keywords: model for collaboration, nursing education institutions, convergence model of triangulation, social exchange theory, framework, agents, recipients, procedure, dynamics and terminus.

LIST OF ACRONYMS

AACN	American Association for Colleges of Nursing
ANW	Advancing Nurses' Wisdom
BSN	Bachelor of Science in Nursing
CHE	Council on Higher Education
CHENMA	Collaboration for Higher Education of Nurses and Midwives in Africa
CPUT	Cape Peninsula University of Technology
DEU	Dedicated Education Unit
DHET	Department of Higher Education and Training
DoH/NDoH	Department of Health/National Department of Health
HEI	Higher Education Institution(s)
HEQC	Higher Education Quality Committee
HOD	Head of Department
IMCI	Integrated Management of Childhood Illnesses
IOM	Institute of Medicine
MHSON	Methodist Hospital School of Nursing
MLH	Methodist-LeBonheur Health Care System
MOU	Memorandum of Understanding
NEI	Nursing Education Institution(s)
NNCG	Non-Nursing College Graduates
NQF	National Qualifications Framework
NSRA	Nursing Shortage Reduction Act
NWPDoh	The North West Province Department of Health
NWP	North West Province
NWU	North West University
OCNE	Oregon Consortium for Nursing Education
SANC	South African Nursing Council
SAQA	South African Qualifications Authority
SET	Social Exchange Theory
TNA	Texas Nursing Association
USA	United States of America
UTHSCCON	University of Tennessee Health Science Centre College of Nursing
UWC	University of the Western Cape
WCPP	Workforce Collaborative Pilot Project

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CHAPTER 1

OVERVIEW OF THE STUDY

1.1 Introduction

Nursing education in South Africa has experienced challenges and changes, including implications of policy and legislation, shortage of trained nurses and nurse educators, training programmes and control of nursing education. A policy change that had a great impact on nursing education after change of government in 1994 was the rationalization and realignment of educational institutions, and the introduction of a National Qualifications Framework (NQF), according to the South African Qualifications Authority (SAQA) Act No. 58 of 1995. The intention of these changes was an effort to redress imbalances of the past and to improve services and access to education.

Some of these changes seem to have caused fragmentation rather than a complementary situation between Nursing Education Institutions (NEI), resulting in duplication of programmes, uncoordinated use of resources, and delaying the development of other aspects of nursing education, such as research. With the changing landscape of nursing education, there is a need for all sectors that provide nursing education to work together towards a common goal. This will facilitate better use of teaching-learning, human, structural and financial resources. The purpose of this study was to develop a model for collaboration between the NEI in the North West Province (NWP) of South Africa.

1.2 Background and Rationale

In the 1900s, nurse and midwifery training in South Africa was a by-product of increased hospitalization due to wars and epidemics (Searle, 1965:284). Nursing education was not organized, thus an apprenticeship system where probationers were not regarded as students,

but cheap workers was utilized. Nurses were not knowledgeable enough to provide positive leadership in educational matters, and nursing education could not meet the nursing needs of the community (Searle, 1965:254). The author further stated that between 1900 and 1948 nurse training was provided by various profit-making hospitals, nursing homes, mission hospitals, and public institutions partly subsidized by state funds and voluntary contributions.

Sister Henrietta Stockdale launched formal nurse training in South Africa to improve on the informal apprenticeship system, according to Searle (1965:284). The discussion in the following paragraphs provides historical information related to the development of professional nursing education and training in South Africa. Several milestones were achieved after identifying problem areas in nursing education. These milestones provide historical information related to the development of professional nursing education and training in South Africa.

The promulgation of the Nursing Act No. 45 of 1944 granted the South African Nursing Council (SANC) powers to establish and control nursing education and practice. Searle (1965:289) recorded that after the establishment of the SANC, a memorandum that addressed improvement of nurse training was presented to the government. The memorandum recommended the establishment of Provincial Departments of Nursing Education which would be given the responsibility of establishing Nursing Colleges. The SANC urged that such colleges should be at the status of other or 'normal' colleges in other fields (Searle, 1965:289).

This led to the establishment of Provincial Departments of Nursing Education wherein the colleges were administered, subject to the regulations of the SANC. Most of these colleges were placed next to hospitals to facilitate the integration of theory and practice in a system that allowed the flexibility of classroom teaching and experiential learning within a continuous eight hour day of duty (Searle, 1965:289-290). The naming of these colleges was

influenced by their location and the few nursing tutors available were working at such colleges.

Further improvement of nursing education was envisaged by the introduction of nursing programmes at universities. The government was requested to subsidize the establishment of chairs of nursing in universities for the purpose of developing nursing education at a higher education level. This change led to the establishment of the first basic nursing degree in South Africa, at the University of Pretoria in 1956, according to Mellish (1984:131).

Nursing education remained largely the function of organizations which were focused on provision of patient care like the provincial administrations, rather than educational institutions. Conflict between hospital administration and educational administration would always exist because the former focused on the provision of hospital patient care, while the latter focused on the learning process for students (Searle, 1965:291). The hospital matron was the head of the training institution and the students were expected to provide 40 percent of the labour as part of the workforce, thus perpetuating the apprenticeship system.

Regulations for a diploma for registration as a general nurse and midwife were published by the SANC in 1969 (Government Gazette No. 3793 of 1969). The entry level for nurse training was raised to Standard 10 (now Grade 12) in 1970 as stated in the South African Nursing Association Report on Nursing Education (1975). Mashaba (1995:68) stated that basic nurse training was offered as General Nursing for three years, Midwifery for one or two years, and an alternative of Integrated General and Midwifery or General and Psychiatry for three years and six months.

The Nursing Act No. 50 of 1978 as amended provided for the SANC to take full control of nursing education and training. The nursing colleges had a better chance to be classified like other formal education institutions. The De Lange Commission of enquiry into the provision of education in South Africa described formal education as education which takes place in

educational institutions such as colleges, universities of technology and universities (Searle, 1988:149). This commission renewed the goal Sister Henrietta Stockdale had in 1891, when nurses were registered as professional practitioners in the country, for nursing education to join the system of advanced education in the country. She also saw the need for smaller training schools to be affiliated to well-defined education institutions or systems according to Searle (1988:150). The new national policy which resulted from the De Lange Commission for nursing education was that nursing education should move into post-secondary education institutions, and professional nurse training done only in formal colleges and universities.

Nursing colleges and universities had to develop associations like the teacher training colleges had with the universities. By 1986, all nursing colleges were linked to universities through formal affiliation agreements (Mashaba, 1995). In some of the affiliations credits towards a degree at the affiliated university could be offered to the college students. Tutors at colleges were qualified in teaching or had a baccalaureate degree (Mashaba, 1995:128).

The SANC introduced, through Regulation R425 of February 1985, a four year comprehensive programme with qualifications including General, Community, Psychiatric Nursing and Midwifery to produce a professional who could operate efficiently in all four components of nursing (Mekwa, 2000:277). The comprehensive programme could be offered as a diploma or baccalaureate degree at colleges and universities respectively. The nurses who qualified from this programme would be recognized and registered as professional nurses by SANC irrespective of the academic qualification. Both diploma and baccalaureate graduates are eligible for clinical post basic courses for registration of additional qualifications with the SANC.

Degree students have the advantage of proceeding directly to postgraduate studies while college students have to first upgrade to a baccalaureate degree. This situation allows the same qualification structure at different academic levels in the profession. When the new

government took over in 1994, the SAQA Act No. 58 of 1995 was promulgated. The aim of the government was for this authority to develop the NQF and to set criteria for the registration of programmes and qualifications in the country. The NQF divided national education into three levels, namely, the General Education and Training level, the Further Education and Training level and the Higher Education and Training level (Vasuthevan & Viljoen, 2003:6).

The Higher Education Act No. 101 of 1997 established the Council on Higher Education (CHE) to transform and coordinate higher education, to promote quality assurance through HEQC, and to establish the accreditation of programmes in higher education. The CHE advises the Minister of Education, under whose portfolio all higher education falls (Vasuthevan & Viljoen, 2003:18). All Higher Education Institutions (HEI) and qualifications were to be established as a “single coordinated higher education system which promotes cooperative governance,” according to the Higher Education Act Number 101 of 1997.

All higher education is established under the National Department of Education to facilitate the objective of unifying and streamlining all qualifications for higher education. According to the Higher Education Act No. 101 of 1997, as amended, nursing colleges belong in Higher Education because the qualifications offered meet the requirements of the Higher Education and training level on NQF, as also noted by Bruce & Klopper (2010:1). What used to be technikons now operate as universities of technology within the Higher Education Band. A move to higher education was long supported by the nursing profession before 1960 as stated by Searle (1965:290).

The nursing colleges are challenged to comply with the requirements of SAQA and the NQF, according to the Reddy Task team as mentioned by Mekwa (2000:275). There is a need to consider options like merging with universities or universities of technology, or being autonomous HEI. Major administrative changes will be necessary in the colleges, and other

institutions affected by the alternative options in order to comply with SAQA and the NQF. It is necessary for nursing education to look at possibilities and examples from other places to meet the impending change by making appropriately informed decisions that would suite the context, benefit all parties involved and the country as a whole. Other countries have made use of partnerships or collaborations to deal with similar and other changes in nursing education and health sciences. Literature offers examples with evidence of collaborations that benefitted NEI with challenges in their contexts.

1.3 Problem Statement

Nursing colleges operate under the National Department of Health (NDoH), while universities and technology universities operate under the DHET.” Higher education status is conferred upon colleges by way of a legal agreement between universities and provincial health departments,” they are still required to redefine their position in relation to legal recognition as HEI according to Bruce & Klopper (2010:1). Colleges produce more professional nurses (75%) through a four year diploma, while universities and universities of technology produce less through a bachelor’s degree according to the SANC (2011) statistical report. Graduates of both qualifications are registered as professional nurses by the SANC.

The SANC has issued a circular (7/7/2011) for new qualifications, including a bachelor’s degree for registration as a professional nurse. The last intake for the four year diploma was June 2013, but was extended to June 2015. While the four-year diploma is being phased out there is need for the colleges to prepare for higher education status, and other NEI to assist by closing possible gaps over the phasing out period and beyond. A closer cooperation of the NEI can continue adequate production of nursing professionals through a bachelor’s degree as required by the new regulation.

There is therefore, a need to promote unification and consensus between NEI. Collaboration

between the NEI could benefit all parties and also contribute to a general development of nursing education. This study intends to answer the following questions, which should help guide the development of a model.

1.4 Research Questions

1. What are the perceptions of nurse educators and other nurse training stakeholders regarding collaboration between the nursing college and the university to enhance nursing education in the province?
2. What factors would facilitate an effective collaboration model between the college and the university in the NWP?
3. How can a relevant collaboration model be developed?

1.5 Purpose and Objectives of the Study

1.5.1 The Purpose of the Study

The purpose of this study was to develop a model for collaboration between NEI in the NWP.

1.5.2 Objectives

The objectives of this study were to:

1. Explore and describe perceptions of nurse educators and nurse training stakeholders about a collaboration between the college and the university in the NWP.
2. Identify and describe factors that will facilitate an effective collaboration between the NEI in the NW province.
3. Develop a collaborative model for NEI in the NWP.

1.6 Significance of the Study

The significance of this study is that input from role players in providing nursing education in the province could provide answers, or contribute solutions assisting policy makers to make appropriate decisions that will have a positive impact on all role players in the province and beyond.

1.7 Theoretical Perspectives

1.7.1 Theoretical Assumptions

The *Social Exchange Theory* was used by Gitlin, Lyons & Kolodner (1994) in a five stage model to analyze collaboration. Basic assumptions of the *Social Exchange Theory* are ‘exchange’ and ‘negotiation,’ and that social structures can be understood through an analysis of interpersonal transactions (D’Amour, Ferrada-Videla, San Martin Rodriguez & Beaulieu, 2005:116-131).

Theoretical assumptions of the *Social Exchange Theory* are that the underlying principle is that people will join a group or organization that provides specific benefits or needs, and where they will, in turn, help to attain group or organizational objectives. Along with the exchange comes negotiation which continues to optimize benefits, reduce costs and move forward under conditions that will be fair to all stakeholders. All collaborators look forward to maximizing their advantages in the exchange through successful negotiations, while they also contribute to advantages for the collaborative partners. In this situation the college needs to produce professional nurses through a bachelor’s degree, while the university needs help to increase production numbers. Gitlin et al. (1994:15-34) expanded the *Social Exchange Theory* into a four parameter model to include the following: exchange, negotiation, building an environment of trust and role differentiation.

The activities occur in five overlapping stages as follows and are shown in Figure 1.1

1. **Assessment and Goal Setting:** Participants examine their individual and institutional goals, the need for the collaboration and the costs and benefits;
2. **Determination of a Collaborative Fit:** Participants meet to exchange ideas and negotiate potential roles and establish an environment of trust;
3. **Identification of Resources and Reflection:** Participants reassess the resources in their groups or institutions and those needed for the collaboration, and the benefits of participating;
4. **Refinement and Implementation:** Suggestions and ideas are refined and implementation begins; and
5. **Evaluation and Feedback:** Collaboration practices and roles are analyzed and future goals are established (D'Amour et al., 2005:116-131).

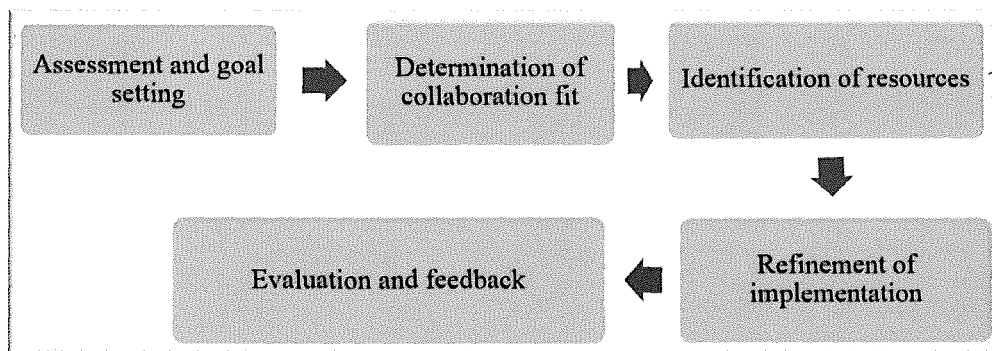


Figure 1.1: The social exchange process

1.7.2 Central Theoretical Argument

The increasingly complex challenges and changes in health care and education require interdependence of available expertise, individual contributions, participation and pooled resources to maximize outputs and create synergy. The output of the whole becomes much larger than the sum of individual outputs. An effective collaboration between the nursing

college and the university would facilitate the maximization of quality and quantity in nursing education for the province. The interdependence, contributions, participation and sharing of resources can be facilitated in a healthy collaboration with honest communication, mutual trust and respect, and common goals according to D'Amour et al. (2005:116-131).

1.8 Conceptual Definitions

1.8.1 Collaboration

Collaboration is work done jointly with others, especially in an intellectual endeavour (Blackwell's Nursing Dictionary, 2005). In this study, *collaboration* refers to a joint endeavour for nurse education and training between the multi-campus nursing college, NWU nursing departments, and other nurse training stakeholders in the NWP.

1.8.2 College

A *college* is an institution for higher education, especially professional training, according to the Reader's Digest Encyclopaedia. The Higher Education Act defines it as any college established or declared as a college under the act. In this study, college refers to the multi-campus nursing college in the NWP of South Africa

1.8.3 Nurse Educators

Professional nurses who are qualified in teaching, and or work in NEI of the NWP.

1.8.4 Nurse Training Stakeholders/Role Players

Officers directing nurse education matters in the NWPDoh, the college, university and the clinical learning areas.

1.8.5 University

The North West University in South Africa

1.8.6 Department of Health

The North West Province Department of Health (NWPDoh).

1.9 Research Approach

Mixed-methods approach which, (Creswell & Plano-Clark, 2007:5), is mixing quantitative and qualitative data in a single study, was used in this study. Mixed-methods research refers to adopting a research strategy that employs more than one type of research method. Mixed methods may be a mix of qualitative and quantitative, a mix of quantitative and quantitative, or qualitative and qualitative as suggested by Brannen (2005:4). This approach is advocated for by pragmatists, who are referred to as pacifists in the paradigm arguments between quantitative and qualitative researchers according to Brannen (2005:4). Quantitative and qualitative methods complement each other's strengths and weaknesses, and the goal is to seek convergence as stated by Creswell & Plano-Clark (2007:9). One complete method, qualitative or quantitative, is used with additional supplemental strategies drawn from the other method to allow measurement of a component that cannot be measured as the first component, or to allow description of another component (Munhall, 2007:542). The combination of methods in the study of the same phenomenon is borrowed from a military strategy that uses multiple reference points to locate an object's exact position. Convergence of the two methods enhances the validity of results (Denzin, 1978:291). The phases of research process in this study are depicted in Figure 1.2.

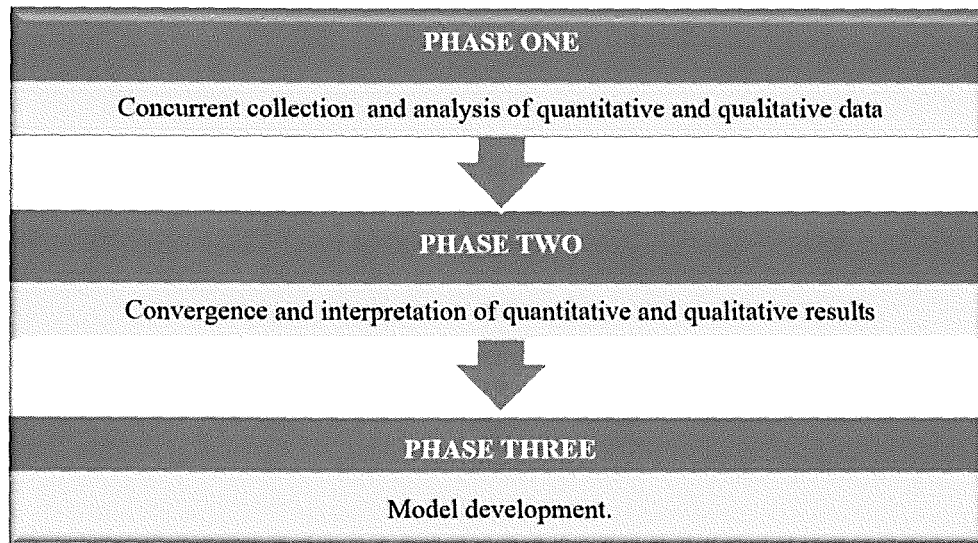


Figure 1.2: Phases of the research process

1.9.1 Research Design

The main types of designs in mixed methods (Table 1.1) are triangulation, the embedded type, the explanatory type and the exploratory type (Creswell & Plano-Clark, 2007:59). According to these authors, triangulation is used to obtain complementary data on the same topic. In the embedded design, one set of data is used to support the other and main data set for the study. In the explanatory design, the qualitative data set is used to explain quantitative results, and in the exploratory design the qualitative is used to develop or inform the quantitative part of the enquiry. Each design has two or more variants to suit the purpose of the study (Creswell & Plano-Clark, 2007:62-75).

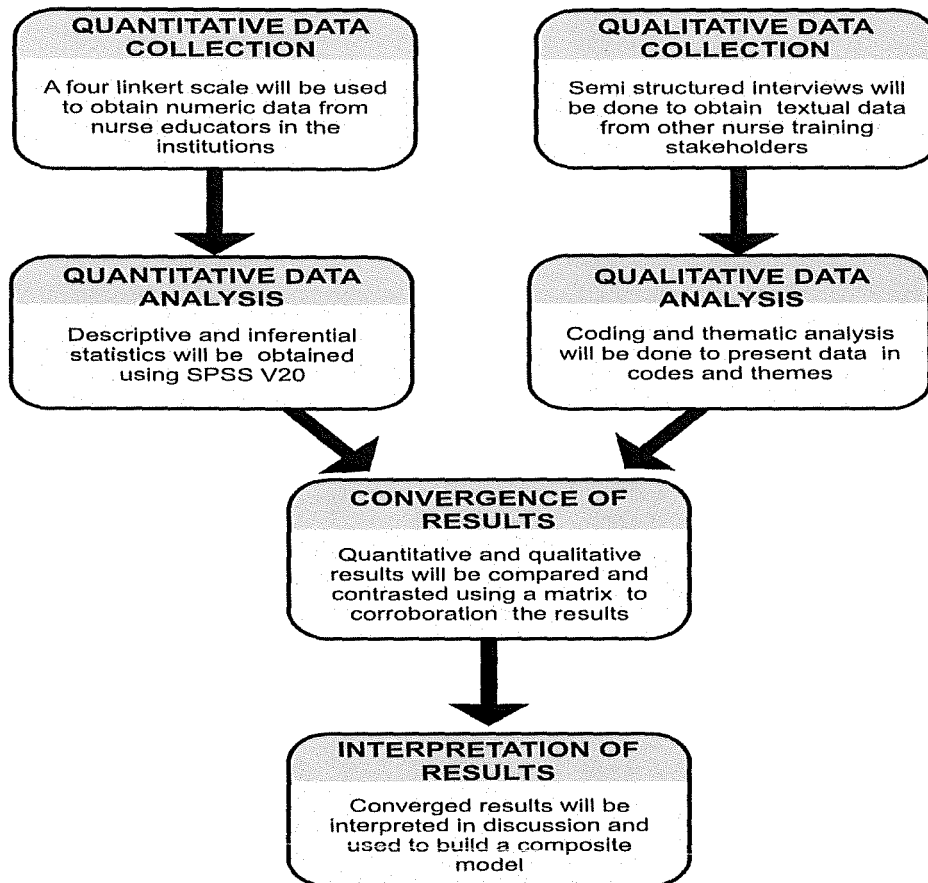
Table 1.1: Mixed methods designs

Type	Variants	Timing	Weighting and Mixing
Triangulation	• Convergence • Transformation • Validation • Multilevel	Concurrent	Quantitative and qualitative weighed equally and merged during analysis or interpretation.
Embedded	• Experimental • Correlational	Concurrent or sequential	Qualitative or quantitative dominant, with the other type of data embedded within the dominant type.
Explanatory	• Follow-up explanation • Participant selection	Sequential	Usually quantitative, with qualitative data connected in a follow-up phase.

The convergence variant in triangulation design of mixed methods research (Figure 1.2) was used. The purpose of the design was to combine different, but complementary data on the same purpose to understand the perceptions sought, and to bring together the overlapping strengths and the weaknesses of the quantitative and qualitative methods to obtain data. In the *Convergence Model of Triangulation* (Figure 1.3), qualitative and quantitative data have equal weighting, are collected and analyzed concurrently, and results from both are compared and contrasted and merged for interpretation (Creswell & Plano-Clark, 2007:62-63).

1.9.1.1 Sampling

A population is a well-defined set of subjects with specific characteristics, and a sample is a selected portion of the population it is meant to represent (LoBiondo-Wood & Haber, 2010:223-224). Qualitative data are collected from small purposeful samples and quantitative data from samples which are representative of the target population and on which statistical methods can be applied (Creswell & Plano-Clark, 2007:111-112).



Adapted from Creswell & Plano-Clark (2007:62-63)

Figure 1.3: The convergence model of the triangulation design in mixed methods

An all-inclusive sample of the nurse educators in the NEI involved was used as explained by Burns & Grove (2009:222). Qualitative data were drawn from the other role players, i.e., the managers of nursing education at the NWPDoH, the college campuses, the university campuses, and the clinical learning facilities.

1.9.1.2 Data Collection

The collection of quantitative and qualitative data occurs concurrently or sequentially in mixed methods (Creswell, 2009:110). For this study, the collection of data was concurrently done. Semi structured interviews were conducted to collect qualitative data from the stakeholders using an interview guide based on the concepts in the theoretical framework. A questionnaire with a four-point Likert scale was used to collect quantitative data from the

nurse educators.

1.9.1.3 Data Analysis

Themes and categories were used to analyze qualitative data. The number of occurrences of the codes or themes were counted and entered in a spreadsheet to facilitate mixing with the quantitative data. SPSS version 21 software was used to obtain means and standard deviations to analyze and describe quantitative data. Cross tabulations were used to compare groups. Frequency tables, pie charts and bar charts were used to summarize the demographics and responses. The two sets of data were converged for comparison, contrasting and interpretation. The comparison of qualitative and quantitative data can be done through discussion (Creswell & Plano-Clark, 2007:140).

1.9.1.4 Development of a Framework for a Model of Collaboration

The converged quantitative and qualitative data results were interpreted and used to develop a collaboration model, according to Chinn & Kramer (1999). The theoretical framework was further guided by a survey list according to Dickoff, James & Wiedenbach (1968:422-423). The aspects of activity respond to the following questions according to Dickoff et al. (1968).

- ✚ Agency answers who performs the activity to reach the goal;
- ✚ Recipients respond to who the recipients of the activity are;
- ✚ Framework refers to the context in which the activity must take place;
- ✚ Procedure responds to the guiding process or protocol of the activity;
- ✚ Terminus refers to the outcome or endpoint of the activity; and
- ✚ Dynamics responds to what drives and energizes the activity.

Detailed information is provided in Chapter 7.

1.9.2 Measures to Enhance Rigour

Plano-Clark & Creswell (2008:288-293) referred to 'convergence' as the extent to which the convergence of data clarifies the results.

1.9.2.1 Trustworthiness

The rigor of the research in a qualitative study is called trustworthiness, which is essential to convey the depth and richness of the data and findings (Lobindo-Wood & Harber, 2010:128). Trustworthiness also refers to the degree to which the results of the research are truthful, authentic, accurate and credible (Brink, H., Van der Walt, C., & Van Rensburg, G., 2006:118). Guba's model (Krefting, 1991:214) of trustworthiness is based on the identification of the aspects of truth value, applicability, consistency and neutrality, which are explained as follows:

- ✦ **Truth value** is obtained when research findings represent an accurate description of human experiences as lived and perceived by participants. It is also explained as an alternative to internal validity, to demonstrate that the inquiry was conducted in a manner that ensures that the subject was accurately identified and described (Lincoln & Guba in De Vos, Strydom, Fouché & Delport, 2009:346);
- ✦ **Applicability** is also termed transferability and refers to generalizability of data, or the extent to which findings can be implemented to other contexts or settings. This is also referred to as an alternative to external validity (De Vos et al., 2009:346);
- ✦ **Consistency** refers to the dependability of data over time, if the research is to be replicated with the same participants in the same context. This is the alternative to reliability in which the researcher accounts for changing conditions in the

phenomenon chosen for study, and changes in the setting (De Vos et al., 2009:346);
and

- ✚ **Neutrality** is freedom from bias and refers to whether the research and findings are truly from the participants and not a result of motivations and bias. It is also termed confirmability, and captures the traditional concept of objectivity.

1.10 Ethical Considerations

The proposal was presented to the Department of Nursing, then the School of Environmental and Health Sciences for approval before submission to the university ethics committee for approval.

- ✚ **Ethical clearance** was granted by the North West University (Annexure 1) and permission to collect data was obtained from the NWPDoh (Annexure 3).

- ✚ **Permission** was also sought from the Nursing Education Institutions and service units where the other role players were.

- ✚ **Informed consent** was secured from the individual participants to be interviewed, and those responding to questionnaires. Informed consent includes disclosure of essential information about the study, comprehension, competency to participate, and voluntarism (Annexures 4, 5 and 7).

- ✚ **Anonymity and confidentiality** were observed by coding questionnaires and interview transcripts, omitting names of participants, and keeping data under lock and key.

- ✚ **Protection of human rights** was observed as claims or demands that have been justified in the eyes of an individual or by the consensus of a group of individuals.

Human rights include the following:

- ✿ The right to self-determination recognizes that people are autonomous and should have the right to determine their own future and conduct their lives as they wish. Participants were reminded within the consent form of their right to withdraw from an interview or a questionnaire without any consequences on their part.
- ✿ The right to privacy refers to the extent to which information from an individual will be shared or disclosed with the individual's identification. Attitudes, opinions, beliefs and other information can be shared without identifying the participant's identity. This also respects the participants' right to confidentiality and autonomy. Interview transcripts were identified by numbers, and kept under lock and key by the researcher.
- ✿ The right to fair treatment should be respected by avoiding any injustice due to gender, race, ethnicity, status or any such circumstances (Burns & Grove, 2009:106-205). Participants in this study were treated the same regardless of gender, race, ethnicity or status.

1.11 Thesis Outline

Chapter 1:	Overview of the Study
Chapter 2:	Literature Review
Chapter 3:	Research Design and Method
Chapter 4:	Qualitative Results
Chapter 5:	Quantitative Results
Chapter 6:	Convergence and Discussion of Qualitative and Quantitative Results
Chapter 7:	Theoretical Framework for Model Development
Chapter 8:	Conclusions; Justification; Limitations and Recommendations

1.12 Summary

This chapter outlined the history of changes that affected the control and location of nursing education in South Africa, until the SANC introduced new qualifications, which require a bachelor's degree for the registration of professional nurses. The challenge of nursing colleges conforming to higher education was stated as a problem, and the purpose, objectives and questions for the study elucidated. The *Social Exchange Theory* was explained as the framework and mixed methods research stated as the approach, using the triangulation design. Ethical considerations, trustworthiness and methods of sampling, data collection and analysis were stated. Phases of the study were explained and the study chapters outlined. The next chapter encompasses the literature review.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

The changing landscape in South African nursing education requires NEI to adapt in order to conform to changes. In the NWP, there is one nursing college with two campuses under the jurisdiction of the NWPDoH, and one university with nursing departments in two campuses, under the National Department of Education. Systemic differences between the NEI in the region differ and this results in some fragmentation and uncoordinated use of limited resources in nursing education.

There is thus a need for all sectors providing nursing education to work together towards a common goal, beyond existing affiliation for quality purposes. This will facilitate better use of teaching and learning, human, infrastructural and fiscal resources where possible, to strengthen nursing education in the province, and enable the nursing profession to better meet health care challenges.

This literature review aims to shed light on examples of collaborative efforts that enhance nursing education. The concept of partnership is not new. Indeed, many nursing institutions worldwide have turned to partnerships between academic and service entities as a solution to nursing workforce and other issues (Bleich, Hewlet, Miller & Bender, 2004:285-294). Through a critical look at partnership efforts it is anticipated that valuable lessons may be learned about elements that make a partnership work, and the types of partnerships utilized in nursing education. These examples may have valuable implications for further research and practice in the NWP and the rest of South Africa.

2.2 Review of the Literature

This literature review focuses broadly on examples of collaboration and partnership in the realm of nursing education. Articles included in the review are those which demonstrated some level of collaboration between distinct entities, those where at least one collaborating entity was a NEI, and those where the goal of the collaborative partnership enhanced nursing education in some direct or indirect way. One article offered core concepts and theoretical frameworks from several authors.

2.2.1 Overview on Collaboration in Nursing

The first set of articles in this review tackle broader issues of collaborative partnerships in nursing. Cronenwett (2004:300-304) posited that the 21st century nursing profession faces challenges that necessitate collaboration between academic and service entities. Increasing evidence shows that there is a direct relationship between better patient outcomes and nurse staffing levels, educational levels, and professional practice environments (Cronenwett, 2004). In the face of nursing staff shortages, both academic and practice entities have vested interests in increasing the supply of new nurses as well as faculty who educate them.

Academic entities are challenged to not only educate nurses to provide competent patient-centred care, but also produce professionals who know how to work in inter-professional teams, apply evidence-based practice, and improve quality and safety of care. Academic and service entities must work together to ensure that they both stay current and benefit from innovations in each other's respective domains (Cronenwett, 2004:300-304).

O'Neil & Krauel (2004:295-299) also acknowledged the need to address nursing workforce issues through collaborative efforts since unilateral efforts have their limitations. They further differentiated partnerships into two types, namely – vertical and horizontal (Williamson, 1985, in O'Neil & Krauel, 2004). The vertical partnership integrates functions along the continuum of production up- and down-stream. In nursing, one might think of the

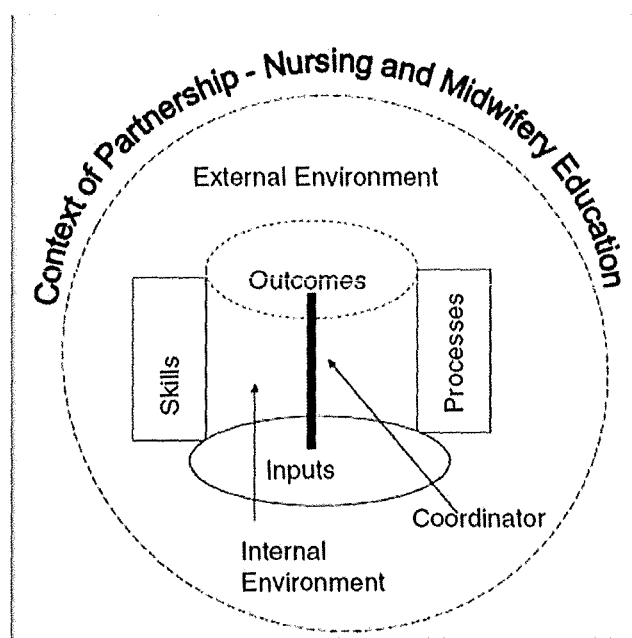
vertical processes of recruitment of students, provision of education, recruitment to work, retraining as needed and development of new skills as required. This lends itself to vertical partnerships between a nursing school and a hospital, for example. The school seeks support from the hospital to grow its class size, so the hospital might offer clinical faculty or clinical placements, and thus be assured of a steady supply of new nurses. Vertical partnerships often allow for a sharing of scarce resources, improved efficiency and provide for students' clinical resources.

Horizontal partnerships, in contrast, involve aggregation between similar functions within an area (Doz & Hamel, 1997, in O'Neil & Krauel, 2004). Traditionally limited to geographic proximity, horizontal partnerships have been more possible in the advent of information technology. An example in nursing might be where nursing faculty in comparable programmes share their teaching strategies for similar courses or develop a common curriculum. Such partnerships often allow for elimination of duplication and improve efficiency.

O'Neil & Krauel (2004) observed that many successful entities have achieved partnerships across both vertical and horizontal axes, but that it is difficult to create both simultaneously. They further suggested five key things that nurse leaders must keep in mind when considering such partnerships. These are, namely, develop a coherent institutional strategy; screen potential partners against the strategy; assess core competencies, assets, and weaknesses; advance mutually beneficial strategies; and structure accountability to each other (O'Neil & Krauel, 2004). O'Neil & Krauel (2004) further concluded that nursing leaders cannot afford to be haphazard, reactive, or anything less than strategic as they look towards addressing looming challenges.

Casey (2011:304-308) focused on the need for collaboration to avoid the risk of exacerbating the "theory-practice gap" in nursing. Like many contexts, the European Union has been

pushing academic and service entities in nursing to move toward a more harmonized system where theoretical and practical learning are combined to produce more competent nurses. Casey (2011) presented a variety of definitions for “partnership” and “collaboration” and pointed out that successful partnerships are non-hierarchical and partners share decision-making and common ownership of the resolution of challenges. Further, the relationship involves commitment to improvement and efficiency. A framework for partnership developed from consultation with five nursing and midwifery education organizations in Ireland is presented in Figure 2.1.



Adapted from Casey (2011)

Figure 2.1: A new model for nursing and midwifery education

Seven key concepts were identified as cornerstones of this partnership framework: “context,” “environment,” “inputs,” “processes,” “skills,” “outcomes,” and the “role of a coordinator.” The author argued that the role of a coordinator and partnership framework are crucial to the maintenance of collaborative relationships that bridge the theory-practice gap (Casey, 2011:304-308).

An important part of any inter-organizational partnership is financial support. De Geest et al. (2010:295-304) presented two case studies to illuminate the financial frameworks supporting two academic service partnerships between schools of nursing and hospitals – one in the USA and the other in Switzerland. In the American example involving the School of Nursing of the University of Pennsylvania, each partner utilized joint appointments and had its own separate source of revenue or grant funding in order to remain fiscally sound, while in the Swiss example, there was equivalent balance in the partnership where the benefit and cost was shared between the partners.

In both cases, motivation for collaboration was driven by five major forces: an epidemiological and demographic imperative (changing patient care needs), preparation and availability of nursing workforce, research imperative (growing evidence base demonstrating positive outcomes with improved theory-practice synergy), patient safety and quality, as well as economic and policy changes related to health care. Through their analysis, the authors concluded that success of the partnership depended on having a clear vision, sound leadership, commitment from both partners, appreciation for the need for the partnership, and strategic planning as the basis for transparent financial frameworks and yearly performance evaluations (De Geest et al., 2010:295-304).

The final overview article in this review recognized the many forces at play in the nursing profession and challenges the “traditional” form of academic-service partnership, which has primarily been between academic and hospital institutions (Bleich et al., 2004:285-294). There are three case examples presented by the authors to challenge nurse leaders to be bold, and think “out-of-the-box” to work toward the full potential of nursing service to the public, instead of limiting themselves to “traditional” forms of partnership.

The first example was derived from a study by the Institute of Medicine (IOM, 2003) in the USA. The report identified a number of important stakeholders in public health, including the

community, health care delivery systems, employers and business, the media, academia, and governmental/public health infrastructure. Given this, authors challenged nurse leaders in academia to engage this entire continuum of stakeholders, not just hospitals or those that fell under the health care delivery system (Bleich et al., 2004). In the second example, members of the University of Mississippi School of Nursing (USA) and the Sisters of Mercy-Vicksburg (a faith-based entity) collaborated to plan and implement innovative initiatives to improve the health of its rural citizens (Bleich et al., 2004). In the third example, the University of Kansas School of Nursing (USA) faculty collaborated with the Cerner Corporation of Kansas City in order to advance clinical informatics in nursing education for baccalaureate and higher degree students. Together, they developed an information technology product that utilized relevant current clinical content (with faculty functioning as paid consultants for the corporation when they marketed the product to other health professions (Bleich et al., 2004:285-294).

In conclusion, the authors reiterated the need to think creatively about partnerships around nursing, with – the sky as the limit. Such creative partnerships can overcome organizational inertia, minimize risk, foster a mutual exchange of resources, and catalyse the emergence of a new product or entity that did not exist before the formation of the partnership. Keys to success included careful business planning and capital acquisition early in the partnership process, as well as deliberate efforts to ensure that the partnership(s) respected the mission, values, purposes, and goals of each entity (Bleich et al., 2004:285-294).

2.2.2 Collaborations to Resolve Curriculum and Training-Related Issues

The next set of articles in this review shed light on collaborations aimed at resolving training- and curriculum-related issues in nursing. In many contexts, nursing educators are challenged to train professionals who are not only competent in skills for quality patient-centred care, but who are also able to function effectively within a team and move the nursing research and leadership agenda forward. In a departure from diploma-based training, hospitals are

progressively seeking to increase their nursing staff skills mix to include more bachelors-trained nurses. A number of collaborative partnerships were formed to address such challenges.

In Memphis, Tennessee (USA), a variety of forces prompted the Methodist-LeBonheur Health Care System (MLH) to partner with its area nursing programs – Methodist Hospital School of Nursing (MHSON) and the University of Tennessee Health Science Centre College of Nursing (UTHSCCON) – to develop a new Bachelor of Science in Nursing (BSN) programme that would better meet staffing needs and consolidate duplicated efforts on the part of both institutions (Herrin, Hathaway, ., Jacob, ., McKeon, ., Norris, Spears, & Stegbauer, ., 2006:547-550). Top leadership from all stakeholder institutions formed a steering committee with the initial goal of creating a new BSN programme, though they recognized that such a partnership could lend itself to future collaborative opportunities. In the first 18 months, they focused on the major task of creating a new BSN programme and phasing out the diploma programme. Stakeholders from all three institutions were committed to developing a programme that met the nursing needs of MLH but that also maintained the visions that MHSON and UTHSCCON had for the future.

Throughout their efforts, there was specific and regular communication with key stakeholders, examination of the literature for nursing standards and guidelines, as well as open dialogue with experts in clinical practice, potential nurse employers, and educational consultants. Care was taken to introduce a phase-out plan that was sensitive and accommodating to the faculty and students who were affected. The final result was made possible because of the establishment of the formal partnership, which resulted in the creation of a new curriculum, consolidation of clinical learning sites, and approval from relevant organizations (e.g., accreditation). This partnership has continued to explore other collaborative opportunities through a journey of continuous building of joint experiences (Herrin et al., 2006:547-550).

Another collaborative example focused on meeting the growing nursing shortages by developing an accelerated programme for non-nursing college graduates (NNCGs) in Louisiana (Poirrier & Oberleitner, 2011:118-125). Through a grant proposal to the Louisiana Board of Regents for Higher Education, the Louisiana Workforce Commission, and the Nursing Supply and Demand Commission, the Department of Nursing at the University of Louisiana at Lafayette was able to collaborate with four community hospitals and secure funding to accomplish the following: recruit and hire five additional full-time and/or part-time qualified clinical faculty; recruit and hire one instructor to serve as the accelerated programme coordinator; hire one advisor/counsellor to assist students; and establish collaborative agreements with area hospitals (Poirrier & Oberleitner, 2011:118-125). The resulting partnership involved shared budget responsibilities between the university and the hospitals, student stipends, and a 3-year work commitment by programme graduates at the sponsoring hospital(s). The article laid out the detailed projected budget for the programme and cites its importance in contributing to the success of the programme. At the effort's conclusion, 75 new registered nurse professionals were trained and committed to providing services for the community (Poirrier & Oberleitner, 2011:118-125).

Increasing nursing programme enrolments and increasing registered nurse capacity is a shared goal for both academic and service entities that face nursing shortages. Spencer (2008:307-313) suggested collaborative curriculum reform efforts that bring together nurse educators of BSN and diploma programmes with the goal of implementing articulation agreements to facilitate academic progression and educational mobility. Nurse educators can come together to assess prerequisites, transfer of credits, and curriculum evaluation. By making it easier for registered nurses to return to school for BSN training, nurse educators can help increase the capacity of the nursing workforce. Formal articulation agreements have the benefit of streamlining the academic experience by eliminating redundancies and wasteful, excessive academic credits and maximizing available resources.

Currently in the USA, eight states have established mandated articulation agreements – which assure diploma graduates admission into BSN programme, establish the number of transfer credits to be accepted, and ensure consistency through the academic system. Twenty-four states have state-wide articulation agreements, where nurse educators/regulators/legislators have voluntarily established models of academic mobility for registered nurses (RNs) wishing to gain BSN training. Eighteen states do not have mandated nor state-wide articulation agreements. Individual agreements negotiated by diploma and BSN programmes have been established on a school-to-school basis and are less consistent than state-wide or mandated articulation agreements. The author suggested that nurse educators and leaders pursue curriculum reform and look toward state-wide or mandated articulation agreements as a viable way to increase the volume of BSN graduates to meet workforce challenges (Spencer, 2008:307-313).

Eckhardt & Froehlich (2004:558-561) presented yet another collaborative approach to enhancing nursing capacity. The premise of Project Advancing Nurses' Wisdom (ANW) in the State of Minnesota was to help registered nurses obtain BSNs within their practice settings. The collaborative effort was made possible through a 3-way partnership between a college of nursing, a hospital, and the chairperson of the collective bargaining unit of the hospital's nurses' association. The partnership represented a marriage of philosophies among the three partners and had the following three benefits: increased accessibility for students; service to individual nurses, hospitals, patients, and the health care industry as a whole; and strengthened relationship between educational entities at the college (Eckhardt & Froehlich, 2004).

The Project ANW curriculum was designed to acknowledge previous education by outcomes-based granting of academic credits (assessed using portfolios), and classes were offered on-site on Tuesday evenings. The programme ensured shared costs between the hospital and the college and offered tuition reimbursement, bonuses, and interest-free loans

for the participating nurses. The outcome of the collaboration was a highly satisfactory programme that resulted in educational and professional advancement for the nurse workforce, lower staff turnover, increased job satisfaction and mobility, as well as anticipated improvements in patient outcomes (Eckhardt & Froehlich, 2004:558-561).

The John A. Hartford Foundation Geropsychiatric Nursing Collaborative at the American Academy of Nursing is an example that demonstrates the way collaborative efforts can bring about widespread change to ensure that a specific specialty area of nursing is included in the education and training of entry-level and advanced practice-level nurses (Beck et al., 2011:236-242). Mental health issues in older adults have been identified as a looming public health problem, and few practitioners in the fields of psychiatry, psychology, social work and nursing have adequate educational preparation to respond to this growing public health problem. Coupled with the intention to improve the mental health of older adults, this mismatch prompted the Geropsychiatric Nursing Collaborative to develop a set of strategies to address this inadequacy in nursing training.

Leaders at Centres of Geriatric Nursing Excellence decided to convene a conference about the topic and, from it, a collaborative partnership agenda built on sound recommendations was born. Based on principles of diffusion and innovation, it was decided that development and dissemination of geropsychiatric nursing and fostering its inclusion in nursing education curricula was to be a central component of this effort. The collaborative structure was supported by a half-time project coordinator, a national advisory panel (which provided guidance), and rotating leadership on a biannual basis (Beck, ., Buckwalter, ., Dudzik, ., & Evans, ., 2011).

Beck et al. (2011:236-242) described the details of the ongoing collaborative efforts that resulted in: a series of materials to enhance mental health competencies for generalist and specialist nurses, an online education website that identified and disseminated teaching-

learning strategies that conveyed related concepts, awareness campaigns through multiple presentations and publications, and notification of deans of all schools of nursing about these new resources. The authors cited this collaborative model based on diffusion and innovation principles as a positive potential approach to large-scale change in nursing education reform.

The final article in this review that shed light on curriculum and training issues is the model used by the University of the Western Cape (UWC). In the Western Cape, national policy imperatives prompted the need for consolidation, mergers, and a new way of approaching nursing education (Daniels, 2010:42-48). In 2002, national imperatives resulted in the reduction of the number of HEI from 36 to 21, which meant that in the Western Cape, the University of the Western Cape (UWC) and a new institution – the Cape Peninsula University of Technology (CPUT) – would be sole enrolling institutions for undergraduate nursing education in the province (losing contributions from both the University of Cape Town and the University of Stellenbosch). This national imperative meant that institutions needed to collaborate to join the efforts of global and national transformation in education.

In addition, there was a need to increase operational efficiency and effectiveness whereby routine administrative and service functions were merged to pool resources and lower costs. A project team consisting of representatives from all participating institutions developed a proposal for the development of a common teaching platform that encompassed an integrated planning framework and a Memorandum of Understanding (MOU). After the proposal was approved by all relevant stakeholders, several working groups were formed and tasked with preparing the curriculum, planning for clinical teaching, and developing systems for resource allocation. The MOU played an important role as a guiding document of accountability.

Programmes at the University of Cape Town and at the University of Stellenbosch were gradually phased out, and a total of 220 students graduated in March of 2009 as the first cohort of common teaching platform products. Though evaluations of the effectiveness of

this regional collaboration is still pending, Daniels (2010:42-48) pointed out that there is literature documenting national and local collaborations in the South African nursing education context, and that more of such efforts are necessary as the country responds to political and educational changes.

2.2.3 Collaborations to Enhance Clinical Learning

Clinical learning is another important area of nursing education that lends itself to collaborative efforts. Two articles (Murray et al., 2010a; Moscato et al., 2007:31-37) described the collaborative efforts of nurse educators, staff nurses, and nurse executives in implementing a new and innovative model of clinical teaching – the Dedicated Education Unit (DEU). The DEU was first developed by the Flinders University and South Australian School of Nursing as an effort to create an optimal and efficient learning environment for students (Edgecombe et al., 1999, in Moscato et al., 2007). It involves collaboration between administrators, nurse clinicians, and nurse faculty where staff nurses are the instructors of students and faculty members support the dyad's clinical learning, facilitate integration of classroom learning, and assure achievement of expected learning outcomes. In this way, the DEU represented a joint commitment to student learning and was built on mutual respect, open communication, and collaborative relationships. It has been met with student, faculty, and nurse satisfaction and was thus adapted to practice in St. Louis, Missouri (Murray et al., 2010a:252-260) and in Portland, Oregon (Moscato et al., 2007). In both cases, the shared goal was to enhance the practice-readiness of new nursing graduates, and thereby better prepare the nurse workforce.

Murray et al. (2010a) cited shared vision, compatible mission, commitment, training, vested human and fiscal resources from all partners as ingredients to partnership success. Moscato et al. (2007) stressed the importance of using existing resources, building on strengths, forging partnerships at multiple levels, and an adequate understanding of roles. Both cases were successful in implementing DEUs in hospital units that were responsive to the needs of

partnering entities and instrumental in achieving the shared goal of improved student clinical learning (Murray et al., 2010a; Moscato et al., 2007:31-37).

Another article delved into the enhancement of the nurse preceptor role as a basis of collaboration. In 2004 in Sydney, Australia, Avondale College (a small, private tertiary education college providing a 3-year BSN programme and a private hospital that had supported Avondale with clinical placements for many years saw a need to collaborate in order to strengthen the knowledge and skills of registered nurse preceptors (Smedley & Penney, 2009:31-36). The development of a preceptor course for nurses was motivated by the need to establish and maintain sound relationships that would foster the required workplace practice and professional socialization for nursing students. Additional responsibilities of mentoring students often add to the already demanding and stressful workload of staff nurses. Anecdotal evidence showed from students that attitudes toward students and their learning experience have a significant influence on the student's clinical learning. The faculty at Avondale decided that there was a need to develop a professional development programme for nurse preceptors to begin addressing these attitudes and to also build their capacity to be effective preceptors. The 6-month programme development period required collaboration between a senior lecturer from the nursing faculty, the dean of the faculty, and the education manager at the placement hospital. The course was designed as an introductory level semester-long endeavour that would grant academic credit toward the masters in clinical teaching track.

The course ran over 15 weeks and required 170 hours of student participation consisting of a self-directed learning module and 8 hours of face-to-face workshop sessions. The programme was initially piloted with 28 nurses, and now enrolls 50 nurses on an annual basis. The authors cited organizational commitment (in the form of joint subsidy) and an acknowledgment of the need to pursue cultural and structural changes to support student learning as keys to collaborative success (Smedley & Penney, 2009:31-36).

The broader issue of clinical placement sites is another area that can benefit from strategic collaboration. The Henry Street Consortium – a collaborative of 5 baccalaureate schools of nursing, 13 local public health agencies, and the public health nursing section of the Minnesota State Health Department (USA) – is one such strategic collaboration (Keller et al., 2011:261-270). The preparation of a competent public health nursing workforce requires fruitful public health nursing clinical placements. In Minnesota, a shortage of public health nursing clinical placement sites meant that nursing schools were competing for student placements. Keller et al. (2011) described the way the group went through Tuckman's four normative stages of group development: forming, storming, norming, and performing (Tuckman, 1965, in Keller et al., 2011). The consortium was able to work through its tensions and developed the following "products": a set of public health nursing core competencies, a "menu" of clinical learning opportunities that would help faculty members design competency-centred population-based clinical experiences, a collaborative environment for sharing clinical placements; and a model for training and sustaining a public health nursing preceptor network. Today, the Henry Street Consortium continues to expand its collaborative work, building on its original agreed-upon vision and mission and strengthening its deliberate, active participation between key public health nursing stakeholders (Keller et al., 2011:261-270).

Clinical placement opportunities are not only important to the clinical training of future nurses, they can also provide context for a mutually beneficial partnerships between masters-level nursing training programs and health care facilities. In Hahn (2010:143-148), the community health agencies in Washington DC partnered with faculty members of the nurse administration track of the George Mason University School of Nursing to create a win-win situation. In this nurse administration track, one of the culminating student requirements was to complete a 90 hour practicum experience with designated nursing administrators. Prior to beginning this experience, students must have successfully completed courses in management and organizational theory, financial management, ethics, theoretical foundations

in nursing, nursing research, and health care delivery systems.

In collaboration with area health care facilities (hospitals, community-based agencies, professional organizations, health departments long-term care facilities, correctional facilities, and entrepreneurial businesses), faculty works in tandem with students to align organizational needs with student interest so as to arrive at practicum projects that are valuable in one of these areas: quality and safety, business skills, leadership, and strategic planning. Hahn offered a sample of student projects that have consistently been reported by nursing executives as beneficial to their organization. Keys to successful synergistic partnerships here included open communication, mutually agreed-upon goals, face-to-face meetings, and continuous evaluation (Hahn, 2010:143-148).

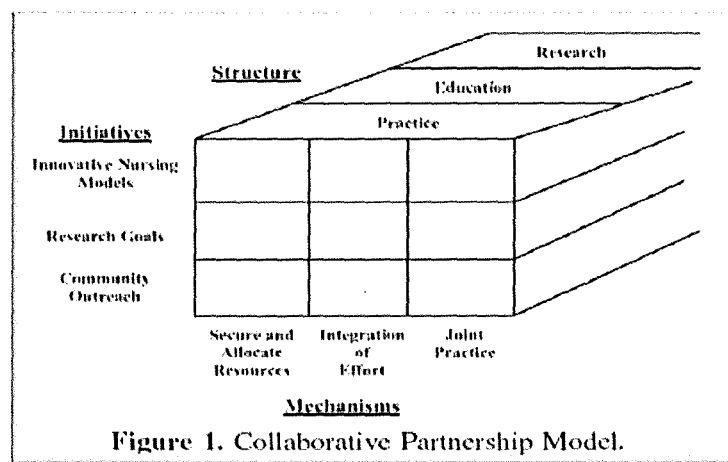
2.2.4 Collaborations to Improve Novice Nurse Transition Into Practice

Another area of collaboration in nursing can be found in the area of transitioning novice nurses into the practice world. At a north-western Ohio community-based hospital in the USA, recent statistics had shown that the novice nurse transition into practice was becoming increasingly difficult, time-consuming, costly and frustrating for both new nurses and staff nurses (Howarth, 2002:135-141). Through a series of formative research and evidence review efforts, nursing leadership of this hospital decided to partner with the Wright State Nursing Institute to develop a new novice nurse orientation programme. The efforts began with a comprehensive evaluation of the hospital's current model of orientation, which included interviews with postgraduate nurses and preceptors.

Then, in collaboration with staff nurses, the nursing leadership identified the key skill sets that the novice nurse needed to learn by the completion of the orientation. They created an 8-week orientation that made use of simulators and revised upon the shortcomings of the previous 16-week orientation programme. They piloted the new programme before scaling it up and the first cohort of novice nurses were comfortable with caring completely for 5

patients – the first time in 5 years that this was possible. Through this collaborative effort, it was estimated that a savings of over USD\$19,000 in orientation costs had already been achieved (Howarth, 2002:135-141).

Another example of collaboration also began as an effort to enhance the transition and retention of new nurses into the workforce. This example took place in a rural area of North Carolina (USA) between East Carolina University School of Nursing and Pitt County Memorial Hospital (Horns et al., 2007:74-78). The partnership between these two entities began in the mid-1980s when the dean of the school and the vice president for nursing at the hospital began informal discussions about enhancing the transition of new nurses into the workforce. The resulting co-venture project gave rise to many more collaborative efforts carried out by taskforces and an eventual committee structure complete with a mission statement, purpose, conceptual model and bylaws (Figure 2.2).



Adapted from Horns et al. (2007)

Figure 2.2: Collaborative partnership model

The authors found the following elements as instrumental to collaborative success: a coherent institutional strategy (amid separate governing structures), potential partners that bring value and assets to the partnership, mutually-beneficial goals, accountability to each other, timing, tact, talent, and trust (Horns et al., 2007:74-78).

2.2.5 Cross-Cutting Collaborative Efforts

The last set of articles in this review highlight cross-cutting collaborative efforts that have successfully enhanced the nursing profession in various ways. Smith & Tonges (2004) gave an informative overview of experiences based on the authors' own journey to partnership between a research university (University of North Carolina at Chapel Hill School of Nursing) and an academic medical centre (University of North Carolina Hospitals). They argued that choosing the appropriate partner can make or break collaboration. They suggested that individuals ask the following questions before embarking on a partnership journey:

- ✎ Are the vision and goals of the partners compatible? Hospitals seeking to conduct nursing research would be best served with a university partner rather than a community college;
- ✎ Will each side be able to meet and perhaps exceed expectations? Are the goals clear, measurable, realistic, and meaningful to both parties?
- ✎ Are there any areas in which competition may emerge? These possibilities might include grant monies, continuing education, programme development, and recruitment of high-potential talent; and
- ✎ Can the arrangement augment the basic goals and values of both parties?

Looking for win-win opportunities can strengthen the commitment of all concerned. They continued to paint a full picture of a relationship that is mutually beneficial where each party exercises influence in the other's sphere and both work collaboratively to address challenges that impact all stakeholders (Smith & Tonges, 2004:305-309).

Murray et al. (2010b:295-299), Kishi & Green (2008:210-214) and Tanner et al. (2008:203-209) illustrated community- or state-wide academic-community partnerships that have had cross-cutting benefits for nursing. In St. Louis, Missouri (USA), the Workforce Collaborative Pilot Project (WCPP) united the state hospital association (and its 33 member hospitals), the State Board of Nursing, and academic leaders at 11 nursing schools in a collective effort to address the issue of shortages in clinical nurse faculty (Murray et al., 2010b:295-299). Their goals were three-fold: expand the pool of educators involved in preparing the next generation of nurses; increase nursing school enrolments by 335 each year for the next 5 years; and implement an innovative education model that could be sustained or replicated. The WCPP has shown excellent progress in meeting its cross-cutting objectives by ensuring the commitment of financial resources from all stakeholders and seasoned academic faculty human resources, the formation of strategic taskforces with representation from all parties, and the evaluation of progress toward pre-defined objectives (Murray et al., 2010b:295-299).

In Texas, the collaborative efforts took a different focus. According to Kishi & Green (2008:210-214), this state-wide effort arose from the lack of valid and reliable data available to measure the severity and nature of the nursing shortage. Isolated entities were collecting individual data, but there was no state-wide strategy to address the looming nursing shortage issue. The leadership of the Texas Nurses Association (TNA) decided that there needed to be a strategic action plan at the state level, and established partnerships with a number of partners including: the Texas Nurses Foundation, Texas Hospital Association, Nursing Education Policy Coalition, Greater Houston Partnership, Texas Institute for Health Policy Research, and the University of Texas Health Science Centre at San Antonio's Centre for Health Economics and Policy (Kishi & Green, 2008). This collaborative effort resulted in the development of nursing workforce policies and legislation, the most important of which was the Nursing Shortage Reduction Act (NSRA) of 2001 in Texas. This legislation put Texas at the forefront of states to address the nursing shortage from a legislative perspective – strengthening the nursing education infrastructure and developing a nursing workforce data

centre.

A couple of years after the NSRA was passed, additional legislation was passed to establish a funding source for the Texas Centre for Nursing Workforce Studies, implemented in 2004. This centre has continued to spearhead a variety of legislative efforts to addressing nursing shortage issues. The authors recommend that nursing and health care leaders striving to address the nursing shortage issue should consider state-wide or region-wide legislative efforts such as the one exemplified in Texas. Furthermore, they cited the following ingredients for partnership success: leadership and vision of key stakeholders, ability to look at issues from broad perspectives, expertise in developing strategic plans and policies, and the ability to negotiate and work with diverse groups (Kishi & Green, 2008:210-214).

The Oregon Consortium for Nursing Education (OCNE) is a state-wide coalition described in Tanner, Gubrud-Howe, & Shores (2008). Similar to the initiative in Texas, stakeholders in Oregon were looking for solutions to address the nursing shortage. Considered unprecedented in the USA, OCNE consists of 13 nursing programmes in Oregon – 8 community colleges and 5 University School of Nursing campuses. OCNE members realized that in order to address the nursing shortage on a long-term basis, they needed to make the best use of scarce faculty classroom, and clinical training resources. They developed an organizational structure, institutional agreements, and operating guidelines. With such structures in place, OCNE was able to develop an evidence-based standard curriculum, expand clinical training capacity through simulation, and put together faculty development opportunities across the different campuses. OCNE has begun a comprehensive evaluation to track its processes and its outcomes with relation to nursing workforce challenges and is poised to be a model for transformative change in other parts of the USA and the world (Tanner et al., 2008:203-209).

2.3 Common Themes and Lessons

The present review has summarized 22 peer-reviewed articles that examined the use of inter-institutional collaboration as an approach to addressing the challenges of nursing education and nursing in general. Visionary leadership, shared goals, formalized agreements, financial considerations, open communication, and evaluation emerged as consistent themes – whether the collaborations were between two partners or larger-scale efforts involving multiple stakeholders. Many of the articles pointed out the challenges in the collaborative process, but reiterated the benefits that could be gained from working together. From optimizing resources, to eliminating redundancies, to producing legislative changes, collaboration was used as a tool to fill gaps where unilateral institutions fell short. These efforts have resulted in positive changes in the field of nursing, including streamlined curricula, enhanced clinical learning, improved professional development of nurses, and others.

2.4 Recommendations and Implications for the South African Context

These articles shed light on a number of implications for the NWP and other South African contexts. A new national policy which resulted from the De Lange Commission was that nursing education be offered in post-secondary education institutions. All nursing colleges were linked to universities through formal affiliation agreements since 1986 (Mashaba, 1995:128). To echo the findings in Daniels (2010:42-48), collaboration is not a widespread phenomenon in nursing institutions in South Africa. In view of recent policy and legislative changes, the NWP and other South African provinces have a lot to learn if collaborations are pursued. It is clear from the literature that collaboration in nursing can take many forms and, indeed, should be approached as broadly as possible (Bleich et al., 2004:285-294). At the outset, the potential for vertical partnerships between academic institutions and area health care providers, as well as horizontal partnerships between nursing faculties across different campuses ought to be explored using the guiding questions outlined in Smith & Tonges (2004:305-309).

The nursing issues in the NWP of South Africa are not unique. As shown in this literature review, many other contexts face similar challenges and changes mandating consolidation, sharing of resources, and capacity building across the education-training continuum. As the NWP evaluates its priorities, it must then decide on the most appropriate collaborative structure. Leadership must be identified and provisions made for a viable financial structure to support such efforts (De Geest, 2010:295-304). Open communication, teamwork, formalized agreements, and a shared set of goals must continually guide the partnership, and ongoing evaluation must be in place to ensure that the process remains beneficial to all involved.

2.5 Conceptual and Theoretical Frameworks on Collaboration.

2.5.1 Introduction.

Literature has provided several examples of collaborations to meet challenges in Nursing Education. The NWP could use teamwork between NEI to manage changes and challenges from the changes. There will be need for a guiding structure for processes to implement such collaboration.

2.5.2 Rationale for a choice of model.

Existing models in the literature are suitable for specific circumstances, for example existing affiliation agreements between nursing colleges and universities in South Africa were suited for monitoring standards. Further assessment and analysis of the context is essential to choose a framework or model for current changes.

An analysis by D'Armour, Ferrada-Videla, Rodriguez & Beaulieu (2005:116-131)) reviewed frameworks and organizational theories on collaboration based on structure and process. According to these authors, key elements in collaboration are construction of a collective process addressing client needs, and the construction of an integrated team with members that respect and trust each other (D'Armour et al., 2005:127). The authors also noted that

most models on collaboration are based on theoretical backgrounds in organizational theory or sociological theory (D'Armour et al., 2005:116). The *Social Exchange Theory* was used for this study because it includes the process of collaboration (Gitlin et al., 1994 in D'Armour et al., 2005:123-126). The *Social Exchange Theory* uses a five stage model (Figure 1.1) to analyze collaboration. Basic assumptions of the *Social Exchange Theory* are 'exchange' and 'negotiation', and that social structures can be understood through an analysis of interpersonal transactions (Gitlin, Lyons & Kolodner, 1994:15-34). Interactions help to understand complex behaviours between groups, such as those within collaboration. Some of the common concepts underlying collaboration which may lead to complex behaviours between groups include sharing, partnerships, power, interdependency and process, as explained by D'Armour et al (2005:116).

Parameters used by Gitlin, Lyons & Kolodner (1994:15-34) to expand the *Social Exchange Theory* are negotiation, exchange, building an environment of trust and role differentiation. (figure 1.1) The above parameters have been used in a tool to investigate perceptions about collaboration. Individuals and groups constantly engage in negotiations to optimize benefits, reduce costs and move forward under conditions that they perceive as fair for all stakeholders. The theory further explains that interactions help to understand complex behaviours between groups, such as those within collaboration. Some of the common concepts underlying collaboration, which may lead to complex behaviours between groups, include sharing, partnerships, power, interdependency and process according to D'Armour et al (2005:116).

2.6. Summary

Policy changes and other challenges in nursing education and services are not peculiar to the NWP and South Africa only. Nursing literature is rich with examples of creative partnerships and collaborations that have yielded short- and long-term solutions to the profession's myriad challenges. Partnerships are essential between academic institutions, health care

organizations and government agencies for departments to deal effectively with challenges like shortage, clinical learning and development of educators, according to Hall (2008:273). This examination of literature provided a number of examples of collaborative efforts to address issues that are shared across many contexts. The NWP and other areas of South Africa could learn much from collaboration examples with cross-cutting benefits to address policy changes, staff shortages, professional development and other issues, as seen in the case described by Murray et al. (2010b:295-299) concerning several institutions collaborating to achieve goals to benefit all partners.

CHAPTER 3

RESEARCH DESIGN AND METHOD

3.1 Introduction

Chapter 1 outlined the background, problem statement, purpose, objectives and significance of the study. Theoretical perspectives were explained, and the research methodology summarized, including the research approach, research design and research process. An overview table included information about the questions, sampling, data collection, data analysis, and measures of validity and reliability for quantitative and the qualitative processes in the mixed methods design. The research process commenced with a concurrent collection of quantitative and qualitative data. The questionnaire and interview guide used for the quantitative and qualitative data collection were based on the same theoretical frame provided in Chapter 1. In this chapter, complete details of the purpose, theoretical framework, the research design and ethical aspects are discussed.

3.2 Purpose of the Study

The purpose of this study was to develop a model of collaboration between NEI in the NWP in order to put available resources and skills to better use for improving the quantity and quality of nursing education in the province. The need for improvement is based on the changing landscape in nursing education due to national legislation changes.

3.3 Objectives of the Study

The objectives of the study were to:

1. Explore and describe perceptions of nurse educators and nursing education stakeholders about a collaborative partnership between the college and university in

the NWP.

2. Identify factors that will facilitate an effective collaborative partnership model between NEI in the NWP.
3. Develop a model of collaboration between NEI in the NWP.

3.4 Theoretical Framework

The five-stage process of the *Theoretical Exchange Theory* (Figure 1.1) as explained in Chapter 2 was used to structure the data collection and analysis. In a research study, a theoretical framework assists the researcher to organize the study and provides a context through which the problem can be examined and data can be gathered and analyzed. Theoretical and conceptual frameworks interrelate concepts that show that the study extends, in a logical way, current knowledge (Brink, Van der Walt & Van Rensburg, 2006:24) – in the context of the present study thus collaboration between between NEI in the NWP.

3.5 Research Design and Method

The mixed methods approach was utilized as explained in Chapter 1, and the triangulation design selected, with the convergence variant applied (Figure 1.2). The purpose of the design was to use different, but complementary data on the same topic to understand the perceptions sought, and to bring together the overlapping strengths and compensate for weaknesses of the quantitative and qualitative methods as explained by Creswell & Plano-Clark (2008:9). Input from the nurse educators would focus on mostly theoretical aspects of the training, while the other nurse training stakeholders would provide a different perspective of the nurse education and training process, and challenges. In the *Convergence Model of Triangulation* (Figure 1.2.), qualitative and quantitative data have equal weighting, were collected and analyzed concurrently, and results from both were compared and contrasted and merged for interpretation (Creswell & Plano-Clark, 2007:62-63). The embedded and explanatory types of mixed methods usually weigh the data differently, so that one set of data could be seen as

more important than the other when it is dominant. The study was done in a context with varied college and university campuses, and clinical learning facilities shared by college and university students in different locations for each pair of a college and university campus.

3.6 Sampling

The population of this study comprised role players in the education and training of nurses. These included college and university lecturers, varied clinical facility managers where students were placed, clinical teachers, and managers in the provincial health department and the university. The target population consisted of role players in the public service of the NWP. Munhall (2012:575) stated that when a mixed methods design is used, the dominant quantitative sample (often large and randomly selected) is not suitable for the qualitative component, while in a qualitatively dominant study, the qualitative sample (often too small and purposefully selected) violates the needs of the quantitative component. The qualitative sample purposely targeted experienced people in dealing with students, mostly as managers in the clinical facilities. The other stakeholders were managers in the NEI campuses and relevant officers in the NWPoH (table 4.1). The quantitative sample in this study was larger than the qualitative sample, but the weighting or mixing was equal. Exclusion criteria affected very few people who were relatively new in formal teaching (less than 6 months), according to the researcher.

The target population for quantitative data consisted of nurse educators in the college and university campuses of the NWP. The total population was formed by subsets from four campuses ($N = 127$), composing the sampling frame. Lo Biondo-Wood (2010:230) explained that a set enlists all the units of a population to form a sampling frame, and subsets are units from which the sample will be selected. The fifth subset appearing in the questionnaire was not used because the education of nurses was still in the planning stage in that campus.

The recommended sample size according to Raosoft software calculator (<http://www.raosoft.com/samplesize.html>) for the above population was 96, with a 5% margin of error and a 95% confidence level. The inclusion or eligibility criteria were: being qualified and appointed as an educator at the NEI in the province for at least six months. An all-inclusive sample as explained by Burns & Grove, (2009:222) contains all eligible nurse educators to increase the confidence level to 100%, and representative of all the campuses.

The other role players included managers of nursing education at the NWPDoh, the college campuses, the university campuses, and the clinical learning facilities form the target population for the qualitative data. A purposive sample of two from each of the four nursing education campuses, two from the NWPDoh and five from different clinical placement facilities formed a total sample size of 15 for the qualitative data (table 4.1). If the data saturation was not reached the purposive sample would have been increased to 20.

3.7 Data Collection

Data collection was started as soon as approval was granted by the North West University (Annexure 1) and NWPDoh (Annexure 3). Qualitative data were collected from managers representing nurse training stakeholders in the province and quantitative data were collected from nurse educators in 4 campuses of the nurse training institutions of the province. The collection of quantitative and qualitative data occurred concurrently as stated by Creswell & Plano-Clark (2007), and as shown in Figures 1.2 and 1.3 in Chapter 1.

3.7.1 Questionnaire

A self-developed five-scale Likert questionnaire, based on assumptions of the *Social Exchange Theory*, was adapted and used Gitlin et al. (2004). A pilot study using ten volunteers was done for construct validity, and expert advice given to change from the five-likert to a four-likert scale (Annexure 6). The basic concepts forming sections of the questionnaire were exchange, negotiation, role differentiation and building an environment of

trust. There were 10 questions for the concept *Exchange*, 7 questions for the concept *Negotiation*, 5 questions for the concept of *Role Differentiation* and 10 questions for the concept *Building a Trust Environment*. Each question was scored as *Strongly Agree*, *Agree*, *Disagree* or *Strongly Disagree*. Provision was made for additional comments for each of the concepts in the questionnaire. Questionnaires (Annexure 6) and information sheets (Annexure 4) were sent electronically to participants. Hardcopies were also made available for those who preferred them. The return rate was slow and follow-up efforts were made to improve the number. A total of 96 questionnaires were distributed, and 66 (68%) returned.

3.7.2 Interviews

Semi-structured interviews were conducted by the researcher with 15 nurse training stakeholders in the NWP. Approval was obtained from the NWP Government (Annexure 3). Informed consent was obtained from the individuals interviewed (Annexure 5) with signatures. An interview guide (Annexure 8), based on the social exchange theory as explained in Chapter 1 was used. Interviews were conducted at the work places of participants. The duration of the interviews was 30 to 45 minutes and each interview was allowed to continue as long as the participant still had something to say, according to the guide provided and beyond. Data saturation was reached before the sample of participants was completed, as repetition of opinions was occurring. The interviews were recorded by the researcher and later transcribed and stored safely under lock and key. Data saturation was reached before all participants were interviewed, but the rest of the participants were also interviewed.

3.8 Data Analysis

3.8.1 Quantitative Analysis

The analysis of quantitative results was done with the assistance of a statistician. Quantitative data were analyzed using SPSS version 21. Descriptive statistics are presented in frequency

tables and bar charts to summarize the demographics, including the age, gender, experience, highest qualifications and campuses of the participants. Cross tabulations were done, and tables used to indicate responses to questions in each construct of the social exchange theory. Bar charts were used to show the level of agreement in responses to the questionnaire. Each construct of collaboration according to the *Social Exchange Theory*, as provided for in the questionnaire, was presented in a bar chart to show the percentages of agreement.

The t-test and analysis of variance (ANOVA) were not used as subsets such as the experience of educators in the subsets of the sample (Burns & Grove, 2009:688-726), were not compared. The results of responses to the questionnaire, in agreement percentages were converged and compared to the categories and sub-categories from the qualitative data and comments where available, for interpretation.

3.8.2 Reliability and Validity of Quantitative Data

Reliability is the consistency with which an instrument measures an attribute, and validity is the degree to which an instrument measures what it is supposed to measure (Polit & Beck, 2008:373-377). Content validity was ensured by doing a pilot study on 10 participants. The five point scale of the questionnaire was changed to a four point scale to reduce neutral responses, thus improving validity. The measuring instrument was found to be reliable, according to Cronbach's Alpha = 0.814 – which is a strong reliability. Sub-scale reliability is summarized in Table 3.1. A value of 0.8 is acceptable for cognitive tests, and 0.7 for ability tests, but values below 0.7 are also accepted due to the diversity of constructs (Field, 2006:1).

Table 3.1: Subscales reliability

Scale	Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	Number of Items
Collaboration Social Construct	0.788	0.793	10
Negotiation Construct	0.600	0.698	7
Role Differentiation Construct	0.609	0.637	5
Trust Environment Construct	0.874	0.877	10

3.8.3 Qualitative Analysis

Data analysis was done concurrently according to the *Convergence Model of Triangulation* in mixed methods, as explained by Creswell & Plano-Clark (2007:62-63), and shown in Figure 1.2. The analysis of qualitative data was done by coding the data in the transcripts according to paragraphs to substantiate the substance of the data, as explained by Strauss & Corbin in (Basset, 2004:66). Fifteen interview transcripts were explored by reading through them, and analyzed by assigning codes. Codes were grouped into themes, and abstracted into categories, and the categories further into sub-categories (Cresswell & Plano-Clark, 2007:129). Co-coding was done by a peer reviewer to confirm the themes, categories and sub-categories. These were converged with the quantitative results in comparison and discussion, according to Cresswel & Plano-Clark (2007:63).

3.9 Measures to Ensure Trustworthiness

Trustworthiness is the degree of confidence qualitative researchers has in the data collected, and criteria include credibility, confirmability, dependability and authenticity (Polit & Beck, 2008). In this study, the strategies as described by Polit & Beck (2008) were applied to ensure trustworthiness as shown (Table 3.2).

Table 3.2: Application of measures to ensure trustworthiness

Strategy	Application
Credibility	• Prolonged engagement with the participants was used by the researcher in presenting self for conducting the interviews. The inquiry was neutralistic, and enough time given to the participant for self-expression, according to Brink et al. (2006:118). • Non-verbal communication was observed all the times. • Member checking was done by repeating conclusions and interpretations for the participants to confirm. • Peer reviews were done by two experts in the field of qualitative research to ensure truth value.
Transferability	• Triangulation was used by converging the qualitative and quantitative data which were collected concurrently, from a different sample of participants. • A dense description of data was supported by direct quotations from participants and a literature control to assess applicability (De Vos et al., 2009:346).
Dependability	• The researcher spent time with the participants until there was saturation of information. Audiotape recording was done, and transcripts of the recordings and the tapes safely stored. • Triangulation with concurrent quantitative data also promoted consistency. • The peer review done by two experts in qualitative research added to dependability.
Confirmability	• Neutrality was enhanced by triangulation of data according to the research design (Creswell, 2009:213). • Informed consent was obtained from the participants, and freedom of expression encouraged (Brink et al., 2006:119). • The findings were supported by a literature control.

3.10 Ethical Considerations

Ethical approval and permission to conduct the study were obtained from the NWU, and the NWPDoH as explained in Chapter 1 (Annexures 1 to 3). Permission to collect data was sought from campuses and facilities involved. Informed consent was also sought from individuals interviewed and participants who responded to the questionnaires (Annexure 5). Anonymity was upheld in both quantitative and qualitative data collection and safe keeping of data observed by the researcher. The protection of human rights was observed as explained in Chapter 1. Participants were not obliged to share what they chose to withhold. Interviews were conducted in privacy, and data handled confidentially by the researcher. Interview transcripts were only identified by codes.

3.11 Summary

This chapter explained how the convergence variant of the triangulation type in mixed methods design was implemented. Questionnaires were administered to the nurse educators who consented to respond, and interviews were conducted concurrently with participants who gave informed consent and time. Measures to ensure trustworthiness were applied in the data collection processes. Qualitative (Chapter 4) and quantitative (Chapter 5) data analyses were done concurrently.

CHAPTER 4

QUALITATIVE RESULTS

1 Introduction

The previous chapter discussed the research methodology used in this study. The *Convergence Model of Triangulation* design in mixed methods was used. In this chapter, the results of the qualitative component of the study are reported. Qualitative data were collected through semi-structured interviews using an interview guide (Annexure 8). The *Social Exchange Theory* was used to structure the interview guide, as well as the questionnaire, as the theoretical framework for this study. A purposive sample of 15 participants consisting of NEI managers, clinical facility managers where students were placed, and officers in the nursing education sub-directorate of the NWPDoH were interviewed (table 4.1).

Table 4.1: Demographic details of the participants

Number	Gender	Age in Years	Qualification	Position	Years of Experience
1.	Female	44	PhD	HOD	10
2.	Female	59	PhD	HOD	22
3.	Female	58	Masters	Campus Principal	16
4.	Female	56		HOD	15
5.	Female	58	PhD	School Director	16
6.	Female	50	PhD	Senior Lecturer	14
7.	Female	58		Deputy Manager/Nursing	
8.	Female	54	Bachelors	Nursing Manager	29
9.	Female	60	Bachelors	Operational Manager	31
10.	Male	49	Masters	Multi-Campus College Principal	20
11.	Male	45		Human Resource Director	21
12.	Female	58	Bachelors	Operational Manager	37
13.	Female	55	Masters	Campus Principal	24
14.	Male	53	Masters	Operational Manager	29
15.	Male	49	Diploma	Operational Manager	24

All participants were sent a copy of the ethics approval from the North West University (Annexure 1), the letter of the request to conduct the study (Annexure 2), approval from the NWPDoH (Annexure 3) and an information sheet (Annexures 4). Participants were also requested to sign an informed consent form (Annexure 5) before the interview, after having read the information sheet. The day, time and venue of the interviews were based on the choice or preference of the participant. The average interview time was 45 minutes, though participants were given as much time as possible to express their opinions about the responses requested by the interviewer. Data from the interviews were transcribed and typed. Each interview script was read to highlight what was said in response to the questions on the interview guide, additional responses beyond the guide and probing by the interviewer. Codes were assigned to the data, and similar codes were developed into themes, categories falling under the themes, and further into sub-categories.

Themes, categories and sub-categories which emerged from the interview data are listed in Table 4.2. The categories and sub-categories were confirmed by quotations from the data (presented in *italics*) and relevant literature control.

4.2 Discussion of Themes, Categories and Sub-Categories

Data analysis yielded several themes, categories and sub-categories (Table 4.2) which are discussed in the sub-sections that follow.

4.2.1 Theme 1: Goals or Rationale for Collaboration

Some participants needed to clarify the meaning and reason for collaboration. This need or question gave rise to the first theme identified as goals or rationale for collaboration. Collaboration is a dynamic interactive relationship of decision making and sharing of responsibilities between individuals, groups or institutions (Hanson et al., 2000, in D'Amour, 2005:118). Concepts related to collaboration include sharing, partnership, mutual dependence and power (D'Amour et al., 2005). In this study, collaboration refers to such a relationship as

described above, between NEI in the NWP of South Africa. As explained in chapter one, the colleges and the university operate under different administrations and there is need for unification of these institutions to sustain the production of nursing professionals for the province, while also conforming to essential policy changes stated. The need for a collaboration model for the NEI in the NWP was expressed in some of the responses, and the categories and sub-categories that emerged from this theme are summarized in Table 4.2 and elucidated below.

4.2.1.1 Category 1.1: Facilitate Implementation of New SANC Qualifications

In this category the need to prepare for the new SANC qualifications was acknowledged and collaboration considered as a possible solution to some of the challenges that may arise. Nurse training in South Africa has evolved from informal apprenticeship to a formal diploma between 1900 and 1948 Searle (1965:254-290).

The latest change in the continued development was the requirement of a bachelor's degree for registration as a professional nurse in 2011. This change called for adjustments in NEI and nurse educators. If the necessary adjustments are not made in time, there might be untoward circumstances like a gap in the usual production of professional nurses until institutions are well adjusted to the required changes. The following quotation supports this as follows:

P2(1/18) Looking to the future in particular, where we need to come and implement these new qualifications, I believe collaboration is necessary.

Table 4.2: Themes, categories and sub-categories that emerged from the qualitative data analysis

Themes	Categories	Sub-Categories
1. Goals or rationale for collaboration	1.1 Facilitate implementation of new SANC qualifications	1.1.1 Colleges will benefit from higher education status
		1.1.2 Capacity building in nursing education
	1.2 Improved stakeholder relationships	1.2.1 Sustain manpower production and provision for the Provincial Health Department
		1.2.2 Strengthen the existing affiliation
2. Establishing a conducive environment for collaboration	2.1 Mutual trust	2.1.1 Openness
		2.1.2 Respect
		2.1.3 Acceptance
	2.2 Sound negotiations	2.2.1 Memorandum of understanding
		2.2.2 Advice from different experts
		2.2.3 Identification of weaknesses/challenges
		2.2.4 Mutual cooperation
	2.3 Buy-in and political will	2.3.1 Involvement of university management
		2.3.2 Involvement of the Provincial Department of Health
		2.3.3 Support from ministries
	2.4 Stakeholder commitment	2.4.1 Clarify expectations
		2.4.2 Do a needs analysis

Continued/...

Table 4.2: Qualitative analysis data on a collaboration model between nursing education institutions in the North West Province (continued)

Themes	Categories	Sub-Categories
3. Maximize exchange of resources	3.1 Human resources	3.1.1 Teaching approaches
		3.1.2 Specialization clinical programmes
		3.1.3 Expertise and skills, e.g., research and community projects
		3.1.4 Time and finance
	3.2 Material resources	3.2.1 Sharing of teaching resources
		3.2.2 Sharing of infrastructure
		3.2.3 Educational materials
4. Role clarification	4.1 Responsibility and accountability	4.1.1 Role assignment and adaptation
		4.1.2 Establishment of a steering committee
5. Perceived collaboration challenges	5.1 Organizational culture	5.1.1 Different cultures and work ethic
		5.1.2 Resistance to change
	5.2 Fear and uncertainty	5.2.1 Loss of status, positions and benefits

The literature shows several examples of collaborations formed to cope with challenges like policy, curriculum and other changes in nursing education (Herin et al., 2006, Porrier & Oberleitner, 2011; Spencer, 2008). National reform in China stimulated a new era in nursing education; through development of indigenous graduate education using strategies that included inter-institutional partnerships (Sherwood & Liu, 2005:15). The change in strategies and policy enabled nursing to emerge as a force impacting health care in the world's most populous country' (Sherwood & Liu, 2005:15).

4.2.1.1.1 Sub-Category 1.1.1: Colleges will Benefit from Higher Education Status

The SANC has issued a new regulation for new qualifications as notified in circular 7/72011. The new qualifications include a bachelor's degree for the registration of professional nurses. There is need to maintain the number of professional nurses produced while colleges redefine their position to conform to the Higher Education Act No. 101 of 1997, promulgated to transform and coordinate higher education. This was supported by the following quotations:

P2 (1/18) Both the university and the college can work together in order to train these nurses, remember they say if the college is to offer the degree, they have to go to the status of ... must qualify for higher education.

P5 (20/21) The collaboration is very important because we all have to fall under higher education.

Another participant stated that:

P8 (28/38) Pursuing professional nursing through a bachelor's degree is advantageous, even when someone decide later to further studies in medicine, they are credited.

This was supported by the following statement:

P (33/38) Because you are regarded as higher if you are from university or higher education, and we want to be regarded at the same level as other professions.

A participant stated that:

P (37/38) If you study through a diploma, unlike a degree, there is a discrepancy when you want to further your education level.

In the USA, eight states were mandated to collaborate nursing education programmes so that curriculum articulations could be made between institutions to allow diploma graduates credits assisting them to obtain bachelor's degrees in order to increase BSN professionals and meet workforce challenges (Spencer, 2008). Graduate education in nursing has been reported to provide a vehicle for advanced practice, and growing public acceptance, and also suggested that it should go beyond the clinical role to provide clinical specialists and leaders (Radzynski, 2005:119-120). Sherwood & Liu (2005:16) reported initiatives including two programmes to advance the education of nursing faculty. Enrolment criteria included a baccalaureate equivalent in nursing.

4.2.1.1.2 Sub-Category 1.1.2: Capacity Building in Nursing Education

Capacity is the ability to hold, contain and learn things or quality in a particular domain (Hornby, 1974). Capacity building in nursing education refers to the ability to increase knowledge, skills and experiences to enrich the field. Nurse educators have to improve their qualifications as part of the need to qualify to teach in HEI, and that will improve capacity building for nursing education in general. One of the frequently asked questions (FAQ) about new nursing qualifications on the (SANC website) is "*What qualification should the nurse educator have in order to teach the new qualifications?*" The answer is that "*The educator must have a higher qualification than the programme that is offered, meaning that for a*

Bachelor's degree, an educator must have a Master's degree or higher."

One participant stated that:

P (20/21) 'One of the challenges was limited qualifications of lecturers at the college. They had moved forward because some have started with their Masters, some already have it and some already have a PhD.'

Collaboration between those already operating in higher education and those who need to prepare for operating there will facilitate capacity building, as supported by the following quotations:

P (3/18) 'We can actually develop each other because the people are at different levels of development and if they collaborate they will be able to pull others with, and motivate other members of the group.'

P (2/18) 'I think one of the objectives is also to develop professional nurses or lecturers at the college, for them to be able to also give quality education. We must improve the profession.'

Other participants pointed out that the NWPDoH was proactive in a partnership of supporting college lecturers who were prepared to study for a Masters degree at the university, and felt that the university must play a bigger role in mentoring the college lecturers for development. Capacity can be grown in other areas, such as research and special clinical areas. In Ireland a school of Nursing and Midwifery was "changed from a predominantly teaching focussed culture to one of academic research excellence" through specific strategies to increase research capacity (Begly C, McCarron M, Hutley-Moore S, Condell S, and Higgins, A (2013) :2013:754). Other examples of building nursing research capacity were presented by Segrott, McIvor & Green (2005 638-651).

One of the nurse educator competencies according to the National League of Nursing is 'engaging in scholarship' (Billings & Halstead, 2009:14). This competency requires those

who teach to demonstrate qualities including integrity, courage, perseverance, vitality and creativity. Development of teaching and other staff is essential in higher education. A faculty development programme was used as one of the strategies to improve an acute shortage of nurses and educational governance concerns in Andhra Pradesh, India (Evans, Razia & Cook, 2013:2). An international collaboration was used to improve educational approaches, support career development as well as clinical and leadership skills for the country. A comprehensive approach to faculty development should include professional development, instructional development, leadership development and organizational development (Wilkerson & Irby, 1998:387).

4.2.1.2 Category 1.2: Improved Stakeholder Relationships

Stakeholders in a partnership are those individuals or groups who have vested interests in the activities or interactions of the collaboration. In this study, the stakeholders included clinical service facilities, government departments, other funders and communities. Partnerships do exist between these stakeholders and NEI, but will hopefully improve when the institutions themselves have a closer working relationship, as supported by the following quotation:

P (2/18) 'When our lecturers are doing clinical accompaniment or clinical visit they should see these students as one, you know, when they see a lecturer from Mmabatho College of Nursing, they must see a lecturer, you know, from the university, our college students, they must see a lecturer from their own course.'

A collaboration, described by Eckardt & Froehlick (2004), between a college of nursing, a hospital and a collective bargaining unit was able to increase accessibility for students, service to individuals, hospitals, patients and the health care industry as a whole, and also strengthen relationships between educational entities at the college.

4.2.1.2.1 Sub-Category 1.2.1: Sustain Manpower Production and Provision for the Provincial Department of Health

If the collaboration serves the purpose of closing the gap during which the college will be deciding how to conform to the higher education requirements, the numbers of professionals produced per year would not be disturbed at any point after the last intake of the old qualifications. The university alone would not cope with the necessary production of professionals if there had to be a gap as explained above for both colleges with regard to the type and quality of student nurses that will be taken out of the system. The following quotations support the statement above:

P (1/18) 'I'm just wondering, would the university cope, to produce manpower for the Department of Health? I mean, we know that the patient equity levels have gone up. They need more nurses to deal with the shortage, so with minimal numbers from the university, will we afford to give the health care service what they need, but if we collaborate, the institutions can be able to.'

P (1/18) 'I think the collaboration will be beneficial to the Department of Health in general.'

P (37/38) 'If we cut the diploma or the colleges we're going to be in a crisis, it's not going to work, it's going to be a recipe for disaster (according to a concerned participant).'

P (27/28) 'We also have a challenge of Advanced Psychiatry and we are building a new hospital, so if we could have a way of having students here.'

The latter participant was referring to a need for advanced specialist nurses to manage units planned for in the new hospital under construction. The NWP was sending nurses to institutions outside the province to prepare for this need. A concern of matrons reaching retirement was also expressed by this participant.

P (30/38) 'We are depending on the college and the university to assist us in producing adequate nurses so that we can execute our mandate effectively. The issue of collaboration becomes very important because we have a challenge, and this is a possible solution.'

A health care centre and a centre of nursing excellence in partnership were able to promote excellence, nursing practice, research, education and career development by building varied partnerships which suited their needs, and using funding initiatives to support their innovations. Several objectives were accomplished through this effort, as described by Spears, Thornton & Long (2008:59-66). Similar efforts could be used to avoid a staff shortage crisis. Some of the initiatives used could be of a temporary nature, and discontinued as challenges decrease or permanent solutions are developed.

Nurse educators in the USA had to confront several challenges, such as a shortage of faculty members, a nursing shortage, consumer demands for quality care, evolving academic programmes and clinical supervision challenges by turning the challenges into opportunities (Rich & Nugent, 2010:228). Continued production of manpower can be maintained through innovations like collaboration.

4.2.1.2.2 Sub-Category 1.2.2 Strengthen the Existing Affiliation

When nursing colleges were classified as post-secondary colleges after the De Lange Commission, professional nurse training was to be done in the colleges and universities (Searle 1988:150). Colleges were linked to universities by formal affiliation agreements for quality monitoring purposes by 1986. As one participant said:

P (1/18) 'There was this affiliation, but I believe we need another kind of collaboration. There is need to add other responsibilities and goals, thus requiring a different memorandum of agreement.'

Another participant expressed that the university, as a member of the college governing structures at the college already contributes a lot, as supported by this quotation:

P (2/18) 'We get valuable feedback and inputs from them in terms of policy. This collaboration is necessary and it has been there, although in a different format, where there was this affiliation, and I believe it was another kind of collaboration.'

Collaborative relationships or arrangements can be temporary or permanent, and the purposes differ and range from examples such as support for changing a teaching – learning strategy in a single nursing course to a complex community partnership (Bellack & O'Neil, 2013:67). Participants realized the need to revise purposes and arrangements of existing affiliations between nursing colleges and university departments to suite decisions that will be made to implement the new SANC changes.

Another participant stated that in his view the current collaboration is working, but added:

P (30/38) 'Like any partnership or collaboration it cannot remain stagnant. It must be reviewed from time to time, it must be assessed and improved over time, so that it deals with emerging challenges. I think times are right for us to evaluate the current collaboration and check whether the affiliation agreement needs to be relooked also in the context of the new legislative mandate.'

This participant thought that the current affiliation agreement could be fine-tuned to help comply with government legislation. An understanding of the meaning of collaboration in this context will help to bring consensus about the goals of the collaboration among stakeholders, and enable progress in this regard. Quotations from the stakeholders show that there is enough agreement for the collaboration partners to help each other conform to required changes, and continue the needed production of nursing manpower for the province:

A high proportion of student nurses are registered at nursing colleges affiliated to universities for moderation purposes, placing a high workload on academic staff in universities (Jooste & Jasper, 2012:62).

This situation would be improved by directing NEI to one stream of tertiary nursing education in the country, thus strengthening or changing terms of the existing affiliation.

4.2.2 Theme 2: Establishing a Conducive Environment for Collaboration

Collaboration involves more than two partners, with differences. The goal of collaboration is the main reason for the partners to overlook differences and focus on achieving a common goal. Factors such as trusting each other, being committed to the collaboration, goodwill for the achievement of the common goal and preparation through negotiations are essential for creating a conducive environment for the collaboration. Effective building blocks for a partnership include a 'coherent institutional strategy', values and assets to benefit the collaboration, mutually beneficial goals, accountability to each other and other essentials including time, tact, talents and trust according to O'Neil (in Horns, Czapliski, Engelke, Mashburn, McAuliffe & Baker, 2007:74).

A warning from one participant was that:

P (3/18) 'We just need to admit that it is not an easy thing because you bring people with different cultures and ethics together, trying to say this is where we should be going.'

This theme is about how the stakeholders can help each other to engage in venturing into collaboration. The quotation: "*We need the colleges, we need each other,*" P (20/21) was made in emphasizing the necessity of a conducive environment, and the realization that all stakeholders are important. An environment of trust is one of the parameters used by Gitlin et al. (1994:15-34) to investigate perceptions about collaboration and that makes it an important factor to establish.

4.2.2.1 Category 2.1: Mutual Trust

Trust is an essential element between partners or members of a group in collaboration and requires individuals to know one another through communication, sharing, trust and respect over time (Alpert et al., 1992 in Henneman, Lee & Cohen, 1995:107-108). A lack of trust, according to these sources presents an insurmountable barrier to the development of collaboration. This quotation supports a trusting relationship:

P (1/18) 'When people are committed, I know and trust that so and so will do a, b, c and d, while I do e, f, g and h.'

Trust is one of the emergent characteristics of collaboration, and individuals or parties must initially trust their colleagues enough to commit their time, energy and other resources (Friend & Cook, 1990:75).

4.2.2.1.1 Sub-Category 2.1.1: Openness

Partners should declare all their vested interests to facilitate effective collaboration so that others can apply their minds to all possibilities and make meaningful decisions. Openness refers to ensuring that all collaborators are kept informed about everything. A need for empowerment was also expressed and supported by the following quotation:

P (18/18) 'If I feel inferior, you know, I don't think I will be open, and openness leads to trust.'

Openness in communication is necessary for trust to develop, as exemplified by the following response:

P (3/18) 'Communication, communication, communication! That's my belief. Let's create a trust environment to say I'm not, I don't have a hidden agenda.'

This response implies that all collaborators need to come with a clean slate. Communication with other collaborators all the time can take different forms, as supported by the following statements:

P (1/18) 'Our stakeholders must know what we are doing for them to trust us.'

P (3/18) 'I think it is knowledge, and we really need to be open in it, and not to really be selfish in this process.'

P (20/21) 'We must start talking and sharing in different ways, to share ideas and information.'

Other participants stated:

P (30/38) 'The environment of trust can be established by having regular meetings with relevant stakeholders, and the stakeholders must be open to each other. There must be regular meetings and communication so that the college must not find themselves in a trap of being passive participants.'

P (35/38) 'When we work with each other and share achievements and challenges we will be able to trust each other.'

Openness to learn from each other will follow from acceptance, trust and respect of each other between all stakeholders:

P (19/21) 'Capacity differences compel us to work together, and that means we have to learn from each other.'

In support of this view, another participant said:

P (3/18) 'You come in to say I'm open to learn from a colleague, irrespective of where they are placed. I think it makes a lot of difference.'

People should come in as stakeholders and not as a minority, senior or any level in a trust environment. All the above quotations express the importance of openness for the development of trust in collaboration. Cross-organizational relationships can result in conflicting attitudes that provide a barrier in the development of trust between partners in a project, according to Davernport, Davies & Grimes (1999:31), who explained: Contractual trust, relating to adherence to agreements, competence trust, involving expectations of ability and goodwill trust, which refers to mutual commitment to the partners and ensures a continuing relationship.

4.2.2.1.2 Sub-Category 2.1.2: Respect

Henneman et al. (1994:106) discussed personnel and environmental antecedents for collaboration and stated that group dynamics plays a pivotal role in promoting collaboration through excellent communication skills, respect, sharing and trust. They further maintained that respect requires members to have a basic understanding and acceptance of each other's expertise and roles. It is important to cooperate with each other, and that is facilitated by trust and respect for each other, as supported by the following quotations:

P (1/18) 'I believe we have to trust and accept each other, and this will be promoted by communication.'

P (18/18) 'Trust comes from, basically, respect. If we respect one another there will be trust, and you know, if you look down upon a lecturer from the colleges, definitely I will not trust you, that you are doing me any good.'

P (31/38) 'If you have a role to play and you don't exercise the necessary due diligence, you know, and care, you are not likely to earn the respect of the people.'

'Through your conduct people will ultimately respect you as a person or stakeholder.'

Personal characteristics relevant to interdisciplinary collaboration were reviewed and it was revealed that characteristics like trust, respect, understanding and informal communication between collaborators were extremely significant components of successful collaborative endeavours (Bronstein, 2003:304).

4.2.2.1.3 Sub-Category 2.1.3: Acceptance

Accepting another person means realizing their strengths and shortcomings and still seeing them as worthwhile. If people do more than just work together they know more about each other and accepting each other is facilitated. This is supported by the following quotations:

P (19/21) 'If we travel together and start working and doing more things together, not only at a professional level, but also at a more relaxed level we will more readily accept each other.'

P (2/18) 'If we open up to each other and we are having a deficiency in ourselves we need to accept, to say we do not have that, both sides, you know, it should be a give and take situation, so if we realize, we also acknowledge each other's expertise.'

The act or process of entrusting entails respecting and accepting the other partner's different abilities, and is a crucial element in successful collaboration (Davernport et al., 1999:32).

4.2.2.2 Category 2.2: Sound Negotiations

Negotiation is the process of discussing something with someone in order to reach an agreement with them or the discussions (Cambridge Advanced Learner's Dictionary: 2008).

A conducive environment of trust and openness and respect are some of the factors which contribute to sound negotiations where partners can have healthy debates that lead to amicable solutions and acceptance of each other, as shown by the following quotation:

P (1/18) 'People can be trained or empowered on collaboration ... so that they gain collaboration skills, very important.'

Negotiation skills should form part of collaboration skills as the one can build towards the other. Key lessons to bridge the discourse on collaboration include knowing self, valuing and managing diversity, developing constructive conflict resolution skills, mastering interpersonal and process skills and other lessons to promote balancing of autonomy and unity in collaborative relationships (Gardner, 2005).

4.2.2.2.1 Sub-Category 2.2.1: Memorandum of Understanding

The outcome of formal negotiations must be a clear document to refer to for proceedings of the collaborators. This quotation supported this:

P (1/18) 'We need a Memorandum of Understanding or a contracted agreement where all roles and responsibilities are detailed.'

The *Memorandum of Understanding* should spell out the shared goals, and bear the signatures of collaborators and, especially, the strategic leaders. The period of collaboration should also be specified so that an evaluation of the goals can be made to assess progress and achievements at the end of the specified period.

Collaboration is a complex phenomenon characterized by mutual goals and commitments based on shared power and authority and organizational commitment which should not be affected by the loss of individuals, but reach a point of no return and thus requiring the drafting and signing of a formal agreement (Forbes & Strother, 2004:5-6).

4.2.2.2.2 Sub-Category 2.2.2: Advice from Different Experts

Nursing as a profession offers several specialized courses in different areas of health. The specialized courses are post-registration qualifications recognized by the SANC. Different stakeholders bring varied areas of expertise to the collaboration. For the benefit of the collaboration, experts must be given a chance to express their input to guide the process where their specializations are concerned, as confirmed by the following quotations:

P (2/18) 'We need to acknowledge each other's expertise.'

She later added:

'We have people who are actually in place for Integrated Management of Childhood Illnesses (IMCI) and I believe that we are up to date in terms of IMCI management as a college.'

Programs in graduate nursing education need to support evolving needs of complex health care systems and dilemmas by going beyond traditional programs and speciality practice in improving health care outcomes (Radzyminski, 2005:124). Integrated Management of Childhood Illnesses (IMCI) is one such example in South Africa.

4.2.2.2.3 Sub-Category 2.2.3: Identification of Weaknesses/Challenges

All collaborators bring strengths and weaknesses to the negotiations. To obtain shared goals, it is necessary to identify strengths to use, and weaknesses to support the success of the collaboration, as supported by this quotation:

P (18/18) 'Nurse educators in the colleges are more clinically orientated, if I may put it like that, and the lectures at the university are more of researchers.'

These may be seen as weaknesses and strengths, but what is important for the collaboration is that these should be identified during negotiation in order to plan effectively, and identify opportunities for empowerment and capacity building for the benefit of individuals, institutions and the collaboration. O'Neil & Kraul (2004) recommend that first a coherent strategy must be planned for the collaboration, then the strategy should be used to screen potential partners based on the strategy to be pursued.

One participant (32/18) suggested regular meetings, workshops and seminars

"....to keep all stakeholders updated about changes and developments, for example, emergency training, kangaroo care and others in Midwifery."

The clinical school endeavour between a university and a hospital in Australia transcends both entities to encourage interchange of ideas and blurring boundaries with opportunities integrating a full range of activities that enrich both institutions through mutual cooperation (Forbes & Strother, 2004).

4.2.2.2.4 Sub-Category 2.2.4: Mutual Cooperation

Cooperation occurs where there is commitment. Commitment in terms of everything must begin from managers, right down, and is so necessary to support cooperation, which is critical for the success of the collaboration. A lot of structures have to be flattened so that

collaboration can happen successfully. A collaboration is also defined as a cooperative endeavour (Forbes & Strother, 2004:6), where they describe mutual cooperation between a university and a hospital in running a clinical school of nursing that benefitted both institutions through cooperation and trust. Support from the following quotations encourages cooperation:

P (20/21) 'People will have to take hands and work together. We need each other.'

P (27/28) 'There could be regular meetings where we share challenges and where we come up with inputs on how we can improve.'

Collaboration may also be an effective strategy to increase mutual cooperation and reduce or prevent competition between like-minded entities, or institutions with similar goals (Bellack & O'Neil, 2013:67).

4.2.2.3 Category 2.3: Buy-In and Political Will

NEI function within other organizational structures. It is essential that the organizations or administrations involved be part of the collaboration. Government or politics influences what happens in organizations and institutions. Political will refers to a positive regard from the government about the intentions or goals of the collaboration. If the goals are seen as empowering or beneficial for the nation, political will can help enrich or support the collaboration. A participant stated that

P (1/18) 'Working together requires buying-in from strategic management and commitment of what we normally call political will, to say if management believes in this, it can work.'

Brinkerhof (2002) in an area development project found that multilevel partnerships, including government departments, non-governmental organizations (NGO) and communities proved relatively successful due to the trust among participants. Political will to

work together was augmented by bureaucratic mechanisms (Thomson & Perry, 2006:25).

4.2.2.3.1 Sub-Category 2.3.1: Involvement of University Management

The university nursing departments or schools are part of the faculties within which they function. The university management, starting from the school director and the dean have to be involved in negotiations for collaboration because their support will be required. The university is already playing an important role in college governance structures, as supported by this quotation:

P (2/18) '...for example, the College Senate and the College Council.'

According to a participant:

'...The university rectorate, particularly teaching and learning for the university is very important as planners and purse holders, because collaboration needs a lot of support in terms of time, support and resources.'

Another also added:

P (3/18) 'There needs to be buy-in and support from university management.'

Scholars of collaboration agree that the key to getting things done in a collaborative setting is to find the right combination of administrative and social capacity for coordination and hierarchy elements to build inter organizational relationships (Thomson & Perry, 2006:25).

4.2.2.3.2 Sub-Category 2.3.2: Involvement of the Provincial Department of Health

The colleges are currently functioning under the nursing directorate of the NWPDoH. Public health services are also administered by the NWPDoH, and the services are clinical learning placement areas for the NEI. A participant stated that:

P (2/18) 'The other stakeholder that we need to involve is the Department of Health, in particular the Nursing Education sub-directorate, which now, as a provincial coordinator will also assist to be kind of assisting the collaboration.'

'...The province is seen as an important stakeholder because it is also administering the clinical services needed for the training of students in the province.'

P (30/38) 'The Provincial Department of Health is the funder for nursing colleges, and the colleges are the main supplier of professional nurses to the clinical services of the province, unlike the university which augments a much smaller number of professionals.'

Another participant (P 30/38) added that the NWPDoH has to be a major stakeholder, to say:

'... if they are available to go the route of collaborating with the universities.'

One of ten trends to watch in nursing education is nursing shortage, opportunities for lifelong learning and workforce development (Heller, Oros & Durney-Cowley, 2000). Nursing education must partner with the health care industry to develop innovations for addressing the above trends and other needs. Collaborative practice is also a trend stated by Heller et al. (2000:12) and used to address these challenges. It is in this light that the NWPDoH should be involved to establish a conducive environment for collaboration.

4.2.2.3.3 Sub-Category 2.3.3: Support from Ministries

The university, as part of the higher education sector functions under the Department of Higher Education and Training (DHET), while the colleges still function under the NWPDoH. Both ministries are necessary to contribute to a conducive environment for the collaboration to take place, and to clarify and support how the colleges should be assisted to conform to higher education requirements. The NWPDoH supports the development of nurse

educators in the university, and the colleges and the university have common goals.

P (2/18) 'We would appreciate if the very ministries can also collaborate to ensure the harmony.'

Ministries represent government and thus political will, the lack of which may affect regulatory systems for quality assurance, accreditation and recognition in educational programs (Altbach & Knight, 2007:301). When there is knowledge and evidence of what is needed to implement feasible changes such as capacity building or health determinants to empower communities, or people, political will and action are important implementation (Marmot, Friel, Bell, Houweling & Taylor, 2008:1668).

4.2.2.4 Category 2.4: Stakeholder Commitment

Commitment between stakeholders involves discussion to crystallize shared willingness, meaningfulness and benefits of the collaboration. It indicates belief in the partnership (Haggman-Laitila & Rekola, 2014:1292). It is one of the influencing factors for the implementation of the collaboration. Commitment must begin with the leaders, for it to operate at all levels, and to effect necessary changes.

4.2.2.4.1 Sub-Category 2.4.1: Clarify Expectations

All stakeholders need to clarify expectations about the collaboration during negotiations, as these quotations exemplify:

P (30/38) 'Stakeholders must come out clearly what the expectations will be if we go the collaboration route.'

P (1/18) 'People in charge of institutions can negotiate on behalf of people, but they should consult the people.'

Without such consultations with the people the collaboration will not take off. The MOU that results from the negotiations should clarify the expectations of all stakeholders in terms of

purpose, roles, objectives, responsibilities and time frames.

Another participant stated that:

P (20/21) 'I think again there will have to start again with a task group that can start breaking in steps that we can take one by one, but I think there are already things that we can build on and I think already there are good examples in the country.'

It is important for all stakeholders in any endeavour to share expectations for successful implementation of changes that will affect them. The American Association of Colleges of Nursing (AACN) wanted to increase cultural competence in graduate nursing to improve practice, research, and educational arenas, by charging an expert nursing advisory faculty group and key organizations to formulate desired competencies. The competencies and a toolkit were launched nationally, with emphasis on faculty readiness before implementation (Clark, Calvillo, Dela-Cruz, Fongwa, Kools, Lowe & Mastel-Smith, 2011). The purpose of the competencies was to meet nursing needs of ethnic and socio culturally diverse populations nationally, according to the source. It would then be expected for all colleges to accept the competencies when everybody was aware of the goal.

4.2.2.4.2 Sub-Category 2.4.2: Do a Needs Analysis

A needs analysis will help to clarify the expectations, strengths and weaknesses of the collaborators, and form a basis for the purpose and objectives of the collaboration. Partner institutions need to ask 'what do we have that others might need, and what assets do others have that we might need for success.' An exploration based on these questions will show the initial needs (Bellack & O'Neil, 2013:68). According to the following quotation:

P (1/18) 'Both institutions come together and see if there is a need for this collaboration. If there is a need, then we jointly plan together because collaboration needs teamwork.'

Theme 2 highlighted the conditions necessary for a conducive environment that needs to be created between the stakeholders for collaboration to occur. Quotations from participants were used to support the suggestions made. Suggestions like trust and sound negotiation were mentioned in the *Social Exchange Theory* and used as a frame for this study. Academic collaborations work most effectively when the partners differ and bring something unique to contribute or share, according to Quinless, Elliot, & Saiff, (1997:300). The unique contribution must be a need recognized as essential by the partnering institution in their needs analysis. It is thus important for each institution to clarify its needs analysis for a worthwhile joint venture to benefit all partners in the collaboration as stated by the above source.

4.2.3 Theme 3: Maximize Exchange of Resources

One of the purposes in any collaboration is to share resources and skills to enhance the achievement of common goals. According to the *Social Exchange Theory*, the underlying principle is that an individual will join a group that provides a specific benefit and, that in return, s/he must help the group attain its objectives (D'Amour et al., 1997).

A participant said:

P (3/18) 'Both institutions will benefit from the full potential in terms of resources.'

Collaborative relationships between institutions often involve sharing of knowledge, expertise and resources, including human, material and financial to increase productivity, efficiency and recognition (Bellack & O'Neil, 2013:67). This theme identified resources as cited by the participants for exchanging or sharing.

4.2.3.1 Category 3.1: Human Resources

Personnel from both institutions and from other collaborating partners come with their

experiences and skills to contribute to the joint objectives of the collaboration. This is supported by the following quotation:

P (1/18) 'Collaboration needs a lot of support, support in terms of time, and support in terms of resources, including human resources.'

The following sub-categories emerged from this category: teaching approaches, specialization clinical programmes, expertise and skills, e.g., research and community projects, time and finance. Sharing of power, resources and expertise are important in the quest for improving the quality of nursing care, and shared planning and decision making, a team approach, shared responsibility are evident in the work of the steering committee of the clinical school between the La Trobe University and the Alfred Hospital (Forbes & Strother, 2004).

Sharing of human resources is utilized in collaborations, even between countries and internationally to benefit less resourced countries. One example is the Collaboration for Higher Education of Nurses and Midwives in Africa (CHENMA), which assists universities in African countries to offer master's programmes where there was no provision (Uys & Middleton, 2011:116). In this way, resource poor countries benefit knowledge and expertise while their collaboration partners also benefit rich experiences through this exposure.

4.2.3.1.1 Sub-Category 3.1.1: Teaching Approaches

Institutions have different teaching approaches, but these can be shared as skills when it becomes necessary, or when collaborators agree on an approach. One university campus uses the *Problem-Based Learning* (PBL) approach, which it has already shared with colleges in workshops. This would be one of the items to discuss in the needs analysis stage of the negotiations, and decisions can be made about using the approach and training personnel to do so.

A participant acknowledged the effort made by the university in a quotation as follows:

P 2/18) 'We've been to PBL workshops within the university and also in Canada. The university took upon itself to say as collaborators, they took some of the nurses from college along to Canada. That spirit of developing human resources can always be continued.'

Another participant advocated for the use of a clinical teaching department as she stated thus:

P (32/38) 'Maybe if you can go back, in the past we had the clinical teaching department.'

She felt that if such people could be placed in specific areas like Midwifery they could improve practice and mentor students effectively.

A participant added:

P (35/38) 'University students would do with more exposure to clinical, if collaboration can afford that.'

A comprehensive approach to faculty development was used to help medical school faculty members to assume new academic duties for which they had no training. Basic teaching skills are necessary, but new methods must be learned continuously to suite different purposes and to obtain specific outcomes from teaching and learning needs and situations (Wilkerson & Irby, 1998:387).

4.2.3.1.2 Sub-Category 3.1.2: Specialization Clinical Programmes

The bachelor's degree is supposed to be done at the university, as a higher education qualification, and the diploma at the college. Implementing such a separation of the programmes without collaboration would waste a lot of manpower with valuable experience, according to the following quotations:

P (1/18) 'The collaboration would allow us to organize ourselves in such a way that no expertise is wasted.'

'...The College has got a lot of specialization on posts, on post basic courses, the Primary Health, the what, they can be of help to the university.'

The collaboration must look at critical programmes that we are not offering in the province according to one participant, and Advanced Psychiatry is an example. Quotations by the participant illustrates thus:

P (31/38) 'We don't want a situation where we have a college and a university in the province, but we keep on sending people outside.'

'...The Department of Health needs to confidently give college and university their needs for attention or training, after a comprehensive human resource assessment'.

Specialist nurse education takes place in colleges and to a lesser extent in universities. Bruce & Klopper (2010:10) encouraged the growth of specialist nurse programmes in HEI where they have the opportunity to be empowered in other areas such as research, leadership and other skills which are needed in practice. Collaboration between colleges already running the specialist programmes and universities will enhance this development through effectively sharing expertise to benefit nursing practice in the country as stated by the above source about examples in other countries. The participant cited above felt a need for development of leaders and specialists in the province and challenges the university and college in this regard.

4.2.3.1.3 Sub-Category 3.1.3: Expertise and Skills

Both institutions have varied skills and expertise in their personnel. These can be shared or transferred between the collaborators to the benefit of all, including the communities. A participant stated that people with different expertise in the collaboration will benefit all the

institutions. Research and fundraising skills were also mentioned by one participant earlier, and these can be shared and transferred to maximize the resources.

Improved relationships between all the collaborators will facilitate a transfer of skills between the partners, as borne out by the following quotation:

P (3/18) 'As nurses we all have the responsibility to research people in clinical areas although most of them are overwhelmed in patient care.'

This aspect is usually lacking, according to the following quotation.

'The research skill is very necessary in the development of community projects. Ehh ... I believe we can help each other.'

According to another participant education institutions and clinical services can share rare skills through joint appointments that benefit more than two collaboration partners, and this is supported by the following quotation.

P (2/18) 'For example, the model of preceptors, we could share those, instead of having sixty preceptors, thirty from college and thirty from the university in a hospital, we could have one group of preceptors supervising students irrespective of which institution they come from.'

One participant stated that the degree courses require experienced physiologists, and historically in nursing colleges this has been offered by nurse educators, as supported by this statement:

P (19/21) 'These special skills are offered by subject specialists in the university, and can be shared in a collaboration.'

According to her, clinical stakeholders also share their skills with students during placements. A participant said the students are engaged in projects for mental health events and this quotation supported the statement:

P (27/28) 'We have realized that tutors are very scarce because they look after a lot of students in different facilities, so we encourage registered nurses to really be hands-on mentors.'

She also suggested that professionals could write monthly reports for the students. She also thinks that the professional nurses need to be empowered from time to time through seminars and workshops to keep abreast. This participant said

P (28/38) 'The university could help with some of the courses services - do like Basic Life Support, Advanced Life Support and Triage.'

One participant suggested that the university was not being duly utilized in terms of research, though the premier had recently signed something in this regard, as shown in the following quotation:

P (31/38) 'The University is there to assist, especially in issues of research. So I think that this partnership, as it grows we must also look at exploring this.'

A participant stated several projects in Midwifery, like the *Milk Bank* and the *Prenatal Problem Identification Programme*, which should be shared and researched with the help of the university, and this is supported in this quotation:

P (34/38) 'The University could lead in teaching research, while the college could lead in practical courses.'

O'Neil & Krauel (2004:295) stated that nursing education and delivery systems had moved to respond to the crisis in workforce challenges by developing partnerships because it had become apparent that there were limits to what could be gained from unilateral efforts. According to these authors, partnerships must be developed in the education – care continuum “to have any real hope of mounting and sustaining an effort to build the programme needed to address the long-term challenges of a nursing workforce that is adequate in number and skill.”

4.2.3.1.4 Sub-Category 3.1.4: Time and Finance

The educators come from different management systems and have different timeframes, as the quotation illustrates:

P (3/18) 'The inclination of nurse educators in a university is research driven and working out of time boundaries, flexibility and long hours are the usual or common.'

Fund raising is not part of the financing system of the institution at the college, unlike the university, where the staff are challenged or allowed by the system to use their expertise to fundraise to support special developmental needs and raise the reputation of the department or school. The remuneration systems differ because of different managements. The DoH finances all students at the colleges on admission, and staff is also financed when furthering studies. The NWPDoH also sponsors the university students in the bachelor's degree.

One participant stated.

P (39/38) 'Some of the differences between the management systems may transfer to others and hopefully benefit all collaborators.'

Keys to success are based on watching changing trends and developments in the societies, and the profession, and striving to cope by embracing guidelines to changes in partnerships (Bellack & O'Neil, 2013:67). Changing trends in nursing education were discussed by Heller et al. (2000), but are on-going and need to be watched in order to remain effective.

4.2.3.2 Category 3.2: Material Resources

Material resources include all things besides time and money, which are used by the personnel to do expected work for the achievement of collaboration goals. Material resource exchanges are common in collaborations and may include physical resources, geographic location and adaptive capacity. Sub-categories that emerged are discussed in the sub-sections that follow.

4.2.3.2.1 Sub-Category 3.2.1: Sharing of Teaching Resources

Teaching resources are varied, especially in tertiary institutions. The university has an *Academic Development Centre* that supports both students and lecturers through various systems like ongoing workshops and additional instruction to support weak students for departments that participate. Some of these resources can be shared with collaborators.

One participant appreciated some of the teaching resources:

P (2/18) 'If we are to pay a certain amount because, remember, these will be resources of the university, I don't think that would be a problem, as long as, like now, we are outsiders.'

She explained that the situation would be different if they were collaborators. Electronic teaching resources are also a current need that enhances teaching, especially over distances.

A participant felt it would be good:

P (19/21) 'If students can, like have a site for students, they can chat with each other. It would be for the college to have it.'

The college also does not have enough computers for students. This is another teaching learning facility which has become essential, especially for higher education. Another participant also echoed the inadequacy of libraries and computers in the colleges. These also need skilled people to help students utilize them effectively for learning.

4.2.3.2.2 Sub-Category 3.2.2: Sharing of Infrastructure

Infrastructure development is at different stages in the institutions. As students increase in numbers, the infrastructure becomes in short supply. No single institution has enough to carry students from two institutions, but some structures can be shared because of equipment and skills. One participant also pointed out a need as she said:

P (2/18) 'We are having some gaps, our simulation room is too small vis-à-vis the number of students we are having.'

The proximity of the institutions is such that the infrastructure can be shared in collaboration. Sharing in complex collaboration contexts may result in uncertainties regarding resources and outputs, and could result in a positive or negative effect on the relationship, depending on the characteristic of the resource shared as indicated by survey results of managers, scientists and engineers (Jap, 2001:86). Sharing processes should be responsive to the goals of the collaboration. Resources like technical equipment and complex buildings or rooms can be seen in this light and carefully considered to protect relational aspects of the collaboration.

4.2.3.2.3 Sub-Category 3.2.3: Education Materials

Reading and other learning materials are also essential for all levels, but especially higher education. Participants expressed their shortcomings about library space and reading materials as follows:

P (2/18) 'There are shortcomings in terms of limited space for library, limited space for even the resources we do have. The library assistant at the college needs capacity building.'

'....Sharing the library at the university should be possible in a collaboration, maybe with shared costs.'

When nursing education programmes were moved to higher education a variety of practice education models involving sharing of material and human resources were introduced to help students develop practice knowledge (Budgen & Gamroth, 2008). The models include examples such as joint appointments, preceptorships, faculty-supervised practicum, inter-professional and community-based practice education (Budgen & Gamroth, 2008). Sharing of human, material and financial resources, as well as knowledge and expertise is often involved in institutional collaborations, and is an effective strategy to reduce competition and rather increase cooperation and production (Bellack & O'Neil, 2013:67). Technological

explosion as a trend in education and health care also makes it imperative to share resources because of the rapid growth in knowledge and improvements in services, influencing learning and teaching and documentation systems (Heller et al., 2000).

4.2.4 Theme 4: Role Clarification

A role is an actor's part in a play, or a person's task or duty in an undertaking (Hornby, 1974). A role like leadership is essential in all teams to give direction and coordinate other roles in the team. When needs analysis is done, during the negotiation stage of the collaboration, other roles needed for the achievement of objectives will emerge. When decisions have been made about the need for the role, further details like what qualities are needed will fall into place and be clarified. There is advise that '*Nurse educators seeking to create successful collaborations must draw upon well-defined principles and organizational structures and processes to guide pedagogical practices and inquiry while remaining mindful of, and engaged in professional and societal developments*' (Zawaduk, Duncan, Mahara, Tate, Callagan, McCullough, Chapman & Van Neste-Kenny, 2014:580). The categories and sub-categories that supported this theme are discussed in turn.

4.2.4.1 Category 4.1: Responsibility and Accountability

The importance of roles lies in the responsibilities expected in the role. When it is clarified, all collaborators should know how to support this role, and the role player should know what they are accountable for and who they are accountable to. Characteristics of effective partnerships presented by O'Neil & Krauel (2004:297) included structuring of accountability to each other as one of the essential things that nurse leaders should do. According to these authors, partnerships or collaborations create new accountabilities which need to be anticipated and managed early in the partnership, especially when they involve changes in the governance structures of institutions. It is important to understand that the success of the partnership begins with the creation of the collaboration, when fundamental changes to the organization occur (O'Neil & Krauel). The following sub-categories emerged from this

category.

4.2.4.1.1 Sub-Category 4.1.1: Role Assignment and Adaptation

All roles are important. A participant supported this as follows:

P (19/21) 'Not only professional nurses, even the enrolled nurse, actually referring to all who spend time with our students.'

Other participants said:

P (18/18) 'It is imperative that we engage in negotiations as early as possible in order to establish ground rules as to which roles the university will play and which roles the colleges will play.'

'...I would think, in my opinion, that because the university have been involved in the production of the degree nurse, they should take the leadership role in order to drive this process' (stated the same participant).

'...Roles should be assigned according to capability, and outlined early so that people know what is expected of them, before they can take the responsibility.'

'...People should function comfortably from what they know.'

P (20/21) 'We have different roles and remuneration systems, like directors, HODs and principals. It is complex, but we need to look at options.'

One participant stated the concern that colleges would wish to know what roles they were to play if they move to higher education. He stated that implications are only discussed in professional meetings and conferences, and proposed:

P (30/38) 'I think there could be regular meetings with the universities, so that we can interact and have understanding of what the implications will be in higher education.'

A participant suggested that stakeholders, as equal partners should be mature enough to accept that each stakeholder has a role to play, and have roles clearly stipulated like we have in the current agreement.

A participants stated:

P (34/38) 'There could be change of roles once we have levelled the ground.'

Another participant cautioned:

P (35/38) 'There's going to be problems with roles if people don't start to empower themselves now for the future.'

On a tool designed to evaluate or determine the importance of collaboration factors for the 'Technology for Business Growth' to support collaborative projects, clear understanding of each partner's responsibilities and tasks was ranked third, out of 16 factors, of which the first five were regarded as of vital importance (Davernport, Davies & Grimes, 1999:35).

4.2.4.1.2 Sub-Category 4.1.2: Establishment of a Steering Committee

Most participants agreed about the need for a steering committee to lay ground work for collaboration. One participant explained in the following quotation:

P (19/21) 'As individuals, you know, they all will have stress to do this and call people together, I think if it's a committee of all stakeholders to see to it that even lower levels get all the information. Strategic managers or leaders need to be at the forefront of collaboration.'

All stakeholders should be represented in a steering committee. Stakeholders mentioned by

participants include the university, the colleges, the clinical facilities, community leaders, the NWPDoH and funders. The concerns and suggestions of stakeholders about roles, responsibilities and accountability were expressed in this theme. A representative steering committee seems to be the starting point according to most of the participants. Formal structures to lead the collaborative nursing programme at the University of Victoria were steering, curriculum and evaluation committees, where representatives from all partner institutions were included (Molzahn & Purkis, 2004:49).

4.2.5 Theme 5: Perceived Collaboration Challenges

Collaborations are formed to deal with common problems and challenges of the collaborators, but often breed different challenges as change in cultures becomes necessary to work towards achieving the same goals as a team. Some of the challenges are perceived fears and anxieties faced by individuals and groups, or misconceptions which may be dispelled by the collaboration. A collaboration between two universities was mandated to prepare a regional programme in Pennsylvania, and it achieved intended goals in spite of challenges, and the programme kept evolving according to Ciesielka et al. (2005:226). In the example by Akthar-Danesh et al. (2007:69), challenges included political and institutional barriers such as staff qualifications, costs and fears about the university taking over control, which also emerged in this study.

4.2.5.1 Category 5.1: Organizational Culture

Every organization is characterized by its own way of doing things. The different ways of doing things are influenced by varied factors like the vision and mission of the organization, the type of leadership, characteristics of the majority of people in the organization, and other factors. Organizational culture may include formal and informal practices.

A collaborative nursing programme involving 10 institutional partners was identified as important with benefits, including optimal use of resources and opportunities to develop and

share knowledge; however, there has been little discussion of issues and challenges that emerged, such as differing cultures, priorities, vulnerabilities, goals and aspirations between colleges and universities (Molzahn & Purkis, 2004:54). The sub-categories identified are discussed below.

4.2.5.1.1 Sub-Category 5.1.1: Different Cultures and Work Ethic

Differing cultures and work ethic were described by participants as follows:

P (3/18) 'In the university, you don't only function as a nurse, but as part of a bigger picture and education landscape.'

Explained one participant:

'...You also learn to fundraise and function outside time boundaries, which is a different culture from the colleges.'

The difference was further explained in the following quotation

'...The university exposes staff to colleagues in different departments, subjects, careers and learning areas, and all are expected to perform on the same level and under the same conditions, which is different from college, where staff is not exposed to survival amongst inter-professional colleagues.'

Differences between universities and colleges have created tensions about issues such as academic standards, curriculum designs, delivery methods and access to programmes (Molzahn & Purkis, 2004:45-46). Other causes for tension included institutional goals and priorities and how colleges and universities may respond differently to government priorities in various matters such as student attrition according to these authors.

4.2.5.1.2 Sub-Category 5.1.2: Resistance to Change

Change can be threatening, and people tend to defend their circumstances to avoid change. Change may be effected as a tonic for ailing organizations, but it may be like a bitter pill for employees to swallow (Difonzo & Bordia, 1998:295). It is a transition with examples such as restructuring, reorganization, consolidation, merger, lay off and others, which may be negative for employees (Damanpour in Difonzo & Bordia, 1988:295). This quotation by a participant supported the statement above:

P (20/21) 'Collaboration is a difficult thing you know, you ehh ... think of our discipline, some people are so protected that their domain is not to be altered.'

A participant was concerned that the college did not have adequate resources to operate as an HEI:

P (20/21) 'One of the requirements is that the academic staff must have a degree or qualification above that of the student, meaning that the lecturers must have a Master's degree. We have very few lecturers that have a Master's degree. Those that have got a Master's degree could form about 20% or below. The colleges do not have adequate resources in terms of, for example, libraries. My opinion is that the exercise is possible, it can be done, but it needs a lot of homework. This will lead to resistance to change.'

Ten trends to watch in the future of nursing education and practice include technological explosion, interdisciplinary education, collaborative research, changing demographics, policies and others (Heller, Oros & Durney-Crowley, 2000:9-13). This means that those who teach have to face and deal with the challenge of continuing education to keep up to date.

4.2.5.2 Category 5.2: Fear and Uncertainty

Fear of the unknown is common in any area, and needs to be addressed to help acceptance or adaptation. Difonzo & Bordia (1998:297) explored the links between change, uncertainty and rumour, and concluded that rumours are a symptom of the uncertainty that often accompanies organizational change and persist when poor communication strategies are employed. The authors also stated that uncertainty can be reduced by collective planning and effective communication.

One participant was concerned about conflict that could arise when people are expected to upgrade themselves, and asked:

P (14/38) 'What's going to happen to the lecturers at college, because some have not updated their knowledge to Masters level?'

A shift in practice creates vulnerabilities for all partners and necessitates clarity of values, beliefs and policies, and how allegiances to employers sets professionals in opposition to their professional values and beliefs (Molzahn & Purkis, 2004:48).

4.2.5.2.1 Category 5.2.1: Loss of Status, Positions and Benefits

There is fear of losing what people have been used to or enjoying and uncertainty about what may be attained after changes.

One participant was concerned that:

P (34/38) 'Such collaboration should not destabilize salaries like the 'Occupation Specific Dispensation' did, instead of addressing the problems it was supposed to by leaving many professionals more disillusioned than before.'

The loss of benefits and positions is real, and may even lead to loss of expertise if it is not amicably resolved.

Another participant had this to say:

P (18/18) 'Immediately we move to higher education I don't know how the two departments are going to manage transition, so I see that as a challenge.'

The participant also expressed:

'...We are insecure, we don't know whether if we go to this other ministry, will our benefits still be the same, you know, what will be lost? Will anything be gained? Maybe if such things are clarified, I think the challenges will be minimized.'

Clarity of mutual goals and expectations is important to enhance the possibility of continuing collaboration or the possibility of increasing autonomy of colleges due to support and mentorship (Molzahn & Purkis, 2004:53). A competitive environment may emerge, necessitating a revisit of the collaboration principles set initially. Key ingredients for success are good working relationships, mutual trust, respect and open communication among the parties involved, according to Baines (cited in Akthar-Danesh et al., 2007:69).

4.3 Summary

The perceptions on nurse-training stakeholders presented clarity on the dimensions used by the *Social Exchange Theory*, including exchange, negotiation, establishing an environment of trust and role differentiation. The results also went beyond the *Social Exchange Theory* dimensions used to bring up themes that emerged from the perceptions. A collaboration model suitable for the NWP will be developed from the themes, categories and sub-categories that emerged from the qualitative results, and perceptions of nursing educators that became apparent from the quantitative results outlined in the next chapter.

CHAPTER 5

QUANTITATIVE RESULTS

5.1 Introduction

In this chapter the quantitative results of the study are presented. Quantitative and qualitative data collection and analyses were done concurrently during the first phase of the study, according to the convergence variant of triangulation in mixed methods research. The objectives of the data were to explore and describe perceptions of nurse educators and other training role players about collaboration between the college and the university in the NWP and to identify and describe factors that would facilitate an effective collaboration between the NEI in the NWP. A questionnaire with a five-point likert scale based on the basic assumptions of the *Social Exchange Theory* (Gitlin, Lyons & Kolodner, 1994) was developed. Sixty six (65) returned questionnaires, from consenting participants were captured and analyzed with SPSS 21.

5.2 Results

Demographic data of the participants and responses to the questionnaire are presented in charts, graphs and frequencies as figures and tables for comparison. The results fulfilled the first two objectives of the study as stated in Chapter 1, namely, to describe perceptions of nurse educators and training stakeholders in the NWP, and identifying and describing factors that would facilitate an effective collaboration between NEI in the NWP.

5.2.1 Demographic Data

The demographic particulars of the participants included their age, gender, experience, highest educational qualification and the campuses they worked in . All demographic

questions were completed, i.e., no missing details were detected.

5.2.1.1 Age Categories of the Participants

The ages of the participants are summarized in Figure 5.1

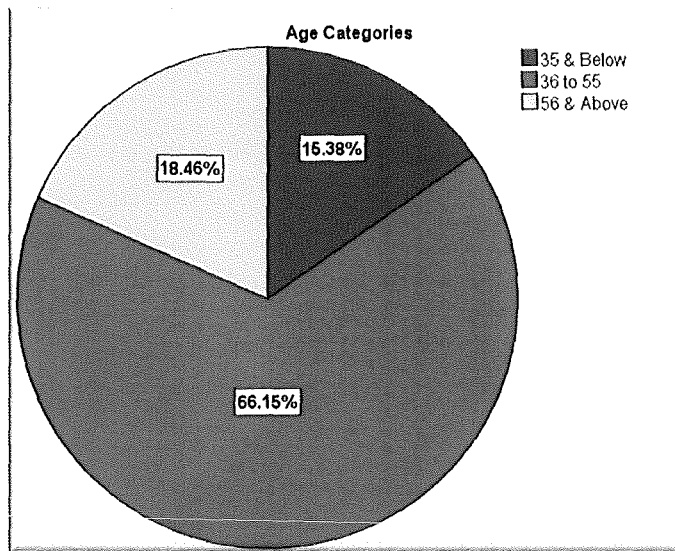


Figure 5.1: Age categories of participants in years

The minimum age was 25 years, and the maximum age 65 years. There were 10 participants below the age of 35 (15.4%). Participants between the ages 36 to 55 were 43 (66.2%), and 12 participants were above age 56 (18.5%). The mean age was 47.52 years, and the standard deviation was 9.911. In this sample, the youngest category is 3% less than the oldest category. The age distribution curve was normal (not shown).

5.2.1.2 Gender of the Participants

There were 10 male and 55 female participants. The gender distribution was 15.4% males and 84.6% females (Figure 5.2). The gender distribution in this sample was more representative than the national one for nurse educators which is 3.91% males and 96.1% females, according to February 2012 SANC statistics.

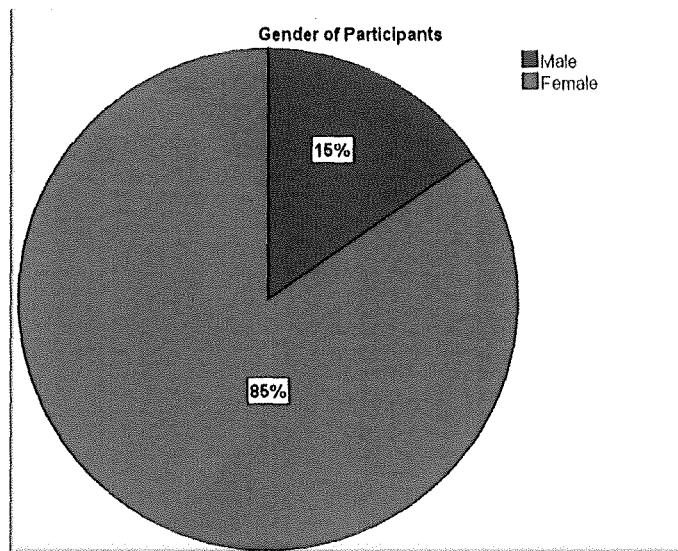


Figure 5.2: Gender of participants

5.2.1.3 Experience of Participants in Years

The experience of the participants ranged from one year to thirty years (Figure 5.3). Of the respondents, 40 were in the category 1 to 10 years (61.5%), 17 participants had an experience between 11 and 20 years (26.2%), while 8 participants had experience of 21 years and above (12.3). The mean experience was 10.72, and the standard deviation 8.703.

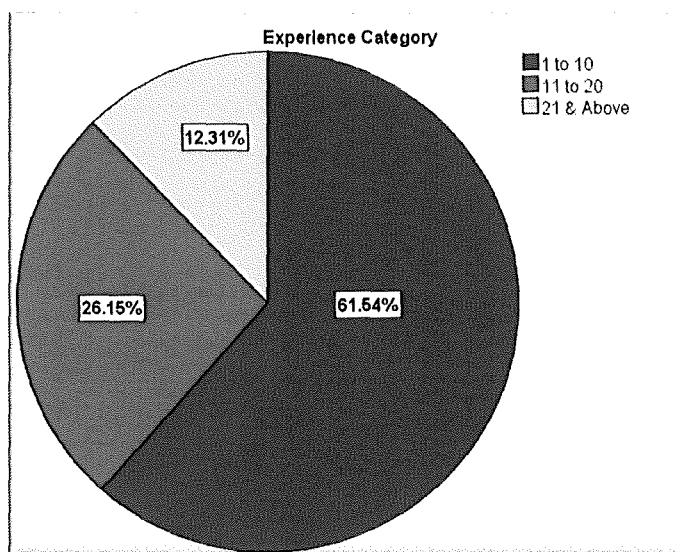


Figure 5.3: Experience of participants in years

5.2.1.4 Qualifications of the Participants

Highest qualifications of participants ranged from a post-registration diploma, clockwise on the pie chart, to a doctoral degree (Figure 5.4). Two had a diploma (3.08%), 27 a Bachelor's degree (41.54%), 10 an Honour's degree (15.38%), 18 a Master's degree (27.69) and 8 a Doctoral degree (12.31%). The majority of participants from university held a Master's degree and above, while the majority of participants from college held a Bachelor's degree.

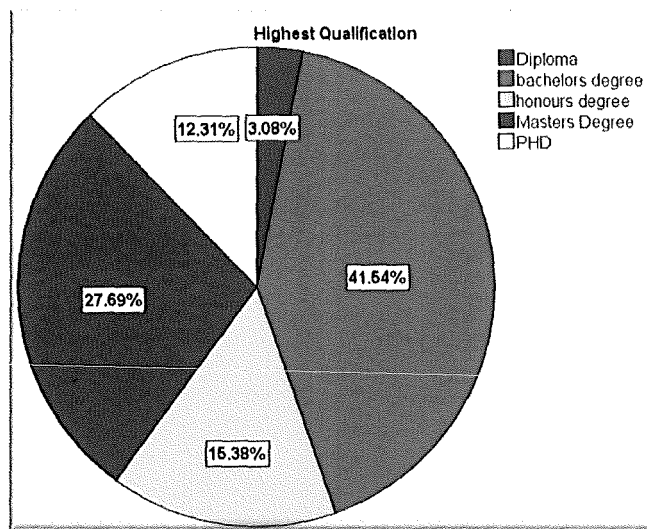
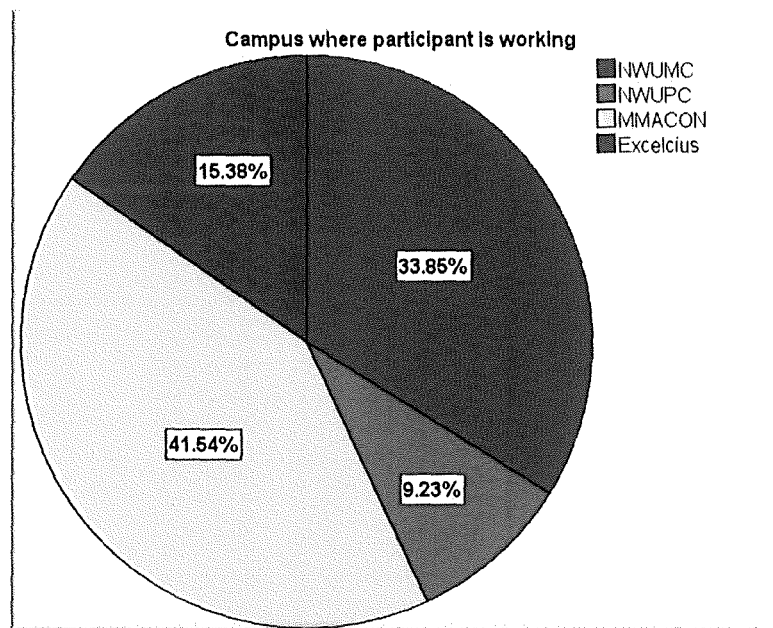


Figure 5.4: Qualifications of participants in years

5.2.1.5 Campuses Employment Status of the Participants

Personnel in the college campuses were almost double the numbers of the university campuses. The sample was composed of 22 (33.85%), and 6 (9.23%) from the university campuses and 27 (41.54%), and 10 (15.38%) from the college campuses.



NWUMC: North West University Mafikeng Campus; NWUPC: North West University Potchefstroom Campus; MMACON: Mmabatho College of Nursing; Excelcius: Excelsius Nursing College

Figure 5.5: Campuses where participants were employed

5.3 Factors and Perceptions That May Influence Collaboration Between Nursing Education Institutions in the North West Province

This was acquired by a four-scaled Likert type questionnaire comprising of a collaboration exchange construct, negotiation construct, role differentiation construct and trust environment construct. All responses were captured on SPSS V21 and to compare groups, t-test, ANOVA and Chi-square were used for cross-tabulations. The tables that follow in the sub-sections present a comparison of responses to indicate perceptions and collaboration facilitating factors for each construct of the *Social Exchange Theory*. Agreement levels of more than 50 percent can be accepted as positive responses, but if more than 50 percent strongly agree, the item concerned can be accepted as one that could facilitate collaboration, and one with disagreement at more than 50 percent could also be accepted as enhancing decision making for the item concerned. Factors enhancing decisions for the collaboration are readily identified when they are strongly agreed or strongly disagreed by more than 50 percent.

5.3.1 The Construct of Collaboration Exchange

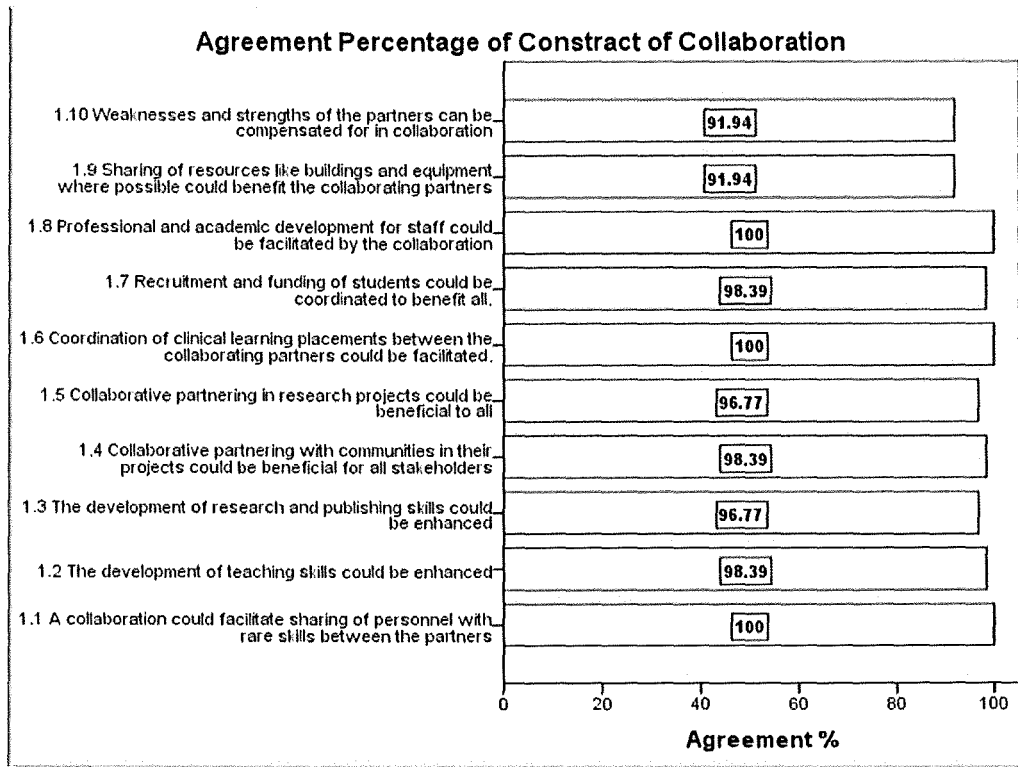
Comparison of responses on collaboration exchanges per question are represented in Table 5.2. These indicate the extent of willingness to facilitate exchange of resources in order to benefit the collaboration partners and reduce costs.

Table 5.1: The construct of collaboration exchange

	Item	1	2	3	4	
1.1	A collaboration could facilitate sharing of personnel with rare skills between the partners	46 (71.9)	18 (28.1)	-	-	64
1.2	The development of teaching skills could be enhanced	42 (64.6)	22 (33.8)	1 (1.5)	-	64
1.3	The development of research and publishing skills could be enhanced	39 (60.0)	24 (36.9)	2 (3.1)	-	65
1.4	Collaborative partnering with communities in their projects could be beneficial for all stakeholders	38 (58.5)	26 (40.0)	-	1 (1.5)	64
1.5	Collaborative partnering in research projects could be beneficial to all	40 (61.5)	23 (35.4)	2 (3.1)	-	65
1.6	Coordination of clinical learning placements between the collaborating partners could be facilitated.	39 (60.0)	25 (38.5)	-	1 (1.5)	65
1.7	Recruitment and funding of students could be coordinated to benefit all.	33 (50.8)	30 (46.2)	1 (1.5)	1 (1.5)	65
1.8	Professional and academic development for staff could be facilitated by the collaboration	47 (72.3)	18 (27.7)	-	-	65
1.9	Sharing of resources like buildings and equipment where possible could benefit the collaborating partners	40 (62.5)	19 (29.7)	4 (6.3)	1 (1.6)	64
1.10	Weaknesses and strengths of the partners can be compensated for in collaboration	29 (45.3)	30 (46.9)	5 (7.8)	-	64

1-Strongly Agree, 2-Agree, 3 Disagree & 4- Strongly Disagree

All factors in the construct of collaboration exchanges (Table 5.1) are agreed or strongly agreed (28.1% and 71.9%, respectively). In nine of the factors more than 50% are strongly agreed, though the agreements were associated with less than 50% of the participants. In two of the factors there was no disagreement at all. Disagreement on these factors was low and ranged from 1.5% to 6.3% in eight out of ten factors. Table 5.2 presents the average agreement percentages for each of the questions or factors in the construct of collaboration exchange.

Table 5.2: Average agreement percentages of the construct of collaboration

Responses on the ‘construct of collaboration exchange’ showed a 100% agreement on the points that (1.1) collaboration could facilitate sharing of personnel with rare skills between the partners, (1.6) Coordination of clinical learning placements between the collaborating partners could be facilitated, and (1.8) Professional and academic development for staff could be facilitated by the collaboration. Participant responses to the other 7 points in this construct also reveal a high percentage of agreement, ranging from 91.94% to 98.39%, however, disagreements were noted in the comments made, as provided in the questionnaire, and in Table 5.2.

5.3.2 The Construct of Negotiation

Responses to the construct of negotiation (Table 5.3) help to indicate perceptions and the extent of willingness or disagreement per question, to decide and move forward in factors that need to change or be adjusted to facilitate collaboration between the nursing education institutions.

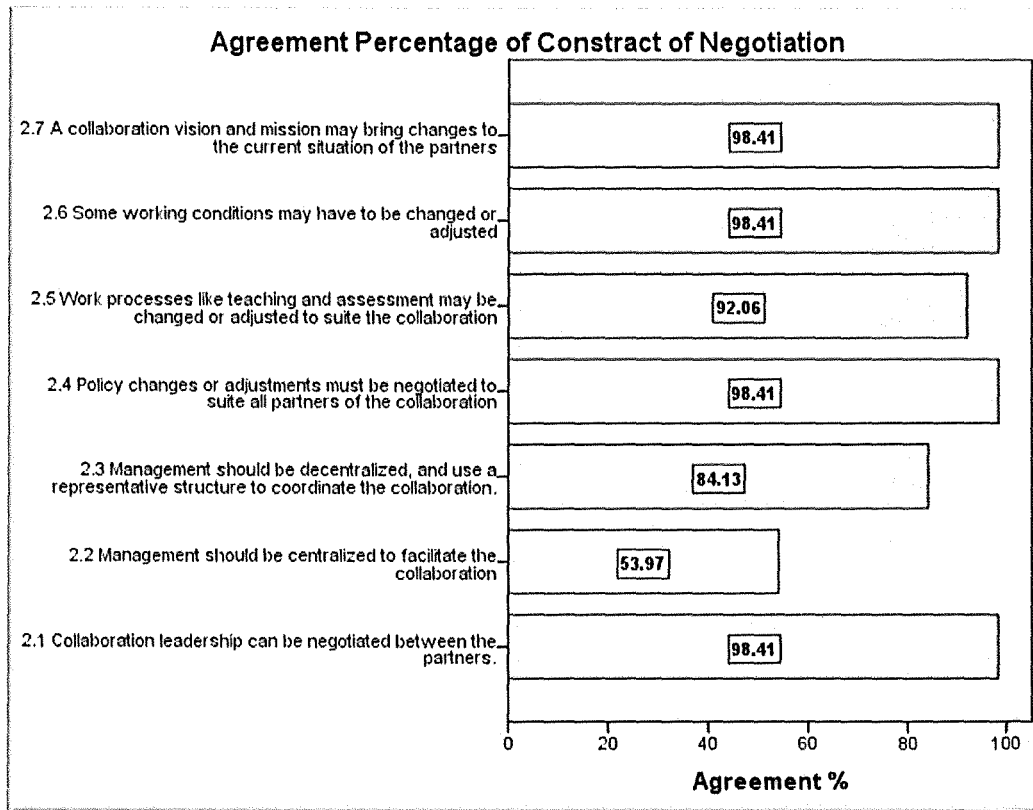
Table 5.3: The construct of negotiation

	Item	1	2	3	4	total
2.1	Collaboration leadership can be negotiated between the partners	29 (45.3)	34 (53.1)	1 (1.6)	0	64
2.2	Management should be centralized to facilitate the collaboration	21 (32.8)	14 (21.9)	23 (35.9)	6 (9.4)	64
2.3	Management should be decentralized, and use a representative structure to coordinate the collaboration.	27 (41.5)	27 (41.5)	8 (12.3)	3 (4.6)	65
2.4	Policy changes or adjustments must be negotiated to suite all partners of the collaboration	37 (56.9)	27 (41.5)	1 (1.5)	0	65
2.5	Work processes like teaching and assessment may be changed or adjusted to suite the collaboration	28 (43.1)	32 (49.2)	4 (6.2)	1 (1.5)	65
2.6	Some working conditions may have to be changed or adjusted	26 (40.0)	38 (58.5)	1 (1.5)	0	65
2.7	A collaboration vision and mission may bring changes to the current situation of the partners	32 (50.0)	31 (48.4)	1 (1.6)	0	64

1-Strongly Agree, 2-Agree, 3 Disagree & 4- Strongly Disagree

The factors in the construct of negotiation (Table 5.3) are agreed, with a balance between strongly agreed and agreed. Disagreements were all below 50% in this construct. Table 5.4 presents the average percentages of agreements and disagreements to questions or factors in the construct of negotiation and a summary of the agreement percentages for the negotiation construct and offers guidance about factors that would facilitate collaboration decisions about the questions concerned. Responses to the 'construct of negotiation' showed an agreement percentage.

Table 5.5 presents ranging from 53.97% to 98.41%. There four points with the highest agreement percentage were (2.1) that the leadership of the collaboration can be negotiated between the partners, (2.4) that changes or adjustments must be negotiated to suite all partners of the collaboration, (2.6) that some working conditions may have to be changed or adjusted and (2.7) that a collaboration vision and mission may bring changes to the current situation of the partners. A notable fact in this construct is that there is no point with a 100% agreement, and the lowest ones are about centralized or decentralized management

Table 5.4: Average agreement percentages of the construct of negotiation

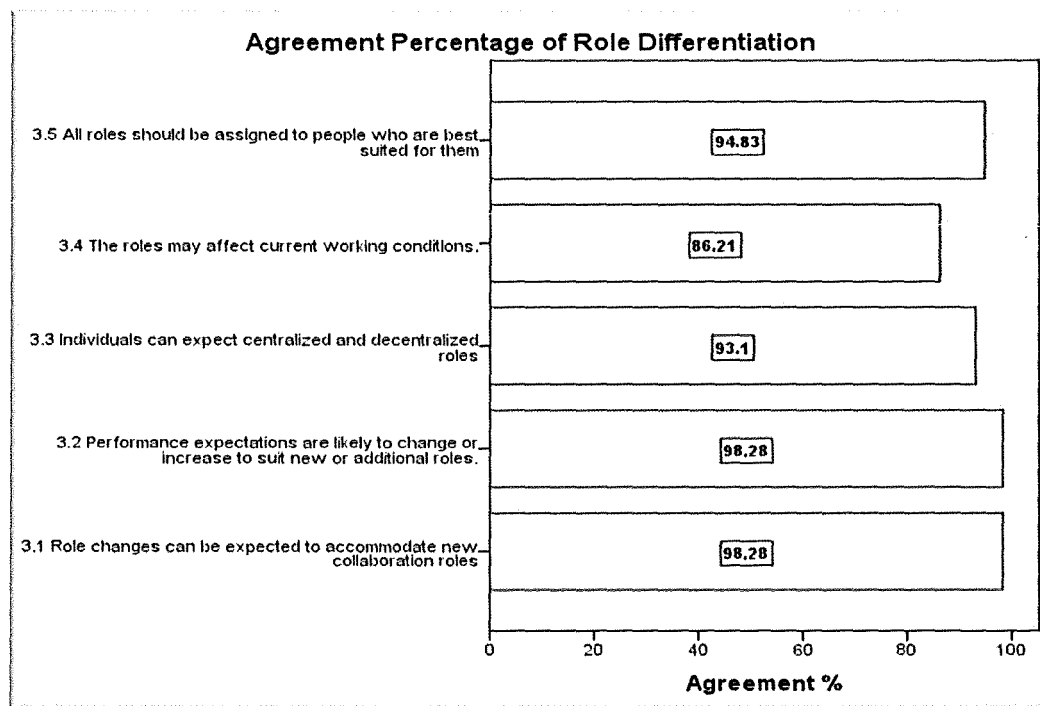
5.3.3 The Construct of Role Differentiation

Role differentiation clarifies how exchanges, changes and adjustments agreed on in a collaboration will be implemented to suite the collaboration partners. Responses in Table 5.4 present perceptions per item and these will indicate facilitating factors for the collaboration. Agreement percentages in the role differentiation construct (Table 5.5) ranged between 86.21% and 98.28%. The highest responses in this construct were (3.1), that role changes can be expected to accommodate new collaboration roles and (3.2), that performance expectations are likely to change or increase to suite new or additional roles.

Table 5.5: The construct of role differentiation

	Item	1	2	3	4	total
3.1	Role changes can be expected to accommodate new collaboration roles	34 (53.1)	28 (43.8)	2 (3.1)	0	64
3.2	Performance expectations are likely to change or increase to suit new or additional roles	29 (44.6)	33 (50.8)	2 (3.1)	1 (1.5)	65
3.3	Individuals can expect centralized and decentralized roles	23 (37.1)	35 (56.5)	3 (4.8)	1 (1.6)	62
3.4	The roles may affect current working conditions.	24 (36.9)	30 (46.2)	10 (15.4)	1 (1.5)	65
3.5	All roles should be assigned to people who are best suited for them	38 (61.3)	20 (32.3)	1 (1.6)	3 (4.8)	62

1-Strongly Agree, 2-Agree, 3 Disagree & 4- Strongly Disagree

Table 5.6: Average agreement percentages of the construct of role differentiation

There is a strong agreement of more than 50% of the participants to the question of changing roles to suit the collaboration, expecting centralized and decentralized roles, and assigning roles to people who are best suited for them. There are disagreements ranging from 1.5% to 4.8% in all questions of the construct. Table 5.6 presents the average agreement percentages for the construct of role differentiation. The above were followed in the level of agreement

by (3.5) that all roles should be assigned to people who are best suited for them and (3.3), that individuals can expect centralized and decentralized roles. The highest numbers of disagreement responses in this construct were in (3.4), that roles may affect current working conditions as shown in Table 5.6.

5.3.4 The Construct of Trust Environment

An environment of trust is essential for negotiation, exchanges and decisions on roles for the collaboration. It is therefore a basic necessity for the rest of the process. Perceptions showed in the results will assist in indicating the extent or readiness of respondents to engage in collaboration between nursing education institutions. Table 5.7 indicates the factors and the agreement percentage per item.

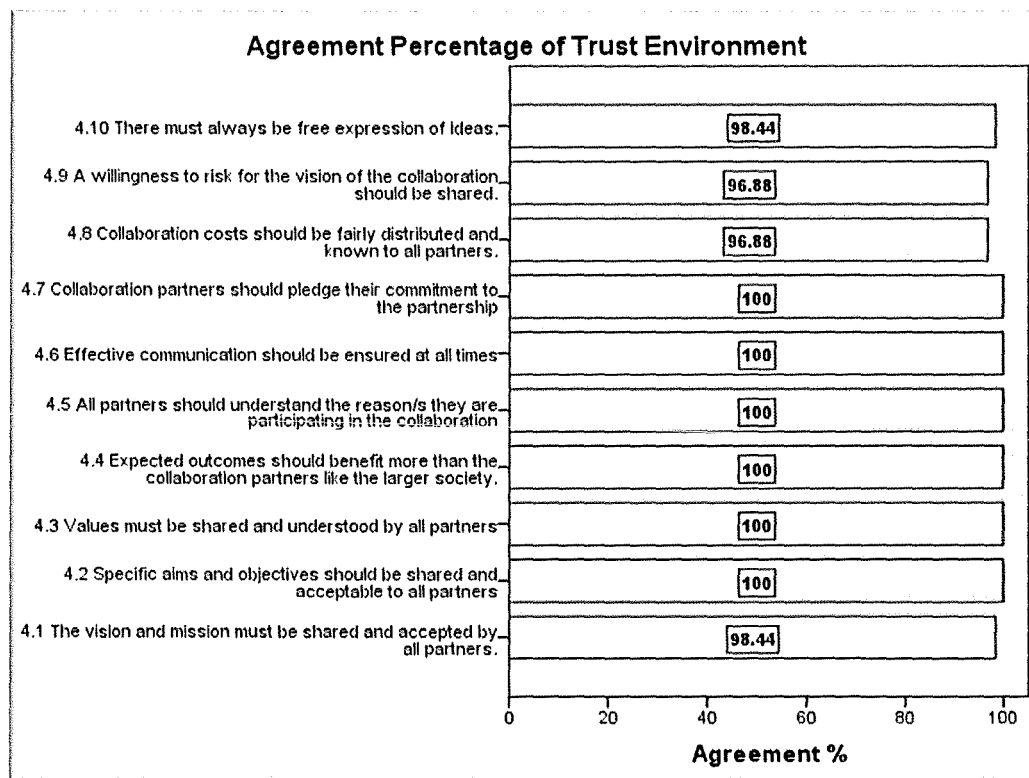
Table 5.7: The construct of trust environment

	Item	1	2	3	total
4.1	The vision and mission must be shared and accepted by all partners	47 (72.3)	16 (24.6)	2 (3.1)	65
4.2	Specific aims and objectives should be shared and acceptable to all partners	44 (67.7)	21 (32.3)	-	65
4.3	Values must be shared and understood by all partners	41 (63.1)	24 (36.9)	-	65
4.4	Expected outcomes should benefit more than the collaboration partners like the larger society	35 (53.8)	30 (46.2)	-	65
4.5	All partners should understand the reason/s they are participating in the collaboration	39 (60.0)	26 (40.0)	-	65
4.6	Effective communication should be ensured at all times	52 (80.0)	13 (20.0)	-	65
4.7	Collaboration partners should pledge their commitment to the partnership	40 (61.5)	25 (38.5)	-	65
4.8	Collaboration costs should be fairly distributed and known to all partners	41 (63.1)	21 (32.3)	3 (4.6)	65
4.9	A willingness to risk for the vision of the collaboration should be shared	34 (52.3)	28 (43.1)	3 (4.6)	65
4.10	There must always be free expression of ideas	47 (73.4)	16 (25.0)	1 (1.6)	64

1-Strongly Agree, 2-Agree, 3 Disagree & 4- Strongly Disagree

There is overall agreement for six questions of the construct, with a more than 50% agreement for effective communication to be ensured. There are disagreements from 1.6% to 4.6% in four of the questions, and no strong disagreements to any of the questions. Table 5.8 presents the average agreement percentages for questions or factors in the construct of the trust environment.

Table 5.8: Average agreement percentages of the construct of trust environment



Responses on building an environment of trust (Table 5.8) had the most points on 100% agreement of the participants. These include (4.2) shared specific objectives which are acceptable to all partners, (4.3) expected outcomes that will benefit the larger society besides the partners, and (4.4) values understood and shared by all the partners. All participants accept that every partner must understand why they are in the collaboration (4.5), ensure effective communication and (4.6) and pledge commitment to the collaboration (4.7). There were disagreeing responses to a vision shared by all partners (4.1), willingness to risk for such a vision (4.8), free expression of ideas (4.1) and a fair distribution of collaboration

costs, known to all parties. Participants stated that respect was an important factor for a successful collaboration. One participant thought it would be difficult to share a vision and mission because the university campuses must be loyal to their institutions. There was concern about costs being distributed equally, which means that partners who could not afford the collaboration could not be partners. Costs could be based on the benefits of the partners. There must be free expression of ideas and communication was stated as the best instrument in partnership. Partners must trust each other and be willing to risk for the collaboration and even share blame when necessary. Transparency was also mentioned as an essential factor.

5.4 The Relationship Between the Constructs

A significant association between the construct was marked with role differentiation construct having the strongest association with trust environment construct ($r=0.589$) followed by collaboration social construct ($r=0.384$) and negotiation construct ($r=0.330$). Trust environment was also associated with collaboration social construct ($r=0.373$) and negotiation construct ($r=0.274$).

Table 5.9: Correlations

Correlations			
	Collaboration social exchange construct	Negotiation construct	Role differentiation construct
Negotiation construct	0.253*		
Role differentiation construct	0.384**	0.330*	
Trust environment construct	0.373**	0.274*	0.589**
*Correlation is significant at the 0.05 level (2-tailed)			
**Correlation is significant at the 0.01 level (2-tailed)			

5.5 Summary

In this chapter, quantitative results of the study were presented. Demographic variables including age, experience, gender, highest qualifications and campuses of the participants were presented for comparison. Responses from the questionnaire were presented according to each construct of the social exchange theory. Each basic concept of the social exchange theory was presented according to the responses of the participants, per question in each construct to identify strong agreements and disagreements, and factors that will influence or facilitate collaboration between the nurse education institutions in the NWP. A summary of the agreement percentages was also presented for each construct of the social exchange framework and correlations determined.

CHAPTER 6

CONVERGENCE AND DISCUSSION OF QUALITATIVE AND QUANTITATIVE RESULTS

6.1 Introduction

Qualitative and quantitative results from the previous chapters were converged, compared and contrasted in this chapter, as stated in phase two of the research method and step three of the research design in Chapter 1. Basic assumptions of the *Social Exchange Theory*, namely, exchange, negotiation, role differentiation and building an environment of trust, as used by Gitlin & Lyons (2004), were utilized in the questionnaire to draw quantitative data, and in the interview guide to draw qualitative data. These basic concepts were used in this chapter to facilitate comparison and contrasting of quantitative and qualitative results.

The comparison of demographic data of the quantitative and the qualitative samples were presented in bar graphs and tables, and the agreement percentages from the quantitative data were compared with results of the qualitative themes and comments. The quantitative results represent nursing educators, while the qualitative results represent other nursing education stakeholders in the NWP.

Quinless, Elliot & Saiff (1997:300) suggested that institutional partnerships are a proactive means of achieving goals. The general public demand increased accountability from higher education, and institutions seek to deliver quality programmes in a cost effective way. Results reveal the perceptions of nurse training stakeholders in the NWP as a proactive means to develop a collaboration model in order to achieve specific objectives in nursing education.

6.2 Comparison of Participants' Characteristics in Relation to Qualitative and Quantitative Data Collected

6.2.1 Total Number of Participants

The total number of participants for the quantitative and qualitative data sets were 80, consisting of 65 nurse educators (80%) and 15 representatives of clinical and administrative areas in nurse training (20%), (Table 6.1 and Figure 6.1).

Table 6.1: Number of participants in the quantitative and qualitative samples

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Quantitative	65	81.3	81.3	81.3
	Qualitative	15	18.8	18.8	100.0
	Total	80	100.0	100.0	

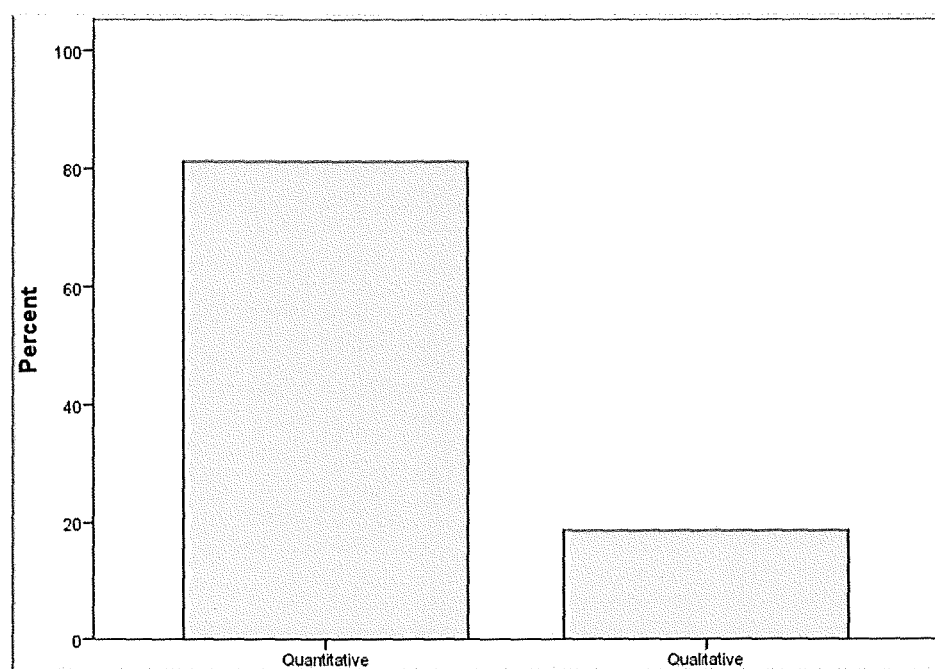


Figure 6.1: Percentage of participants in the quantitative and qualitative samples

6.2.2 Gender of the Participants

The gender totals of the participants were 14 males (17.5%), and 66 females (82.5%) (Figure 6.2). There were 55 female participants (84.6%), and 10 male participants (15.4%) for the quantitative data. The qualitative data participants totalled 4 males (26.7%) and 11 females (73.3%). The majority of participants were nursing professionals, and the gender differences in these participants reflected ratios higher than the SANC gender statistics, which were 5% males for the 2013 statistics, compared to the 26.7% males in this sample.

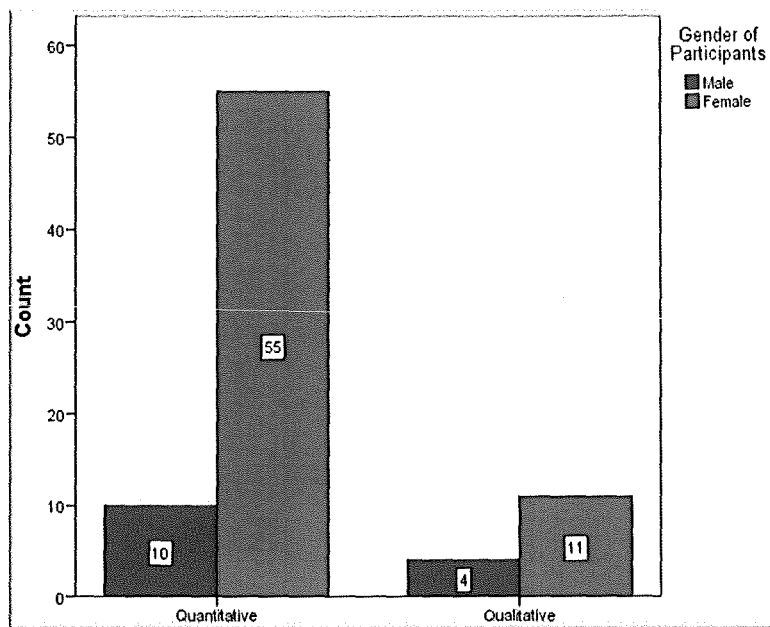


Figure 6.2: Gender of the participants in the quantitative and qualitative samples

6.2.3 Ages and Experience of the Participants

The ages of the participants ranged from 25 years to 65 years, with a mean of 47.52 for the quantitative sample, and 53.27 for the qualitative sample. The standard deviation for age was 9.911 for the quantitative sample and 5.077 for the qualitative sample (Figure 6.3). The mean experience for the quantitative participants was 10.7231 and 21.7857 for the qualitative sample. The mean experience of the nurse education stakeholders interviewed was almost double that of the nurse educators who responded to the questionnaires. The standard

deviation in the experience was 8.70265 for the quantitative sample and 7.79722 for the qualitative participants. (Figures 6.4 & 6.5). There was one missing value for the age and experience of the participants in the qualitative sample.

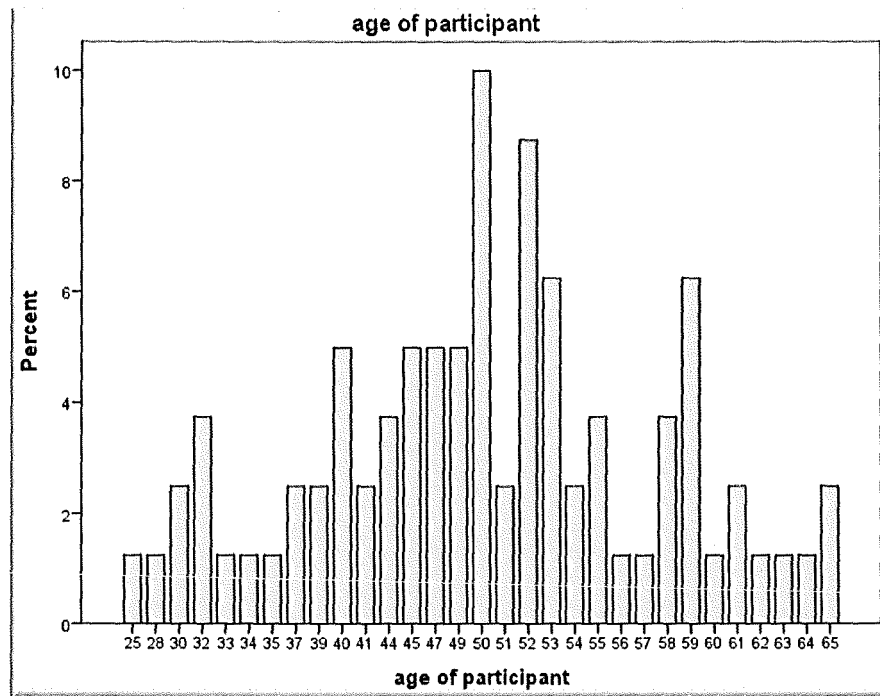


Figure 6.3: Age distribution of the participants

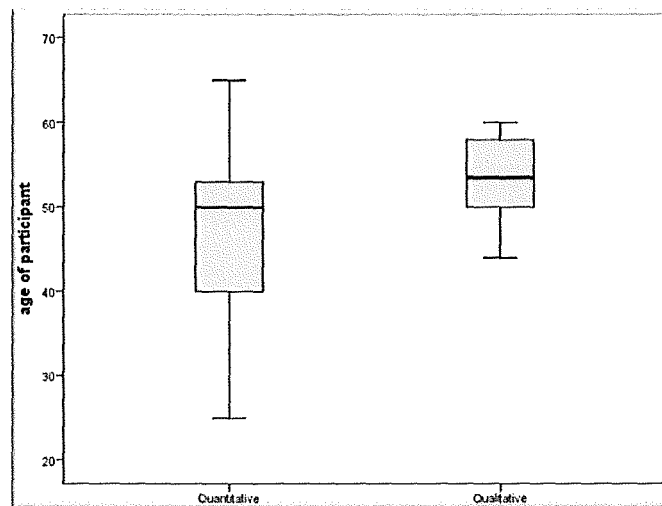


Figure 6.4: Age ranges and medians of the participants in the quantitative and qualitative samples

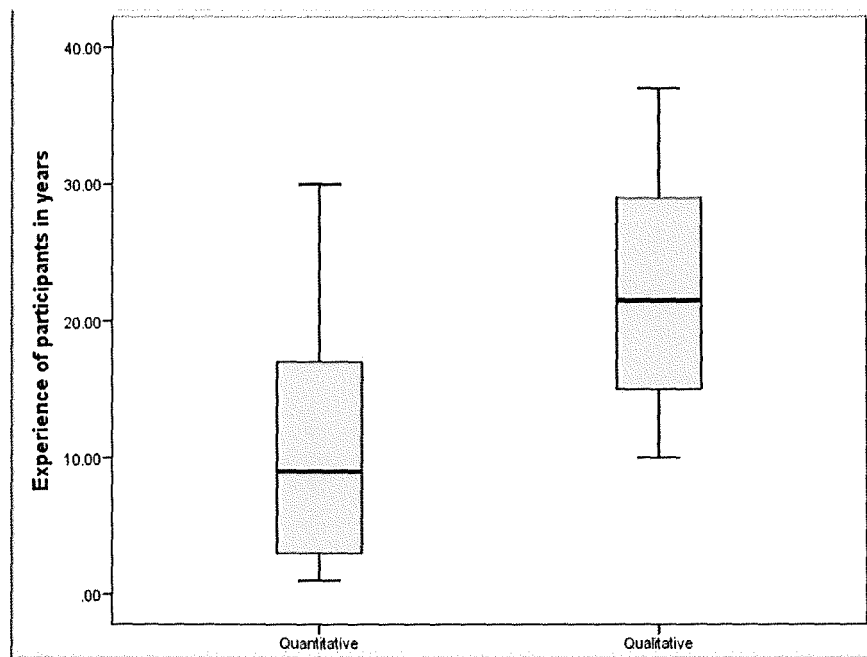


Figure 6.5: Experience in years of the participants in the quantitative and qualitative samples

6.2.4 Highest Qualifications of the Participants

The range of highest qualifications is the same between the quantitative and qualitative participants (Figure 6.6 and Table 6.5). There are a higher number of Master's degrees among nurse educators in the university campuses, and a higher number of Bachelor's degrees among nurse educators in the college campuses. The number of those with a diploma is few in the college campuses and none in the university campuses due to higher education conditions of service. The few diploma qualifications in the qualitative sample of participants found among those representing the other nurse training stakeholders.

6.3 Comparison of Quantitative and Qualitative Data

6.3.1 The Concept of Collaboration Exchange

There was a 100% agreement that professional and academic development of staff, coordination of clinical learning placements and sharing of personnel with rare skills could be facilitated by collaboration.

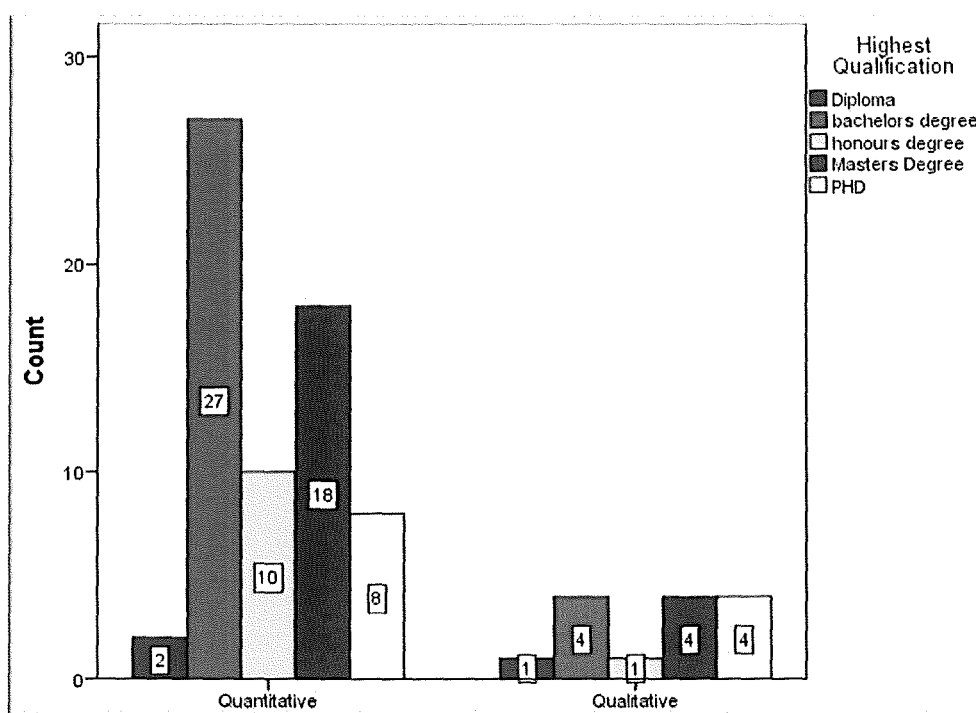


Figure 6.6: Highest qualifications of the participants in the quantitative and qualitative samples

Table 6.2: Highest qualifications of participants in the quantitative and qualitative samples

Highest Qualification	Quantitative Participants (65)	Qualitative Participants (15)
PhD	12.3%	15.2%
Masters	27.7%	27.8%
Honours	15.4%	13.9%
Bachelors	41.5%	39.2%
Diploma	3.1%	3.8%

Sub-category 1.1.2 (Table 4.1) supports academic and professional development of staff, stated as capacity development in Nursing Education. Nurse educators are required to improve qualifications to teach in higher education. Collaboration would facilitate support and mentoring for the improvement of qualifications. Baccalaureate programmes and the growth of post-secondary education in China (Eddins, Hu & Liu, 2011:31) accelerated the development of nursing education through the help of international collaborative efforts.

The Chinese Ministry of Health called for an increase in baccalaureate and Master's programmes in nursing and other health-related fields to seek global compatibility as cited by

Eddins, Hu & Liu (2011:31). A partnership between colleges and universities in Ontario, Canada made use of a comprehensive faculty development model to improve nursing education. The comprehensive model included teaching improvement, academic success, leadership and organizational development, according to Drummond-Young et al. (2010:155).

In sub-category 3.1.3 (Table 4.1), sharing of skills and expertise is encouraged to benefit all partners of the collaboration. According to one participant, clinical stakeholders should share their skills with students during placements, because tutors look after large numbers of students at different facilities, thus coordination of clinical placements would have to be done to benefit all partners for sharing, especially skills. In Category 1.2, a participant encouraged that the coordination of placement must be such that when a lecturer from any of the partner institutions does a clinical visit they should see all students as one regardless of where they belong, and the students must also feel equally accepting. Horns, Czapliski, Engelke, Marshburn, McAuliffe & Baker (2007:74) reported the formation of a “Clinical Coordinating Council” to coordinate clinical practice for students in a collaborative co venture between a community-based hospital and a university nursing school. This helped to address the need to foster clinical competence in new graduates.

A transformation of academic-service relationships that enables collective intellectual capacity will encourage a reformation of symbiotic, synergistic entities that could improve innovations and capture efficiencies for problem solving (Kinnaman & Bleich, 2004). Recruitment and funding of students, partnership with communities in their projects and the development of teaching skills would be enhanced by collaboration as shown by a 98.39% agreement in Table 5.2. The NWPDoH sponsors funding of nursing students in both the college and the university. Collaboration would strengthen the existing affiliation as stated in sub-category 1.2.3 (Table 4.1). This would also continue sustaining manpower production and provision for the province according to sub-category 1.2.2. One participant pointed out

that if the university had to provide nursing professionals on its own it would not cope with the numbers required, and that makes the need for collaboration more important.

Participants supported the enhancement of community projects by the collaboration in sub-category 1.2.1 by partnering to share skills and relieving each other, in situations such as when professionals are overwhelmed by patient care and cannot participate adequately in examples like research projects. In sub-category 3.1.3 (Table 4.1), participants mentioned that students are engaged in projects for mental health patients and skills are learned while the patients benefit. The development of teaching skills is confirmed in sub-categories 3.1.1 and 3.1.3, where participants acknowledge teaching approaches and skills such as problem based learning and clinical teaching were shared.

Collaborative partnering in research and publishing had a 96.77% agreement in Table 5.2, and these are confirmed in Table 4.1 by sub-category 3.1.3. Participants stated the need for the university to assist in research. Among several clinical issues addressed through the partnership described by Horns et al. (2007:78), there was advancement in clinical nursing research. Greater research presence at the hospital resulted in the establishment of a research office and more shared appointments to benefit the partners

The least agreement percentage of 91.94% in the concept of exchange is about weaknesses and strengths of the partners being compensated for by the collaboration and sharing resources like buildings and equipment (Table 5.2). Sub-categories 2.1.3 and 2.1.4 (Table 4.1) suggest that weaknesses and strengths of the partners can be compensated for if there is mutual acceptance and openness to learn between collaborating partners. Participants said 'capacity differences compel us to work together.' Participants acknowledged lack or inadequacy of some resources like computers, library materials and others, and based on such, agree that collaboration would facilitate maximum use and exchanges for the benefit of all partners.

One of the key elements of an effective partnership is the development of mutually beneficial strategies which must be clarified from the negotiations and advanced to empower the partners, as stated by O'Neil & Krauel (2004:295). Horns et al. (2007:74) explained the need for each institution to bring something different of equal value to the venture because partnerships are only as strong as individual strengths and the commitment of the partner institutions. McWhirter, Courage & Yearwood-Dixon (2003:136) also stated that the strength of a collaborative programme comes from the combined strength of both institutions.

There were, however, disagreements to these statements. About 6.2% of the respondents (Table 5.3) pointed out that material resources, especially buildings and equipment could only be shared where proximity made it possible. About 7.7% of the respondents (Table 5.4) felt that partners should not depend on strengths of others to make up for their weaknesses because that would encourage dependence and slow down development. There are generally high percentages of agreement about the basic concept of exchange in the quantitative results (Table 5.2) and these are confirmed by categories and Sub-categories in the qualitative results (Table 4.1).

6.3.2 The Concept of Negotiation

In this concept, respondents agreed 98.41% that the collaboration vision and mission could bring changes to their current situations, that working conditions may change or need adjustment; and that such changes, adjustments and collaboration leadership should be negotiated between the partners. Colleges and universities in the country were linked by formal affiliation agreements to facilitate monitoring of standards since 1986, according to Searle (1988:150). Sub-category 1.2.3 in Table 4.1 raised the need for strengthening of the existing affiliation. A participant stated the need for addition of responsibilities and goals which will require a revision of the existing agreements in order to conform to policy changes in nursing education. Participant 10 also said "like any partnership or collaboration it cannot remain stagnant. It must be reviewed from time to time." here is need to improve and

deal with emerging challenges. The move to higher education and implementing the new SANC qualifications, according to Category 1.1 in Table 4.1 is one such challenge, and adjustments or changes will be necessary to conform. Participant 2 reiterated the need for collaboration to facilitate adjustments.

Should collaboration occur, sound negotiations would be necessary to revise the existing memorandum of agreement and collaboration leadership in order to change or adjust conditions according to Category 2.2 in Table 4.1. buy-in and political will from existing leadership of institutions is important. Close cooperation between government and professional authorities is essential to support a change of policy or programme through a collaboration of institutions, like the example in Greece. Close collaboration between the Ministries of Education and Health was essential for development of a complex and modern nursing education system (Patelarou et al., 2009:840-843).

There was a 92.06% agreement (Table 5.5) on the possibility of changes or adjustment to work processes like teaching and assessment to suite the collaboration. Sub-category 2.4.1 in Table 4.1 emphasized clarification of expectations during negotiations to ensure commitment of partners to such expectations. Participants stated the need for consultation with people by whoever gets involved in negotiating for such processes. Participants stated the need for a task group to work on such suggestions. It is important to acknowledge and address perceived collaboration challenges as mentioned in Categories 5.1 and 5.2 in Table 4.1. Demands placed by a true partnership on leaders and their colleagues may be periodically daunting, but outcomes may point to greater consequences for patients and the public in general, but the process of integrating institutions is likely to be time consuming and difficult (O'Neil & Krauel, 2004:295).

Results showed lower agreement percentages for and against centralized and decentralized management. Eighty-four point thirteen percent (84.13%) preferred decentralized

management while 53.97% preferred a centralized management structure (Table 5.5). There was a 35.4% disagreement against centralized management, and another 9.4% (Table 5.6), who strongly disagree to it. There was also a 12.3% disagreement and a further 4.6% strong disagreement to decentralized management (Table 5.7). Some participants feel that centralization may induce fears in other partners, and flexibility will not be possible. Other participants argued that decentralization puts partners on the same footing and ensures accessibility, while others felt that information is not well disseminated in decentralization, and it becomes more difficult to change old ways.

In the qualitative results there was no specific mention of centralization or decentralization of management, but a theme on role clarification emerged with a sub-category on 'the establishment of a steering committee' (Table 4.1). According to one participant, all stakeholders should be represented in a steering committee which must lay the ground work for the collaboration. It should be the responsibility of representatives to ensure that information reaches all levels. Stakeholders mentioned by the participants included the university, the college, the NWPDoh, clinical facilities, community leaders and funders. In the co-venture between the East Carolina University School of Nursing and the Pitt County Memorial Hospital, an Administrative Advisory Council was formed to oversee to collaborative efforts, and a Clinical Coordinating Council to implement and coordinate clinical practice for students, according to Horns, Czapliski, Engelke, Marshburn, McAuliffe & Baker (2007:57).

6.3.3 The Concept of Role Differentiation

Respondents agreed 98.28% that performance expectations would be likely to change to suite new or collaboration roles, and role changes could be expected to accommodate new collaboration roles according to Table 5.8. There was disagreement of 15.4% to role changes as shown in Table 5.9. Some respondents think that growth and development will be limited if roles are given to knowledgeable people only. Ninety-four point eight three percent

(94.83%) of the respondents agreed that all roles should be assigned to people who are best suited to them. It was assumed that there should be an agreement on how to decide who is best for each role. Ninety-three point one percent (93.1%) agreed that people may have both centralized and decentralized roles, and 86.21% agreed that new roles may affect current working conditions. Some participants commented that a change of roles is inevitable because collaborators will come from different administrations and will need to adjust to each other and to new roles. There was also a comment that role differentiation will reduce resistance in people who are stuck on old ways of doing things.

Gitlin et al. (1992:20) advised that to provide direction to group members leaders should develop a clear project structure so that each member knows what is required for success and which role would best suite them to contribute to the success of the project. Role differentiation allows each member clarity about expectations and how everybody's roles fit in for the project. The theme on role clarification in the qualitative results (Table 4.1) had one category on responsibility and accountability. A sub-category on role assignment and adaptation supports that people should do what they know best, and roles assigned according to capability. It is also stated that role differentiation should be negotiated early in order to establish ground rules. Participants acknowledge that there will be problems because stakeholders will be coming from different systems, and options should be created so that comparison will help in the selection of the best option.

Category 5.2 (Table 4.1) on fear and uncertainty emerged under the theme 'Perceived collaboration challenges.' The possibility of role changes or adjustments brings about fears and makes some people reluctant about collaboration. A participant was concerned about what would happen to college lecturers who were not upgrading their qualifications. Sub-category 5.2.1 in Table 4.1, stating a possible loss of positions, status and benefits emerged as a result of such concerns.

6.3.4 The Concept of Trust Environment

A 100% agreement occurred in six items including pledging commitment to the partnership, effective communication, understanding rationale for the partnership, shared aims, objectives and values, and expected outcomes to benefit the larger community beyond the collaboration partners. There was a 98.44% agreement on sharing and acceptance of a common vision and mission, and free expression of ideas by all partners. A 96.88% agreement emerged on willingness to risk for the shared vision, and that collaboration costs should be fairly distributed and known to all partners. Only 4.6% disagreed on willingness to risk for the common vision (Table 5.11), and a fair distribution of collaboration costs (Table 5.12).

Respect and transparency were stated as important factors, and communication as the best instrument for partnership in the comments. One respondent was concerned that if costs were to be fairly distributed it would mean that some partner might not be able to afford the collaboration. Willingness to risk must be coupled with trust, and even be prepared to share blame if necessary.

Theme 2 in the qualitative results was based on the establishment of a conducive environment for collaboration (Table 4.1). Category 2.1, on mutual trust included sub-categories on openness, respect, acceptance and openness to learn. Participants needed to declare vested interests. One participant stated that there should be no hidden agendas. Another participant admitted feeling inferior and openly declared a need for empowerment. It is the openness that leads to trust.

The need for on-going communication was emphasized. Participants stated that no stakeholders should find themselves reduced to passive participants. A participant said trust comes from acceptance and respect. Another participant stated that while people are accepted and respected in spite of their shortcomings, they must also be willing to learn. There should be a give and take situation.

In a trust environment people should come as colleagues and not as inferior or superior. According to Gitlin et al. (1992:20) the development of trust is critical to any team building effort and should be a pre requisite for the success of a project. Without trust, communications become distorted. In an environment of trust and open communications there is a good chance to understand requirements of the project and different roles. Confidence develops that any effort made will not be wasted.

6.4 Summary

The quantitative results were stated and followed up by statements from the qualitative results to compare and contrast findings. The high levels of agreement (100% to 53.97%) in all basic concepts of the *Social Exchange Theory*, as used in the questionnaire were supported or confirmed by categories and sub-categories of the themes developed in the qualitative results, which add to the validity of the results. Significant disagreements were clarified by comments from the respondents in the quantitative sample, and also compared with statements from participants in the qualitative results. There is more agreement than disagreement in the comparison of results about the perceptions of stakeholders regarding collaboration between NEI in the province.

CHAPTER 7

THEORETICAL FRAMEWORK FOR MODEL DEVELOPMENT

7.1 Introduction

In Chapter 6, the quantitative and qualitative results showed high agreement percentages of the concepts of the *Social Exchange Theory* used to obtain the perceptions of participants about collaboration between nursing education institutions in the NWP. In Chapter 7 the development of a model for collaboration is discussed. The framework for model development can be viewed as a situation producing theory, with a specified aim or goal, and prescribed activities to attain the goal, and a survey list guided by aspects of activity for the theory (Dickoff, James & Wiedenbach, 1968:422-423). The aspects of activity respond to the following questions, according to Dickoff et al. (1968):

1. Agency answers who performs the activity to reach the goal.
2. Recipients or patients respond to who the recipients of the activity are.
3. Framework refers to the context in which the activity must take place.
4. Procedure responds to the guiding process or protocol of the activity.
5. Terminus refers to the outcome or endpoint of the activity.
6. Dynamics responds to what drives and energizes the activity.

The aim of the activities was to develop a model that will help to attain the goal, which is collaboration between the NEI in the NWP. The survey list is related to the aspects of activity in the model framework (Table 7.1). Figure 7.1 summarizes the broader context of the model

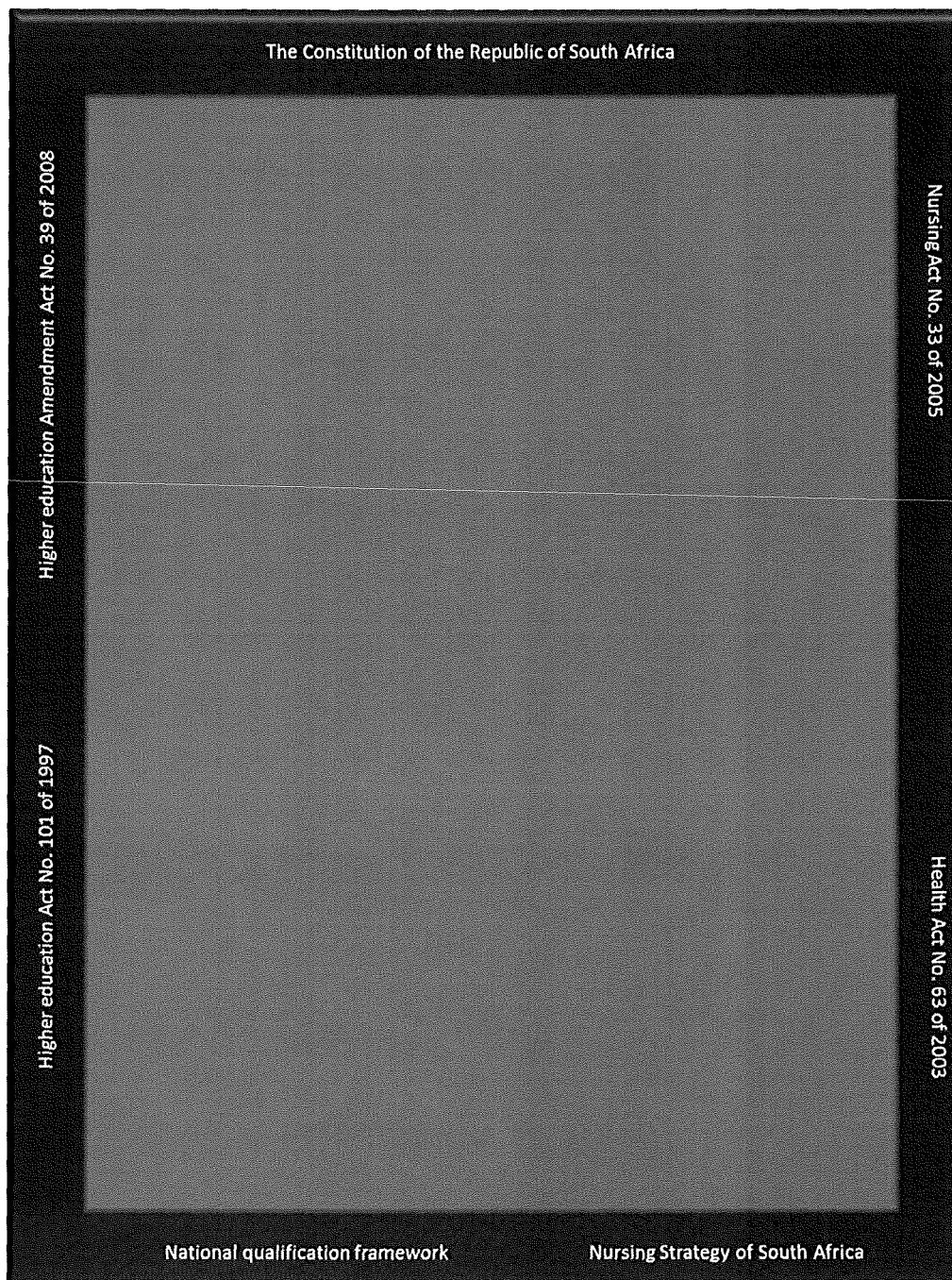


Figure 7.1: Model context

Table 7.1: Activity aspects related to the framework model of collaboration

Activity Aspect	Question Addressed	Collaboration Model
Agents	Those responsible to guide the collaboration	1. Leaders in the DoH, NWPDoh, NWU and community representatives
Recipients	Beneficiaries of the collaboration	1. Learners and nurse educators at NEI of the NWP 2. Clinical service facilities and health care consumers in the community
Procedure	The process to guide the progress of the activities	The five stage process of the Social Exchange Theory (Figure 7.4)
Dynamics	Factors that will maintain the process.	According to participants: 1. Commitment 2. Trust 3. Openness 4. Sound negotiation 5. Political will
Framework	The context necessary to prescribe and guide the operation of the collaboration.	1. The Constitution of South Africa 2. The National Qualifications Framework Act No. 67 of 2008 3. The Higher Education Act No. 101 of 1997 4. The Nursing Act No. 33 of 2005 5. The Health Act No. 63 of 2003 6. The Nursing Strategy for South Africa, 2012 7. Mandatory Agreements
Terminus	Expected outcomes or goals of the collaboration	1. Improved stakeholder relations 2. Resource exchange 3. Implementation of SANC qualifications 4. Sustained manpower production and services

7.2 Framework of the Model

A collaboration model between NEI in the NWP would operate in a context including a relevant legal, educational and professional framework, and the societal and political environment in which it must function. The acts and policies comprising the necessary context for the model follow. The themes in qualitative results (table 4.2) indicate support of the framework, such as theme 1, category1.

7.2.1 The Constitution of the Republic of South Africa

The constitution is referred to as the supreme law of the country. According to Schedule 4 of the 1996 Constitution of the Republic South Africa, higher education is a competency of the National Ministry of Education, for the purpose of facilitating the objective of unifying or streamlining all qualifications in higher education according to the NQF. The public colleges administered by the NWPDH would have to be administered under the National Ministry of Education to conform to the constitution if they are classified as HEI. The National Ministry of Education and the NWPDH could negotiate their functional relationship in maintaining the purpose of the public colleges while conforming to the constitutional expectations.

7.2.2 National Qualifications Framework Act No. 67 of 2008

The NQF describes integrated achievement levels for all qualifications in various fields to ensure acceptable quality, facilitate access and ensure mobility and progress within career paths. The objective of the NQF is to contribute to the development of learners and enhance social and economic development for the nation. The framework is organized as a single integrated system with ten levels in ascending order from a general certificate at level 1 to a doctoral degree at level 10.

The system comprises three coordinated parts, the General, Further and Higher Education and Training bands to offer occupational certificates. Each level has a descriptor to provide guidelines for learning and teaching outcomes within the level. The South African

Qualifications Authority (SAQA) is responsible for overseeing the development and implementation of the NQF and advising the Minister. The SAQA also maintains a national quality assurance system that ensures set standards of education and training, and international comparability. SAQA establishes Education and Training Quality Assurance Bodies (ETQAs) in different sectors to monitor and audit achievements in terms of the National Qualification Standards. Members of the ETQAs are appointed by their own professional organizations. According to Vasuthevan & Viljoen (2003:12-13), new Nursing qualifications in South Africa fall into the higher education band, which ranges from level five and above on the NQF, and the ETQA is the SANC.

7.2.3 Higher Education Act No. 101 of 1997

The Higher Education Act regulates higher education and establishes the Council on Higher Education, which provides for cooperative governance, funding, registration and quality assurance in HEI. HEI are those established under, or declared as such according to the Act. Higher education programmes are those leading to qualifications higher than Grade 12 or its equivalent according to the NQF levels, and tertiary education is included as arranged in the NQF. Amongst other objectives, the Higher Education Act was to restructure and transform programs and institutions to respond better to human resource, economic and development needs of the country.

The SANC has made known its standpoint to support public nursing colleges in the transition to higher education in order to promote and maintain high education and training standards and adequate production of all categories required to serve the nation. According to SANC Circular No3/2010, NEI have the last chance to admit the last groups of learners for the legacy qualifications on the 1st of June 2015, and begin phasing out while starting programmes based on the new qualifications. A break in the continuity of producing adequate professional nurses for the province should be prevented in the process of implementing changes to avoid shortage in the services.

7.2.4 Nursing Act No. 33 of 2005

The Act was enacted by the Republic of South Africa to regulate the nursing profession and provide for matters connected to it. The SANC is the statutory body responsible for regulation and governance of the nursing profession in the country. The Nursing Act provides for the composition, functioning and the dissolution of the council. Through the act, SANC prescribes and monitors standards for nursing education and practice, and for the protection of the society. The act authorizes regulations for education programmes and the scope of practice issued by the SANC for all qualifications.

The objectives of the Act are to serve and protect the public concerning nursing services, ensure that nursing complies with universal norms and values, establish control and improve standards of nursing education and training, maintain professional and practice standards, promote and maintain communication with stakeholders regarding standards and advise the minister. The functions are to ensure national health policies regarding nursing, to establish and maintain registers for all categories of nurses, to monitor examinations and issue certificates, to inspect educational and practice institutions, report non-compliance, investigate complaints and take action where necessary.

As a quality assurer, SANC, through the Act also determines the scope and conditions of practice, competencies and the acts and omissions for all categories of nurses. SANC must also do strategic plans, accredit NEI, monitor assessments and report. All Nursing Education and Training institutions and programmes, at all levels in the country must comply with the Act to be recognized, as confirmed by them (category 1) (table 4.2).

7.2.5 Health Act No. 63 of 2003

The Health Act describes objectives, standards and approaches of practice for all health care practitioners and professionals such as nurses, medical practitioners, psychologists, pharmacists and others. The Minister has a consultative forum with statutory Health

Councils, academic Health Complexes, Research Councils and Blood Transfusion Services. The National Minister of Health is the custodian of all health services for the population. The Act explains the National Health System's delegation of responsibilities from the National Health Services, to the Provincial Health Services, the District Health Services and the Sub-districts. The District Health System is based on principles of Primary Health Care, which promotes access to quality, responsive and efficient health care.

The right to basic nutrition and care for vulnerable groups, including children, women, older persons and disabled persons is described. The rights of the nation regarding emergency medical treatment, information about conditions, informed consent, participation in decisions about individuals' health, confidentiality and access to records, complaints about service and the rights of workers to be treated with respect are explained. All sectors of the health services and Health Science Education and Training Institutions must be coordinated to cooperate with the National Health System in order to maintain and improve the rendering of services to the population.

7.2.6 Nursing Strategy for South Africa 2012

The Strategic Plan for Nursing Education Training and Practice was compiled in 2012 to promote a high standard of nursing education and training, enhance professional ethos, enable strong leadership, promote good practice environments and guide sufficient production of all categories of nurses to deliver health care services required by the South African Health Care System.

The National Nursing Strategy is a document explaining health and nursing challenges in the country, and outlining recommendations agreed upon in a convention in 2011 to improve Nursing Education and Practice. The strategy explains priorities and recommendations for Nursing Education and Training according to identified objectives. Recommendations for Nursing Education and Training according to the strategy included a national policy placing

nursing education in higher education, and declaring NEI as HEI, a clinical education model and student status and a funding model for nursing students. Collaboration in Nursing Education would have to implement such priorities and recommendations to be aligned to the strategy in addition to conforming to the higher education policies.

7.2.7 Mandatory Agreements to Facilitate the Process of Collaboration

An agreement would have to be reached and signed by the participants of collaboration before the collaboration occurs, and details of the agreement would form part of the context in which the collaboration occurs. The Memorandum of Understanding (MOU) would have to include details or specific terms about the participants, the collaboration process, operational processes and the context of the education and training of nurses in the province. The MOU would include details about the roles and responsibilities of member institutions, organizations, positions or officers. Financial operations and the operational period or existence of the agreement should be clarified. Figure 7.3 shows a schematic representation of the framework for a collaboration model between Nursing Education Institutions in the NWP, including the participants, the collaboration process and the context of the collaboration. Theme 2, subcategory 2.2.1 and theme 3.1.4 confirm the above. (table 4.2)

7.3 Recipients of Collaboration

Collaboration between NEIs in the NWP would benefit the learners of the institutions and the communities using the clinical facilities serving the province as stated by some of the participants, and as understood by the researcher Figure 7.2. The recipients are confirmed in theme 1, subcategory 1.2.1 (table 4.2).

7.3.1 The Students at Nursing Education Institutions

Students who qualify for entry to the programme leading to professional nursing will obtain a bachelor's degree according to new SANC qualifications, unlike the situation which offered either a diploma or a bachelor's degree for the same professional registration.

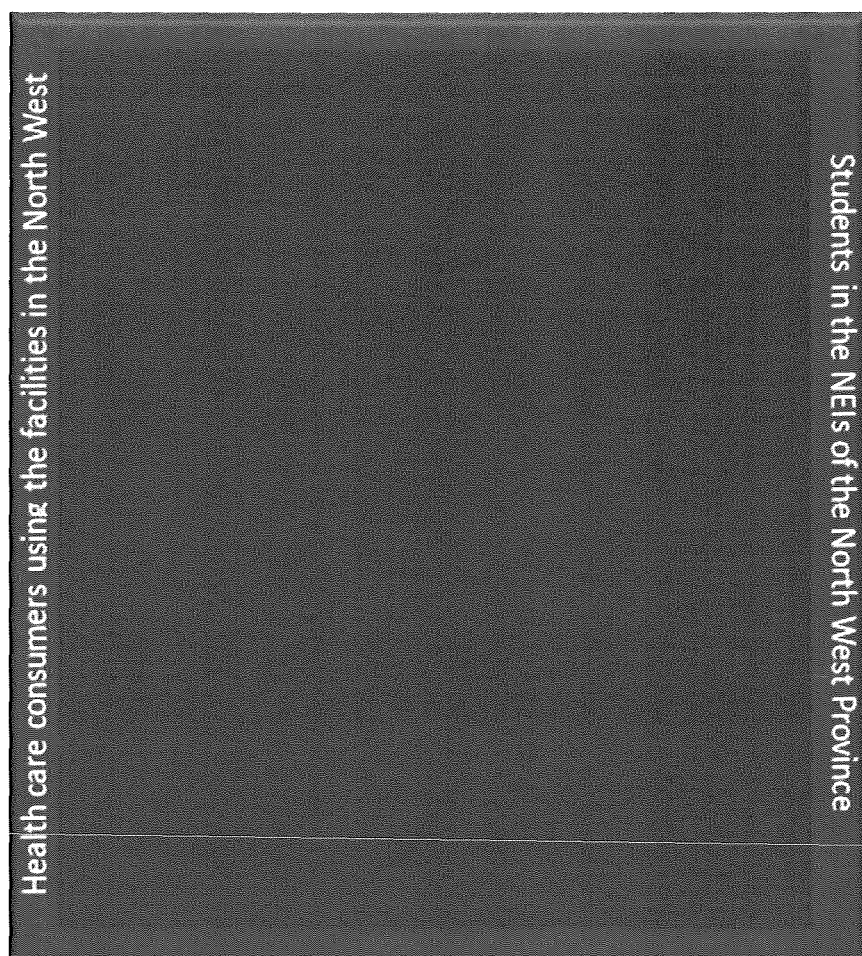


Figure 7.2: Collaboration recipients

It is also an international trend for professional nurses to qualify through a bachelor's degree, thus students will be on par with counterparts in other countries. Students will also benefit from shared resources between the institutions.

7.3.2 Health Consumers Using Clinical Facilities

When clinical services are empowered by capacity building, resource sharing and other benefits, the health consumers should be the ultimate recipients of the standard of services made possible by goals and efforts of the collaboration stakeholders. The college and the university make use of several clinics, hospitals and other facilities for learning experiences essential for the students. The clinical facilities could benefit from research and other

projects, workshops, and training programmes for staff development according to some of the participants in chapter 4, and these should benefit the health consumers.

7.4 Dynamics

Figure 7.3 depicts the components of collaboration dynamics as applied to this study. The components are delineated in the sub-sections that follow, and are indicated and confirmed in theme 2 categories and sub categorie.

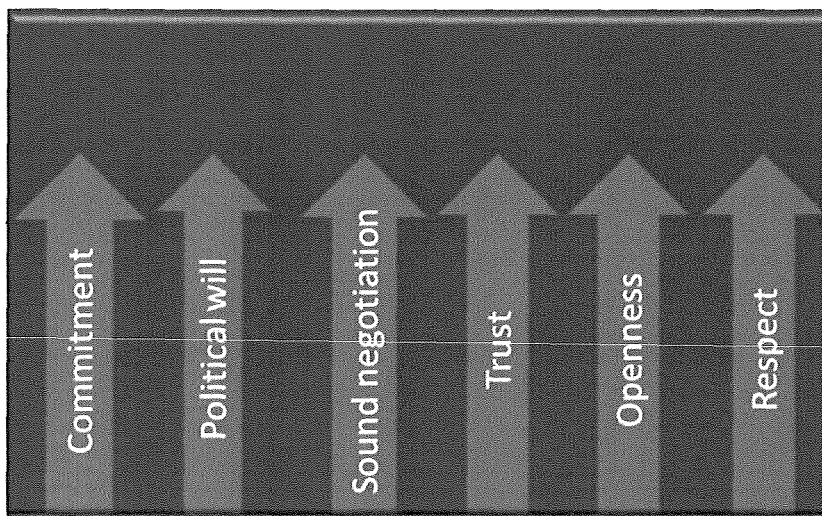


Figure 7.3: Collaboration dynamics

7.4.1 Commitment

The commitment of stakeholders emerged as a category (Table 4.1) in the theme on a conducive environment for collaboration. Participants expressed a need for clarification of expectations in the collaboration so that they could commit with understanding.

7.4.2 Trust, Respect and Openness

Mutual trust is a category with sub categories including openness, respect and acceptance in the results (Table 4.1). Participants hope for a trusting relationship with no hidden agendas, and to be accepted and respected for the roles they would be expected to play in the collaboration.

7.4.3 Sound Negotiation

Participants expressed a need for mutual cooperation, identification of challenges and advice from experts in various areas to enhance sound negotiations within a common understanding of collaboration goals.

7.4.4 Political Will

Political will from government departments was included as essential for support and progress in the collaboration, based on the context of policies and acts of law which will enhance achievement the outcome.

7.5 Procedure

According to D'Amour et al. (2005:123-124), with examples of study findings, a process takes time and daily efforts are required to identify opportunities for engagement. Collaboration is a journey, and each subsequent success is a step in the journey of cumulative learning from each other (Gadner, 2005). Steps of the collaboration process are shown in Figure 7.4 and discussed in the sub-sections. The need for a procedure is indicated by theme 2 category 2 (table 4.2).

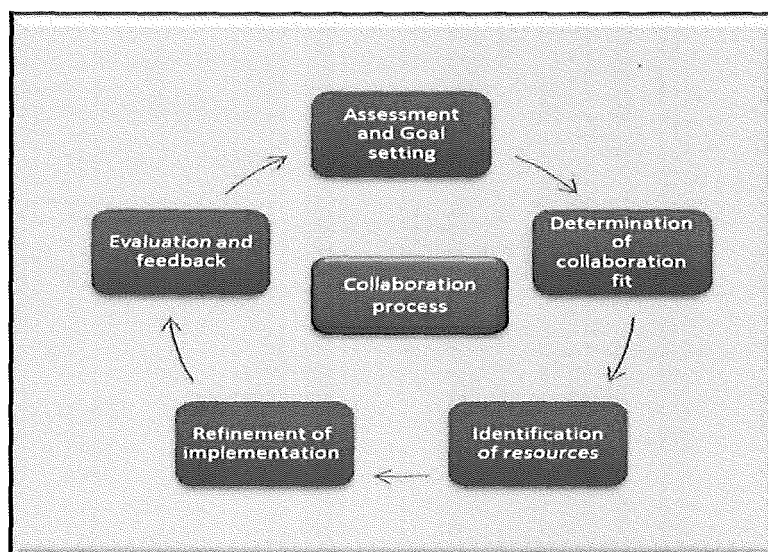


Figure 7.4: The collaboration process

7.5.1 Assessment and Goal Setting

Participants are supposed to examine individual and institutional goals and rationale for collaborating, financial costs and other implications. In the results, a theme on collaboration goals included categories about implementing the new SANC qualifications and improving stakeholder partnership. Implementing a baccalaureate programme for all students means benefiting or conforming to the need for higher education status in the case of institutions which were not yet classified in higher education. The SANC has published its standpoint about supporting the transition of public colleges to higher education.

Capacity building for Nursing Education involves improving the quality of learning and teaching for educators and learners in the province. The results showed a 100% agreement of participants that collaboration should facilitate professional and academic development of personnel. One partnership between nursing colleges and a university used a comprehensive faculty development model to improve teaching, academic success, leadership and organizational development in nursing education, according to Drummond-Young et al. (2010:155).

The category on improving stakeholder partnership had sub-categories on partnering on research projects in the communities, sustaining manpower provision for the NWPDoH and strengthening existing affiliations. Partnering on research projects could be extended in various ways between the partners, and not only on communities.

Sustaining manpower provision for the province could be realized if the collaboration improves the quantity and quality of learners, including clinical post basic qualifications. One participant mentioned the limitation of sending a few professional nurses for a post-basic clinical qualification which is not provided for within the province. Collaboration could look at the possibility of closing such a gap for the province. Existing affiliations between NEI in the province can be revised and extended or changed to include new goals and partners.

7.5.2 Determination of a Collaboration Fit

When goals and rationale for collaboration have been determined, stakeholders can begin to negotiate the structure of such collaboration and how it could fit or realize the envisaged goals. Stakeholders meet to exchange and discuss potential projects and processes. A conducive environment for such collaboration should be established by antecedents.

Categories that emerged were mutual trust, sound negotiations, stakeholder commitment and buy in and political will. Participants need to be open with each other and avoid hidden agendas. Mutual respect is critical for the stakeholders to be able to listen to each other, and to support free expression of ideas. Partners need to accept each other to be able to move forward. One participant expressed the importance of openness to learn from other stakeholders.

The category on sound negotiation included seeking advice from different experts, identifying weaknesses and or challenges as individuals and institutions, and encouraging mutual cooperation. Political buy-in and will would be necessary from the university, the NWPDoH and support from the Ministries of Health and Education. These all have major parts to play in such collaboration.

7.5.3 Identification of Resources

A cooperative venture with common goals and decisions needs to share resources for the achievement of the common goals. The *Social Exchange Theory* refers to a construct of exchange when stakeholders identify and offer whatever resources or strengths they have to advance the goals of the collaboration.

The theme about maximizing exchange on resources had a category on human resources and one on material resources. Sub-categories on human resources included expertise and skills for teaching approaches and specialization clinical programmes. Time can also add to

resources which can be shared by personnel with expertise and skills to offer. Material resources include finance, teaching and learning materials and infrastructure. In the results, participants mentioned resources such as libraries, computer laboratories, simulation centres, finance, exposure to various development opportunities, clinical and skill update opportunities and a possibility of joint appointments.

7.5.4 Refinement of Implementation

Agreement about collaboration goals, how the collaboration can fit in with the goals, stakeholders, information about available resources to support the joint venture, and differentiation of roles and clarification of work processes and functional relations, can be decided and expressed as a MOU between stakeholders. The MOU will guide the implementation of decisions. The one category which emerged from role clarification was responsibility and accountability. Sub-categories referred to role assignments, adaptation and the establishment of a steering committee.

7.5.5 Evaluation and Feedback

The fifth step, though finalizing the process, can lead to the initial step in reviewing all the other stages and adjusting or changing whatever could improve the collaboration as it moves forward. The last theme from the results was perceived challenges of the participants from the collaboration, which brought up organizational culture and fear or uncertainty. Sub-categories which emerged concerned work ethics, resistance to change and loss of status, positions or benefits, and these seemed to refer to individual challenges rather than organizational or institutional problems. The four parameter *Social Exchange Theory* used by Gitlin et al. (1994) occurred within the five-stage process. A collaboration model could be implemented within the five stage process in a similar way.

7.6 Agents

There is one university and one public nursing college in the province. The college has two campuses, and the university has a Nursing Department in one campus, and a Nursing School in another campus. Educators in these campuses would be participants in the collaboration model (Figure 7.5). Theme 2 category 2.4 and theme 4 (table 4.2) indicate the need for relevant agents.

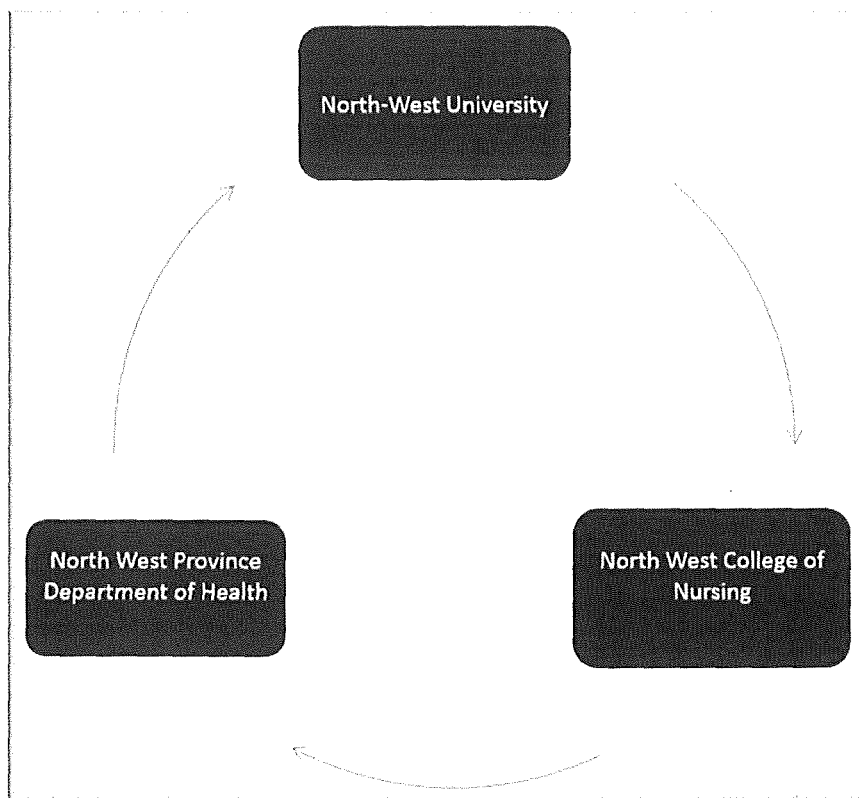


Figure 7.5: Collaboration participants

The quantitative data in this study were collected from a sample of the educators. Some of the goals of the collaboration, such as capacity building in Nursing Education and sharing expertise, would depend partly on this group of participants. The institutional organizations administering the above campuses would also be participants in the collaboration by virtue of being part of them. These are the NWU, the NWP and DoH. Major changes affecting these NEI would involve the administrations under which they function.

7.6.1 North West University

The NWU is offering a bachelor's degree for professional nursing in two of its campuses. The resources in these programmes could assist the collaboration to attain stated goals, based on negotiations. The university also has other departments which support the nursing programme in other subjects and skills. The university operates within the context of the Higher Education Act, and could guide the collaboration in this regard where other stakeholders need to adjust to this context.

7.6.2 North West Nursing College

The NW Nursing College is administered by the NWPDoh, and needs to conform to the context of the collaboration regarding policies and acts. The college has higher numbers of participants and other resources to offer the collaboration.

7.6.3 North West Province Department of Health

The NWPDoh administers all public health facilities in the province. The facilities are essential for learning opportunities for the students. The staff in the services are essential support for the experiential learning and mentoring of students. The NWPDoh offers financial support for students in the NEI, and is the main employer of professional nurses in the province.

7.7 Terminus

The identified goals as stated in chapter 4, can be expected through a successful collaboration. Figure 7.6 shows the terminus of the collaboration. When successful, the collaboration will help provide the province with well trained professional nurses and the manpower production will be sustained by the shared efforts of the stakeholders. Theme 1 (table 4.2) indicated the terminus.

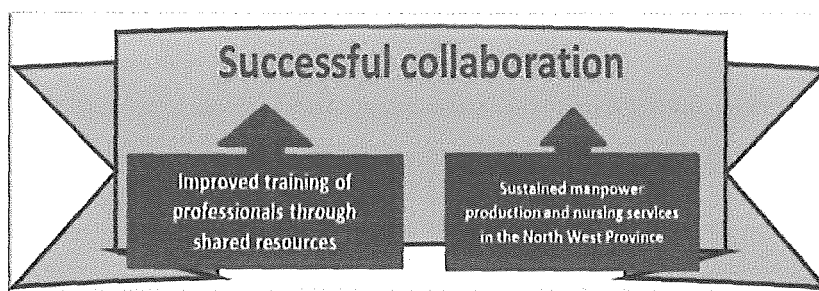


Figure 7.6: Collaboration outcomes

7.7.1 Improved Training of Nurses

The goal to implement new SANC qualifications timeously, as efficiently as possible, and affordably could be achieved through the collaboration for all the programmes involved, especially the bachelor's degree. The existing affiliation between the NEI and the relations with clinical facilities could be more coordinated and further improved through more communication and activities according to needs and agreements between the stakeholders.

7.7.2 Sustained Manpower Production and Services for the North West Province

The manpower production statistics currently reached in the province would be maintained or increased, rather than be decreased by failure to manage change. Resource exchanges to benefit recipients would hopefully be implemented and monitored to ensure the purpose, and limit any disadvantages that may arise and negatively affect the collaboration.

7.8 Description of the Model

Figure 7.7 is a schematic presentation of the model of collaboration between nursing education institutions of the NWP, including the agents, who should guide the collaboration, the beneficiaries of the process that could be followed to achieve the collaboration, factors that could help to drive the process, the context necessary to support it and outcomes that should be expected from the collaboration.

7.8.1 The Agents

The responsibility of leading the process of developing collaboration between the NEI in the NWP can be given to leaders of the NWU, the NWPDoh and the NW college of nursing. These authorities are participating in the current affiliation agreement between the university and the nursing college. In Chapter 4, participants indicated what the college and the university could share in a collaboration to train professional nurses. The leaders of the institutions understand the needs of each stakeholder and how they could support each other.

The NWPDoh administers public health facilities used by the NEI for student placement, and also administers and funds the college. The three structures are relevant to lead the development of a closer collaboration between them, as equal partners to achieve more than what they do currently. The agents are indicated in a circular diagram (Figure 7.5) within the model to show equality

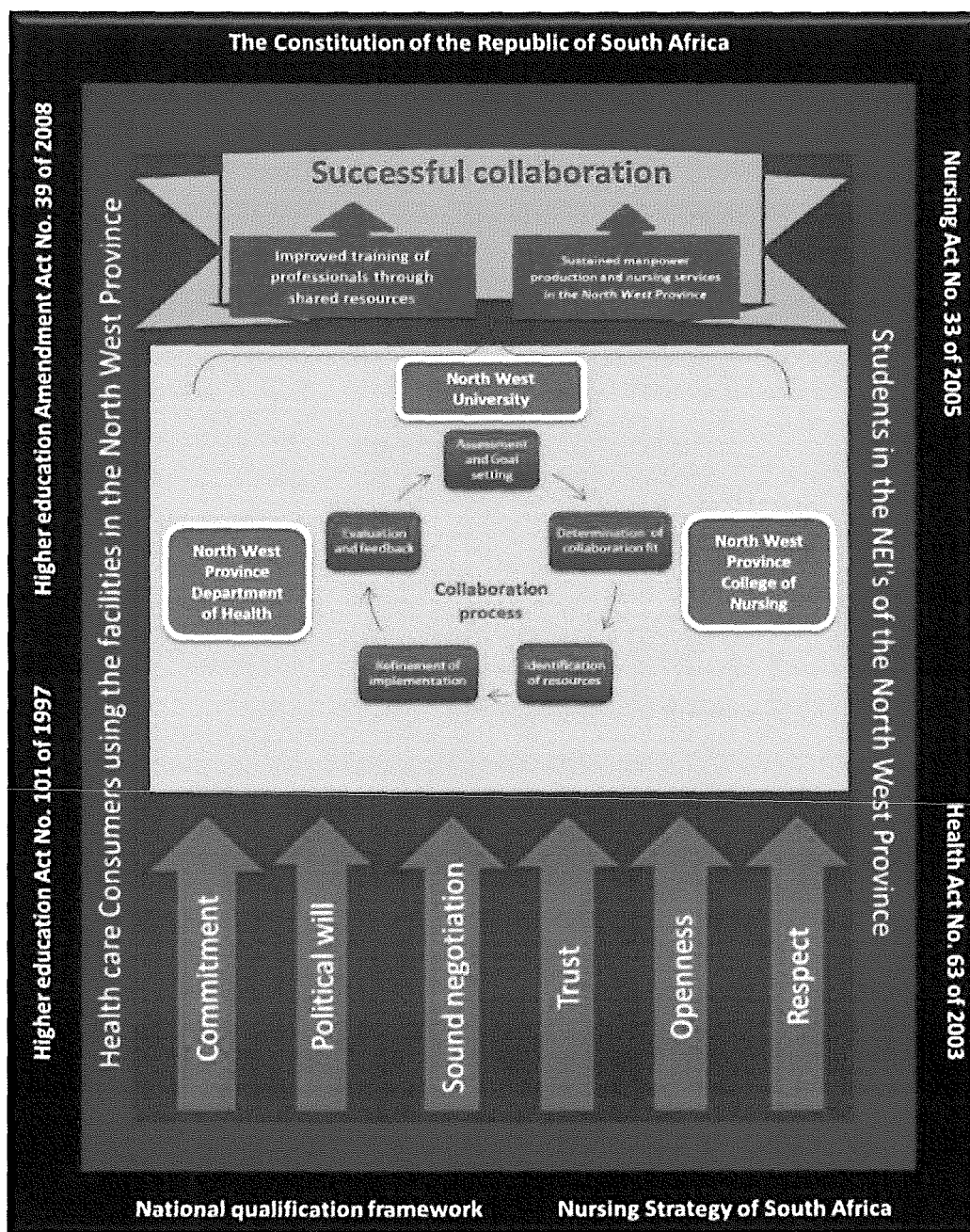


Figure 7.7: Collaboration model between nursing education institutions in the North West Province

7.8.2 The Dynamics

The stakeholders in the NWU, the NWPDoH and the NW College will need to maintain the process of collaboration in spite of challenges that might occur. According to the participants in Chapter 4, commitment is essential from all stakeholders. There will be need for trust, respect and openness to continue sound negotiations during the process of collaborating. Political will from the government leaders will encourage progress and determination to achieve expected outcomes. In Figure 7.1 the above factors are shown as arrows impacting on the agents.

7.8.3 The Procedure

A five-stage process described by D'Amour et al. (2005:123-124) was utilized to develop a collaboration, which will take time and daily efforts according to the authors. The stages of the process, explained in section 7.5 and Figure 7.4 are within the circle of the agents indicating engagement of the agents in the procedure from assessment and goal setting to evaluation and feedback. A cyclical repetition of the stages can be repeated during the process to progress the collaboration.

7.8.4 The Context

The development of the model of collaboration must occur within the context of legal, political and professional acts and policies explained in section 7.2 and Figure 7.1. In the schematic diagram of the model (Figure 7.7), the context is represented as a framework with all the relevant acts and policies enclosing the agents, procedure, dynamics and collaboration outcomes which must be according to the context.

7.8.5 The Recipients

Beneficiaries of the collaboration will be students of the NEI, and health consumers using the public facilities of the NWP for health care. In the model (Figure 7.7) they were placed in a

framework within the context and surrounding the agents, process, dynamics and outcomes of the collaboration. Students should benefit from the efforts of all the stakeholders, and their success should benefit the communities.

7.8.6 Expected Outcomes

Expected results of the collaboration are well-trained professional nurses, and sustained production of nurses for the NWP. The outcome is represented by a green ribbon above the agents, process and dynamics within the model. All aspects of the survey list as stated by Dickoff et al. (1968) were combined to form a schematic diagram of the collaboration between NEI in the NWP.

7.9 Summary

In this chapter the development of a framework for a model of collaboration between the NEI in the NWP was explained according to a survey list recommended by Dickoff et al. (1968), responding to questions and aspects outlined in Table 7.1. The relationships between the context (Figure 7.1), recipients (Figure 7.2), dynamics (Figure 7.3), procedure (Figure 7.4), agents (Figure 7.5) and the terminus (Figure 7.6) were explained. A model of collaboration between NEI in the NWP is represented by the composite diagram (Figure 7.7).

CHAPTER 8

CONCLUSIONS, JUSTIFICATION, LIMITATIONS AND RECOMMENDATIONS

8.1 Introduction

This study was carried out to research the perceptions of nurse educators and other nurse training stakeholders about collaboration between NEI in the NWP of South Africa. The institutions referred to were public ones, including a university with a nurse training department and school, each in a different campus, and a college with two campuses in different regions of the province. The college is administered by the NWPDoh, which is responsible for the provision of health facilities and services.

The SANC, as the statutory body for the nursing profession has issued a policy change requiring a baccalaureate degree as a qualification for professional nurses. The college has up to this time been offering a four-year diploma for professional nursing. In order to offer a degree the college has to operate and be administered within the higher education sector, which mandates it to meet requirements for that classification. The university has been offering a baccalaureate degree and operating within the higher education sector. The college has been producing approximately 75% of the professional nurses in the province, while the university produced 25%, according to a SANC statistical report for 2011.

Perceptions of nurse educators have been investigated using a questionnaire with a four-point Likert scale, and the results reported in Chapter 5. The perceptions of other nurse education and training stakeholders have been investigated using structured interviews, and the results reported in Chapter 4. A convergence of the quantitative and qualitative results in Chapter 6 of this report reveals agreement percentages above 80% for most of the responses about collaboration between the NEI.

8.2 Rationale and Purpose of the Study

The study was conducted to explore the perceptions of nurse education and training stakeholders about a model of collaboration between NEI in the province. Collaborations or partnerships have been used in various situations to resolve common problems affecting the partners (Hall, 2008:273; Bleich et al., 2004).

The purpose of the study was to utilize the perceptions of the stakeholders to develop a model of collaboration between the institutions to enable a joint venture to resolve the challenges of maintaining production of adequate professional nurses for the province within required policies. In a joint venture, the college will have a chance to meet the requirements of higher education, and the university, while supporting the joint venture with higher education requirements in place, can also contribute in a higher number of professional nurses produced, especially during the phasing out period for the college.

The significance of the study is that it will provide policy makers with information about the perceptions of stakeholders as input for decisions and plans. Collaboration will also provide an opportunity for the province to maximize the utilization of scarce resources and sharing of expertise for the benefit of the community. This information is provided in this report, and will also be disseminated in conferences, workshops and publications in peer reviewed journals.

8.3 Objectives of the Study

8.3.1 Describing Perceptions of Nurse Educators and other nurse Training Stakeholders About a Collaboration Between Nursing Education Institutions in the North West Province

The perceptions of educators were obtained through questionnaires, and data analysis done through SPSS 21 to summarize demographic data and agreement percentages of responses. Perceptions of the other stakeholders were obtained through structured interviews, and

themes, categories and sub-categories were developed and discussed as follows:

- ✦ Stakeholders were 100% in agreement that professional and academic development of staff, coordination of clinical learning placements and sharing of personnel with rare skills could be facilitated by collaboration. Collaboration would facilitate improvement of qualifications through mentoring in staff development.
- ✦ This objective was successful in a partnership between colleges and universities in Canada, where a comprehensive faculty development model was used as reported by Drummond – Young et al. (2010:155).
- ✦ The Chinese Ministry of Health accelerated nursing education Baccalaureate and Master's degrees through international collaboration efforts (Eddins et al., 2011).
- ✦ A 98% agreement of stakeholders on enhancement of community projects, partnering in research projects, development of teaching and learning skills, publications and coordination of recruitment and funding of students. Horns et al. (2007:74-78) reported the formation of a 'clinical coordinating committee' in a collaborative partnership to promote clinical placement, learning and projects.
- ✦ There is opinion from 7% of stakeholders that sharing material resources should be limited to the convenience of proximity to avoid increasing expenses in other ways. The same stakeholders also felt that partners should not depend on the strengths of others to make up their weaknesses as that will slow down progress and develop dependence.
- ✦ There is a 98% agreement among the educators about expectation of new roles to suite the collaboration. While stakeholders prefer that people should do what they know best, central and decentralized roles should be accommodated for the

achievement of shared goals.

8.3.2 Describing Factors That Will Facilitate an Effective Collaboration Between Nursing Education Institutions in the North West Province

Responses from questionnaires and interviews were analyzed to identify factors that could facilitate collaboration as perceived by the participants.

- ✎ Leadership should be negotiated by the participants, and 84% preferred a decentralized management structure because they felt that centralization may induce fears of domination and that decentralization puts partners on the same footing and ensures flexibility.
- ✎ Those who preferred centralized management thought information is not well disseminated in a decentralized management structure, and it becomes more difficult to change old ways in a decentralized structure. O'Neil & Krauel (2004:295) advised that the process of integrating institutions in a collaboration is time consuming and difficult.
- ✎ There was a 100% agreement on factors that contribute to an environment of trust, and these included a common vision and mission, pledging commitment to the collaboration, effective communication, understanding rationale for the partnership and outcomes to benefit the larger community beyond the collaborating partners.
- ✎ Mutual trust and acceptance, openness to learn from others, and respect for all partners are values with a 100% agreement among the stakeholders for facilitating collaboration. According to Gitlin et al. (1992:20), the development of trust is critical to team building. Participants need to declare vested interests and avoid hidden agendas.

- ✎ The attributes and antecedents of the concept of collaboration must be observed and developed to facilitate a successful collaboration.

8.3.3 Developing a Theoretical Framework for a Model of Collaboration for Nursing Education and Training in the North West Province

- ✎ A theoretical framework was developed to guide collaboration between NEI in the NWP.
- ✎ The process of creating the framework was guided by the SET. The main concept was 'collaboration'. Other concepts utilized were participants, stakeholders, process regulatory framework.
- ✎ Collaboration was defined as working together and sharing expertise and resources between nurse educators and other nurse training stakeholders for the education and training of professional nurses in the province.
- ✎ Participants were defined as nurse educators in the nurse education institutions and the training stakeholders are the university and the NWPDoh, which respectively administer the University Nursing Departments and the Colleges. Other stakeholders were the clinical facilities utilized for the placement of learners, private organizations and communities which may be involved in nurse training.
- ✎ The procedure utilized for the collaboration was the social exchange process involving five steps to build or assess collaboration, as rationalized by D'Armour et al. (2005).
- ✎ The regulatory framework of the collaboration included the Constitution of South Africa (Schedule 4); the National Qualifications Framework Act No. 67 of 2008 for relevant qualification levels in for professional nursing; the Higher Education Act

No. 101 of 1997 and amendment No. 39 of 2008; the Nursing Act No. 33 of 2005 for SANC directives for nurse training; the Health Act No. 63 of 2003 and the Nursing Strategy for South Africa 2012 for recommendations from the nursing convention.

- ✦ Relationships between the concepts were explained as participants and stakeholders communicating through representatives and a coordinating committee to reach agreements, make decisions and plans, and finally work together according to the agreements made to achieve shared goals.
- ✦ The schematic representation of the model (Figure 7.3) was structured to symbolize or indicate the concepts collaboration process steps, participants, stakeholders, coordinating committee, context of collaboration and the relationships of the concepts.
- ✦ Assumptions made refer to expectations and perceptions within the contexts of the institutions. The government will hopefully continue to fund nursing recruits for education and training. Different institutions should be able to continue with activities unique to their organizations, such as involvements with immediate communities, outside the collaborative activities. Learners were included as beneficiaries of the collaboration, and that it would be an advantage for them to acquire a baccalaureate degree rather than a diploma within the same period of training.

8.4 Justification of Contribution

The framework for a model of collaboration between the NEI in the NWP is a contribution to the use of the *Social Exchange Theory* in guiding or evaluating a collaboration process within a specific context, and provides an alternative decision to address the challenge of changed policies and common goals. The demographic information and perceptions explored can

contribute to planning by stakeholders within the institutions of the NWP. The objectives of the study were specified for the context of the NWP, but the results could provide lessons for other Nursing Education Institutions outside the province and the country, and beyond nursing. The study may provide examples in methodology and theoretical frames for other research projects, and may also be suggestive of knowledge gaps for further research in Nursing Education within the NWP and beyond. An example mentioned above is further investigation of perceived challenges of educators at the college about transition to the higher education sector. Data from the interviews revealed eye-opening suggestions for teaching, service, projects and other ideas that may not have emerged elsewhere.

8.5 Limitations

The study was conducted only in the context of the NWP, and may require adjustments for other provinces if replicated, because of differences in context. However, lessons could still be learned from the study.

8.6 Recommendations

The following recommendations were made from the study.

8.6.1 Policy Development for the DHET and DoH

The education and training of nurses in the country requires political will from both the DHET and the DoH, and this emerged as one of the categories in the results. These government departments have the responsibility of aligning their policies to suite other regulatory structures, such as the constitution of the country to avoid clashes and enhance cooperation and coordination to support important national needs like the training of nurses.

8.6.1.1 Infrastructure

Sharing of infrastructure emerged as a sub-category under material resources. Educational facilities such as libraries and other facilities are essential in higher education, and a lack of

these was mentioned, especially in colleges. The need for different health care facilities is ongoing in all provinces, and these are also necessary for the placement of nursing and other health science students for learning experiences. Development and sharing of these will enhance both education and service.

8.6.1.2 Budget Provision

Both the DHET and DoH need to provide for ongoing needs for equipment, manpower and processes. Budgetary provision for these needs determines the extent of implementation and attainment of goals. Time and finance were some of the resources mentioned by participants for exchanges needed in collaboration.

8.6.1.3 Agreements

Exchanging and sharing resources between institutions and government departments will require formal agreements for ease of operation and coordination between all stakeholders. The agreements should be communicated and honored by all partners to be effective.

8.6.2 Nursing Education

NEI need to keep up to date and respond adequately to the needs of the nation for appropriately trained professional nurses.

8.6.2.1 Capacity Development

The dynamic nature of health needs and health care demands that nurses and other health care personnel should stay updated in education and training. When policy changes create demands for change or improvement, NEI should be able to respond appropriately. The policy change to educate professional nurses at a baccalaureate level is international due to the need for critical practitioners who must respond to dynamic health needs, thus the need for capacity development to provide appropriate facilitators to train such practitioners. The profession has to respond to this demand. Most of the educators with higher degrees have

experience above ten years, and fall into the age category above 36 to 55 years (66%) and 56 years and above (19%). Very few of the age group below 35 years had higher degrees. This makes the need for staff development and mentoring a priority in order to promote capacity building in nursing education.

8.6.2.2 Mentoring and Succession Planning

Literature and the demographic results show that as the elderly, experienced leaders and facilitators near retirement, replacement and succession may not be adequate. The number and educational level of suitable younger professionals should be increased, and they must be mentored to meet the demand of training professionals according to the new policies. Another need for mentoring is in the clinical areas to ensure acceptable standards of practice, and not only higher academic levels of education. Innovative ways of meeting this need can be learned from other institutions and countries.

8.6.2.3 Nursing Practice

Nursing practice also needs capacity building to have leaders who will keep up with changes in health needs and care. There is also a need to establish best practice standards through clinical expertise and research. Strategies to maintain good coordination between nursing practice and nursing education are essential to ensure benefits for the profession and the society. Education for special skills or areas, different levels and needed numbers should be informed by what is happening in practice. A relevant example mentioned was that Psychiatric facilities in the region were expanding, while the educational institutions were not ready to train needed specialists in this area, according to a participant. The availability of the expanding services is a good opportunity to promote practice improvement and scholarship. Clinical facility managers recommended more contact and communication with educators for both groups to update each other and help students to integrate theory and practice. There are many lost opportunities for research and other joint projects to benefit education and clinical service.

8.6.3 Further Research

There was a theme on perceived collaboration challenges in the qualitative results in Chapter 4. The categories included organizational culture, with sub-categories on differences in work ethic in the institutions, and resistance to change. The other category was fear of uncertainties, with a sub-category on loss of status and benefits which could be lost or changed unfavourably in the transition. There is a need to explore these perceived challenges in order to provide management an opportunity for proactive action in addressing them, and to assist individuals in effective decision making ahead of the implementation of policy changes and beyond, for planning.

8.7 Summary

In this chapter, concluding summaries and recommendations were made. A conclusion was stated to the effect that the rationale and purpose of the study, which were to provide an alternative way of meeting the challenge of policy changes to train professional nurses through a baccalaureate degree using a collaboration model between the NEI, were reached. Objectives of the study, including exploring and describing perceptions of nurse educators and stakeholders about collaboration between NEI, describing factors to facilitate collaboration and developing a collaboration model were met. The significance of the study and contribution of information from the perceptions explored, such as the themes which emerged was stated. The limitation of lower return rate of questionnaires was explained. Recommendations were given about capacity building for nursing education, extending or increasing opportunities for training specialists and exploring opportunities for collaborative community and research projects.

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ANNEXURE 1

ETHICS CLEARANCE CERTIFICATE



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
2013/04/10

ETHICS APPROVAL OF PROJECT

This is to certify that the next project was approved by the NWU Ethics Committee:

Project title.

A collaboration model between nursing education institutions in the North West Province.

Project leader: Prof M Maselesela

NWU Ethics approval no: NWU-00075-12-A9

Approval date: 2013/04/09 **Expiry date:** 2018/04/08

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. The formal ethics certificate will follow soon.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Marietjie Haigryn'.

Me. Marietjie Haigryn
NWU Ethics Secretariate

ANNEXURE 2

REQUEST TO CONDUCT THE STUDY: NORTH WEST PROVINCE DEPARTMENT OF HEALTH



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

Faculty of Agriculture Science and Technology

Department of Nursing Science

Tel: 018 3892558, Fax: 018 3892582, (or 0862709691), Email: kgomotso.direko@nwu.ac.za

Head of Department: Health

Dr Lydia Keneilwe Sebego

Mail: Private Bag X2068, MMABATHO, 2735

Street: Tjirelo Building, West wing, 3rd Floor, Albert Luthuli Drive, MMABATHO

Tel: (018) 387 5830

Fax: 086 634 7815

E-mail: lsebego@nwpg.gov.za

I hereby request to conduct research on a collaborative partnership between Nursing Education Institutions in the North West Province. The research project is part of a study towards a PhD in nursing Education at the Mafikeng campus of the North West University.

Please find enclosed a copy of the study proposal and a copy of the ethical approval from the university.

K.K. DIREKO/Lecturer

A handwritten signature in black ink, appearing to read 'K.K. Direko'.

ANNEXURE 3

APPROVAL LETTER FROM THE NORTH WEST PROVINCE DEPARTMENT OF HEALTH



health

Department of
Health
North West Province
REPUBLIC OF SOUTH AFRICA

2nd Floor Trelo Building
Dr. Albert Luthuli Drive
Mafikeng 2745
Private Bag X2068
Mmabatho 2735

Tel: 018 387 1786
Fax: 018 3520/10
E-mail: info@nwhealth.gov.za
www.nwhealth.gov.za

POLICY, PLANNING, RESEARCH, MONITORING AND EVALUATION

To : Ms K.K Direko
From : Policy, Planning, Research, Monitoring & Evaluation
Subject : Approval Letter-A collaboration model between nursing education
Institutions in the North West Province of South Africa.

Purpose

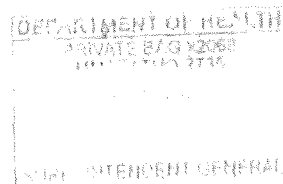
To inform the researcher that permission to undertake the above mentioned study has been granted by the North West Department of Health. The researcher is expected to arrange in advance with the chosen districts or facilities, and issue this letter as prove that permission has been granted by the Provincial Office.

Upon completion, the Department expects to receive a final research report from the researcher.

Kindest regards

Acting Director: PPRM&E
Mr. L. Moalsi

08/08/2013
Date




Healthy Living for All

ANNEXURE 4

INFORMATION SHEET FOR NURSE TRAINING STAKEHOLDER PARTICIPANTS

NURSE TRAINING STAKEHOLDER CONSENT FORM.

TITLE: A COLLABORATION MODEL BETWEEN NURSING EDUCATION INSTITUTIONS IN THE NORTH WEST PROVINCE OF SOUTH AFRICA.

NORTH WEST UNIVERSITY, MAFIKENG CAMPUS.

Statement of information for nurse training stakeholders participating in the study.

PURPOSE OF STUDY.

The purpose of this study is to investigate the perceptions of nurse training stake holders and educators about a collaborative partnership between nursing education institutions in the North West Province. A collaboration model will be developed from the perceptions to provide input for policy makers.

PROCEDURE

Stake holders will be interviewed individually, and privately. An interview guide will be used to structure the information sought. The interview will take 30 to 45 minutes of your time. Information from the interviews will be kept safely and used by the researcher only. It will not be shared with colleagues or other officers except as a report of the study when it is finished.

You will be asked about possible advantages, disadvantages, processes and expectations of collaboration, as you perceive it, should it occur. Your right to participate will be indicated by a signed consent, and you also have the right to refuse or withdraw should you so decide. You are free to ask questions before you sign the consent and participate. The transcript of your responses may be confirmed with you for validity. You may ask questions in the course of the study. My contact details are as follows.

MS KK. DIREKO

TEL: 018 389 2558.

CELL: 082 423 1923.

FAX: 081 389 2582 or 0862709691

EMAIL: kgomotso.direko@nwu.ac.za

ANNEXURE 5

INFORMED CONSENT FORM

NURSE TRAINING STAKEHOLDER CONSENT FORM.

INFORMED CONSENT FORM

NORTH WEST UNIVERSITY

MAFIKENG CAMPUS

TITLE: A COLLABORATION MODEL BETWEEN NURSING EDUCATION INSTITUTIONS IN THE NORTH WEST PROVINCE OF SOUTH AFRICA.

INVESTIGATOR: K.K.DIREKO.

You are kindly requested to participate in this study. The interview seeks perceptions about a collaborative partnership between nursing education institutions in the North West Province. The aim is to develop a collaborative model in the context of the province to provide information for consideration by policy makers.

Participation is voluntary, and a signed consent form is required to confirm your willingness.

I (participant's printed name):
understand that:

1. I am free to end my participation and recall my consent at any time.
2. Information given up to the point of withdrawal could however still be used by the researcher.
3. Anonymity is ensured by the researcher and will under no circumstances be reported in such a way that identity will be revealed.
4. No reimbursement will be made to the participant for information given in this study.

Signature of participant:

Signature of researcher:

ANNEXURE 6

QUESTIONNAIRE

The questionnaire seeks to obtain the perceptions of Nurse Educators about a collaboration between Nursing Education Institutions (NEI) in the North West Province. The objective is to use the perceptions to develop a collaboration model for the province.

REQUEST

Your cooperation in completing the questionnaire will be highly appreciated.

It is not necessary to identify yourself, and your opinion is confidential and important.

Mark the appropriate alternative with an X.

DEMOGRAPHIC INFORMATION

DATA		X
1. Age in years	1. Below 29	
	2. 30 – 39	
	3. 40 – 49	
	4. 50 – 59	
	5. Above 60	
2. Gender	1. Male	
	2. Female	
3. Experience years	1. Below 5 years	
	2. 5 – 10 years	
	3. 11 – 15 years	
	4. 16 – 20 years	
	5. Above 21	
4. Highest Qualification	1. Diploma	
	2. Bachelor's degree	
	3. Honour's degree	
	4. Master's degree	
	5. PhD	
5. Campus	1. NWU, Mafikeng	
	2. NWU, Potchefstroom	
	3. N. College, Mmabatho	
	4. N. College, Excelscius	

Item		Strongly Agree	Agree	Disagree	Strongly Disagree
1.1	A collaboration could facilitate sharing of personnel with rare skills between the partners.				
1.2	The development of teaching skills could be enhanced.				
1.3	The development of research skills could be facilitated.				
1.4	Collaborative partnering in community projects could be beneficial for all stakeholders.				
1.5	Collaborative partnering in research projects could be beneficial.				
1.6	Coordination of clinical learning placements between the collaborating partners could be facilitated.				
1.7	Recruitment and funding of students could be coordinated to benefit all.				
1.8	Professional and academic development for staff could be facilitated by the collaboration.				
1.9	Sharing of resources in a collaboration could benefit the partners.				
1.10	Weaknesses and strengths of the partners can be compensated for in a collaboration.				

Comments on any of the statements above:

1.
2.
3.
4.
5.

Suggestions:

1.
2.
3.
4.
5.

Item		Strongly Agree	Agree	Disagree	Strongly Disagree
2.1	Collaboration leadership can be negotiated between the partners.				
2.2	Management should be centralized to facilitate the collaboration.				
2.3	Management should be decentralized, and use a representative structure to coordinate the collaboration.				
2.4	Policy changes or adjustments must be negotiated to suite all partners of the collaboration.				
2.5	Work processes like teaching and assessment may be changed or adjusted.				
2.6	Some working conditions may have to be changed or adjusted.				
2.7	A collaboration vision and mission may bring changes to the current situation of the partners.				

Comments on any of the statements above:

1.
2.
3.
4.
5.

Suggestions:

1.
2.
3.
4.
5.

Item		Strongly Agree	Agree	Disagree	Strongly Disagree
3.1	Role changes can be expected to accommodate new collaboration roles.				
3.2	Performance expectations are likely to change or increase to suit new or additional roles.				
3.3	Individuals can expect centralized and decentralized roles.				
3.4	The roles may affect current working conditions.				

Comments on any of the statements above:

1.
2.
3.
4.
5.

Suggestions:

1.
2.
3.
4.
5.

Item		Strongly Agree	Agree	Disagree	Strongly Disagree
4.1	The vision and mission must be shared and accepted by all partners.				
4.2	Specific aims and objectives should be shared and acceptable to all partners.				
4.3	Values must be shared and understood by all partners.				
4.4	Expected outcomes should benefit more than the collaboration partners like the larger society.				
4.5	All partners should understand the reason/s they are participating in the collaboration.				
4.6	Effective communication should be ensured at all times.				
4.7	Collaboration partners should pledge their commitment to the partnership.				
4.8	Collaboration costs should be fairly distributed and known to all partners.				
4.9	A willingness to risk for the vision of the collaboration should be shared.				
4.10	There must always be free expression of ideas				

Comments on any of the statements above:

6.
7.
8.
9.
10.

Suggestions:

6.
 7.
 8.
 9.
 10.
-

ANNEXURE 7

PARTICIPANT CONSENT FOR INTERVIEW

TITLE: A COLLABORATION MODEL BETWEEN NURSING EDUCATION INSTITUTIONS IN THE NORTH WEST PROVINCE

INVESTIGATOR: MS KK.DIREKO

This serves to explain the purpose, procedure, risks, precautions and benefits of the interview.

PURPOSE:

The purpose of the interview is to explore perceptions of some of the officers who participate in the education and training of professional nurses in the North West province, about the title.

PROCEDURE:

The interview will preferably take place where the participant can be joined by the investigator, such as their office at a suitable time. The interview will take thirty to forty five minutes of your time. Audio recordings of the interview will be done and transcribed.

RISKS:

There is no risk of physical or psychological discomfort involved; however you are free to withdraw participation without any consequences.

CONFIDENTIALITY:

Information from the interview will be held confidential by the investigator. Only the North West University Research Ethics committee will have access to the information for official purposes.

BENEFITS:

There is no direct benefit or payment for the interview, but your opinion is valuable for the purpose and significance of the investigation.

AGREEMENT

Your signature will indicate your willingness to participate freely, and your participation is much appreciated.

NAME OF PARTICIPANT IN PRINT:

SIGNATURE OF PARTICIPANT:

SIGNATURE OF INVESTIGATOR:.....

DATE:

Email: kgomotso.direko@nwu.ac.za

ANNEXURE 8

INTERVIEW GUIDE FOR STAKEHOLDERS

A Collaboration Model for Nursing Education Institutions in the North West Province

1. What is your opinion about collaboration between the nursing college and the University Education and training of professional nurses in the North West Province?
2. What would your suggestions be for the negotiation of such a collaboration?
3. What do you think could be exchanged between the college, university and other stakeholders within such collaboration in order to benefit all parties?
4. How can an environment of trust be established and maintained?
5. How can roles be differentiated to facilitate the collaboration?

ANNEXURE 9

SELECTED INTERVIEW SCRIPTS OF STAKEHOLDERS

1 INTERVIEW TRANSCRIPT (3/18)

Participant's Profile

Gender: female

Age:

Position: HOD

Highest qualification: PHD

P: Participant

R: Researcher

R: Good afternoon!

P: Good afternoon Ma'am.

R: This interview is about a collaboration model between the university campuses and the college in the North West Province. What is your opinion about such collaboration in general?

P: I think such collaboration will be beneficial for the Department of Health in general, and for both colleges (0.10) with regard to the type and quality of student nurses that will be taken out of the system. The collaboration, for me, I guess will assist with regards to use of expertise from both institutions because ehh... there might be people who have different expertise, but if there is a good collaboration, then both institutions will benefit from the full potential, to benefit everybody, and in terms of resources, if there is collaboration, one would be able to also share that instead of having resource ownership of a particular group. The minimum risk is that the resource can be used effectively across the board by both parties, and with collaboration goes good planning, (ok) and if there is good planning (mhmm) it goes with good communication, so it stands to benefit in different ways in teaching whereby we share skills, we'll share resources, we'll share ehh... we can actually develop each other (mhmm) because the people are in different levels of development and if they collaborate they will be able to pull others with, and motivate others, or the other members of the group. (mhh hmm)

R: Ok, you have already touched on some points that I wanted to specify, but we can go to them all the same. You might want to specify something else. Ehh ... What are your suggestions for negotiations, for such a collaboration? Where do you think we should start? (2.01)

P: Hmm ... I think one of the things to get started is to have what would call, ahh .. something like a consortium, but you have something like that (phone rings) that will be more of ah.... People coming to the table to say what am I expecting from this collaboration, and based on what the two parties have. (mhmm ...)

And a good plan could be to say ok this is how we negotiate, because I think the expertise, the negotiations must start by clarifying expectations. (Ok,)

If you start a cooperation and you don't have clear defined expectations and or clearly defined goals, whether are you are you on the same plane in terms of reaching the same objective or you're not, if those are clarified, what are the goals of both of you, are they the same? Are the expectations from each party, and what are the expectations from each party, and what are you going to obtain, what are the resources? What are the give and take in the situation you have, so that you go into the collaboration, that I'm an equal partner. So those negotiations can improve the collaboration and make the collaboration easier and you should know what you have put yourself in. It's easier than when you find yourself in a situation. (ok)

R: As a stakeholder (4.05) on the university side, what do you think you have to offer, if you have to specify one or two things?

P: In terms of what we do have to offer, I mean, in a university, although the college has different skills, that they are particularly good at, but at this stage in the changing landscape we have more to offer with regard to new policies in Nursing Education. We are already there in terms of being part of the bigger education landscape as compared to the colleges.

R: Are you referring to Higher Education?

P: Ja! , that on its own is something that the university can offer the college as in how do you function as a nurse educator within the higher education stream, remember we seem to be giving the same , or we are in the same profession over the years, but the landscape between college and higher education is not the same. The playgrounds are never levelled. (mhhh...) Ehh.. the difference is that we function under Education and they function under Health, so the specifications in terms of how do you make that curriculum relevant in the National Qualifications Framework. How do they eh... play as higher education stakeholders where funding, for instance is not generated by the Department of Health, but by the participants themselves, which is a different thing in colleges. What's happening is that funding is there, so one of the things that happen in higher education is that you go and look for funding, and you go and make collaborations with other stakeholders outside health workers, thus you don't function only as a nurse, but as part of a bigger higher education landscape. (6.28)

How do you make integrations? How do you talk about different disciplines, disputes in the particular landscape. Which actually makes you a better educator. These are things from the university point of view to bring to the table. (ok). The other thing that could be brought to the table is actually the skills of fundraising which is not used at the college. (mhh...)

The research skill, which is not necessarily a skill, which is very necessary in the development of community projects. How do we define community projects? Community projects can be misconstrued , whereby people feel that ahh.. just by being in a community, (hmm...) you are actually having a community project, which is not necessarily that, so it's actually the skill to say I'm giving back to the community within the higher education landscape, so those are some of the things we bring to the table. (7.35)

R: Ok, another thing you could maybe specify, though have touched on it a bit, is how we can establish an environment of trust between the collaborators.

P: Communication, communication, communication! That's my belief. (ok). Ahmm.... How do people communicate to actually build trust? The power struggle often creates conflict in communication. The 'us' and 'them' you know, it creates that conflict and we are seen as a university, as being in a better or higher position as compared to the people at the college, which is not necessarily that, especially as nurses. There are skills they have which we do not have. They have experience in teaching massive numbers of students which we don't have (hmm...) and there's a lot of things that we might be learning from them, so if we come, if we negotiate the environment, you come in to say 'I'm open to learn from a colleague, irrespective of where they are placed. I think it makes a lot of difference. It creates an environment of trust, where you come in as an equal, and not as a minority or a senior in a relationship, that creates a level of trust, and I think clarifying the field as nurses, we have the same objective, that main goal that creates an environment of trust, to say irrespective of different perspectives of doing things. The bottom line is that we want to have a nurse who is qualitatively excellent and a strategic thinker. (9.42)

R: Are you talking about the students?

P: Ja! Our final products, because that's what we want to see. Our main goal , what is our main goal here? To produce quality nurses. So there should'nt be a difference between a nurse who is being trained at a university or college in terms of quality practice so that at the end of the day, clarifying that part to say we have the same goal. (ok)

How do we get there? Let's create a trust environment to say I'm not, I don't have a hidden agenda.(mhhh). My objective is one about the students, and has nothing to do with anything else. Those plain the cut open and if you are open people will see. (ok)

R: And if you are open in terms of what you offer, but at the same time you communicate that 'I 'm open to learn from you. Hmm... (10.52)

Role differentiation. We are used to different roles in the university and the college, besides the common factor that we all teach. Ehh... is there anything you want to specify about role differentiation? What could we change? What would be an advisable structure?

P: In terms of roles, II.... Guess for the past whatever years, ahh... the roles were defined just by, more by Geographical location, situation, more than anything eh... the fact that people are at the college and the others are at the university, and the fact that you are at the university you are assumed to know , and be able to give guidance at the college, and yes it may or may not be true. We find that based on experiences of people who have been at colleges for years, actually bring a lot to the table, in terms of what they have done, and could

give better quality than a person who has been placed at the university. So the roles are actually perceived, I would say the roles are perceived and are more associated to where you are rather than what you can give, but having said that, the issues around role differentiation is that the inclination of nurse educators in a university is research driven, working out of the boundary of time, and that, ahh... we function as academics, we are more flexible, we work long hours, we are not inspected in terms of 'you knock off at five o'clock', and your office closes. (13.23) So that actually gives us the edge to be slightly ahead with regard to that aspect, but I guess ehh... if you want a good collaboration, one would not be thinking of ahmm... what else do I have, what can I bring to the table to kind of like bring everybody up to my level of thinking, or to a common purpose. How do I see my role as a leader and as a nurse educator in empowering everybody who surrounds me, because for me to make the collaboration a success, is that everybody who forms part of the stakeholders have to be thinking on the same level, or a paradigm shift of saying nursing education is not for nurses who do clinical training only, how do I learn from other people who do the other sciences of nursing, and how do I integrate everything that I know, and it becomes the motto for everybody who is part of the team, and you start seeing each other as team members, not the people from college and the people from the university. (ok). (14.43)

R: What would you specify as a big challenge according to you in a collaboration like this. What challenge do you foresee?

P: Power relations. I think that is the first thing that comes to mind because those power relations actually breed fear and uncertainty, and create discomfort, and power relations are mainly because of the fact that ehh... as I said the academic qualifications, you know, people in the university are more qualified in terms of having Master's, PHD and whatever, whereas the people in the colleges might have diplomas and B degrees, and for as long as the status quo remains, in terms of inequalities regarding ehh... qualifications it creates imbalance with regard to power relations. It might not be something that is deliberate, but it is circumstantial. The fact that you walk in and you are Dr so and so, people hold you in a higher esteem you know, and and... that can sometimes create a feeling where people don't say their views in front of you. It becomes a barrier because you might feel 'ah, she knows' therefore, whatever I'm thinking might not be right, you know, so I guess for me, that is the first challenge that needs to be addressed in terms of how do we level the plane fields. (16.32) (ok). Power relations. That's my biggest challenge.

The second challenge is eeh... it's difficult to change someone's mind set (hmm) we've been doing things differently. Ahmm... getting people to shift, both parties to shift their mind sets to say this is where we are going in future with this collaboration, and leave the 'I' and 'them' type of mentality and interact as a team. Getting that perspective is also going to be a challenge. Ehh... everybody protects their own territory you know, The use of resources. We bring different resources to the table, and that could also be a challenge on how do we bridge that gap and share those resources equitably, and the fact that at this stage the nursing colleges are still under the Department of Health and universities under the Department of Education, the policies that govern us, despite that, we are both under the Council, the policies are quite different. How their management systems work, there's a whole lot of factors in terms of governance (hmm) that are differentiated and trying to merge them, to make them one might be a problem especially because both parties have other players, eg the college falls under a directorate of some sort in the Department of Health, who might not even be nurses or know the dynamics of nursing education. (18.38)

The university on the other hand is in a bigger picture of higher education, and nursing is not their only priority, therefore, trying to synergize the two extra stakeholders to say this is what we want to do, and this is how we think it can happen, there needs to be a buy in, there needs to be support from university management, to saying it's fine for the college people to use the sim lab, and it's fine for the university people to go and teach at the college you know, those type of things create a common platform. The Western Cape have what they call "the common teaching platform", where they share skills, where Stellenbosch and the University of the Western Cape are actually co teaching. Ok, that's another strategy, the other strategy used by a lot of universities in Gauteng was joint appointments, where someone would be jointly appointed by the university and not necessarily clinical departments, even lecturers, for example the model of preceptors, we could share those. Hmm... instead of having sixty preceptors, 30 from college and 30 from the university in a hospital, we could have preceptors supervising students irrespective of where they come from. They have joint appointments even with regard to lecturers who are in class twice a week, and the other days they are at Ann Latsky or wherever, you know, those type of things, so it's ehh... we need to benchmark what has worked and what hasn't worked, and start to say what is it that can work for this particular context? How can we fashion ourselves (yes) and I'm bringing this issue of the two stakeholders for instance (20.01) what I know, or what I've heard is that the colleges cannot fundraise (ok) which is strange because Limpopo has funders coming in from outside, but here there has been the emphasis that people cannot receive funds from outside. How do you change that mindset? (hmmmm). Fully functioning educational institutions have to have outside stakeholders for you to be able to research, attend conferences and presentations, one cannot be a 100% from government. How do you collaborate with others, and besides those who are in the North West? So changing those mindsets could present to be a big challenge (hmm) (21.57)

R: Anything you would want to add, maybe outside the guide I've given you?

P: You know, I guess, with regard to collaboration ahh... we just need to admit that it is not an easy thing (hmm) because you bring people with different cultures (ok) together, different ethics together, trying to say this is where we should be going. That is why my emphasis will always be clarifying the expectations, clarifying the objectives and the goals, and you define each partner's role from the onset, to say what is your role in this partnership, so that everybody functions comfortably within what they know and at the same time function as a team with the intent of developing each other to be on the same level. Take out other issues and the collaboration will work. (23.08).

R: Thank you very much.

P: You're welcome.

Recorder stopped.

INTERVIEW TRANSCRIPT (3/18)

Participant's Profile

Gender: female

Age:

Position: Principal

Highest qualification: Master's Degree

P: Participant

R: Researcher

R: Good afternoon Ma'am.

P: Good afternoon Ma'am.

R: (0.6) This interview is about a collaboration model between Nursing Education Institutions in the North West Province. Ehhh...I'm trying to get opinions from stakeholders about this collaboration model. What is your opinion generally about a collaboration between the Nursing College and the University regarding nursing education and training of professional nurses in the province?

P: Thank you Mrs Direko. I think my opinion about collaboration between the nursing college and the university regarding training and education in the North West Province, for me, is working together, interacting with each other, that is, the nursing college and the university, as our purpose, our objective is one (uhmm) to provide quality education and training, which is targeted towards the province. (hmm, ok) So, as we are both offering these education programmes, it is important for us not to work in cylos (ok)

P: Very very important!

R: It would mean a lot of negotiating between us to come up with such a collaboration model. What would be some of the suggestions for negotiations? What do you think?

P: (2.02) I think for negotiations it is also important to identify programmes that we as college is offering (ok) and the programmes that the university is offering (hmm) so that ahh... nurse educators or lecturers (hmm) at the college, that would want to develop themselves, because I think one of the objectives is also to develop professional nurses or lecturers at the college, for them to be able to also give quality nursing education. So I believe it is important for us to know which programme you are offering and to know, as a college, which programmes are we offering. We must know so that programmes that are of a common focus or common objectives (hmm) we can always share information, share expertise, share even skills, competencies, and also making sure that both of us we are addressing the health care needs or human resource for the province. (ok) I think it's important for us to negotiate around that, and (as an audit of the programmes?) yes, audit of the programmes, and as a college we are affiliated to NWU Mafikeng Campus. So it is important for us to collaborate and also to negotiate issues that affect nursing education, because I think the university has got that role of ensuring that they maintain and sustain standards in nursing education which is provided by the college

over and above the Nursing Council as an ETQA for the nursing colleges, but the university as of now is declared, is a higher education institution (ok) so it is important for us to , to, to really negotiate. (ok).

R: (4.42) You've already mentioned programmes and other things that we can exchange, like information, so you've partly answered my next question, which is based on what we can exchange, what we can share in the collaboration. Maybe you might have one or two more other things besides the programmes and the expertise you have mentioned.

P: I think, also in terms of development, I remember that for the past three years (hmm) three or four years the university has been so, uhmm, how to put it? Ehh... they had in them this thing of developing the colleges. We've been to PBL...ehh.. (workshops) workshops within the university and also in Canada (yes). The university took upon itself to say as collaborators they took some of the nurses from college, along to Canada for PBL, ahh... I think that is collaboration, it shows that they are not self-centred, (yes) and we really applaud and appreciate what the university has actually done for the colleges so that they shouldn't be seen as ehh... working in cylos, and the quality should not be based in one hand and the other part with no quality , and because we are affiliated to the university, I think it is important , that's one of its roles to make sure that we are developed as a college. (ohh)

R: Ok, so exchanging or sharing development.

P: That is very important. (6.41)

R: Ok, that is for the staff mostly. Is there anything that you can think of sharing as organizations? You know, looking at the university as a whole, ehh... what else can you think of that can be shared or exchanged?

P: Ja, if you look at, for example organizational culture, we are having the governance structures at the college, for example the College Senate, the College Council, (hmm) and the university is playing a very important role in these two governance structures. It is actually a prerequisite, but I must indicate that their presence during the meetings in these structures is of valuable importance in terms of promoting quality education in the college. (okay) Ehhm, even when we have made some policies, we have developed some policies, we normally send it to all College Council members and College Senate members, including the...the university as members of those organizational structures, and we get valuable feedback (hmm..) and inputs from them in terms of policy development and advice in terms of how do you then implement such a policy. (okay) I remember that we also had a..... some meetings in the past, I think it was last year , (hmm) if it was not last year I think it was this year, where we had a meeting with the university colleagues ehh.. colleagues to discuss issues that were impacting on examination moderation, as to how best can we make it simpler and easier for the results and other things not to delay, in terms of quality promotion, and we are working very well in that aspect. It's only that there are some few delays here and there (uhmm) but as a collective, we are trying, trying to work as a collective, trying to identify what is the gap, and then come up with strategies and measures to, how do you actually (close the gaps) fast track that and close the gaps (yes) ok, and I think in terms of because if, for example the moderation outcomes, or we submit ehh.. examinations late to the university, obviously it's going to have an impact on. You know, feedback to us to say how ... and automatically that might have an impact also on the... you know, producing safety of question papers and so forth, and when the results are there, when we have moderated all the mark-sheets and everything, those are actually returned in time now, unlike in the past because,

R: Before that meeting?

P: Before that meeting because they are getting towards that. If those... are not done on time, the student, you know? (I know) they might go on strike (laughing) I know...(hmm) because of those delays, and we try to either call, or if we are late from our side also indicate to the university that we are late because of some few reasons or some few...(okay)

R: (10.18)

As you say, you've been working with the university for a while, you might have noticed something that the university might benefit from the college, it's not like, I believe it's not like the college only that would gain 1,2,3 things from the university. From your own experience, what do you think the college would definitely offer to the university, you might have seen some gap. (hmm).

P: I, I think with us, the gaps per se with the university, the only thing that was there was this delay , in terms of ...of...of ehhh.. examination, moderated papers, however, there was also some few gaps with regard to the college, because we have agreed to say it will be seven days for moderation and so forth, so the only time we had identified was that ehh.. when they are distributed to respective moderators, that would take time, but that was ironed out, to say as soon as they arrive, and then the coordinator would make sure that they are distributed to the people, but I believe that ehh... in as much as we are sending, because most of the time you find question papers. I'm thinking that as much as they would identify some few gaps, maybe when they do moderation, (hmmm) as they are offering some of the programme, it's the same. When you send question papers, maybe they would see that this question paper is not of a good standard, and maybe they will have to check also with theirs to say, is it of good standard, or so improve. If there are such gaps maybe from their side, based on even the modules, to say look at the modules, are the modules in line with the ehh.. current trends that are affecting nursing education, of which I believe we have to, as a collective then try to assist one

another (hmm) to say have you seen there is this IMCI (ok) ehh.. programme because they know that we have people who are actually in place for IMCI and I believe that we are up to date in terms of IMCI management as a college because that is how we started that, and then if we have any other new programmes from the national Department of Health or from the provincial Department of Health we always advise them to say, have you also considered the university? I'm sure from our side, because we think they are working as a collective. We are not left behind with new guidelines, new protocols, and we think that our students deserve to get the current and the newest information regarding health care. (hmm)

(13.41)

R: So far we've been talking about the university and the college, generally, which other stakeholders do you think we should not leave out of the collaboration model?

P: Uhhh, I think the clinical facility people (ok). We should not leave them out from this model ehhh... to, to set an example, this morning we had a college syllabus meeting around Psychiatric Nursing Science (hmm), there was a university representative, (ok) for the Psychiatric department, there was ehh.. two facility clinical managers or deputy director, (hmm) from Bophelong Psychiatric Hospital (nhmm), you know, they form part of the syllabi meetings, and in that, even when I spoke to them, I even said we really appreciate their effort (hmm) and they should be aware that even if there would be Mmabatho College students, with North West University students, Mafikeng Campus, but when the programme outcomes are the same, when our students are there at (the clinical...) Bophelong, at the clinical facility, ahmm, when our lecturers are doing clinical accompaniment or clinical visit they should see these students as one (ok), you know, when they see a lecturer from Mmabatho College of Nursing, they must see a lecturer, you know, from the university, our college students, they must see a lecturer from their own course. We are staying in one province and we have the same programme and collaborate and make sure that at the end we provide quality nurse education and training to our students, so I think we have to actually involve them.

(ok) (15.57), but I think the other stakeholder that we need to involve is the Department of Health in particular ehh.. the Nursing Education Sub Directorate(ok) which now, as a provincial coordinator (uhmm) will also assist, to be kind of assisting in collaboration, some issues in the clinical area as.....a province, so I think we have to involve them in a way (as important stakeholders) , as important stakeholders (agrees)

The other people that we need to involve is the police officers, in a way, because, isn't it that we send our students to the clinical areas, and at times to the community (uhmm) to do some community based projects and so forth, just for them to have an idea what is happening and when do we send students, so that they should continuously, you know, patrol, especially if we have a specific area wherein we have allocated students for clinical experience (hmm) just for them to have an idea, even the municipality managers, they should also have an idea, you know, we should write them letters to say we are sending our students to their area, so please look after them, even the traditional leaders, they should have an idea as to say the students will be there, and they can also keep an eye because it won't be feasible for the university or the college to be, you know, there to keep an eye on a daily basis. So I think it is very important

R: (17.53) Yes, I think it is very important. Ok, with all these stakeholders around us, we would need to trust each other. Ahmm... how do you think we can build an environment of trust between us?

P: I, I ehh... building an environment of trust between us and relevant stakeholders, what is important for us is, we should know why are we doing...why are we having education and training (hmm) for our students. They should know that we are doing this to provide human resource for the communities, that we provide quality patient care, that is number one, you know, so that they know why are we existing, for them to actually trust us, and for them also to know that as a college we are not yet declared in terms of the Higher Education Act, as a higher education institution, however, how we operate, we actually fall within that spectrum and we know that there are some limitations in terms of that, that we should know, and we know that the university is declared, is known, is a higher education institution. So we need to know that there will be issues related to that, to the higher education. There are some ethical legal frameworks that they have to operate around, and also as a college, so if we open up to each other, (uhmm) and we are having a deficiency in ourselves we need to accept, to say we do not have that, both sides, you know, it should be a give and take kind of situation, so if we realize , we acknowledge each other's expertise, you know, that will assist in the trust, and then even having you know, open meetings, dialogues (ok) in terms of (yes) how we operate, I think it is very important. (20.35)

Then that will actually, and the meetings that we have, will open up and accept, if we have challenges, and accept our situation, and you know, to say we are operating even if our programmes in nursing education, but we are operating under different management because it's the Minister of Health from our side, you know, because in the provincial department and not the national department, whatever, and from your side, part also from the Health Act, they are applicable even to the university, though in terms of other issues we falling under a different minister , minister of education, for that matter, I think that actually shouldn't be a problem, and I think there was also a time wherein there were issues on new nursing qualifications, now the issue was how are you going to go about, because if you are declared higher education, there are some criteria that you are supposed to be actually following. (in line) what about those? Are we actually in line with those criterion, if not it means we will not be able to offer those programmes, (yes) the professional nurse, for example. We

would offer these staff nurse programmes and auxiliary programmes, but it would be (a bit of a waste?) a bit of a waste! But we know that in terms of admission criteria we are not yet there, to actually ehh.. to can say we are ready, (ok) and that is why we had to engage with, there was a proposal to say, can we offer these under the armpit of the university, and the university was coming actually with that proposal, and, okay, if we do not qualify for now, we have to adopt that model because we sell ourselves as a family, (yes) we sell ourselves as a family.

(20.47)

R: Ehh... the last thing would be roles. If all of us combine as stakeholders to try and build ehh.. ehh.. a model like that to collaborate, how would you role differentiation, you know, we have roles on both sides now, what change would you anticipate, or.....?

P: Ja, I think with regard to...the...the.. roles, as I indicated that with us we are falling under a different ministry for now, and you falling, university falling under another ministry, but in terms of goals we, having a common goal and we would appreciate of the very ministries can also collaborate so as to ensure that there is this harmonious, (to support the collaboration) to support the collaboration (agrees) because if they don't support the collaboration while we are still under different ministries, you know, it might create problems for us, but I think the most important role, ehh.. that I think the university can play for us is, like as higher education, and that it is pre requisite that we must affiliate to it. They should help us to sustain and maintain standards of quality nursing education, training and practice, you know, I...I think that is the main role, and the role also of a supportive kind of role, where they see we are lacking in terms of maybe ahh... policies, guidelines ehh.. the quality of nursing education and training (ok) when we send papers for moderation Even..... for moderation I think it, it's for the university to help us develop and also grow. I think that is important, and over and above that, you know, to have these interactive sessions with them to have either workshops (ok) that are related to current nursing education issues you know, workshops that are related to whatever deficiency or gap they have identified in terms of quality nursing education standards (ok)

(27.40)

Now, knowing that we..... especially at our college, we having some gaps, our simulation room is too small visavi the number of students that we are having (ok) . Our library is rather too small visavi the number of students that we are having, now I believe that where feasible, if we are to pay, maybe something for us as lecturers, and for us as students..... specific days, you know, if we can also get an access (ok) to the university, so that we can be in a position to, to, to access reading materials and internet and everything, because as I'm saying, we cannot, even with the PBL now, we are trying, but it's still a problem because now, we (there are shortcomings), now shortcomings. (agrees) in terms of limited space for library, limited space for even the resources that we have, remember resources and infrastructure is one of the criteria for accreditation. So you know, we are still lacking in that, so my view under collaboration would also beget around that, if we are to pay a certain amount, because remember this will be resources for university, I..I..don't think that would be a problem as long as it's not like now, we are outsiders, only to find that we are part of, we are collaborating with you, so if the university can just say these are our small children, so you are just coaching them that particular thing, that will be I remember that I was discussing with one librarian of the university whether there is any possibility of also sending our library assistant to be coached for a week, just for update regarding how the library functions, remember it's just a library assistant and the that we have an ... office and that anyway I do not see it being a problem, but we are still negotiating to look into that, so that we'll be seen also even if we have..... Infrastructure, but in terms of capacity building that will actually ehh that will be helpful (hmm)

(28.29) but I think the other thing that is of importance now, is the support that we get in terms of capacity building ehh.. for post graduate, that is appreciated because we're getting a lot of support, we are being motivated, and also by mere fact of proximity (yes) we know, we really appreciate that it has been made like that so that we are so nearer to the university that, and that on its own we can also be developed, and we know also that if we get Master's degrees, most of us, then it's..... kind of, we'll be meeting requirements for accreditation. I think in that instance that, for example the department now like I was saying is part of the stakeholders and (yes) is actually paying for the bursary students (ok) at the university (hmmm) you know, for, for me it's also a big advantage for students to be payed, even with us, when we get Master's degrees we know that the university also, in a way gains something out of that and for us as a college, I think our role is to develop ourselves you know, have the initiative (hmm) of developing our own selves (hmm) involving our colleagues in terms of our moderators during syllabus meetings, I think that is our role. Whenever we find that there is a gap it is our responsibility to also (address them) call, address them with the university, to say we are having a challenge, like we had to call a meeting ehh last year, we said we had challenges, we had to resolve them amicably, and I think that on its own it will facilitate development (capacity building) yes and also strengthen the collaboration relationship (ok) that we'll be having with the university, and I think in one's lifetime, to appreciate and acknowledge what the university is doing (ok) for us.

(30.57) We know that we are paying for being affiliated with them, but you know, money is not like what we have gained as an individual or as an entity, or as an institution. I believe that we really acknowledge that the university is giving (value for money) value for money, and we also money for paying the university.(ok) I think in a nutshell that the supportive role, you know, assisting in the reviewing of policy, like

I mentioned, policies, guidelines, those that are related to nursing education (ok) and also when there are new developments in terms of SANC, where the university did not get, (ok) like I was just (we can share) you.....information, we can always share, check if we got information that we got from SANC, you know, and in terms of curriculum reviews, we know that the university when they attend these syllabi meetings and as it is entailed in the agreement documents, the university participates in curriculum and syllabi meeting (at all levels) at all levels (agrees), and that has been happening , that's why I gave an example that has happened even this morning (or) when we do our clinical assessments , the university moderators will always be there during our clinical, just to ensure quality and standards, and that is appreciated.

(33.14)

R: I think we've almost done everything on my guide, unless you have any other point which is not in my guide, which you would like to make about a possible collaboration.

P: Ja, ah..ah. think we..... I think last time we had a problem with transport challenges, and then one professor at the university was saying 'we are renting cars from Avis, can't you try and explore that' and you know, we tried and we are still engaging , we have even engaged the provincial transport manager, we have called in the Avis people for the two colleges, and it's like we are getting cars now, even if it is at a slow rate, but that advise, we took it as an initiative to say this is what we can do in future when we have a challenge, and that is appreciated (ok) and we even during our graduation ceremonies, we do have , we had requested the university to make it of that standard. We requested the university to assist us and they sent us Mr Kgoa to come and assist us, and we appreciated, and for the first time we had the graduation ceremony without a programme director, like it is done at the university (ok) so we copy good things and implement them, and (it makes a difference) it makes a difference (agrees). We really appreciate that and we were even thinking if there are some, you know, the issue of research , I think for the university to have the Masters programme, for us as a college that was really a good move because of proximity (uhmm).

(35.05) Most of our lectures are actually starting to (as people graduate there's more motivation) as people graduate there's more motivation (agrees) because even the people who were there for some time now graduated and then the others are coming in, and I must indicate that even the clinical people now are starting to... (get interested) get interested in the Master's programme (agreeing), I think because ehmm...the higher Education Act is research, even ourselves as college we must begin to be pragmatic (engaged) in terms of research issues, and I think as people that are having Masters at the college, we'll drive that, but also, we'll request the university to partner with, to say please help us because we still, kind of developing and I must also indicate that, you know, we really love and appreciate the collaboration (ok). Just recently we'll be having the College Principal's meeting, that is national (ok) forum, (CPAS), we'll be having a meeting on the 16th and 17th of May. (36.36) We have invited our university, you know, to present eh... issues around PBL. We know that they have expertise in terms of that, and they have long time implemented that, and so, one or two people could be involved there and we are happy to say we received communication that Mrs Masilo will be presenting for us and we appreciate that, and as the affiliates of NWU Mafikeng Campus we have also invited the Potch Campus. Prof Pienaar will be presenting something on the new nursing qualifications, (ok) regulations, and also..... to curriculum development (that's a beautiful collaboration already) , that's a beautiful collaboration, and the other thing that I've forgotten to mention was that the collaboration shouldn't just focus on the campus affiliation, (37.48) we need to involve the whole NWU, like we're already collaborating with Prof Koen, we're having good relations, like I had to request her to give us someone to come and present that aspect to CPAS and we really appreciate that, and even with the examinations, in future we'll be having the two colleges having speciality programmes being moderated by either Mafikeng or Potchefstroom, it shows that there is good working relations and we really need that, and we know that even our simulation rooms, even if we have, like for example Midwifery (ok), we know that we have good high fidelity equipment there and we'll appreciate that if we go there we know that.....(but arrangements can be made) that's just for them to see, especially the specific manoeuvre if we have the necessary requirements we'll do that.(ok) and the way I love that, I was thinking that during the CPAS meeting we can take them to our university (to see some of those high fidelity models) ja, (ok) I think in a nutshell that is that.

R: Thank you very much Ma'am.

P: Thank you.

(39.40) Recorder stopped.

INTERVIEW TANSSCRIPT (32/38) NWU, MAFIKENG

Participant's Profile

Gender: female

Age:

Position:

Highest qualification:

P: Participant

R: Researcher

R: Okay Ma'amRale re kanna ra simolla.

P: Okay.

R: Morning ma.

P: Morning ma.

R: er, you can tell me your opinion about the collaboration model that we are trying to research (to research...) mm, What do you think about it?

P: mm, it's a, it could be an, a, a, a good thing ore a, a very ehm, (maybe...) It's of, it's of importance (Okay) to, to, to have this collaboration so that ehm, we can know the... for, for the sake of doing something, erh, same thing (mm) in the North West Province (Okay), so that we can know what it's happening in the North West Province (Yes) and so that ehm, the quality could be the same, of the same (mm). Wa bona, if, if, if we're having er, one, we have collaborated together (Yes) between the Nursing college, the, the, and the, the, the University (the University). ee, it can be of good help (ah). And then one other thing we'll be knowing that an, all the, the professionals that we have (mm), er, educated (mm), they know exactly what to do (Yes) and then there won't be any difference between the two (mm). Meaning that we'll be knowing that the knowledge is the same (Yes). And then each of the nurses who'll be coming to work in the North West Province will be equally...sort of equally trained (Yes). Nna I should think i...it will help in that (Yes) manner. It can, it will be of good nthwena...er, (Okay) ee. (02':03'')

R: And the negotiation? What do you think about stakeholders? I regard you people for example as a major stakeholder. Are there stakeholders that you think we could add in our negotiation?

P: I think erhm, here in, in, in our, in North West neh (mm), there is no, no neonatology when it comes to obstetrical er, er, er trainings (Okay). There's no obstetrical and neonatogical institution (Okay). So and then this course can be done in Unibo (Okay). ee, so that we can have nurses who just want to do neonatology alone (Okay), not including the, the, the midwifery portion, the advanced midwifery

I know it is included in midwifery period (Okay), but now if we do it temporarily (mm) as a part time, (mm), people can also...because at times you find that you are not interested in midwifery (Okay) but you like, you are more interested in the babies (Yes). So one can do neonatology (Okay). So I should think in the University maybe (mm) they can get somebody who will...

R: You think it will be an advantage to have it?

P: It will be an advantage to have it (Yes) because more nurses who are trained (mm) can apply for it because there are people who don't want to do midwifery (mm) but they like babies (Okay). So it will be (Okay) of more, most important. Isn't it that the, the, the, college (mm) gives er, er, this thing, paediatric training (Yes) and then there's a difference, there's a difference between paediatric er, nursing, er, mm, mm (training) than, than neonatology. Because with the paediatrics (mm), it's where they just do a little bit; but now when you do neonatology (mm) you go into deeper portion (Okay, is it?) of knowing the baby, the, the neonate (eh) from birth until 30 days (Okay). Neonatology deals with that (Okay). So you'll be knowing (mm) most of the things (mm) more than an, er, er paediatric (more than paediatric) paediatrics.

R: Okay. So that's something to (Yes) to, to consider (to consider). So if you were in the negotiations you would ask for that?

P: I would (Okay). I would (mm) because the neonatology's my passion (mm). I love it so much (mm). mm, mm.

R: Is there anything else in terms of negotiation that you would er, think of (mm) that should be included?

P: And again with regard to the intake of the college, like you mm, mm, mm, maybe where you've got differences, uh, I, I should think maybe they could try to increase your number of intake (mm) or maybe er, er, try to

increase the number of tutors there (Okay) – so that the, there's no overwork (Okay) on, on, on the university or even on the, on the college (on the college) Mmabatho, ee, (mm) Nursing colleges, mm.

R: And the exchanges? Looking at the facilities, especially from your side, midwifery and, and obstets, you've already mentioned the neonatology (Yes); besides the neonatology, what other things do you think er, we could gain from each other? (from each other...) I'll give you an example, from the university side, we always need updating (Yes) if there are new things happening (Yes) in, in midwifery ...

P: ee, that is what I was going to say (mm), we, we, we still need to meet regularly (mm) and then to hold seminars (Yes) and then to have workshops (Okay). And then we have to go, have an, continuous induction (mm). For example, in midwifery we've got so many things, for an example er, er, er erhm, obstetrical emergency er, trainings that we are doing (mm), so how to manage the woman in labour who comes with bleeding, who comes with er, er, (eh) and how to manage all those obstetrical emergencies (mm).

So it's been er, er, er taught to, to the midwives (Okay), in fact we are inducted on those things (mm). Now we would be sharing, we will ad, ask the university people to come (Yes) when we've got that, we've got dates (mm), and then we'll say okay, this, this month, 1, 2, 3 will be from the college, 2 from the college (mm), 2 from the university (mm), and then together with our mid wives, and then we are being trained on that (Yes) because we'll be doing, we do, it, it, it gives skills to, to, to, the...(it updates). It updates; it will updates the tutors (mm) and then again it will gives, they, they will be able to give the, the student (Okay) skills (mm) because they have to simulate isn't it? (Yes) - because we even do the drills (Okay). (07:45'') So on every Thursday it's either we discuss this (mm hm), and then if there's no discussion of maternal or, or neonates or whatever, then through that they also learn (Yes) yes.

R: It's very important.

P: They also learn (ee).

R: It's very important (ee). Mm

P: So nna I think we can exchange a lot (Yes). And then by so doing again we'll be knowing what is happening again in the university (in the university) or in the college (mm). So at least (mm), so that, for an example, training...isn't it that we need to er, induct people on how to plot (mm) even just our maternity case record – how to plot the patogram (Okay). It's of importance because through it (eh) you'll be able...a re tswale mojako (uh, I'll do that. You can continue); because through that we'll be able...at the back, sorry ma, sorry ma...

R: Okay.

P: Because through that er, we will have competent nurses in future (mm hm). Those who'll be able to plot, to be able to plot (mm), to interpret (mm) and treat according to their findings (according to their findings) for their findings yes. (mm) I think tha, tha, that will be of good help. (09:16'')

R: Okay (to have that exchange). Do you, do you sometimes have...I know it might be the responsibility of the Department of Health (uh), but do you, do you sometimes see a need for research for things based in the service?

P: Yes.

R: Like things happening in the maternity section you know...

P: Yes, I do. For an example we had a sister who was doing research on prenatal deaths (Okay) because we had an increased prenatal deaths (mm) and then we found that er, most of our mothers were using kgaba (Okay), and then now we, we, we embarked on that, the kgaba injection, ingestion (Okay). Hence we found that kgaba (mm), the the, those kgaba type, they are, there is ?? (Yes) They're in different er, er, er, er, names (Okay) but they have, others have a high content of, of, of, of pitocin (Okay).

Then now (mm) just imagine, they start it from when the pregnancy starts, they go along (mm) drinking it, and then at the end of the day we end up with a still birth (Okay), er, er, er, macerated still born (mm) in most instances. So we, we discovered that all those mothers who had kgaba, they are, they have a problem (Okay). And then we ask the traditional healer; we had a little seminar nyana with the, the, the traditional (mm) healers, and then they told us about the kgaba (mm) – that there's a kgaba which has to be used to wash (eh) and then there's another one which has to be er, er, er, er, taken, ingested (eh). So now, and then there are other...er, traditional healers who doesn't er, differentiate (Okay). They just give one kgaba, kgaba, kgaba (mm). And then only to find that the one which is not supposed to be taken orally (mm) is the one which makes a problem (Okay). So but up to, so the, our, our, our, I think we can also include the, those people, the traditional healers (Okay). Maybe we should collaborate again with them (Okay) because we, they will, they, they, they are, erhm....[talking on the phone]

R: eh...so the traditional healers....

- P: The traditional healers maybe (mm), they can also give us advice on how to (some of these things) because they are, ee, ee, other, because we are living in the cul, people who are still maintaining their cultures (Okay), who are doing their cultural rituals (Okay) ee. (mm) mm.
- R: O'right, I'm, I'm still thinking about the exchanges; like I said, if you have a need for some things to be researched, I'm sure we can meet each other halfway (Yes we can). These are some of the things, some of the skills (yes) that we can exchange.
- P: ene even about that, I did a research on teenage pregnancy at some, although it's quite long (Okay). In '96...'96, '97, '98, somewhere there (yes). I did a research and then about the, the, the teenage pregnancies there...(Okay) ee. (13':02'')
- R: And then an environment of trust...do you have one or two suggestions on things we need to do or avoid for us to maintain an environment of trust between us as stakeholders?
- P: I, I, I, I think if we, to maintain er, the trust and with er, or, to maintain and have trust with us, each other (mm), like I said that we, we should meet regularly (Okay) and then have seminars (mm) and workshops (mm). At times not even calling somebody from outside (but just us); but we presenting (Yes) to do. For an example, at the moment we are having erhm, new thing, er, er, thing which it's karma (eh), and then through this karma (eh) we have to, we are trying to save our mothers (Okay). So now, er, er, it has...the karma strategy includes er, maternity waiting home (mm), the obstetrical ambulance (uh), the KMC, Kangaroo Mother Care (uh), and then it also includes the breast, er, er, er, bank...(Okay) milk bank, breast milk bank (mm). So all those things neh (mmm) are there so that we can, and then it includes bank to, bank it's a basic antenatal care (o'right). So I think if we have that seminar or a workshop (mm) on can update you guys about it and then (ja) we would know the developments – what is happening. And then, and then that thing will make us every now and then to say 'hi Ma Direko (ee), how are you?' (mm) We are this, this, this, this and then I'm sure it can bring a lot of difference (ja, I think so). I think it can, mm (mm).
- R: Okay, so regular meetings and (yes) seminars (and, and workshop) uh.
- R: And then again even the university and the college, also to attend (mm) the, the, the, the conferences and the congress, at least once (Okay) in a year, once in the year, once in the year (mm). So i, i, if it's like that I'm sure it can be (mm) okay. ee
- R: Okay, the last thing would be roles (mm). Do you see any need for adjustment of roles or addition er, to the situation we, we have now? Like we have, we have you people in the services (okay); more of the role adjustments I guess it will be between the college and the university (the college and the university). But I don't know if you see any need for some addition, you know like our addition of preceptors (mm); do you see anything about roles?
- P: ee, there, I, I, I think there can be mm, mm, increased a little bit maybe (mm) ore if possible, maybe if you can go back...in the past we had the clinical (mm) er, er, tutors (clinical teaching department) ee, department. Maybe it can come back (Okay), and then those people be stationed in our college (Okay), maybe in PH college because we are having a college here (Okay, on site). And then I don't know...I'm not i....I don't even know why did it stop there (Okay) or maybe it's due to lack of, of, of, tutors (mm) or whatever I don't know, but we do have classes (mm). And then maybe that can be negotiated with the council that, how about (start again) reopening the, the college in the hospitals but they will not serve as colleges, they will serve as clinical (clinical teaching units) teaching units (Okay); so that they, they are nearer (mm) those who are to come to the clinical area (mm)...they are nearer (ja).
- R: It makes good sense.
- P: ee, they are nearer, and then they, they, they, in the morning they go, they come to the ward (mm), they check the things and see and then at two maybe they go to, to the college to discuss about...
- R: The different levels we could even exchange (exchange yes), because, because there's more than one level (level, yes) at the hospital at any given time.
- P: I think that can help (Okay). That can help again because we, I, I really don't know why was it closed
- R: We keep changing and chopping (ee). Some things we change (ee) uh. Okay, is there anything else that you would want to add generally? I think we've gone through...
- P: My plea is that maybe the student, I don't know if it's going to be feasible neh (mm) – the students to, to be allowed also to attend the, the conferences (Okay), the, the conferences that are there (uh huh), so tha, that, because it will build them and make them to have passion o, o, on nursing issues (mm); even if it's not only in mid-wee free sessions (mm) but in all the spheres of nursing.
- R: Okay, where possible (where possible).
- P: I, I, I think that will be of, of good help. For an example, we are having outreach programs (mm), and then maybe on, one day when we go out to, to, to present (mm), they should go and just (experience that) just to listen how, and then to, to, not only when there's a, there's a problem (mm) that they should be there. I, I, it can be a good learning situation.

R: It's a learning resource.

P: Yes.

R: You see it's something that (mm) you can exchange (exchange). It's something that we can offer (mm) the, the, the teaching (the teaching...) plot, mm. (yes)

P: And then again there in exchange (mm), we are doing er, PPIP, Prenatal Problem Identification Program (Okay) where we discuss the, the, the, the deaths of the (mm) babies (Okay), and then after that we come up with resolutions and then we, so that next time (mm) it shouldn't happen (Okay). So we discuss and we get the management of how can we ca, ca, cered this so that it does not happen again. But it's not er, er, er, a fault-finding (I understand). Facts. We gather information and then we see, we into depth and then from there then we'll know the avoidable factors, and then we'll know the, the, the, the avoidable factors are divided into three (mm), that is the patient doing. If maybe the mother didn't report on time (mm) when in labour or maybe the mother it's unbooked. So we'll be knowing that okay, the problem started with the woman (mm). (20':24'') For an example, maybe now it's weighing 900 (Yes) and then maybe if she came earlier and booked on time (mm) infections could have been treated (mm); maternal infections could have been treated (Yes). Hence no preterm labour (mm), and then at times mother came on time and then the doctor was not there or maybe the midwife failed to, to see that this blood pressure it's too high for me (Yes). Let the woman go the hospital (mm); now the midwife maybe said he e, the, you'll come tomorrow to check the BP. So those are the things that we are, we are looking into (mm). And then thereafter we recommend er, at the bottom...that mm, er, er, er, blood pressure of so and so (eh), a mother should be referred to hospital – and then for those who are staying far, we say, don't er, because we had erhm, referral criteria (mm), was the main, main points in the avoidable factors (Okay) where we found that the referral criteria (mm) was hampering in a way (mm). Because now one would come from level, er, from er, er, er, er...health, not health centre, the 24 hour clinic (uh huh) to health centre (mm), from health centre to er, district hospital (mm), from district hospital then to secondary level (mm), to us...

R: It takes time...

P: It take time (mm) and now there will be a delay in referring to tertiary (mm) level. Now we, we, we have come to, to, to, the doctors, we sat down and said but this referral criteria it's a problem (mm). What can we do? Then we said, le...the, the, the, our specialist said, let that person be referred straight from here (Okay), especially when you find it's a elevated blood pressure, PV bleeding or whatever, straight to (straight in). All the obstetrical emergencies, they are being referred straight (mm). We no longer, they no longer go to all those places.

R: You see as you explained that (mm) I see er, missed opportunities in terms of papers that you could write and present in conferences (mm), in terms of actual articles (mm) that you can write and publish (mm) jointly, jointly. You have no time to work on that (mm). Those that side (mm) don't have time to er, follow those details (mm), but through students (mm) this can be done (mm), you know. We missing out on an opportunity to (Yes) to, to, to do that.

P: ee, that is why I'm saying it would be better if they can attend once (mm) eya. Wou, they, ey, in fact when they are at the, at the col, at the college (ja) ore in the, at the, at school in the, attending their classes (mm), maybe that thing can be made that on such a, such a day (mm), let them go to the, er, er, attend the, the PPIP (okay) ore maternal deaths discussion (mm), or they can even meanise if there's a meanise (mm); and the, the, the, the, if that day we are not discussing, we are discussing er,er ,er, a condition (mm), it's just a lecture re, er, condition (they still gain). They will gain because we will ente...er, er, er, going thorough into that condition that we'll be discussing (mm) mm.

R: Okay (mm). If there isn't anything else Ma'amMorate (mm) I think that is very helpful (yes) mm.

P: And thank you very much.

R: Thank you mme. Thank you so much for your time (mm) ee.

(24':19'')

Recorder stopped.

ANNEXURE 10

CONFIRMATION BY LANGUAGE EDITOR



FACULTY OF NATURAL SCIENCES

DEPARTMENT OF MEDICAL BIOSCIENCES

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1 May 2015

To Whom it May Concern

This serves to confirm that I have edited the language, spelling, grammar and style of the PhD thesis by **Kathleen Khomotso Direko**, titled: “**A Model for Collaboration Between Nursing Education Institutions in the North West Province of South Africa.**” The manuscript was also professionally typeset by me.

Sincerely Yours



Dip. Freelance Journalism, Dip. Creative Writing, MSc (Medicine), PhD