

The perceived roles of nurse educators in the context of a provincial nursing college

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DEDICATION

This dissertation is dedicated to several people who have played a pivotal role in my life:

It is dedicated to the memory of my beloved mother, who passed on during the month when I was writing methodology exams at North-West University (Potchefstroom campus).

- To my husband (Mr Duma) who always supported me, transport me and fetch me at the station midnight.
- To Zola, my first daughter always take care for her siblings when I'm away for studies, her support and being a pillar of strength to me.
- To my beloved daughters and son the reason for my living, Simphiwe Nokwanda and Nolwandle, for their support.
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- To my granddaughter, Balloon, my pride, her existence is a blessing to me.
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- All the people from the School of Nursing, North-West University, Potchefstroom, who supported me during my study.

DECLARATION

DECLARATION

I, Futhi Duma, student number 11981040, declare that:

- **The perceived roles of nurse educators in the context of a provincial nursing college**, is my original work and all sources used have been acknowledged by means of complete reference.
- This study has been approved by the Research Ethics Committee (humans), Health Science Faculty, North-West University (Potchefstroom Campus), ethics number is NWU-00106-13-A1.
- The whole study complies with the research ethical standards of the NWU (Potchefstroom Campus).



Futhi Duma

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ABSTRACT

Title: The perceived roles of nurse educators in the context of a provincial nursing college.

Key words: Nurse educator, Nurse Educator role, Nursing College, Nursing education, Student nurses

Nurse educators play a crucial role in the nursing profession, as they are concerned with the important task of preparing responsible, efficient, competent and knowledgeable nurses; and also with the task of strengthening nurses as independent and critical thinkers not just for now, but for the future. Within the South African educational environment, and more specifically, a nursing college in the province of KwaZulu-Natal, the roles expected of nurse educators are numerous, and in some cases part from the facilitation of learning in the college and the clinical area, they are also expected to teach subjects outside of their areas of expertise. Although the provincial nursing college, as the context for this study, provides unique and challenging opportunities for theoretical and clinical teaching and learning, the environment and the relationship between the stakeholders seems to be questionable, and needs improvement from all stakeholders to be more conducive for learning.

The aim of this study was to explore and describe the perceived roles of nurse educators in the context of a provincial nursing college. A qualitative, explorative, descriptive and contextual design served as framework for this study. Data was collected by means of focus-group discussions, with samples selected from two populations of stakeholders with first-hand experience of the expected roles of nurse educators. The first participating group consisted of seven nurse educators, and the second participating group consisted of twelve nursing students. The focus of the focus group discussions was based on the participants' "experience of how they perceived the current role of nurse educators" in a provincial nursing college in the KwaZulu-Natal province.

The findings of the research resulted in five (5) main and seventeen (17) sub-themes from the participating nurse educators, and four (4) main and eleven (11) sub-themes from the participating nursing students. The participants in this study

perceived the current roles of the nurse educators within the provincial nursing college as those of mentor, support-giver, teacher and facilitator, collaborator and scholar. The nurse educators also viewed their current roles as including managerial and administrative tasks. These findings were integrated with relevant national and international literature to culminate in conclusions, limitations and recommendations of the study. The concluding statements served as a basis for the recommendations to nurse educators, nursing education, nursing education management and nursing research. These recommendations include the advice that nursing education within the provincial nursing college should be viewed and treated as a scholarly activity. Cooperation, teamwork and collaboration also came to the forefront as essential for the sustainability of nursing education within the provincial nursing college context. Role conflicts also came out as an integrated and essential part of understanding and developing the current role expectations of the nurse educator in the provincial nursing college context.

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LIST OF ACRONYMS

DOH	Department of health
EPP	Ethos and Professional Practice
FGD	Focus group discussion
FNS	Fundamental Nursing Science
GNS	General Nursing Science
KZNCN	Kwa Zulu Natal College of Nursing
KZN	Kwa Zulu Natal
NWU	North-West University
OSCE	Objective structured clinical examination
SANC	South African Nursing Council

CHAPTER 1: OVERVIEW OF THE RESEARCH

1.1 Introduction and background

Nurse educators play a crucial role in the nursing profession, as they are responsible for the important task of preparing responsible, efficient, competent and knowledgeable nurses. They must also strengthen nurses into independent and critical thinkers, for the present and for the foreseeable future (Masango-Mtewa 2002:3).

Kirchoff (2010:120) and Moreland (2011:96) identified the roles of the nurse educator to be facilitation of learning, teaching on the “leading edge”, engaging in scholarship, participating in curriculum design, evaluation of program outcomes, and generally functioning within the educational environment. There is a global shortage of professional nurses and nurse educators at present, which impacts negatively on the nursing profession and on the value of nursing education programmes, resulting in poor quality of care (Garret, Abeli & Cornell 2008:13). A study by the American Association of Colleges of Nursing reported that, in 2008, the United States’ nursing colleges had to turn away nearly 50,000 qualified applicants from bachelors and graduate nursing programs, due to an insufficient number of nurse educators and preceptors (Feigenbaum, 2012).

Adding to this challenge is the incidence of nurse educators leaving the nursing education field early in their career due to being unfamiliar with the multiple roles educators are required to fulfil (Garret *et al.* 2008:13). Nally (2008:244) found that nurse educators report dissatisfaction with their workload, as administrative duties are added to their teaching responsibilities, and that nurse educators often plan to leave existing jobs in search of occupation with reduced workload. Waterson, Harms, Qupe, Maritz, Manning, Makobe and Chabeli (2006:70) and Garret *et al.* (2008:13) argue that nurse educators find it difficult to adapt to their new positions after they have completed their nursing education studies. They are appointed as nurse educators, but they are often inadequately prepared for these roles. In some cases, the roles assigned to nurse educators are in mutual conflict. Nurse educators are often expected to teach subjects they do not consider to be within their specialist subject areas, which leads to frustration, in the opinion of Boyd, Smith, Lee and

MacDonald (2008:50). Nurse educators are expected to advise students, engage in research, and provide services to their institutions and to their profession, as well as in their communities (Rogers, 2012). Sarmiento, Spence, Laschinger and Iwasin (2004:137) note that nurse educators report that increasing class sizes challenge their ability to meet role expectations, and they become exhausted from heftier teaching assignments, a perceived lack of support, decreasing job satisfaction, and feeling undervalued by their managers.

Within the South African context, it seems that the situation is similar. South African nurse educators also report that they feel overwhelmed by their profession (Shipman & Hooten, 2008:522). The literature further indicates that the teaching role is where nurse educators spend the majority of their time by necessity, and in the process they neglect their own personal and professional development (Shipman & Hooten, 2008:522). Adding to this concern, Cash, Daines, Doyle, Von Tettenborn and Reid (2009:387) indicated that nurse educators consider their managers to fall short in the areas of support, advocacy, curriculum and education. Many new nurse educators are surprised at the additional interpersonal demands, such as the teaching, research and administrative roles, placed on nurse educators (Kolaniko, Clark, Heinrich, Olive, Serembus & Sifford 2005:37). Meanwhile, nurse educators closer to retirement are forced to adapt to recent changes in the student body profile; they find themselves needing to learn new social skills in order to address students from diverse social, religious and cultural backgrounds.

In addition to these challenges, Lekhuleni, Van der Wal and Ehlers (2004:22) and Molefe (2011:84) stated that student nurses perceive their nurse educators as falling short in providing clinical accompaniment to facilitate learning the theory in practice. Molefe (2011:84) further stated that the student nurses who participated in their study asserted that they did not want accompaniment by unit supervisors, but preferred clinical accompaniment by nurse educators. Griscti, Jacono and Jacono (2005:89) indicated that nurse educators tend to allocate minimal time to their clinical role. The reasons cited for this included excessive workload and a perceived lack of control over the clinical area. There is also a need to analyse nurse educator to student ratios (Mkhwanazi, 2007:116) in order to establish the effect of these ratios on the capacity of nurse educators to provide support to students in the clinical area.

Rogers (2012) wrote that nurse educators must remain current in their clinical practice. However, the task of balancing academic roles whilst enhancing expertise and maintaining clinical practice could prove difficult. Kachiwala (2006), cited by Rikhotso (2010:49), expands on this in recommended that in order to improve the quality of clinical learning, nurse educators from the various colleges should increase the number of visits to the wards they make when nursing students are in clinical placement. Bowen, Trimmer and Tsega (2011:57) suggest that educators need to provide encouragement to the clinical nurses that specifically focuses on the educators' role in shaping the profession and the rewards of working with students. Molefe (2011:86) also suggests that nurse educators need to structure accompaniment in such a way that student nurses do not spend time in the clinical area without being accompanied by a nurse educator. Unfortunately, this demand for clinical accompaniment cannot always be met, due to the added workload and challenge experienced by nurse educators (Molefe 2011:87).

Nurse educators' perceptions of their role are further influenced by student nurses' attitudes. Kolaniko *et al.* (2005:38) noted that nurse educators are increasingly experiencing a loss of control over student nurses in the classroom at the hands of actors they term 'classroom terrorists'. These authors argued that bullying and uncivil behaviour on the part of student nurses is often met with insubstantial punishment by the nursing college administrators, leaving nurse educators feeling demoralised and confused. Students expect nurse educators to succeed in most of the roles expected of them, while nurse educators feel too much is asked of them. Molefe (2011:82) noted that study participants complained about nurse educators who were unable to clarify content in class. These participants further criticized poor managerial structure, leading to a lack of student support (Molefe, 2011:64). Mangena and Chabeli (2005:293) stated that some nurse educators lack the knowledge to facilitate student critical thinking and display a negative attitude when asked questions in classrooms.

Considering this background, it is clear that the expected roles of nurse educators are numerous and varied. They include the facilitation of learning in the college as well as in the clinical area, the facilitation of student critical thinking development, and teaching subjects outside of their areas of expertise. Nurse educators are also

expected to engage in research; however, this is hard to realise due to work overload and increased teaching assignment volumes. While students expect nurse educators to achieve most of the roles expected of them, nurse educators fail to do so, due to work overload and a lack of support from their managers.

Nurse educators teach nursing students at all levels of education. They teach four-year programmes, two-year programmes, bridging courses to become registered nurses, and bridging courses to become enrolled nurses. According to the South African Nursing Council (SANC) nursing education and training standards guidelines (1985:108), nursing education institutions should have a professional development policy in place addressing the selection, attendance and utilisation of staff, with a view to providing professional development opportunities. These policies ensure that staff capacity is developed in line with institutional needs, personnel needs, objectives, targets and priorities of the organization in question. This approach may help nurse educators to develop their skills in order to meet changing needs in the nursing education sector. The focus, however, of the nurse educator's role in the nursing education context, is based on and incorporated in policy considering the development of a student nurse who is expected to become a critical thinker and a self-directed learner, with a view to providing quality nursing care. This clearly advances the notion that beyond the traditional educational and research approaches to skills development, attention should also be given to programmes for the further development of both nurse educators and nursing students in their ever-changing and quickly-evolving role within the clinical and theoretical nursing education environment.

1.2 Problem statement

Little is known about how nurse educators and nursing students perceive the role of nurse educators in the changing nursing education environment. In South Africa, the only study that could be found on the *perceived roles of nurse educators* was undertaken more than two decades ago by Brink (1989:16). Brink recommended that further research should be done in order to advance the subject. While only the study mentioned dealt with the *perceived* role of nurse educators, numerous studies were found in the literature addressing the roles that nurse educators must fulfil.

The researcher, in her capacity as a lecturer on one of the campuses at a provincial nursing college in the KwaZulu-Natal province, observed that nurse educators and nursing students experience difficulty in describing and clarifying the current nurse educator's role. Based on this observation, the researcher decided to conduct a qualitative enquiry, exploring the role of nurse educators as perceived by nurse educators themselves and by nursing students. In brief, the research problem is based on the practices supported by the current literature, and the impact they have on the nursing profession, which may ultimately result in reduced quality of nursing care.

From the background and problem statement, the following research questions are formulated:

1. How is the role of nurse educators conceptualised in the literature?
2. What are the perceptions of nurse educators at a provincial nursing college regarding their role as nurse educators?
3. What are the perceptions of nursing students at a provincial nursing college regarding the role of nurse educators?

1.3 Aim and objectives of the study

The aim of this study is to explore and describe the perceived roles of nurse educators in the context of a provincial nursing college.

The specific objectives of this study are:

1. To conceptualise the role of nurse educators based on the available literature.
2. To explore and describe the perceptions of nurse educators at a provincial nursing college regarding their role as nurse educators.
3. To explore and describe the perceptions of nursing students at a provincial nursing college regarding the role of nurse educators.

1.4 Paradigmatic Perspective

The paradigmatic perspective of this research entails the following meta-theoretical, theoretical and methodological statements, as explained and defined below.

1.4.1 Meta-theoretical assumptions

Meta-theoretical assumptions refer to the researcher's beliefs concerning the person as a human being, society, the discipline, and the purpose of the discipline, as well as her general orientation with regards to the world and the nature of research; for instance, her environment (Botma, Greeff, Mulaudzi & Wright 2010:187). These assumptions will be discussed in the subsequent section.

1.4.1.1 Man

In this study, man refers to the nursing student and the nurse educator. The researcher believes that the nurse educator has an obligation to facilitate the learning process of nursing students by grooming them for their careers in the nursing profession. The nursing student has an obligation to learn and grow professionally, in order to qualify to be a professional nurse.

1.4.1.2 Health

Health refers to the condition of a person's body or mind (Wehmeier 2005:690). For the purpose of this study, health refers to the competence of the nurse educator in performing the expected roles when providing education and training to nursing students. In order to achieve this outcome, the academic and clinical environment must be healthy and conducive to learning.

1.4.1.3 Environment

The researcher believes that the environment refers to what is known as society; created by God and existing under the stewardship of man. This is the context within which human beings live. Therefore, within this environment, human beings have the task of caring for nature, as well as one another. This task is carried out within societal structures, such as a college, university, or government. The environment is a reflection of how God is being served by society.

For the purpose of this study, the concept 'environment', refers to the educational institutions, such as a provincial nursing college, where nurse educators instruct and prepare nursing students to become nursing professionals.

1.4.2 Theoretical statements

Theoretical beliefs can be described as all beliefs that yield testable results, regarding social phenomena (Mouton & Marais, 1992:21). Theoretical assumptions reflect the researcher's knowledge of existing conceptual frameworks, and according to Botma *et al.*, (2010:188), include the concepts that are defined below.

1.4.2.1 Central theoretical statement

The focus of this study is to explore and describe the perceived roles of nurse educators in a provincial nursing college. Understanding the perceived roles of nurse educators facilitates decisions about the preparation and orientation of and in-service and continuing education programmes appropriate to nurse educators in the future.

1.4.2.2 Conceptual definitions

Nurse educator

According to Searle, Herman and Mogotlane (2009:345), Poindexter (2008:13) and Mosby's Medical Dictionary (2009:399), a nurse educator in the South African context is a registered nurse whose primary area of interest, competence and professional practice is the education of nursing students at a nursing education institution accredited by the South African Nursing Council (SANC). For the purposes of this research study, the nurse educator is a person who is registered with the South African Nursing Council as an Educator or Tutor, who holds a degree or diploma in nursing education and functions in a specific provincial nursing college as an educator.

Student or learner nurse

A student nurse can be defined as an individual who is registered as a student at a nursing college or university approved by the South African Nursing Council, in order to undergo education and training in nursing, following a specific programme which leads to registration as a nurse (general, psychiatric or community) or midwife (Nursing Act 33 of 2005). For the purpose of this research study, a student nurse is an individual who is registered for a comprehensive, four-year diploma course of nursing in order to become a professional nurse at a specific provincial nursing college.

Nurse educator's role

This role is defined as the pattern of behaviour expected from a nurse educator who occupies a position in a nursing education institution (Du Toit & Van Staden, 2012:76; Pretorius, Matebesi & Ackermann 2013:12). Berman and Snyder (2012:1024) define the nurse educator's role as a set of expectations with regard to how the person occupying the position behaves. For the purpose of this research, the role is simultaneously what student nurses expect of the nurse educator, and the experience of the nurse educator in performing the role. This role entails curriculum development, clinical teaching and supervision, classroom teaching, application of knowledge of the learning process and management of the learning environment, approving of and supporting students' actions, giving clear work instructions, and maintaining appropriate academic records. Nurse educators are responsible for preparing and mentoring current and future generations of nurses. These professionals play an important role in strengthening the nursing workforce by serving as role models and providing the necessary leadership in order to implement evidence-based practices.

Nursing college

According to SANC (1985), a nursing college is a tertiary educational institution which offers professional nursing education at basic and post-basic level, where the South African Nursing Council has approved such nursing education. For the purpose of this research study, a nursing college is a provincial, tertiary educational institution that offers comprehensive four-year diploma courses in nursing (general, psychiatric or community) and midwifery to student nurses who possess at minimum a grade twelve certificate and who wish to qualify as registered nurses.

Nursing education

Nursing education is the facilitation, guidance, assistance and provision of the means to learn the art and science of nursing, so that student nurses can apply the art and science of nursing in people who need such care (Bruce, Klopper & Mellish 2011:14). Berman and Snyder (2012:9) refer to nursing education as the transfer of knowledge and skills which enable a nurse to practice in a healthcare setting. The SANC (1985) defines nursing education as a programme for the education and training of a nurse, following a diploma course in nursing (general, psychiatric,

community) and midwifery science, which leads to registration as a professional nurse. For the purpose of this study, nursing education is a profession in which the nurse educator practices in her role as a lecturer of student nurses who are registered for a comprehensive four-year diploma course in nursing to become professional nurses. Nursing education plays a critical role in assuring quality and safety for patients, which makes it even more important to prepare the nursing workforce for a diverse and ever-changing healthcare environment.

1.4.3 Methodological statement

Methodological assumptions refer to the researcher's perspective regarding "good science" (Botes, 1995:10; Botma *et al.*, 2010:188). The quality of the findings of this research will be directly dependent on the methodological procedures followed in this study, which are described in Chapter 3. The researcher believes that the scientific research process is systematic, well-planned and ordered, and reported in such a manner that the research community can have confidence in the research outcomes reached. "Good science" will thus be ensured in this research by engaging in an interpretive, naturalistic, step-by-step process based on practicability and applicability of both the methods used and the findings generated by this research.

1.5 Research design and method

According to Burns and Grove (2009:696), the research design is seen as the "blueprint for conducting a study". Polit and Beck (2008:765) describe the research design as an overall plan for addressing a research question and describe techniques for enhancing the integrity of the study. The research method, on the other hand, refers to a more specific, more detailed description of how the study will be conducted, as stated by Botma *et al.* (2010:199), who refer to the research method as "data gathering, data analysis" and "ensuring trustworthiness in research". In the following sections, the research design and method as applied in this study are briefly discussed. A more detailed discussion occurs in Chapter 3.

1.5.1 Literature review

The literature review aims at conceptualising the role of nurse educators based on the currently available literature.

1.5.2 Research design

According to Creswell (2009:233), the research design constitutes plans and procedures for research which span decisions made from broad assumptions to detailed methods of data collection and analysis. The research design is an overall plan for addressing a research question, and includes specifications for enhancing the integrity of the study (Polit & Beck, 2008:765). For this study, a qualitative, exploratory, descriptive and contextual research design was considered an appropriate design to achieve the expected objectives.

1.5.2.1 Qualitative research

Qualitative research is described by Creswell (2009:232) as a means for exploring and understanding the meaning which individuals or groups ascribe to a social or human problem. Qualitative research is investigative in nature and it portrays an in-depth, holistic manner of collection and narration of data, as defined by Polit and Beck (2008:763). Qualitative research focus on the qualitative aspects of meaning, experience and understanding of human experience, from the viewpoint of the research participants, in the context in which the action takes place (Bink, Van der Walt & Rensburg 2012:121).

Exploratory

In research with an exploratory design, a researcher plans to shed light on the various ways in which a phenomenon and its underlying processes are manifested (Polit & Beck, 2008:21). An exploratory design is relevant for this research study, as the researcher focused on exploring the perceived roles of nurse educators on a campus of a nursing college in the KwaZulu-Natal province.

Descriptive

Burns and Grove (2009:696) define descriptive research as a type of research which provides an accurate portrayal or account of the characteristics of a particular event or individual/group in a real situation. In this study, the researcher engaged in an exploratory conversation with nurse educators and nursing students in order for them to express their perception about the roles of nurse educators (Creswell, 2008:51)

The researcher described the perceived roles of nurse educators on a campus of a nursing college in the KwaZulu-Natal province (KZN).

Contextual

Qualitative studies are always contextual, as the data they provide are only valid in a specific context and not meant for generalisation (Burns & Grove 2009:54; Botma *et al.*, 2010:195). Qualitative researchers are obliged to conduct their studies in a way that does not disturb the natural context of the phenomenon studied (Streubert, Speziale & Carpenter, 2007:22). Botma *et al.* (2010:195) agree that qualitative studies are always contextual, as the data is only valid in a specific context and not meant for generalisation. This research will take place in a nursing college campus of a provincial nursing college in KZN. The contextual environment for this study is the eThekweni district, wherein participants of this study are actively involved in the perceived roles of nurse educators.

1.5.3 Research method

In detailing the research method, data collection (population, sampling, role of the researcher and research methods for data gathering) and data analysis will be discussed.

1.5.3.1 Population

According to Brink (2011:123), a population is defined as the entire group of persons or objects which is of interest to the researcher, which meets the criteria defining who or what the researcher is interested in studying. The study population consisted of twenty-five nurse educators on the nursing campus on which study was conducted, fifty first years, forty-five second years, forty third years and forty fourth year nursing students on the specific campus of the provincial nursing college. All involved nurse educators are currently and directly involved in teaching nursing students of all levels on a comprehensive four-year diploma course. The course is structured as Fundamental Nursing Science (FNS), General Nursing Science (GNS), Ethos and Professional Practice (EPP), Midwifery and Psychiatry. These courses are offered at a campus of a provincial nursing college. It also consisted of all nursing students who are studying a comprehensive four year diploma course from first, second, third and fourth year levels of training at a campus of a provincial nursing college. This campus in question was selected on the basis that there are only two campuses which form the provincial nursing college which meets the criteria. For reasons related to both ethics and “good science”, the researcher decided to

undertake the research on this campus, as she is an employed lecturer at the other campus.

1.5.3.2 Sampling method

A non-probable sampling strategy, namely purposive sampling (Botma *et al.*, 2010:126), was used to select the contributors to participate in the study. In this study, the researcher's use of purposive sampling is rooted in the researcher's knowledge of the population, which is useful in selecting the participants for the study (Polit & Beck 2008:356).

Selection was done according to the following sample criteria:

Sample criteria

Sample criteria include a list of characteristics essential for membership or eligibility in the target population. The criteria are developed from the research problem, the aim, the paradigmatic perspectives and the study design (Burns & Groove, 2009:344). In this study sample, the criteria were nurse educators who teach comprehensive four-year diploma course for more than a year, because of their experience and wealth of known information; and nursing students who are studying the comprehensive four-year diploma course in their first, second, third and fourth year level, because they have time in college, and each level may yield different perceptions, which will ensure that the study is rich in varied information.

Sample size

The decision regarding sample size will be based on the needs related to the purpose of the study. Focus group discussions (FGDs), consisting of smaller groups of participants, will be conducted until a saturation of data is reached. Data saturation consists of sampling to the point at which no new information is obtained and redundancy is achieved (Polit & Beck, 2014:286). The researcher did not know in advance how many participants were needed, but she accumulated samples continuously until no new information was acquired from the participants.

1.5.3.3 Study context

This study was conducted on the nursing campus of a provincial nursing college in KZN province. The nursing campus is situated in the eThekweni district city of Durban. This institution offers the following SANC programmes:

- Four-year diploma course leading to registration as a Nurse (General, Community, Psychiatric) and Midwife.
- Two-year diploma programme leading to enrolment as an enrolled nurse
- One-year midwifery course leading to registration as a midwife

The nursing campus employs twenty-five nurse educators, and they work together to teach all the programmes provided.

1.5.3.4 Data collection

In this section, the role of the researcher, the physical setting and the method of data collection are all described.

The role of the researcher

The researcher submitted a research proposal and a drafted consent form to the North-West University Ethics Committee (NWU-EC) at the Potchefstroom campus (Annexure F), the provincial Department of Health KwaZulu-Natal (Annexure B1), the principal of a provincial nursing college (Annexure B2), and the campus principal (Annexure B3) of the campus at which nurse educators and students were invited to participate. Upon receiving approval (Annexure A, C & D) from the provincial Department of Health, the college principal and the campus principal, the researcher contacted the principal of the relevant campus telephonically to arrange for visits to the institution.

The principal agreed to assign a mediator from the specific nursing campus to assist the researcher and to act between the researcher and the participants. The researcher contacted the mediator to ensure that she was aware of, and adhered to, acceptable ethical standards of confidentiality and autonomy. Furthermore, the researcher continually communicated with the mediator telephonically. With the assistance of the campus principal and the mediator, the researcher identified potential participants who satisfied the selection criteria. The potential participants

were then contacted in an effort to gain their cooperation and to explain the purpose of the study. A full exposition of the process will be rendered in Chapter 3.

Physical environment

This qualitative study will be conducted in the field, at the site where the participants experience the problem being studied. As Creswell (2008:175) mentioned, this is a primary characteristic of qualitative research. This site is a nursing campus of a provincial nursing college. The mediator, who was appointed by the campus principal, selected the room in which the researcher conducted her data collection. The location allows the FGDs to take place in a safe, comfortable and private environment.

The researcher had an information session with the participants, in which she (the researcher) introduced herself, explained the topic of the study, briefed the participants about the information provided on the leaflet, and importantly made sure the participants knew what was expected of them, so that they could make an informed choice regarding whether or not they wanted to participate. The researcher obtained permission from the participants to use a digital voice recorder to capture the participants' views. The FGDs were audio recorded, during which the researcher also wrote field notes regarding the participants' comments, which consisted of her own reflections, as well as notes on the setting and data collection process.

Method of data collection

In order to understand the participants' meaning and enable interpretation of their inner experiences, the researcher conducted data collection by means of focus group discussions (FGDs). FGDs involve collecting data through interviews with a group consisting of typically six to eight people (Creswell, 2008:181). FGDs are useful because they allow a space in which participants may gather and create meaning among themselves, rather than individually (Babbie & Mouton, 2011:2920). The rationale behind choosing FGDs as the data collection method is based on the researcher's belief that such a choice would provoke and stimulate lively discussion among the participants regarding their perceptions of the role of nurse educators at a specific campus of a provincial nursing college. The researcher conducted these FGDs with population one, nurse educators, and population two, nursing students, separately. The FGDs were guided by an open-ended question. The question "what

do you see as the role of the nurse educator at this college?” was asked in the FGDs with nursing students. The question, “what is your perception of your role as a nurse educator at this college?” was asked in the FGDs with the nurse educators.

1.5.3.5 Data analysis

Data analysis is an on-going process, involving continual reflection with regards to the data, asking analytic questions, and writing memos throughout the study (Creswell, 2009:184). Data analysis entails categorizing, ordering, manipulating and summarising the data and describing it in meaningful terms (Brink *et al.*, 2012:177). The research strategy steps given by Creswell (2009:185-190) were followed in undertaking data analysis, which involve organising and preparing the data for analysis, developing a general sense of the data, coding the data, describing and identifying themes, representing findings, and interpreting the data. These steps will be discussed in Chapter 3.

1.5.4 Literature integration

In order to compare and confirm the findings generated by the empirical investigation, the researcher integrated current and relevant literature with these findings. The researcher also highlighted unique and novel insights from the empirical investigation.

1.6 Trustworthiness

The researcher enhanced the quality of the research by ensuring trustworthiness of the research. To develop trustworthiness while adhering to the standards of “good science” and ethics, this study engaged with credibility (Polit & Beck, 2008:537; Brink *et al.*, 2012:172), dependability (Brink *et al.*, 2012:172-173; Creswell, 2009:192), transferability (Brink *et al.*, 2012:173), and authenticity (Polit & Beck, 2008:540; Brink *et al.*, 2012:173) in a detailed discussion in Chapter 3.

1.7 Ethical considerations

The research obtained ethical approval from the NWU-EC (reference no. NWU-00106-13-A1), as well as permission from the provincial Department of Health, the principal of the college and the campus principal where participants were recruited to

conduct research in a provincial nursing college. Informed consent was also obtained from the participants (Annexure F).

1.7.1 Fundamental ethical principles

According to Brink *et al.* (2012:34-37) and Grove, Burns and Gray (2013:162), there are three fundamental ethical principles that guide researchers during the research process. These principles are respect for persons, which involves the right to self-determination, the principle of beneficence, whereby the researcher has to secure participants' rights to protection from discomfort and harm, as well as the principle of justice, which includes the right to fair selection and treatment and the right to privacy. These principles as adhered to by the researcher are discussed in more detail in Chapter 3.

1.8 Chapter layout

Chapter 1: Overview of the study

Chapter 2: Literature review

Chapter 3: Research methodology

Chapter 4: Research findings and literature integration

Chapter 5: Conclusions, limitations and recommendations

1.9 Summary

This chapter entailed a discussion on the background, problem statement, research aim and objectives, research questions, paradigmatic perspective, research design and method, measures to ensure trustworthiness, ethical considerations, and chapter layout involved in the research paper. Chapter 2 will address the literature regarding the roles of nurse educators, which forms the basis of this study.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

The purpose of this study was to explore and describe the perceived roles of nurse educators within the context of a provincial nursing college. This chapter provides an overview of the status of research literature in the field of nursing education and the role of nurse educators. As explained in the problem statement, only one study could be found which specifically addressed the perceptions of the role of nurse educators; however, there are numerous studies regarding the role that nurse educators fulfil.

Search Strategy

The following key words were used to conduct the literature search:

Facilitation of learning, Mentoring, Nurse Educator role, Role perception, Role performance

The search engines used include the following databases: EBSCOHost, Google Scholar Search, ProQuest, SAePublications and ScienceDirect. Articles from the search that appeared relevant were examined for inclusion in the study. After an initial investigation, resources that were deemed irrelevant were not considered. Articles published before 2001 were included for historical purposes and relevance to the study. Secondly, hard- copy textbooks, dissertations, and theses were used.

2.2 Reasons for undertaking a literature review

The purpose of this literature review was to conceptualise the role of the nurse educators by obtaining descriptive information from the currently available literature on nursing education; specifically, the role of nurse educators. This literature review is not a traditional literature review as undertaken in quantitative studies. The researcher aims to conceptualise the roles of nurse educators through a descriptive discussion of the key concepts associated with those roles. This approach, as described by Miles, Huberman and Saldana (2014:20), assists the researcher in explaining the main concepts to be studied and the assumed interrelationships between them. Considering this, such an undertaking will aid the researcher in

recognising important concepts related to the role of nurse educators during the qualitative inquiry.

The conceptual framework is developed through identifying and defining concepts and proposing relationships between these concepts in either a narrative or visual format (Miles *et al.*, 2014:20). By developing the framework within which ideas are organised, the researcher was able to show that the proposed study is a logical extension of current knowledge (Brink *et al.*, 2012:26). Miles *et al.* (2014:20) state that these types of frameworks can be simple or elaborate, common sense or theory driven, and descriptive or casual. Within this study, the researcher employed a theoretical and descriptive approach.

2.3 Role theory

The theory which has been identified as having value for use in this study is role theory (Masango-Mtetwa, 2002:97). According to Masango-Mtetwa (2002:97), role theory represents a *collection of concepts* which predict how role players, nurse educators in this case, perform in a given role, and under which circumstances certain *role behaviours* can be expected. The relevance of this theory stems from the fact that the researcher is exploring the role that nurse educators are expected to play within the context of a provincial nursing college.

Role theory (Masango-Mtetwa, 2002:97) is relevant to this study because it focuses on the nurse educator, peer and student interactions, with regard to the fulfilment of role obligations. Role theory explains and describes the nurse educator's behaviour in a given role and obligation encounter. It therefore reminds nurse educators of their role in both a professional and societal capacity. The nurse educator is a person who has undergone diploma or degree training as a nurse educator in a university. She or he must register with the South African Nursing Council to be recognized as a qualified nurse educator. She or he is also a person who is employed and functioning as an educator and facilitator of learning at a nursing education institution. The status which nurse educators enjoy is not automatically gained, but is achieved through labour. Since rights and obligations accompany status, this is achieved by conforming to expectations and fulfilling obligations. The roles of nurse educators identified in the literature are explained with different functions in fulfilling the nurse educator's role.

Role theory was applied as the basis in achieving the first specific objective of this study by conceptualising the role of nurse educators. This was achieved by reviewing the currently available literature, based on the relevant “collection of concepts” and “role behaviours”. The basic concepts underlining role theory, as per Masango-Mtetwa (2002:99), are a.) status, b.) role and c.) performance.

- a.) According to Masango-Mtetwa (2002:99), the concept of status refers to “*the position* an individual or group holds or occupies within a social structure, applicable to a given situation”. The author (Masango-Mtetwa, 2002:99-100) added that the position of nurse educators in the teaching context is one of status, and that nurse educators are typically viewed and admired as role models and persons of superior knowledge.
- b.) Masango-Mtetwa (2002:100) states that the concept of role, though closely related to status, refers to *the function* that defines one’s status, occupation and behaviour within a specific social structure. Contributing to this, du Toit and van Staden (2012:76) define role as the pattern of behaviour expected from the nurse educator who occupies a position in a nursing education institution. This expected behaviour is divided into the rights and obligations attached to nurse educators in a nursing education institution, and these rights and obligations denote roles and procedures in the nursing education profession.
- c.) The concept of role performance, according to Masango-Mtetwa (2002:101), is also known as role enactment, or role behaviour, as carried out by a person in a specific situation. In addition, Masango-Mtetwa (2002:101) argue that role performance is a *goal-directed*, clear and obvious *action* which has been acquired through prior learning.

The discussion that follows is based on the concepts highlighted above, which underlines role theory and the literature review that was undertaken. The discussion will initially focus on describing the role of nurse educators as portrayed in the literature, and then conceptualise the role of nurse educators through integrating the literature with the concepts of status (*position*), role (*function*) and performance (*goal-directed action*).

2.4 The role of nurse educators identified in the literature

Considering that role theory was chosen as the theoretical “backdrop”, the researcher embarked on a deductive approach by identifying, linking and ultimately synthesising only those concepts contributing to the conceptualisation of the role of the nurse educator from within, and guided by, the literature. Through a process of continuous reflection and consideration, various roles were identified in the literature, namely mentor, supporter, supervisor, facilitator, teacher, researcher and collaborator. Interestingly, authors also conceptualised these nurse educator roles by referring to *associated concepts* and *role functions*, which form part of the conceptualisation of the role of nurse educators within this research. The different roles with their associated concepts and functions are summarised and noted in Table 2.1.

Table 2.1 A summary of the different roles of nurse educators with their associated concepts and role functions

Role	Associated concepts	Functions
Mentor (Bruce <i>et al.</i> , 2011:351; Moreland, 2011:96; Gray & Smith, 2000:1546; Thomka, 2007:22).	• Role model, • Teacher, • Advisor and • Counsellor (Bruce <i>et al.</i>, 2011:351-352) • Preceptor (Thomka, 2007:22).	• Gives advice and guidance on nursing education (Bruce <i>et al.</i>, 2011:355). • Provide a thorough comprehensive mentoring experience for newly hired novice and experienced nurse educators (Kirchoff, 2010:130). • Guides students in their learning and shares views and feelings about nursing, is a role model and gives feedback (Bruce <i>et al.</i>, 2011: 356).
Supporter (Mkhwanazi, 2007:28; Boyd <i>et al.</i> , 2008:50; Cash <i>et al.</i> , 2009:385; Rowe, 2008:370)	• Facilitator and • Supervisor (Mkhwanazi, 2007:28)	• Approves and supports students' actions (Stanhope & Lancaster, 2004:458). • Assure students that they have the right and responsibility to make decisions (Stanhope & Lancaster, 2004:458). • Being there for peers and students by availing himself when needed (Mellish <i>et al.</i>, 2000:76).
Supervisor (Meyer & van Niekerk, 2008:224; Stanhope & Lancaster, 2004:1032)	• Director, • Guider and • Coordinator (Lekhuleni, 2002:28) • Decision maker (Stanhope & Lancaster, 2004:1032).	• Gives clear work instructions (Jennings, 2011:3). • Praises peers and students when they deserve it (Lekhuleni, 2002:28). • Plans, coordinates, guides and instructs the students' work (Meyer & van Niekerk 2008:225). • Evaluating students' progress (Meyer & van Niekerk 2008:225). • Facilitate the growth of student nurses, both educationally and personally (Mkhwanazi, 2007:37).
Facilitator (Lekhuleni, 2002:28; Mkhwanazi, 2007:36; Mellish, Brink, & Paton 2004:76; Meyer & van Niekerk 2008:224; Quinn, 2000:433)	• Evaluator and • Motivator (Mkhwanazi, 2007:34) • Role model (Mellish <i>et al.</i>, 2004:75) • Supporter (Quinn, 2000:433)	• Arrangement of educational learning outcomes while facilitating access to resources by assisting the students in search for learning materials (Phiri, 2011:21). • Creates an environment in classroom, laboratory, and clinical settings that facilitates student learning (Phiri, 2011:38). • Create a climate of trust engendered by appropriate self-disclosure of newly hired nurse educators and experienced nurse educators, with warm, open and honest approaches toward each other

		(Lukheleni, 2002:16).
Teacher (Bruce <i>et al.</i> , 2011:111; Boyd <i>et al.</i> , 2008:50; Southern Regional Education Board (SREB), 2002:6)	• Facilitator and • Collaborator (Quinn, 2000:429) • Advisor and counsellor (Bruce <i>et al.</i>, 2011:111)	• Teach in the classroom and clinical settings, advising, guiding, supporting and counselling nurse educators and students (Bruce <i>et al.</i>, 2011:111). • Developing the course and instructional material; evaluating; working on a committee; setting and marking examinations; and maintaining records on teaching and assessment (Bruce <i>et al.</i>, 2011:111). • Educational support for nurse educators to students, tutoring students and facilitating good practice (Quinn, 2000:428-429; SREB, 2002:7).
Researcher (SREB, 2002:8; Garret <i>et al.</i> , 2008:13)	• Collaborator (Garret <i>et al.</i>, 2008:13)	• Help students interpret and apply research in nursing practice and recognize opportunities for conducting research in nursing (SREB, 2002:8). • Use current research findings and scholarly works in nursing to improve nursing education (SREB, 2002:8). • Use knowledge gained through clinical practice to maintain and improve nursing curricula (SREB, 2002:8). • Facilitating access to resources by providing a reference list, or by assisting students in search for learning materials (Phiri, 2011:21).
Collaborator (SREB, 2002:9; Poindexter, 2008:175)		• Establish strong links among educational institutions, clinical institutions and the community (SREB, 2002:9). • Communicate effectively with peers, students and administrators to facilitate the enactment of best practices in nursing education (SREB, 2002:9). • Explain the nursing curriculum to peers and students (SREB, 2002:9). • Use broad frameworks to build effective relationships within and among groups to enhance nursing education (SREB, 2002:9).

These are the roles of nurse educators with associated concepts as identified by authors. Each role has its unique functions as perceived by each author. From this summary, it is evident that numerous authors define and describe the role of the nurse educator in different ways and from different perspectives. The researcher is

interested in understanding and gaining insight into these perspectives in order to, as previously mentioned, conceptualise the role of nurse educators. These roles as identified in the table 2.1 are briefly described in order to clarify their meaning and the manner in which they are described by the literature.

2.4.1 Mentor

O'Connor and Laidlaw (2006:254) describes mentoring as an activity undertaken by a more experienced person on behalf of someone who the mentor believes has the ability and potential to succeed. It involves guiding the individual in making career decisions and opening doors for further professional and personal growth. Kirchoff (2010:129-130) viewed the various characteristics of a good mentor as vital to providing a thorough, comprehensive mentoring experience for newly hired nurse educators, as well as for experienced nurse educators. Newly qualified nurse educators need mentors since they are not yet aware of their roles as nurse educators, and the transition from being a registered nurse to being a nurse educator takes time.

Quinn (2000:426) refers to the mentor as an appropriately qualified and experienced nurse educator who, by example and facilitation, guides, assists and supports the student in learning new skills, adopting new behaviour and acquiring new attitudes. Chabedi (2010:90-91) argues that mentoring of student nurses should not only be the unit manager's responsibility, but that the nurse educators also need to play a role with regards to the preparation of students for placement in the clinical learning environment. This author further suggests that nurse educators need to ensure that student nurses gain the necessary theoretical knowledge which will serve as a foundation for unit managers to mentor student nurses within their units. According to Mkhwanazi (2007:111), nurse educators, as student mentors and role models, should lead the way so that students can follow. Nurse educators model the nursing profession to nursing students and mentor the nursing students about the ethical issues associated with the nursing profession.

2.4.2 Supporter

Stanhope and Lancaster (2004:458) define support as upholding a student's right to make the choice to study nursing and to function as a student nurse in a nursing education institution. These authors further state that support means assuring

students that they have the right and responsibility to make decisions regarding their learning, and reassuring them that they do not have to change their decisions about becoming professional nurses even if their peers, nurse educators, or any other person raises objections. According to Mellish, Brink and Paton (2000:76), support includes the nurse educator being there for his or her peers and students, and making himself available when needed.

Boyd *et al.*, (2008:50, 53) emphasizes that support for new lecturers is highly important, whether by means of formal or informal routes or those of a more integrated nature. Bowen *et al.*, (2011) mentioned the lack of collegial support as a reason that nurse educators plan to leave the nursing education profession. Waterson *et al.*, (2006:70) pointed out that new nurse educators struggle to adapt to their new positions because they feel they cannot comply with all the expectations in their new role and need support from their managers. Cash *et al.*, (2009:387-388) indicated that nurse educators consider their leaders to be falling short on areas such as support, advocacy and curriculum development. Nurse educators' support from management and from colleagues is valued as a facilitating factor for nurse educators to ensure effective education and training of nursing students and to retain nurse educators in the nursing education profession.

Molefe (2011:81) reported that a lack of support and guidance during clinical placement was noted as a challenge in terms of which students were placed in clinical areas without clear guidelines of what they were expected to do. On the other hand, Mkhwanazi (2007:91) reported that student nurses receive support and supervision during clinical practice and nurse educators are available, well prepared, encourage and assist student nurses in developing clinical skills. Nurse educators need to improve in support for nursing students, especially in clinical areas, to ensure continuity of education and training.

2.4.3 Supervisor

Supervision is the active process of directing, guiding and influencing student nurses to accomplish their goal of becoming professional nurses (Meyer & van Niekerk 2008:224). Quinn (2000:425-426) refers to a supervisor as an appropriately qualified and experienced nurse educator who has received preparation for ensuring that relevant experience is provided for peers and students in order to enable learning

outcomes to be achieved, and for facilitation of student nurses developing competence in the practice of nursing by overseeing this practice. Stanhope and Lancaster (2004:1032) define supervision as decision-making and implementation of activities in an ongoing relationship. In this study, the relationship between nurse educators and nursing students will encourage decision-making and the implementation of nursing education activities, thus effectively enhancing the education and training of nursing students.

Garret *et al.*, (2008:13) indicated that nurse educators find it difficult to adapt to their new positions after they have completed their nursing education studies and are appointed as nurse educators because they are not adequately prepared for their roles, and because many of these roles are conflicting. Rowe (2008:370) noted a perceived lack of guidance, and where guidance was available, it was unclear, unachievable and open to individual interpretation; this hints at role ambiguity, which arises when there is a lack of clarity regarding role expectations and demands.

Molefe (2011:59) noted that nursing students were of the opinion that the sisters in the wards are too busy to attend to their clinical supervision. They then suggested that nurse educators should supervise students in the clinical area.

Supervision is important for nurse educators in order for them to perform their role as expected, while nursing students expect nurse educators to supervise them in the clinical setting.

2.4.4 Facilitator

Bruce *et al.* (2011:201) refers to facilitation as monitoring the student's involvement in their learning progress, and adjusting the challenges of the problems presented by peers and students. Chabeli, as cited by Lekhuleni (2002:16), defined facilitation as a goal-directed and dynamic process. Quinn (2000:433) refers to coaching in education as implying the offering of additional support and tutoring to help a student to prepare for examinations.

Theoretical information is provided in the classroom through facilitation sessions which enable the student to learn, absorb and store knowledge for future use. However, the theoretical information taught in the classroom also forms the basis of

clinical nursing care given to patients (Quinn, 2001:178 and Phiri, 2011:13), as nurse educators facilitate students' learning in the classroom as well as in clinical settings by providing a framework and resources to enhance the learning process. Through clinical accompaniment, nurse educators ensure the facilitation of clinical practice.

Mellish *et al.* (2004:75) explain that, by facilitating, the nurse educator enables the learner to move onto the proceeding stages of their education, and to develop personally, professionally and become practically as well as clinically competent.

Lekhuleni (2002:18) indicated that nurse educators are expected to show interest in student nurses as unique individuals, and be able to recognize individual student nurses' efforts and progress in the clinical setting. The author feels that nurse educators need to ensure that student nurses are able to ask questions and seek help from nurse educators without fear of loss of confidence and esteem. Nurse educators' attitudes play a vital role in ensuring that nursing students are able to participate in class actively.

Mkhwanazi (2007:110) stated that nurse educators still need to improve the facilitation of learning, especially in promoting minimal dependence on nursing students through the use of assignments and case studies. Facilitation of learning entails the use of several teaching strategies as appropriate, based on the content being taught.

2.4.5 Teacher

The teacher role involves leadership in several educational contexts, that is, curriculum development, clinical teaching and supervision, classroom teaching, seminar and virtual teaching, application of knowledge of the learning process, and management of the learning environment (Southern Regional Education Board, 2002:6). This is the main role for nurse educators: to ensure both theoretical and practical education and training for nursing students.

Quinn (2000:428-429) identified relative teacher roles as provision of educational support for practice-based mentors to students, tutelage of students, and facilitation of good practice. Bruce *et al.* (2011:111) indicated that the teaching role includes teaching in the classroom and clinical settings, such as advising, guiding, supporting

and counselling peers and students, developing the course and instructional material, evaluating, working on a committee, setting and marking examinations, and maintaining records on teaching and assessment.

Boyd *et al.* (2008:50) maintains that the teaching role is more important than research, framing the development of competent professionals as a priority. They feel that, in their early careers, teaching took priority over research. These authors reported that teaching modules outside their specialty frustrated nurse educators.

2.4.6 Researcher

Nurse educators are responsible for the scholarship of teaching, discovery, application and integration. The scholarship of teaching requires knowledge of the subject matter and the ability to communicate that knowledge effectively to peers and students (SREB, 2002:8). The nurse educator must demonstrate clarity, relevance, accuracy, originality and intellectual diversity in scholarly writing, in order to disseminate to others the best practices in education, health care and research.

The scholar role requires a nurse educator to design, collaborate and use research in nursing education and nursing practice, to seek opportunities for interdisciplinary research, to keep abreast of current knowledge, and to integrate research and scholarly findings into the practice of nursing education. Garret *et al.*, (2008:13) indicated that nurse educators objected to their teaching, research and community engagement roles, which they found too overwhelming. They were unsure where their first priority was, given their teaching load. Nurse educators are required to prioritize their roles. The teaching role is the main role, as it enables the crucial function of educating and training nursing students.

2.4.7 Collaborator

Collaboration with peers, students and administrators is essential to the full expression of the nurse educator role. Educating the next generation of nurses depends on nurse educators' ability to interact with many diverse constituencies (SREB, 2002:9). Nurse educators are responsible for facilitating their nursing students' clinical exposure through collaboration with nurse managers of hospitals at which nursing students practice. Poindexter (2008:175) is of the opinion that nurse educators should be competent in nursing practice, leadership and collaboration,

student learning development and socialization, and facilitating student learning. Nurse educators are responsible for ensuring continuity of clinical practice among nursing students through clinical accompaniment.

Kirchhoff (2010:108) examined and compared the perceived competencies of novice nurse educators to that of experienced nurse educators, and found that both groups either had “no experience” or were “advanced beginners” in the given competencies and subsections. Deficiencies reported in both groups included scholarship, designing new curricula and evaluating programme outcomes, assessment and evaluation strategies, methods of facilitating learning, functioning within the educational environment, facilitating student development and socialization, and acting in leadership and collaborator roles. The collaborator role is important for nurse educators since the allocation of nursing students to clinical areas is accompanied by objectives which students need to achieve, and so nurse managers need to be kept informed.

Considering what has been discussed in the sections above, it is evident that the roles of the nurse educator, defined and described here from different perspectives, play a very important part in the field of nursing education, and more specifically in the transfer of the competencies involved in the art and science of nursing from the nurse educator to the student nurse. In addition, it is important to note that in order to understand and ultimately conceptualise these roles, one should also look at how they interlink with the relevant theoretical frameworks – in this case, role theory (Masango-Mtetwa, 2002:101).

2.5 Literature review summary

The purpose of this literature review was to conceptualise the role of nurse educators by obtaining descriptive information from current and available literature on nursing education; specifically, the roles of nurse educators. Through this deductive, descriptive discussion of the key concepts associated with the role of the nurse educators and how they link with role theory, the researcher makes the proposition that “the role of nurse educators” can be conceptualised as: *a position that a nurse holds within a specific contextual situation characterized by certain functions, goal-directed actions and associated concepts, as influenced by the contextual situation* (see figure 2.1).

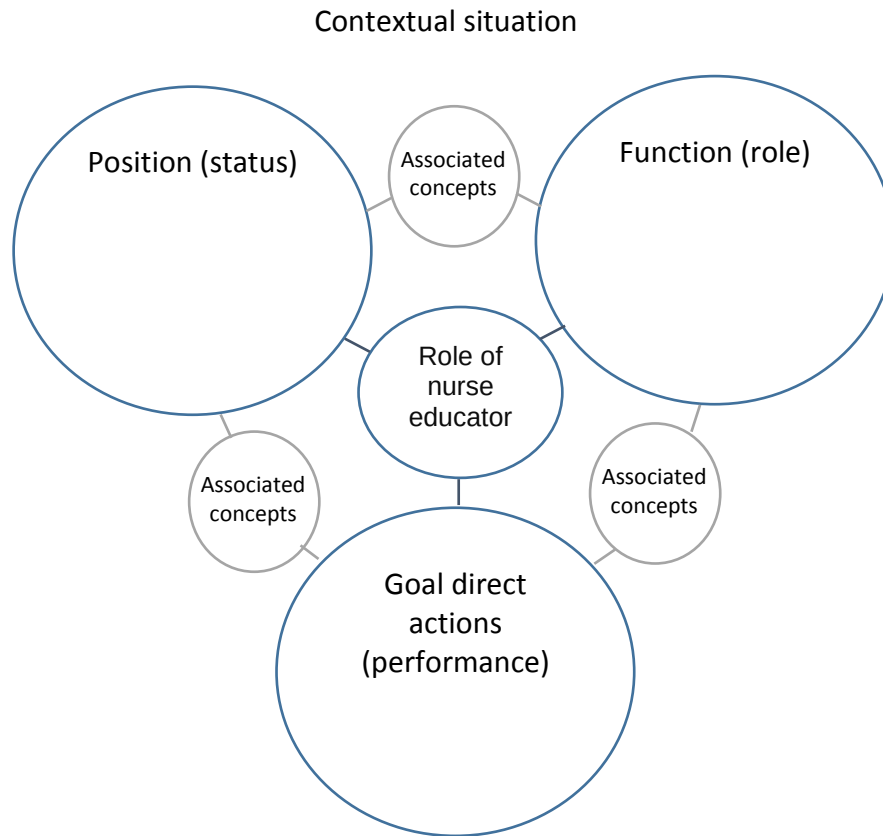


Figure 2.1 Conceptualisation of the role of nurse educators

With this conceptualisation in mind, in practice, it would seem that nurse educators should then not find it difficult to clarify and describe their existing roles. This, however, is not the case, as nurse educators and nursing students alike are finding it difficult to describe and clarify the current role of nurse educators, as argued in Chapter 1. This notion highlights the need for this research, and shows the importance and benefit of exploring and describing the perceived roles of nurse educators in the context of a provincial nursing college. Through this explorative and descriptive approach, the research will contribute to a better understanding and knowledge base, from which the role of nurse educators can be better understood.

This concludes Chapter 2 of the study, as the initial objective of conceptualising the role of nurse educators based on the currently available literature was achieved. Chapter 3 will provide a detailed description of the research design and methods as applied in this study.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

In this chapter, the design and method of the research methodology is discussed, including the population, sampling, data collection and analysis procedures, as these pertain to the present study. The chosen research design enables the researcher to achieve the purpose and the objective of the study. Measures to ensure trustworthiness, as well as ethical considerations, are also discussed in detail.

3.2 Research design and method

3.2.1 Research design

An exploratory, descriptive, contextual, qualitative research design was chosen for this study, because the researcher wanted to explore and describe the perceived roles of nurse educators in the context of a provincial nursing college in the KwaZulu-Natal (KZN) province. Through this approach, it was possible for the researcher to gain knowledge and a deeper understanding of the participants' perceptions.

3.2.1.1 Qualitative research

Qualitative research is described by Creswell (2009:232) as a means for exploring and understanding the meaning individuals or groups ascribe to a social or human problem. Qualitative research is investigative in nature and it involves an in-depth, holistic fashion of collection and narration of data, as defined by Polit and Beck (2008:763). Qualitative research focuses on the qualitative aspects of meaning, experience and understanding of human experience from the viewpoint of the research participants in the context in which the action takes place (Bink *et al.*, 2012:121). Thus, this approach was applicable to this study, as objectives two and three were:

- To explore and describe the perceptions of nursing students regarding the role of nurse educators at a provincial nursing college.
- To explore and describe the perceptions of nurse educators at a provincial nursing college regarding their role as nurse educators.

Exploratory

In research with an exploratory design, a researcher plans to shed light on the various ways in which a phenomenon and its underlying processes are manifested (Polit & Beck, 2008:21). For the purpose of this study, an analysis of the perceived roles of nurse educators is a new concept in the KwaZulu-Natal College of Nursing (KZNCN). No studies have been done to explore the perceived roles of nurse educators. Therefore the researcher aims to gain knowledge about the perceived roles of nurse educators in the KwaZulu-Natal province. This knowledge will highlight the perceived roles of nurse educators and nursing students, thereby assisting the nursing education management to develop and improve support systems which will meet nurse educator and nursing student needs. Within the context of this research, exploration was used to gain insight into the perceptions of participants (nurse educators and nursing students) regarding the nurse educator's role.

Descriptive

Burns and Grove (2009:696) define descriptive research as a kind of research which provides an accurate portrayal or account of the characteristics of a particular event or individual or group in a real situation. In this study, the researcher engaged in an exploratory conversation with nurse educators and nursing students, in order for them to express their perceptions regarding the roles of nurse educators (Creswell, 2008:51)

In this proposed study, the researcher will explore and describe the perceived roles of nurse educators at the identified provincial nursing college. The researcher will then give an explanation of the process.

Contextual

Qualitative studies are always contextual, as the data are only valid in a specific context and not meant for generalisation (Burns & Grove, 2009:54; Botma *et al.*, 2010:195). Qualitative researchers are obliged to conduct their studies in a way that does not disturb the natural context of the phenomenon studied (Streubert *et al.*, 2007:22).

The phenomenon of interest is explored in the immediate environment and physical location of the people studied. This research took place at a campus of a provincial

nursing college. Therefore, the contextual environment for this study is at a campus in KwaZulu-Natal, where nurse educators and nursing students are actively engaged with nurse educators. A more in-depth discussion follows, under “population”.

3.2.2 Research method

An overview of the research method was given in Chapter 1. A detailed description regarding how the data gathering (population, sampling, role of the researcher and research methods), data analysis and ensuring trustworthiness in the research (Botma *et al.*, 2010:199) was carried out, and will be discussed in the following paragraphs.

3.2.2.1 Population

According to Brink *et al.* (2012:131), a population is defined as the entire group of persons or objects that is of interest to the researcher, which meets the criteria which the researcher is interested in studying. The study population consisted of twenty five nurse educators in the campus where study was conducted and fifty first years, forty-five second years, forty third years, and forty fourth year nursing students in the specific campus of the provincial nursing college. All nurse educators who are currently and directly involved in teaching nursing students of all levels of a comprehensive four-year diploma course, which are Fundamental Nursing Science (FNS), General Nursing Science (GNS), Ethos and Professional Practice (EPP), Midwifery and Psychiatry offered at a campus of a provincial nursing college were involved. It also consisted of all nursing students who are studying comprehensive four year diploma course from first, second, third and fourth year level of training at the mentioned campus. This campus referred to was selected on the basis that there are only two campuses which form the provincial nursing college being used in the study. For both ethical and “good science” reasons, the researcher decided to undertake the research on this campus, as she is employed as a lecturer at the other campus.

This body of participants was broken into two populations. Population one was made up of the nurse educators, and population two was made up of the nursing students.

3.2.2.2 Sampling method

A non-probable sampling strategy, namely purposive sampling (Botma *et al.*, 2010:126), was used to select the participants from the provincial nursing college. Purposive sampling is undertaken by selecting participants based on information relevant to the participant's experience and expertise, regarding the phenomena under study (Brink 2011:132). In this study, the researcher's use of purposive sampling was rooted in the researcher's knowledge about the population, which was useful in selecting the participants for the study (Polit & Beck, 2008:356).

Eligibility criteria include a list of characteristics essential for membership or eligibility in the target population, which is listed in Table 3.1. The criteria are developed from the research problem, the purpose, a review of the literature, the conceptual definitions of the study variables, and the design (Burns & Groove, 2009:344).

The campus principal played an important role in this study by assisting with the selection of the sample as follows:

- Nurse educators who are directly involved in teaching comprehensive four-year diploma course for more than a year in a provincial nursing college, and who voluntarily signed informed consent to participate in the study.
- Nursing students in first, second, third and fourth year level of training for SANC registration as a nurse (General, Psychiatric, Community) and midwife (R425, SANC) in KZNCN, and nursing students who voluntarily signed informed consent, and verbally agreed to participate in the study.

Table 3.1 Eligibility criteria

Population 1: Nurse educators	Detailed description of criteria for participation
Nurse educators who taught the basic comprehensive four-year diploma course.	They teach from the first-year to the fourth-year level, and have had experience in their role as nurse educators.
Nurse educators who had been employed at the college for at least one year and	They had first-hand information, since they performed the nurse educator's role on a

above.	daily basis.
Nurse educators who were willing to participate in the study.	To ensure information-rich participants.

Population 2: Nursing students	Detailed description of criteria for participation
Nursing students who are studying the four-year diploma course.	They spent more time in college, as their period of study is four years.
Nursing students in their 1 st , 2 nd , 3 rd and 4 th year of their four year diploma course.	Each level had different perceptions which made the study information-rich.
Nursing students who were willing to participate in the study.	Voluntarily gave relevant and rich information.

Sample size

The sample size is determined by considering the scope of the study (Burns & Grove, 2009:361) as this study has a clear focus and provided focused data collection. The nature of the topic is clear and participants easily discussed their role perceptions. Data saturation consists of sampling to the point at which no new information is obtained and redundancy is achieved (Polit & Beck, 2014:286). In this study, the sample size was determined by data saturation (Brink *et al.*, 2012:144), meaning that the researcher could not identify in advance how many participants were needed. The contextual nature of the study made it difficult to sample more participants than were available at the campus, to the point that it could be viewed as an all-inclusive sample, specifically pertaining to the nurse educators. The researcher accumulated data continuously until data saturation occurred and no new information was acquired from the participants. Two focus group discussions (FGDs) of seven nurse educators (focus group 1) and twelve nursing students (focus group 2) were conducted, during which a pattern of data repetition emerged.

3.2.2.3 Study context

This study was conducted on a campus of a provincial nursing college in KZN.

This institution provides the following SANC programmes:

- Four-year diploma programme (R425), two groups of twenty-five nursing students are appointed bi-annually, in January and July.
- Two-year course programme leading to enrolment as an enrolled nurse (R2175), intake of twenty pupil nurses per year.
- One-year diploma in midwifery course (R254), intake of twenty-five student midwives per year.

The nursing campus employs twenty-five nurse educators and they work together in teaching all programmes provided on the nursing campus.

3.2.2.4 Data collection

Qualitative researchers, as in this study, collect data in the field where participants experienced the problem under study (Creswell 2009:175). The information was gathered by speaking directly to participants and seeing them behaving and acting within their context, which was a nursing campus, as a major characteristic of qualitative research (Creswell 2009:175). The researcher had face-to-face interaction with the participants for an extended period of time.

In this research study, FGDs were conducted, and discussions were audiotaped and transcribed in preparation for data analysis. The researcher conducted two FGDs. Seven nurse educators attended the first focus group, and twelve nursing students attended the second FGD.

Method of data collection

A FGD is the process of collecting data through interviews with a group of typically six to eight people (Creswell, 2009:181). FGDs are useful, because they represent a space wherein participants create meaning among themselves (Babbie & Mouton, 2011:920) rather than individually, and are able to share their thoughts with one another (Brink *et al.*, 2012:158). FGDs allow the researcher control over the line of questioning (Creswell, 2009:179). With the assistance of the campus principal and the mediator, the researcher identified potential participants who were representative of the target population. The potential participants were then contacted to gain their cooperation and to explain the purpose of the study. Participants were selected according to similarities in their characteristics, to facilitate more open discussion

(Burns & Grove, 2009:514; Polit & Beck, 2008:395). A FGD schedule (Annexure K), used in the FGDs, was developed in advance. Short demographic questionnaires for the FGDs (Annexures F1 and F2) were given to the participants before commencing. This was done to allow the researcher the ability to distinguish differences of opinion based on the demographic characteristics noted, and thus form an overall understanding of the phenomenon. The time and venues were chosen by the participants and the average duration was 45 to 60 minutes.

The role of the mediator

The role of the mediator was to communicate with the researcher and arrange the date for the interview, arrange the setting, and select the participants.

The role of the researcher

The researcher submitted a research proposal and drafted information sheets (Annexures G1 & G2) and consent form (Annexure H) to the research ethical committee of the North-West University (NWU) at the Potchefstroom campus for approval to conduct the study. After receiving a letter of approval from the research ethical committee of the NWU Potchefstroom campus (Annexure A), letters were written to the provincial Department of Health (DOH) (Annexure B1), the principal of the provincial nursing college (Annexure B2) and the campus principal (Annexure B3), asking for permission to conduct the study, which was granted (Annexures C, D & E).

Upon receiving approval from the provincial DOH, college and campus, the researcher contacted the campus principal telephonically to arrange for a visit to the institution. Upon reaching an agreement with the campus principal, the researcher visited the campus so as to make appointments with the participants, and explained the background of the study and the aim thereof. Seven participants from population one and twelve participants from population two who met the set criteria were recruited by the researcher (See Annexures F1 & F2) and availed themselves for FGDs.

Sample one consisted of seven nurse educators teaching in FNS, GNS, EPP, Midwifery and Psychiatry at the nursing campus. Their ages ranged from 30 to 60 years of age. The group consisted of six females and one male candidate, each with

5 to 15 years of teaching experience. Participants' qualifications included diplomas and degrees in nursing education, as well as honours degrees.

Sample two consisted of twelve nursing students who are training in the four year comprehensive course to become a nurse (general, psychiatric and community) and midwife, SANC Regulation R425 in the nursing campus of KZN province. Each module was represented as follows: two students in FNS (first year), four students in GNS (second year and first semester of third year), and two students in EPP (second semester of third year), two students in midwifery (first semester of fourth year) and two students in psychiatry (second semester of fourth year). The group consisted of ten females and two males, with ages ranging from 20 to 35 years of age.

After the participants had agreed to take part in the study, the time for the FGDs was set and the venue where the discussion would take place agreed upon. Each participant was requested to sign a consent form (Annexure H) before taking part in the discussion. The researcher also explained the ethical procedures to the participants to present an understanding and assurance of confidentiality prior to each discussion. The consent form was in English but the researcher made use of all languages understood by the participants as set out in the criteria.

Participants were made aware of the digital voice recorder that was used so as to alert them that the information they gave was recorded for purposes of data analysis. At the end of each FGD, the researcher transcribed the information from the digital voice recorder so that the data corresponded with the discussion conducted (Annexure I).

Physical setting

According to Creswell (2009:133), researchers should ensure that they are not unduly disturbed in the interview context. Ideally, an adequate degree of privacy should be established, and noise levels should be kept to a minimum so that the recording sessions are not drowned out. On the day of data collection, the researcher met with the mediator to arrange the setting and to select the participants. FGDs were held at a place which was selected by the participants which was most convenient and comfortable for them. FGDs were conducted in the

demonstration room of the nursing campus. The room that was chosen, was private, comfortable and free from disturbances such as telephones. The room was well ventilated and clean. Chairs were arranged so that there were no barriers between the researcher and the participants during the interview, thus facilitating eye contact and rapport. Times that were agreed upon by the researcher and the participants were honoured by the researcher resulting in both FGDs proceeding according to schedule. The campus staff made aware of the discussions in process and asked not to disturb. The researcher presented herself early so that she was able to meet the participants in the preferred room. The researcher introduced herself and briefly explained the purpose of the appointment. The researcher made the participants feel comfortable and reassured them regarding issues of confidentiality. Information sheets and a written consent form was given to each participant, for voluntary reading and signing (Annexure G1 & G2 and H). The researcher checked the digital recorder before the interviews started to ensure that it was in good working order for recording.

Interview process

On the day and time scheduled for the FGDs, the researcher had information sessions with the potential participants during which she (the researcher) introduced herself, explained the topic of the study and briefed the participants about the research, guided by an information leaflet regarding the research (Annexure G1 & G2). The notion of voluntary participation and the participants' rights were explained. Participants who agreed to participate were asked to sign the informed consent form, attached as Annexure H.

The following important aspects were highlighted before the discussion started:

- The FGDs would be audio-recorded to ease the analysis process,
- Privacy, anonymity, confidentiality and comfort would be ensured,
- Participants would be requested to talk clearly and not interrupt each other, and
- Openness and honesty would be encouraged during the FGDs.

The nurse educator FGD was undertaken first, wherein the open-ended question was asked, **“What are your perceptions of your role as nurse educators at this college?”**

The FGD with nursing students followed after two hours, for the convenience of nursing students who were attending classes, and the question **“What do you see as the role of the nurse educators at this college?”** was asked.

The researcher allowed the participants to talk freely about their experiences. Probing questions, such as “can you explain more?”, and “what do you mean by ...?” stimulated further discussion and elaboration. The researcher created an atmosphere of comfort and acceptance and stimulated a free flow of communication, by using good interpersonal communication techniques such as nodding, maintaining eye contact, listening attentively, paraphrasing, summarizing and making brief verbal responses.

Field notes

Field notes are notes taken by the researcher to record the unstructured observations made in the field, and the interpretations of those observations (Polit & Beck, 2014:381). Greeff (2005), cited by Rikhotso (2010:20), describes field notes as a written account of the things the researcher hears, sees, experiences and thinks, in the course of collecting or reflecting on data obtained during the study. In this study, the researcher was attentive for tone of voice, body language, comparisons of institutions and resources, emotional expression, attitude and the free flow of language (see Annexure J) for the field notes.

3.2.2.5 Data analysis

Data analysis is an on-going process, involving continual reflection with regards to the data, asking analytic questions, and writing memos throughout the study (Creswell, 2009:184). Data analysis entails categorizing, ordering, manipulating and summarising the data and describing it in meaningful terms (Brink *et al.*, 2012:177). The following data analysis steps, as defined by Creswell (2009:185-190), were followed in performing data analysis.

1. Organise and prepare the data for analysis

Interviews were transcribed by hand at first, and then typed up as field notes.

2. Read through all the data

The researcher read through all the data to obtain a general sense of the information and reflect on its overall meaning. Notes were written in the margins.

3. Begin detailed analysis with a coding process

Coding is the process of organising the material into segments of text before bringing meaning to the information (Creswell 2009:186). The researcher carefully read the transcripts and jotted down ideas as they occurred.

4. A coding process was used to generate a description of themes

A theme is an abstract entity that brings meaning and identity to a current experience and its variant manifestations (Polit & Beck 2008:515). These themes are the ones that appear as major findings in this study, and are used to create headings in the findings section supported by quotations.

5. Advance how the description and themes are represented

The detailed discussion of several themes complete with sub-themes, and quotations were represented as in Chapter 4 below.

6. Make an interpretation of or derive meaning from the data

Creswell (2009:190) stated that the meaning of data might be the researcher's personal interpretation, couched in the understanding that the inquirer brings to the study from her own experience. It could be a meaning derived from a comparison of the findings with information gleaned from the literature to confirm past information or diverge from it. The researcher made use of a co-analysers to assist with the analysis. The researcher did the initial analysis and shared it with the co-analysers. After the co-analysers worked through the initial themes, a meeting was scheduled, whereupon the researcher and the co-analysers discussed the themes and sub-themes, on which a final decision was eventually made. The main themes and sub-themes that were identified in the study and the interpretation of the findings and the representation of the data are discussed in Chapter 4.

3.3 Measures to ensure trustworthiness

According to Brink *et al.* (2012:171), trustworthiness is described in terms of validity and reliability. Trustworthiness parallels the standards of validity and reliability in quantitative research (Polit & Beck 2008:537). To develop the trustworthiness of this study, credibility, dependability, transferability and authenticity were ensured as follows:

3.3.1 Credibility

Credibility refers to confidence in the truth of the data and the interpretation of that data (Polit & Beck, 2008:537; Brink *et al.*, 2012:172). Confidence in the truth was established through the following techniques:

Prolonged engagement; the researcher stayed in the field until data saturation was reached. This helped the researcher to gain an in-depth understanding of the perceptions of nursing students and nurse educators on nurse educators' roles.

Member checking; to determine the accuracy of the qualitative findings through taking the final report, with established credibility of the study or specific descriptions or themes, back to participants and determining whether these participants felt that they were accurate (Creswell, 2009:191).

Referral adequacy; the researcher determined all materials that were available to document the findings

3.3.2 Dependability

Dependability refers to the provision of evidence such that if it were to be reported with similar participants in a similar context, its findings would be similar (Brink *et al.*, 2012:172).

In this study, dependability was established by means of a dense description, which clearly and comprehensively described the exact methods of data gathered (including raw data such as the voices recorded, field notes and interviews) and their interpretation.

3.3.3 Transferability

Transferability refers to the ability to apply the findings in other contexts or to other participants (Brink *et al.*, 2012:173). Sampling was purposeful and participants who were hands-on with perceived role of nurse educators were chosen in a campus of the provincial nursing college. Data saturation was reached as eventually, there was no new information and themes became repetitive.

3.3.4 Authenticity

Polit and Beck (2008:540) also describe authenticity as a criterion for trustworthiness.

Authenticity refers to the extent to which the researchers indicate a range of realities in a fair and faithful manner (Brink *et al.*, 2012:173). The researcher's report conveyed the experiences and feelings of the participants as they are lived.

3.4 Ethical considerations

The researcher, at all times, adhered to ethical considerations. The measures to comply with the generally accepted ethical principles for research that were taken in this study are described as follows.

3.4.1 Ethical approval for the study

The study received ethical approval from The Ethical Committee of North-West University, Potchefstroom Campus; certificate number NWU-00106-13-A1 (Annexure A) on the basis of the submission and approval of the research proposal and a recommendation from the Research Committee of the School of Nursing Science, North-West University, Potchefstroom Campus.

3.4.2 Permission to conduct the study

The researcher submitted a research proposal and drafted information sheets (Annexures G1 & G2) and a consent form (Annexure H) to the research ethical committee of the North-West University (NWU) at the Potchefstroom campus for approval to conduct the study. After receiving a letter of approval from the research ethical committee of the NWU Potchefstroom campus (Annexure A), letters were written to the provincial Department of Health (DOH) (Annexure B1), the principal of

the provincial nursing college (Annexure B2) and the campus principal (Annexure B3), asking for permission to conduct the study, which was granted (Annexures C, D & E). Upon receiving approval from both the provincial DOH, college and campus, the researcher contacted the campus principal telephonically to arrange for a visit to the institution. Upon reaching an agreement with the campus principal, the researcher visited the campus so as make appointments with participants, and explained the background of the study and the aim thereof.

3.4.3 Informed consent

The researcher adhered to the principle of informed consent from the participants by providing a consent form in written format (Annexure H). Participants signed an informed consent form after the researcher explained the particulars of participation in detail. Potential participants were invited and given time to decide on participation. Participation was voluntary and could be stopped at any time without any consequences

Participants' basic human rights were honoured and protected by considering the following rights:

3.4.3.1 Principle of respect for persons

This principle includes the right to self-determination and the right to full disclosure.

The principle of self-determination means that the prospective participants have the right to decide voluntarily to participate in a study, without risking any penalty or prejudicial treatment. It means that the study participants have the right to question the researcher, to refuse information or to withdraw from the study at any given time if they feel uncomfortable (Brink *et al.*, 2012:36; Polit & Beck, 2008:172).

Right to self-determination: The participants were informed that they have the right to voluntarily participate and are free to withdraw from the research at any stage if they so wish without any penalty or discrimination.

3.4.3.2 Principle of justice

The ethical principle of justice involves the participants' right to fair treatment and the right to privacy. The right to fair treatment means that the researcher must treat

people who decline to participate in a study or who withdraw from the study after agreeing to participate in a non-prejudicial manner, that the participants must have access to the research personnel for any desired clarifications, and that participants have to be treated in a gracious and tactful manner at all times (Polit & Beck, 2008:174; Brink *et al.*, 2012:36).

Right to privacy: The FGDs took place in a private room. The participants' views were audio recorded with the permission of participants. The FGDs were conducted at a venue chosen by the participants to help to calm, comfort, and relax them, and to ensure privacy. Participants were informed about the use of a digital recording device to record the conversation and the taking of field notes.

Right to anonymity and confidentiality: No names were attached to responses from participants. The results were reported in aggregate, and raw data are accessible only to researchers directly involved in the study. The findings post-literature integration will be confirmed with participants before publication.

3.4.3.3 Scientific honesty

According to Brink *et al.* (2012:43), the researcher must demonstrate respect for the scientific community by protecting the integrity of scientific knowledge.

To maintain scientific honesty, the researcher takes on the responsibility of sharing the results with the scientific community in a respectful manner using an accredited journal. In adhering to this directive, the researcher will ensure that all the information reported is accurate and that no data will be falsified. The researcher also acknowledged other authors whose intellectual works were used to enrich this study, so as to ensure that no plagiarism was committed. The results will also be shared with organizational management and with the participants in a form of presentation to both parties, and the dissertation will be submitted to the management.

3.5 Summary

In this chapter, the researcher discussed the research design and method, which included the selection of participants, data collection and data analysis. Measures to

ensure trustworthiness and satisfy ethical considerations, which were adhered to in this research, were also addressed. Chapter 4 report on the results of the study.

CHAPTER 4: RESEARCH FINDINGS AND LITERATURE INTEGRATION

4.1 Introduction

In Chapter 2, the researcher conceptualised the role of nurse educators. In this chapter, the focus will be on exploring and describing the perceived roles of nurse educators in the context of a provincial nursing college, based on this qualitative inquiry.

In Chapter 3, a full description of the research design, research method, trustworthiness and ethical considerations was given. This chapter will therefore focus on how the findings were realised through the process of data collection and data analysis.

4.2 Realisation of data collection and data analysis

The discussion will recount the demographics of the participants and their relation to the perceptions of the roles of nurse educators by reflecting on the process of data collection and analysis.

4.2.1 Demographic profile of the participants

In order to get a representation of the participants in this study from whom the data was collected, the researcher administered a short biographical survey (see Annexures F1 & F2) on nurse educators' bibliographic data regarding age, gender, race, qualification (diploma or degree qualified) and the length of time spent as nurse educators in the provincial nursing college where the study was conducted.

Nurse educators

The group consisted of seven nurse educators teaching in Fundamental Nursing Science, General Nursing Science, Ethos and Professional Practice, Midwifery and Psychiatric nursing at the provincial nursing college in the KwaZulu-Natal (KZN) province. Their ages ranged from 30 to 60 years old. The group consisted of six females and one male candidate, with 5 to 15 years of teaching experience each. Participants' qualifications included one diploma, four baccalaureate degrees, one honours degree as well as one master's degree in nursing education.

Nursing students

Population two consisted of twelve nursing students who are in first, second, third and four year level of training for SANC registration to become nurses (general, psychiatric and community) and midwives (SANC R425) in the provincial nursing college within the KZN province. The group consisted of ten females and two males, with ages ranging between 20 to 35 years.

From the interactions with these two groups it seemed that the nurse educators' group functioned as a unit, with members in agreement with each other most of the time. In the nursing students group, a high level of cohesion was noted in the group, and members of the group were in agreement with each other. There seemed to be a feeling of hostility towards the nursing programme from this group, and yet the relationships amongst group members appeared to be positive.

4.2.2 Method of data collection

There was one open-ended question that guided each of the two FGDs. One question was asked of the nurse educators' group, and another of the nursing students' group. The questions (Annexure I) that initiated this exploration of the participant's perceptions were as followed:

- The nurse educators' FGD: "What are your perceptions of your role as a nurse educator at this campus?"
- The nursing students FGD: "What are your perceptions on the role of nurse educators as nursing students at this campus?"

These questions, in combination with some probing prompts and the FGDs as the approach used, provoked and stimulated lively discussions, as the researcher believed it would. Participants were calm and showed signs of willingness to partake in the FGDs. They maintained eye contact well throughout the FGDs. Participants were at ease and were actively participating. They answered in warm tones of voice and they were willing to share their perceptions in depth.

4.2.3 Data collection procedure

Before each of the FGDs, through the assistance of the mediator, the researcher contacted and gained cooperation from the participants through a process of explaining the purpose of the study and obtaining written, informed consent (see Annexure H) from each participant.

On the day and time of the FGDs, the research purpose was again explained and the participants were assured anonymity and confidentiality, specifically pertaining to a FGD. The FGDs took place at the nursing college at an appropriate time for the participants to ensure convenience and comfort. The FGDs lasted approximately an hour per group and were voice recorded and transcribed verbatim by the researcher.

4.2.4 Data analysis

The data analysis steps of Creswell (2009:185-190) were used for analysis. They are: organise and prepare the data for analysis, develop a general sense of the data, code the data, describe and identify themes, represent findings, and interpret the data as discussed in Chapter 3. In short, the researcher started by labelling the transcripts, field notes and some reflections made post-data collection. The process was then followed as indicated in Chapters 1 and 3.

4.2.5 Trustworthiness in the data collection and analysis processes

The FGD schedule (Annexure L), field notes (Annexure K), initial coded themes (Annexures J1 and J2) and verbatim transcriptions (Annexure I) supporting the verbatim quotes of participants are included as supporting evidence portraying the authenticity of the data, ensuring trustworthiness as described in terms of credibility and applicability by Brink *et al.* (2012:171). The final coded themes, as deduced through discussion between the researcher and the supervisor, are also included as Annexures for this purpose (Annexures J1 and J2).

4.3 Discussion of research findings and literature integration

Through the steps of data analysis (Creswell, 2009:185-190), the following findings by means of themes and sub-themes of the FGDs were brought forth. These themes, along with their sub-themes, will be presented concurrently with the

discussion to ensure clarity and allow comparison and validation with the existing literature.

The focus of this discussion will be regarding the relationship between the perceptions of the participants regarding the role of the nurse educators at a provincial nursing college and the current literature. This focused discussion will be structured around the remaining two objectives (different populations that participated in the research), namely:

- The role of nurse educators as perceived by the nurse educators
- The role of nurse educators as perceived by the nursing students

4.3.1 The role of nurse educators as perceived by the nurse educators

The findings of this qualitative exploration and data analysis describe the role of nurse educators as perceived by the nurse educators through the following themes. The discussion starts with a quick reflection on a summative table (Table 4.1) of the different themes and sub-themes as deduced from the initial batch (Annexure I) of transcripts.

Table 4.1 Thematic summary of the role of nurse educators as perceived by the nurse educators

Theme	Sub-themes	Verbatim quotes from participants
Mentor	Student guidance	• "There is a lot of emotional demand in supporting students, because they come with lot of problems and especially if you are a group tutor because they choose lecturer that they want to confide"
	Colleague guidance	• "We support each other as lecturers, we also provide support, mentorship and guidance for each other and emotional support as well"
	Role model	• should be done in a correct way, you should not be screaming and shouting, you are supposed to be role model"
	Student counselling (professional & personal)	• "You assist the students because you want them to finish the course" • "You extend yourself into areas like employee assistance programme (EAP), you cannot turn the student away"
	Manage professional relationships (ethical)	• "You know what my colleague say is correct, a person should be corrected in an ethical way, don't call a person in a corridor and correct her" • ".....steps are there in the book [procedures] they should be followed"
Support	Student support (professional & personal)	• "There is a lot of emotional demand in supporting students, because they come with lot of problems" • "You attend them holistically, because learning will also be affected we are there to facilitate teaching and learning so the student performance will drop if we don't help"
	Colleague support	• "We offer orientation and induction programme to newly hired lecturers who just joined us and to student nurses"
Facilitator	Facilitating teaching and learning	• "Sometimes we don't have enough resources to perform our role which is a.....mm equipment that hampers facilitation process." • "There is no skills laboratory where we can find equipment to demonstrate and students to practice"
	Group tutor	• "There is a lot of emotional demand in supporting students, because they come with lot of problems and especially if you are a group tutor because they choose lecturer that they want to confide"

Teacher	Education and training of students	• “The problem is time factor coz nurse educators are expected to teach large amount of content in a short period of time”
	One on one lecturing	• “Students are absenting themselves in college, we spent lot of time now doing one no one teaching the student that has been absent” • “It also encourages absenteeism because they know they will have one on one lectures”
	Clinical placements	• “We also have the duty of clinical placement, we try to meet with SANC requirement but you find the students absenting themselves in the specific area”
	Clinical accompaniment	• “In the clinical area we can’t always go there, but students raise some issues but you can’t challenge those issues because they are their own boss” • “Lack of clinical lecturers hinders facilitation of clinical area to address the issues in the clinical area”
Scholar	Curriculum development	• “Curriculum need redesigning, disease profile has changed but we are still teaching conditions that are not even occurring in our country”
	Programme development	• “We go to subject subcommittee meetings and make changes but nothing happens” • “We rush with the changes, give to them, it’s a fruitless exercise”
	New qualification development	• “We are basically forced to take student role for making changes with the new curriculum for new qualifications” • “We have to do masters while still teaching”
Managerial and administrative	Induction and orientation of colleagues	• “We also provide induction and orientation programmes for new recruits meaning new lecturers joining the campus”

From these summative perceptions of the nurse educators, it is evident that there are, according to the nurse educators, very clear roles that they as nurse educators have to fulfil within the nursing education environment, and that their perception is similar to the role theory of Masango-Mtewa (2002). Interestingly, they also mentioned some *role conflicts* (Table 4.2) in terms of what they feel negatively contributes to them fulfilling these expected roles. The discussion hereafter will focus on the themes and their sub-themes as identified.

4.3.1.1 Mentor

Nurse educators indicated that newly qualified nurse educators need mentors, since they are not yet aware of their roles as nurse educators, and the transition from being a registered nurse to being a nurse educator takes time. Nurse educators also model the nursing profession to nursing students and mentor nursing students regarding the ethical issues associated with the nursing profession. The following sub-themes were identified: student guidance, colleague guidance, role model, student counselling and managing professional relationships.

- **Student guidance**

Nurse educators reported that mentorship and guidance is provided for nurse educators as well as for nursing students on their campus. Induction and orientation programmes for new nurse educators joining the campus are provided. Nursing students receive counselling when presenting social problems, and they are referred accordingly when need arises.

Below is a supporting quotation relevant to the above subtheme:

“There is a lot of emotional demand in supporting students, because they come with lot of problems and especially if you are a group tutor because they choose lecturer that they want to confide.”

Quinn (2000:426) refers to the mentor as an appropriately qualified and experienced nurse educator who, by example and facilitation, guides, assists and supports the student in learning new skills, adopting new behaviour and acquiring new attitudes. Kirchoff (2010:129) concurred with these findings in stating that possessing the characteristics of a good mentor is vital in providing a thorough, comprehensive

mentoring experience for newly hired nurse educators, as well as for experienced nurse educators. Spending more hours advising, mentoring and remediating students was perceived by Moreland (2011:99) as the nurse educator's role. Mkhwanazi (2007:112) indicated that support, supervision and role modelling is done in the sense that nurse educators assist students to acquire necessary skills in the clinical area and also encourage them to perform functions for which they have competence.

- **Colleague guidance**

Nurse educators reported that they support one another as tutors. There are mentors who guide newly employed nurse educators. They indicated that there is an induction and orientation programme for new recruits. Each hired lecturer is allocated a mentor to be responsible for him or her. However, nurse educators reported a lack of support from their managers.

Below are supporting quotations relevant to the above subtheme:

"We offer orientation and induction programme to newly hired lecturers who just joined us and to student nurses."

"We also provide support, mentorship and guidance for each other and emotional support as well."

Boyd *et al.* (2008:50, 53) emphasize support for new lecturers as highly important, whether via formal or informal routes or using a more integrated path. Newly employed nurse educators struggle to adapt to their new position because they feel they cannot meet all the expectations placed on them in their new role, and they need support from their managers (Waterson *et al.*, 2006:70). Makhuvha, Davhana-Maselesele and Netshandama (2007:67) discovered that most nurse educators raised the concern that they are not cared for and lack support from their managers. Bowen *et al.*, (2011:36) discovered a lack of collegial support as one reason why nurse educators plan to leave the nursing education profession. Garret *et al.*, (2008:13) indicated that nurse educators find it difficult to adapt to their new positions after they have completed their nursing education studies and are appointed as

nurse educators because they are not adequately prepared for their roles, and possibly because many of these roles conflict with one another.

- **Role model**

Nurse educators reported that role modelling and mentorship is lacking in their managers. They are not treated professionally, as corrections are done unethically by occasionally shouting down the corridor. Confidentiality is lacking in matters which are discussed on one on one.

Below are supporting quotations relevant to the above subtheme:

“Handling of conflict should be done properly in a correct manner, steps are there in the book they should be followed.”

“This creates conflict and reduce self-esteem amongst staff members.”

“We don’t communicate properly and we don’t work as a team.”

Rowe (2008:370) concurs with this finding in stating that nurse educators reported a perceived lack of guidance, and where guidance was available it was unclear, unachievable and open to individual interpretation; this points to role ambiguity, which arises when there is a lack of role clarity regarding role expectations and demands. Cash *et al.*, (2009:387) supports this finding in stating that nurse educators consider their leaders to be falling short on areas such as support and advocacy.

- **Student counselling**

Nurse educators reported that some students come to them with social problems, and nurse educators are able to take time to counsel and give advice to the student, in order for the student to continue with the course. It was also reported that when some students are absent from work due to their responsibilities to their families, they are reported to the college for nurse educators to handle.

Below are supporting quotations relevant to the above subtheme:

“You assist the students because you want them to finish the course.”

“You extend yourself into areas like employee assistance programme (EAP), you cannot turn the student away.”

Mkhwanazi (2007:101) concurs with this finding, as nursing students with learning difficulties were motivated and supported. Lekhuleni (2002:18) indicated that nurse educators need to ensure that student nurses are able to ask questions and seek help from nurse educators without fear of loss of confidence and esteem.

- **Manage professional relationships**

Nurse educators reported that role modelling and mentorship is lacking from their managers. They are not treated professionally, as corrections are done unethically by occasionally shouting down the corridor. Confidentiality is lacking in matters which are discussed on one on one. Participants indicated that they are not considered to be decision-makers by their managers.

Below are the supporting quotations to the above subtheme:

“Sometimes we are not treated as we would love to be treated, there are those people who yell at us, managers treat us like children and I think in KZN CN we are not treated properly, we are screamed at, shouted at.”

“I mean correction needs to be done in a civil way, even if it’s done with students should be done in a correct way, a manager should not be screaming and shouting, they are supposed to be role models.”

Bowen *et al.*, (2011:36) supports this finding, as they indicated that nurse educators reported a lack of respect from their managers. Cash *et al.*, (2009:387) indicated that mentorship programs are clearly called for to enhance collegial relationships that are mutually beneficial and rewarding.

Summarised statement for mentor

Nurse educators reported that mentorship and guidance is provided for nurse educators as well as for nursing students. Nurse educators reported that role modelling and mentorship is lacking from their managers.

4.3.1.2 Support

The participants' view of support for nurse educators as well as for nursing students as part of the nurse educator's role is due to the fact that nurse educators need support when performing their roles. It should be emphasised that when it comes to support, these nurse educators expressed more of a need for support than the ability to provide it.

What follows is a discussion of the sub-themes identified, which are student support as well as colleague support.

- **Student support (professional and personal)**

Nurse educators reported that they spend lot of time supporting students. Some students bring their personal problems to them. Nurse educators attend and even refer others to appropriate programmes such as EAP. Nurse educators treat students individually, as each one of them has individual needs.

Below are supporting quotations to the above subtheme:

"There is a lot of emotional demand in supporting students, because they come with lot of problems and especially if you are a group tutor because they choose lecturer that they want to confide."

"You find that you go out of your way to assist the students because we have to assist the students because you want them to finish the course, then you extend yourself into areas that you know that this is someone else job like employee assistance programme (EAP) but because students want your assistance you cannot turn the student away."

According to Mellish *et al.*, (2000:76), support includes the nurse educator being there for his or her peers and students, availing him/her when needed. Stanhope and Lancaster (2004:458) define support as upholding a student's right to make the choice to study nursing and to function as a student nurse in a nursing education institution.

Mkhwanazi (2007:91) concurred with the findings, as she indicated that student nurses receive support and supervision during clinical practice, and nurse educators

are available, well prepared and encourage and assist student nurses to develop clinical skills.

- **Colleague support**

Participants reported that nurse educators support one another as educators, and this empowers nurse educators to achieve their goals. Participants mentioned that there are mentors who guide and direct newly employed nurse educators when performing their teaching roles. Participants indicated that there are induction and orientation programmes planned for new recruits, and that each hired nurse educator is allocated a mentor to be responsible for him or her when performing their role as nurse educators.

Below is a supporting quotation relevant to the above subtheme:

“We offer orientation and induction programme to newly hired lecturers who just joined us and to student nurses”.

Boyd *et al.*, (2008:50, 53) support this finding when emphasizing support for new lecturers as highly important, whether via formal or informal routes or routes of a more integrated nature. These authors further stated that new nurse educators have limited skills to do their work, and need support to understand their role; thus, a nurse educator with good mentorship skills will aid the novice nurse educator in the nursing education profession, thus enhancing productivity. Bowen *et al.*, (2011:36) discovered that a lack of collegial support was one reason why nurse educators planned to leave the nursing education profession.

Summarised statement for support

Nurse educators perceive support for each other as well as for nursing students as their role, and this encourages them to perform their roles as nurse educators, thus achieving the goals laid out.

4.3.1.3 Facilitator

Nurse educators indicated that theoretical information should be provided in the classroom through facilitation sessions that enable students to learn, absorb and store knowledge for future use. They further clarified that theoretical information also forms the basis of clinical nursing care given to patients, as nurse educators facilitate

students' learning in the classroom, as well as in clinical settings, by providing a framework and resources to enhance the learning processes. The following sub-themes were identified: facilitating, teaching, and learning, as well as group tutelage.

- **Facilitating teaching and learning**

Participants reported that a lack of resources hampers the facilitation of learning. Nurse educators demonstrate procedures in college with outdated or old equipment, whereas in the clinical area students encounter new equipment, so lecturers themselves appear outdated to students. There is no properly functioning skills laboratory where lecturers can demonstrate procedures for students. Nurse educators stated that they teach theory in college according to specific outcomes, but they cannot be facilitated in the clinical area because other departments are absent, such as urology and a cardiac department. Nurse educators, in this study, perceived a lack of access to resources.

Below are supporting quotations relevant to the above subtheme:

"Sometimes we don't have enough resources to perform our role which is a mm equipment that hampers facilitation process."

"There is no skills laboratory where we can find equipment to demonstrate and students to practice."

Hebenstreit (2010:300); Makhuvha *et al.*, (2007:66) concurred with this finding, as they reported a lack of resources, both material and human, as a problem which created a challenge related to increased workload and ineffective management of campus activities. According to Phiri (2011:13), nurse educators must facilitate students' learning in the classroom as well as in clinical settings by providing a framework and resources to enhance the learning process. Kirchoff (2010:108) and Poindexter (2008:175) concur with these findings, as they stated that nurse educators reported deficiencies in the facilitation of learning, learner development and socialization. Quinn (2000:428-429) identified relative teacher roles as educational support for practice-based mentors to students, tutoring students and facilitating good practice.

- **Group tutor**

Nurse educators reported that in being a group tutor, you are expected to coordinate the activities of students in college and in the clinical area. However, nurse educators reported that this is difficult, as administrative duties are also given to them. Participants reported that sometimes there is no time for clinical accompaniment or even for lecture preparation because of administrative duties.

Below are supporting quotations relevant to the above subtheme:

“Sometimes we have a role conflict as well in that... eeh people along the hierarchy tasks are given to lecturers that are supposed to be doing lecturers and see to students are given lots of admin as well.”

“Lot of administrative work are given to nurse educators who are also responsible for teaching students.”

Du Toit and van Staden (2012:77) concur with this finding, as they clarify that role conflict occurs when an individual is confronted with clear but conflicting role expectations and demands. Rowe (2008:370) supports this finding in stating that nurse educators reported unclear and unachievable guidance which is open to individual interpretation. This points to role ambiguity, which arises when there is a lack of role clarity regarding role expectations and demands.

Summarised statement for facilitator

The facilitation of clinical learning is impaired because of staff shortages and a lack of resources, which are common issues in the literature. The coordination of group activities by group tutors is affected by the nurse educator's workload.

4.3.1.4 Teacher

Nurse educators reported that the teaching role is the role that makes them realise that they are nurse educators. They mentioned that a lot involved around this role, such as teaching in the classroom and clinical areas and coordinating activities for a group of students. What follows is a discussion of the sub-themes identified, which are education and training of students, one on one lecturing, clinical placement, as well as clinical accompaniment.

- **Education and training of students**

Nurse educators reported that, on their campus, there are a great many students in relation to nurse educators. The ratio of nurse educators to students is exceptionally poor. Participants also reported that some nurse educators retired, and others were hired by other institutions for better positions. This resulted in nurse educators' posts left unoccupied for a long time; sometimes the department removed the post before it became occupied. Nurse educators reported that unoccupied posts result in a shortage of nurse educators, thus increasing the workload for the existing nurse educators.

Below are supporting quotations to the above subtheme:

"Nurse educators teach both theory and practice and those who leave are not replaced; there is staff shortage."

"Groups are too large compared to the number of tutors available to teach."

Nally (2008:243) supported this finding by stating that the present nurse educator staffing deficit is expected to intensify as the present nurse educator workforce reaches retirement age. Hebenstreit (2010:300) indicated that with the nurse educator shortage, increasing workloads complicate the balancing act of teaching and pursuing continuing education. Bruce *et al.*, (2011:111) indicated that the teaching role includes teaching in the classroom and clinical settings, in roles such as advising, guiding, supporting and counselling peers and students, developing the course and instructional material, evaluating, working on a committee, setting and marking examinations, and maintaining records on teaching and assessment.

- **One-on-one lecturing**

Students absent themselves because of family problems or illness. When they return to class, nurse educators have to engage in one-on-one teaching, which puts a large amount of pressure on the nurse educators. This also encourages students to absent themselves, because they know they will receive their lectures.

Below are supporting quotations to the above subtheme:

"Students are absenting themselves in college, we spent lot of time now doing one on one teaching the student that has been absent."

"It also encourages absenteeism because they know they will have one on one lectures."

Nally (2008:244) concurs with this finding, as nurse educators reported that work overload increases pressure on them, and the administrative and teaching duties placed on them exceed the hours available in the week. Nally (2008:244) also stated that nurse educators reported dissatisfaction with their workloads, and that they were likely to leave their current jobs.

- **Clinical placement**

Nurse educators stated that clinical allocation is one of their roles. They felt that students' clinical allocation is short, and needs to be extended by at least four weeks in a given department. Students' clinical objectives are given to all unit managers as a guide in assisting with delegation of duties to students per their level of training.

Below are supporting quotations to the above subtheme:

"We also have the duty of clinical placement, we try to meet with SANC requirement but you find the students absenting themselves in the specific area."

"Going back to students, now the culture of students that we have lack discipline, it's like on and off with the off duties, it hinders our role performance."

Molefe (2011:81) supports this finding, as she indicated that a lack of support and guidance during clinical placement was noted as a challenge, in terms of which students were placed in clinical area without clear guidelines of what they were expected to do. Griscti *et al.*, (2005:89) support this finding, stating that nurse educators allocate minimal time to their clinical roles. The main reasons cited include excess workload, a perceived lack of control over the clinical area, and diminished clinical competence.

- **Clinical accompaniment**

Nurse educators reported that the facilitation of clinical learning is compromised, because nurse educators are busy teaching other groups in college, since they have back to back classes and must teach new activities. Nurse educators stated that they teach theory in college, but it cannot be facilitated in the clinical area because other departments are absent, such as urology and a cardiac department. Participants

also pointed out that, due to workload and shortage of staff, on occasion, it is difficult for them to accompany students to the clinical area.

Below are supporting quotations to the above subtheme:

“In the clinical area we can’t always go there, but students raise some issues but you can’t challenge those issues because they are their own boss.”

“Lack of clinical lecturers hinders facilitation of clinical area to address the issues in the clinical area.”

“Sometimes you would not find a student in a clinical area even when the student is on duty because has escorted the patient to another hospital.”

According to Phiri (2011:13), nurse educators must facilitate students’ learning in the classroom as well as in clinical settings by providing a framework and resources to enhance the learning process. According to Rogers (2012), nurse educators must remain current in their clinical practice; however, it is extremely difficult for nursing educators to balance academic roles whilst enhancing expertise and maintaining clinical practice. Lekhuleni (2002:18) indicated that nurse educators are expected to show interest in student nurses as unique individuals, and must be able to recognize individual student nurses’ efforts and progress in the clinical setting.

Summarised statement for teachers

Participants indicated that there are lot of groups of nursing students who suffer a shortage of nurse educators, which hinders nurse educator role performance. The coordination of activities for a group of students in college and in the clinical area is impeded due to work overload. A lot of administrative work and student absenteeism is adding to the demands of nurse educators which makes nurse educators’ role performance difficult.

4.3.1.5 Scholar

The scholarship of teaching requires knowledge of the subject matter and the ability to communicate that knowledge effectively to peers and students. What follows is the description of curriculum design as a subtheme:

- **Curriculum design**

Nurse educators attend meetings to discuss issues pertaining to their functioning and standardisation of all activities occurring in the college. These issues include the fact that the reviewing of curricula and editing them accordingly is one of the roles of nurse educators. Changes that committees make in the curriculum are not implemented. The curriculum is dense with conditions that are not prevalent in South Africa, and the disease profile has changed. Prescribed books are international, which makes it difficult for students to understand conditions that they have never seen or heard about.

Below are supporting quotations to the above subtheme:

“Curriculum need redesigning, disease profile has changed but we are still teaching conditions that are not even occurring in our country.”

“Even prescribed books for students are from America.”

“Sometimes we feel attending meetings and making changes is a fruitless exercise because changing is either slow or not occurring.”

In the nursing context (Bruce *et al.*, 2011:166), the curriculum means the course in the art and science of nursing, as planned by nurse educators as a four year programme that nursing students must complete. Kirchoff (2010:107) mentioned that nurse educators were not proficient in scholarly role activities, such as designing curricula, using assessments and evaluating strategies. Garret *et al.*, (2008:13) indicated that nurse educators objected to the teaching, research and community engagement roles given to them. They were too overwhelming and they were not sure where their first priority was, given their teaching load. Nurse educators are required to prioritize their roles, as the teaching role is the main role for the ongoing education and training of nursing students. According to the Southern Regional Education Board (SREB (2002:8), nurse educators are responsible for the scholarship of teaching, discovery, application and integration of knowledge.

- **Programme development**

Nurse educators reported that they attend subject subcommittee meetings to discuss the way forward. They make recommendations to managers which are ignored. Managers give nurse educators work to do which they don't implement.

Below are supporting quotations relevant to the above subtheme:

"We go to subject subcommittee meetings and make changes but nothing happens."

"We rush with the changes, give to them, it's a fruitless exercise."

SREB (2002:8) concurs with the findings, as they indicated that nurse educators have to use current research findings and scholarly works in nursing to improve nursing education. Phiri (2011:22) supports the findings, as he reported that nurse educators have to discern educational learning outcomes while facilitating access to resources by assisting the students in their search for learning materials.

- **New qualification development**

Nurse educators reported that they have to do a master's degree to teach new qualifications. They reported that it was mentioned that they will be deployed to teach in other programmes if they do not have a master's degree in nursing.

Below are supporting quotations relevant to the above subtheme:

"We are basically forced to take student role for making changes with the new curriculum for new qualifications."

"We have to do masters while still teaching."

Bruce *et al.*, (2011:111) supported these findings, as they indicated that nurse educators have to prepare for developing the course and instructional material; evaluating; working on a committee; setting up and marking examinations; and maintaining records on teaching and assessment.

Summarised statement for scholar

The scholar role requires a nurse educator to design, collaborate and use research in nursing education and nursing practice; to seek opportunities for interdisciplinary and intradisciplinary research; to keep abreast of current knowledge; and to integrate research and scholarly findings into the practice of nursing education. In this case, the scholar role is evident in the expectation that nurse educators should be involved in curriculum development.

4.3.1.6 Managerial and administrative

Nurse educators reported that there is an induction and orientation programme for new recruits. Each new nurse educator is allocated a mentor to guide them through the process of “learning the ropes”.

Below is a supporting quotation relevant to the above subtheme:

“We also provide induction and orientation programmes for new recruits meaning new lecturers joining the campus.”

Kirchoff (2010:129-130) viewed the characteristics of a good mentor as vital to providing a thorough, comprehensive mentoring experience for newly hired nurse educators, as well as for experienced nurse educators. O'Connor and Laidlaw (2006:254) stated that mentorship involves guiding the individual in making career decisions and opening doors for further professional and personal growth.

Summarised statement for managerial and administrative

Nurse educators also reported on managerial and administrative role expectations that they have to fulfil within their context. One such example that was mentioned is the induction and orientation of new educators joining the college.

4.3.1.7 Summary

Nurse educators are very clear on their roles, according to the FGDs and the discussion on the different themes and sub-themes above. Nurse educators at this provincial nursing college also seem to be experiencing specific difficulties in performing these roles. On further investigation, it became evident that these difficulties are not novel, as there are similar findings in the literature linked with these findings. Additionally, there is a reasonable volume of literature available on these difficulties, yet – as mentioned in the problem statement – there is very little material available on how nurse educators perceive their roles, despite these difficulties.

When it came to discussing the roles as identified from the themes and sub-themes, the nurse educators identified the following difficulties that they experience in their current nursing education context.

- **Mentor:** nurse educators reported that role modelling and mentorship is lacking from their managers;
- **Support:** nurse educators reported that they don't always have time to give the support to students that the students require;
- **Facilitator:** nurse educators reported that the facilitation of teaching and learning is hindered by lack of resources (human and equipment). They also reported that the role expectation of group tutoring is not rendered due to work overload;
- **Teacher:** nurse educators reported that the coordination of activities for a group of students in college and in the clinical area is impeded due to work overload.

The researcher is of opinion that these difficulties, which are also known as *role conflicts*, play an integral part in role expectations and will therefore be included in the discussion – not as an interesting or added finding to the study, but as fundamentally informative regarding the objective that was put forth. At this stage the assumption can be made that these role conflicts can be viewed as barriers to role performance pertaining to managerial relevance, and will also be discussed in this section and in Chapter 5 under recommendations for nursing education practice.

Apart from the role conflicts mentioned above, during the FGDs the nurse educators reported on numerous other role conflicts that they experience on a daily basis. In some instances, the nurse educators used these role conflicts as a means of explaining and clarifying the perceptions of their role expectation within their current context. Table 4.2 below gives a summary of the role conflicts which were gleaned from the FGDs.

Table 4.2 Theme summary of the role conflicts of nurse educators as perceived by the nurse educators

Theme	Sub-themes	Verbatim quote from participants
Work overload	Multiple groups, topics and activities	“The workload also is quite a bit, we have multiple groups multiple topics that you have to teach at the same time and multiple activities”. “And each student is individual amongst the group there is individual student and each of them particularly have their own needs”
	Lecturer-student ratio	“The role of the tutor in clinical area is very minimal. If you look at the ratio of clinical facilitator to a student in this campus, they are two, how many clinical facilitators? Two or three, one in community...”
	Non-standardised activities	“....there is no uniformity amongst campuses standardisation of activities...”” Yes, and also there is miscommunication, incorrect communication”
Student affairs	Student absenteeism	“....students not fear to be absent because they know that lecturers will do one on one when they come back which also puts a lot of pressure on us as lecturers” “....you find that students are given maternity leave its spoil the nursing profession because they have that rights, but it impacts on their learning...”
	Lack of discipline	“Going back to students, now the culture of students that we have lack discipline, it's like on and off with the off duties, it hinders our role performance”
	Student support	“...you extend yourself into areas that you know that this is someone else job like employee assistance programme (EAP) but because students want your assistance you cannot turn the student away”
Professionalism	Lack of confidentiality and professionalism	“Also lack of confidentiality and professionalism amongst the staff in general”
	Negative attitudes	“Tamper and attitude, you know if you talk about handling issues but you yourself especially the manager of the institution, I'm not saying we are all coming with our baggage but at least there should be consistence on a daily basis”
Lack of resources	Human resources	“Lack of clinical lecturers also hinders facilitation of clinical area because those are the individuals who can address the issues in the clinical area”
	Facilities	“....you find that in our campus all the theory cannot be covered in the clinical area because we do not have facilities there, like we don't have urology”

Curriculum	Changes in curriculum	“I think our curriculum is bad because they’ve got lot of things you won’t find in the clinical area and the disease profile in South Africa has changed”” But our curriculum is based on America....” “I was saying even our prescribed books are not local, they are from overseas and the curriculum is based on American conditions”
	New qualification development	“The change is so slow”... “we go to subcom [sub-committee] and make changes but nothing happens” “Us we rush with these things then we give to them, it’s a fruitless exercise”
Managerial and administrative	Management	“And also we are not decision makers, we are dictated most times” “Sometimes we are not treated as we would love to be treated, there are those people who yell at us, managers treat us like children we are screamed at, shouted at, even suggestions that we give goes under the carpet it’s like and I think in an academic realm where you sit in high chair you are given respect and I think you should respect others as well”
	Lack of communication	“There is also lack of proper communication amongst lecturers and managers and among campuses... which also leads to low self-esteem”
	Career	“You see staff development is you own initiative”
	Tasks cascaded from other lecturers	“Sometimes we have a role conflict as well in that... eeh people along the hierarchy tasks are given to lecturers that are supposed to be doing [done by other] lecturers and see to [their] students are given lots of admin as well” “And that could be due to freezing of posts and many months or many years that gone before posts unfrozen, we know that it cannot be done by one person and is a share thing, but it also impinges on your work as a lecturer you know your time as a lecturer as well.....”
	Bureaucracy	“I just want to come to the point of bureaucracy and red tape, we are not accessing things very easy something must happen for you to obtain what you want to obtain, there is too much red tape and bureaucracy happening there for us lecturers”

The researcher will not embark on an elaborative discussion on the role conflicts, as they are not the focus of this study. What is important here is to note that when one engages with the role expectations of the nurse educators, it is important to also consider these role conflicts as impeding factors which can influence, alter and ultimately change the nurse educators' perceptions of their roles within the nursing education context. These role conflicts will also be integrated in the concluding section of this chapter.

4.3.2 The role of nurse educators as perceived by the nursing students

As with the perceptions of the nurse educators, the findings of the qualitative exploration and data analysis of the role of nurse educators as perceived by the nursing students will be discussed in this section. The discussion will start similarly, with a summative table of the different themes and sub-themes, as deduced from the initial coding (Annexure I) of the transcripts.

Table 4.3 Summary of the role of nurse educators as perceived by the nursing students

Theme	Subtheme	Verbatim quotes from participants
Mentor	Guidance	• “Eeh...I just think that tutors also help guide us with our career and even our social life experiences they give guidance, they give support” • “.....that’s why we need guidance from someone who comes in college who can guide us”
	Adjusting to courses	• “.....they are trying a lot to make you adjust to the course they offer support”
Support	Academic support	• “...working and study because most of us are coming from working or studying not accommodation of both and since we failing the lecturers are good from what I can say they are supportive”
	Knowledgeability	• “I also feel tutors must update their knowledge Maybe tutors need to get together and discuss the new trends that are occurring ... so tutors need to update themselves and share the information”
	Clinical teaching	• “...For me I will say tutors are not the same, there are good tutors and there are brilliant tutor’s they are not the same, eeh... also it depends to the clinical knowledge of the tutor”
	Theoretical teaching	• “I feel tutors must know their content before expecting students to know it by heart”
	Assessments	• “....we are not studying for literature we are studying for practical, we are studying theory fine but what about practical part..”
	Experience	• “...because of their experiences and eeh...because of their qualifications they can do it, but others can’t...its book..”
	Qualifications	• “but our lecturers are excellent they are very knowledgeable, ehm personally I don’t have a problem with that, they are all highly educated and we see the way they lecture us.....”
Teacher	Passion	• “...There are tutors who came to teach because teaching is good, there are tutors who came because they are passionate with teaching...”
	Collaboration with clinical area	• “But also another killer would be clinical collaboration because what you find is that the role of the tutor in clinical area is very minimal”

Considering the above summative table of the student nurses' perceptions of the role of the nurse educators it is clear how the varied perceptions between the nurse educators and the nursing students manifest some key role expectations, and that there are once again similarities with Masango-Mtsetwa's (2002) role theory. Noticeably, the nursing students in the FGD referred to and talked about teaching/teacher/tutor and facilitator as the same role, and did not differentiate between the different concepts as with the nurse educators. The nursing students did however also refer to role conflicts, and similarly to the nurse educators, this will be discussed in the relevant section. The discussion that follows now, however, will focus on the theme and sub-themes as identified and derived from the initial coding (see Annexure J1).

4.3.2.1 Mentor

Nursing students reported that they rely on nurse educators for their education and training, as their mentors. Guidance was identified as a subtheme:

- **Guidance**

Students indicated that nurse educators understand that their role is to guide students; they are able to adjust from student to student, since students are not the same. Students also mentioned that nurse educators guide them through their career and even in their life experiences. Participants also mentioned that nurse educators guide them even in clinical practice.

Below are supporting quotations to the above subtheme:

"I was once visited by a nurse educator in the ward, it was fruitful because I had a problem then she assisted me because if you ask sisters or someone senior they are always busy they don't have time."

"That's why we need guidance from someone who comes from college."

Meyer and van Niekerk (2008:224) support the finding, as they referred to supervision as the active process of directing, guiding and influencing student nurses to accomplish their goal of becoming professional nurses. Nursing students view having a mentor as crucial to their learning (Gray & Smith, 2000:1545) and having

one to one sessions with their mentor is important, as they observe and participate in safety.

Summarised statement for mentor

The nursing students reported that nurse educators should be and are provided with guidance, both academically and personally.

4.3.2.2 Support

Nursing students reported that nurse educators support them in their training.

The following sub-themes were identified: adjusting to the course, as well as academic support.

- **Adjusting to the course**

Nursing students indicated that support is the role they perceive for their nurse educators, because they are able to pass this difficult course because of their support. Students also mentioned that most of them have to undergo a transition, because they are not used to working and studying at the same time, but through the nurse educators' support they succeed.

Below are the supporting quotations to the above subtheme:

"It seems like some of us came to the course unsure of whether we wanted to be nurses or not because lecturers do their best in teaching us, giving support when needed even teaching one-on-one if student was absent."

"Most of us are coming from studying or working so its adjustment from being at school becomes a student nurse and working as well."

Stanhope and Lancaster (2004: 458) define support as upholding a student's right to make a choice to study nursing and to function as a student nurse in a nursing education institution.

Mkhwanazi (2007:91) concurred with the findings, as she indicated that student nurses receive support and supervision during clinical practice, and nurse educators are available, well-prepared and encourage and assist student nurses in developing clinical skills.

- **Academic support**

Nursing students stated that nurse educators working at their campus are competent and very knowledgeable in the way they teach them. Students understand and are able to visualise conditions in the way that nurse educators explain them. Students indicated that support is the role they perceive for their lecturers, because they pass the difficult course they study because of lecturer support.

Below is the quotation for the above subtheme:

“I had attitude towards FNS tutor and I ended up failing and demoted, but I received lot of support from tutors that is why I’m still here continuing with my studies.”

According to Mellish *et al.*, (2000:76), support includes the nurse educator being there for his or her peers and students, and making himself available when needed. Mkhwanazi (2007:111) supports the finding, as she indicated that nurse educators’ knowledge base and preparations for teaching are adequate, and they give students sufficient opportunities to ask questions.

Summarised statement for support

The nursing students reported that the nurse educators play a key role in helping them adjust to the courses they attend, and also support them in their academic work, thus highlighting this support which the nurse educators provide as key to their students’ academic progress. It can also be noted that this is what nurtures the nursing students’ passion for becoming a nurse.

4.3.2.3 Teacher

Nursing students reported that nurse educators perform this role properly in classrooms and that they know what they are doing.

The following sub-themes emerged: knowledgeable, clinical teaching, theoretical teaching, assessments, experience, and qualifications, as well as passionate.

- **Knowledgeable**

Students stated that lecturers in their campus are competent and very knowledgeable in the way they lecture them. Students understand and able to

visualise the conditions the way the nurse educators explain it. However, students also reported that nurse educators wrongly perceive students who speak up or look at them as if they are troublemakers. Participants stated that sometimes they are trying to help, but nurse educators take it negatively. Some nurse educators are extremely unapproachable.

Below is a supporting quotation to the above subtheme:

"I can say our tutors perceive teaching role very well because most of students passed and they offer a lot of support to students."

Bruce *et al.*, (2011:111) indicated that the teaching role includes teaching in the classroom and clinical settings; advising, guiding, supporting and counselling peers and students; developing the course and instructional material; evaluating; working on committees; setting and marking examinations; and maintaining records on teaching and assessment. Mangena and Chabeli (2005:295) mentioned that nurse educators should change their attitudes towards challenges from students, as students are adult learners and they should be treated as such.

- **Clinical teaching**

Students reported that nurse educators are demonstrating procedures in college, but when they go to the clinical area, there are no resources to practice the demonstrated skills, so it becomes difficult to correlate theory with practice. Participants felt that nurse educators need to apply what they teach in practical situations for nursing students to understand, since everything is taught rapidly.

Students mentioned that the shortage of staff in the clinical area hinders their clinical practice, as they have to do ward routine. Nursing students also mentioned that nurse educators are disinclined to enter the clinical area; they complain to students that they were employed to teach, not to go to the clinical area. However, students still feel that nurse educators need to increase clinical accompaniment.

Below are supporting quotations to the above subtheme:

"Tutors are unable to ensure that the teaching they do in college is then fully applied in the ward environment...they teach but then get lost."

"When doing bed bath sisters say you must rush, do it their way not college style."

"Even when you are from the clinical area back to college...no one ask what have you gained."

"Patient ratio to staff is high so when doing nursing care you rush in order to finish."

"They use us as workforce."

Mkhwanazi (2007:115) mentioned that students suggested that it is the responsibility of the nurse educators to be the students' advocates, and to ensure that students benefit from clinical exposure and are not abused to take on workload. Phiri (2011:43) confirmed that guidance from professional nurses in the wards was less positive, as their techniques diverged from what was demonstrated to them by nurse educators, and for this reason they could not apply their practical experience to the theoretical component of their training. Mahlasela (2011:88) indicated that nurse educators need to focus on clinical learning, which is given little attention.

- **Theoretical teaching**

Participants indicated that time is short but a lot of activities happen within that time. Nurse educators are expected to teach a large amount of content in a short period of time. Participants felt that nurse educators need to apply what they teach in practical situations for nursing students to understand, since everything occurred rapidly.

Below are supporting quotations to the above subtheme:

"The problem is time factor coz nurse educators are expected to teach large amount of content in a short period of time."

"When you develop to the course to second and third year than you realise it is a lot, the workload does becomes a lot."

"I will say sometimes you feel you can't cope."

"I think when you are in first year it's okay but when you come to third year it's a bit heavy."

This results concurred with Mahlasela (2011:86), wherein students felt that they were overloaded with work, spending most of their time looking for information. Phiri (2011:40) supported these findings when she indicated that too much information is offered in a short space of time, resulting in students not paying attention during the teaching sessions.

- **Assessments**

Nursing students indicated that nurse educators evaluate the content taught, but others mark summative tests by the book, whereas students also apply clinical area experience. Students mentioned that they would prefer nurse educators to evaluate the content taught and mark information provided by students including their clinical experiences. Students also reported that clinical evaluation that is procedure evaluation needs to be done after the supervision of students by nurse educators and according to the procedure manual. Students also mentioned that objective structured clinical examination (OSCE) has become a problem, since they are taught one thing in college, but in the wards where they practice they do something different. Students mentioned that they prefer that a nurse educator who assesses the student should be the one who accompany the student to the clinical area. Students also indicated that they would like nurse educators to be more vigilant when assessing skills to ensure student readiness.

Below are supporting quotations to the above subtheme:

"You know if you have nursed the patient with the condition you know what he presented with and management, but you know other tutors want it from the book."

"It becomes a problem when it comes to OSCE you don't know what to do, you've been doing clinical way now you have to do a real procedure."

"Clinical assessment need to be done properly ... we are not studying for literature... but we are studying for practice."

Phiri (2011:44) supported this finding in indicating that students were of the opinion that marking was too strict and that the memorandum was not always correct. Phiri (2011:44) also mentioned that students were not allowed to combine information from all their referral text books. This was confirmed by Mkhwanazi (2007:96), who

indicated that nursing students were not happy with the assessment procedures and therefore there was a need for a review of the assessment policies, procedures and practices.

- **Experience**

Students reported that teaching strategies form part of the role of the nurse educator. However, they reported that there are nurse educators who merely read and regurgitate the book, without explanation or illustration of its content.

Below are supporting quotations to the above subtheme:

“They undermine our intelligence because we can read our books.”

“I just count the transparencies because it’s one transparency after the other.”

“I only mark page numbers because no explanation is given.”

“Tutors need to relate theory with practice when teachings not just... fly... fly... fly.”

“I just sleep when tutor flying reading the book.”

Phiri (2011:36) supports this finding in confirming that students view the lecture method, constituting the use of one overhead projector and the green board, as insufficient for the teaching role of nurse educators. Bruce *et al.*, (2011:111) indicated that the teaching role includes teaching in the classroom and clinical settings; advising, guiding, supporting and counselling peers and students; developing the course and instructional material; evaluating; working on a committee; setting and marking examinations; and maintaining records on teaching and assessment.

- **Qualification**

Students reported that nurse educators are competent in their teaching role, and they all have qualifications in the education and training of students. Students mentioned that they understand the teaching content provided by nurse educators and they are able to achieve their goals of becoming qualified, registered nurses by moving from one level of training to another.

Below is a supporting quotation for the above subtheme:

"I can say our tutors perceive teaching role very well because most of students passed and they offer a lot of support to students."

Mellish *et al.* (2004:75) mentions that by facilitating, the nurse educator enables the student to move into the next stage of their education and to develop personally, professionally and become practically and clinically competent.

- **Passionate**

Students mentioned that other tutors are passionate about teaching in the specific way that they teach, and that they have patience to explain whatever students did not understand. They also understand that students are not the same.

Below are supporting quotations to the above subtheme:

"It depends why the tutor came to teach, others came because teaching is good, others came because they are passionate with teaching and others came because of qualifications."

"There are tutors who bring the patient from the ward through teaching, you can actual see the patient, so next time when going to the ward you actually recognise the patient and say this is the patient Mrs so and so was talking about, and it's like tutor is switching on the lights and you say ya this is what it is."

Bruce *et al.*, (2011:111) indicated that the teaching role includes teaching in the classroom and clinical settings; advising, guiding, supporting and counselling peers and students; developing the course and instructional material; evaluating; working on a committee; setting and marking examinations; and maintaining records on teaching and assessment.

Summary statement for teacher

When it came to the role of the nurse educator as a teacher, the nursing students were very verbal in terms of how they perceive the role of the nurse educator. The students used concepts such as the requirement for the nurse educators to be knowledgeable, able to do clinical teaching and not only theoretical teaching, they must do regular assessments, and importantly the nurse educator must be experienced and passionate with the relevant qualification for teaching nursing.

4.3.2.4 Collaborator

Students identified collaboration as one of the important roles of nurse educators, as students are allocated to the clinical area for correlation of theory and practice. Nurse educators need to communicate with ward unit managers for delegation of duties according to each student's level of training. The collaboration between the college and clinical areas was identified as a subtheme.

- **Collaborate with clinical area**

Participants reported that there is no communication between the college and the clinical area, because if nursing students are allocated to the clinical area, ward sisters expect nursing students to ensure that ward routine is covered. If nursing students have a problem, ward sisters do not attend, which results in nursing students' confusion as to what to do. Participants indicated that they feel like nurse educators do not want to impose themselves. Participants felt that nurse educators need to inform clinical staff that nursing students are allocated in the clinical area to convert theory into practice. Nursing students also reported that they would prefer nurse educators to ensure accompaniment in order to communicate with ward sisters on the nursing student's behalf.

Below are supporting quotations to the above subtheme:

"Being a student is like you are in different country altogether."

"There is no correspondence between college and clinical area...I wish they can collaborate on our behalf."

Rikhotso (2010:38) concurred with the finding, as she indicated that nursing students experienced poor communication and relationships between the college and the clinical learning facilities. Arrangements regarding transport and clinical accompaniment were highlighted. The Southern Regional Educational Board (SREB) (2002:9) indicated that educating the next generation of nurses depends upon the nurse educators' ability to interact with many diverse constituencies. Kirchoff (2010:108) concurs with this, as he stated that the collaborator role is important for nurse educators, since allocation of nursing students to the clinical area is accompanied by objectives that nursing students need to achieve, and so operational unit managers need to be aware of these objectives. SREB (2002:9) also

indicated that collaboration with peers, students and administrators is essential to the full expression of the nurse educator role, and that educating the next generation of nurses depends upon the nurse educators' ability to interact with many diverse constituencies.

Summarised statement for collaborator

The nursing students discussed the nurse educators' role as collaborators as what they would like to see more of in the nursing education college context. The nursing students verbalised this as a need and something that would add positively to their development as nurses. The nursing students argued that there should be more and better collaboration between the college and the clinical area. The nursing students also highlighted the importance of effective communication as a tool to achieve better collaboration.

4.3.2.5 Summary

The nursing students were, not surprisingly, very verbal regarding how they perceive the role of the nurse educator within the context of a provincial nursing college. Interestingly, and similar to the FGD with the nurse educators, the nursing students also made reference to the role conflict (*difficulties*) they perceive as having an influence on how nurse educators fulfil their role expectation. These difficulties mentioned also captured some of the frustrations and challenges the nursing students experience in the current provincial nursing college context.

When it came to the themes discussed above, the nursing students only perceived the roles of teacher and collaborator as having role conflicts. The students had the following to say:

- **Teacher**, the students felt that things like unapproachable teachers, negative attitudes, lecturers not visiting the clinical area, and a lack of experience and qualifications contribute to the nurse educator not being able to fulfil her role.
- **Collaborator**, the nursing students used the phrase “a killer” to explain what an absence in or poor quality of collaboration would do to nursing education within the context of this provincial nursing college. The students also

emphasised the importance of effective communication in the relationship between the provincial nursing college and the clinical environment.

As previously mentioned, the researcher is of the opinion that identifying these role conflicts, although not directly serving the purpose of the study, will contribute to understanding these role perspectives and will also contribute to valuable recommendations that can be made for the nursing education practice.

Below in Table 4.4 is a summary of the role conflicts that student nurses discussed in the FGD. It should also be noted that the researcher did not probe for any challenges, difficulties or role conflicts as indicated below by means of themes and sub-themes. It was a natural process that unfolded in the FGDs with both the nurse educators and the nursing students.

Table 4.4 Themes summary of the role conflicts of nurse educators as perceived by the nursing students

Theme	Sub-themes	Verbatim quote from participants
Course workload	Workload of course	“....you realise it is a lot the workload does becomes a lot, so I will say sometimes you feel you can't cope, I think when you are in first year it's okay but when you come to the third year it's a bit heavy so I will say its workload as well”
	Time frame of course	“...because everything is really like a rush, you are one month at college next month in the ward in that period, you have to have everything done first day that you come back...”
Student affaires	Students attitudes	“it's not lecturers it's a workload and also your attitude you have towards study.... Yes attitude that need to be taken in to account as well”
Lecturers	Attitudes and personal problems	“Another point is lecturer's attitude, and personal issues... ya...others are passionate in teaching and others because of their experiences and eeh...because of their qualifications they can do it, but others can't...its book”
	Undermining students intelligence	“I sometimes feel they undermine our intelligence coz we can read our books, I end up marking the pages coz no explanation done”
	Purposefully failing students	“Tutors sometimes personalise failing of summative test as it's because of negative/hating the tutor”
	Unapproachable	“Other tutors are unapproachable you are scared even to say you didn't understand”
	Qualifications	“But I also think its lack of qualifications in terms of nursing education”
Lack of resources	Old equipment	“In the college they don't have equipment that we use now in the wards, they still use old equipment when demonstrating procedures”
Curriculum	Large amount of content	“I agree with time factor coz nurse educators are expected to teach large amount of content in a short period of time”
	Can't reinforce what have been learned	“we only learn to pass can't even reinforce what you were taught”
	Curriculum practice conflict	“you have to rush doing their own way not college you must rush they use the terms eeh...call it college style and clinical style so...”
	Assessment	“I also feel the lecturer who will do assessment must do clinical accompaniment, and clinical evaluation, be done according to the procedure manual”

Clinical collaboration	Lecturers not going to clinical area	“...But I feel sometimes they have personal issues for not going to clinical area, they start complaining to us that they were employed to teach”
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As previously mentioned, the focus of this research is not on role conflict or role challenges. These role conflicts, from both the nurse educators and nursing students’ perspectives, are included because the researcher is of the opinion that these aspects are important and will play a part in understanding these role perceptions.

4.4 Conclusion

As discussed in Chapter 2, role theory represents a *collection of concepts* which predict how nurse educators perform in a given role, or under which circumstances certain *role behaviours* can be expected (Masango-Mtetwa, 2002:97). Considering then what we know about role theory, how the role of the nurse educator is conceptualised in this study and insights gained from the empirical investigation, the researcher can with confidence state that the remaining objective was achieved.

These objectives are to ascertain:

- The role of nurse educators as perceived by the nurse educators
- The role of nurse educators as perceived by the nursing students

Themes and sub-themes that were identified during the FGDs with linking literature are discussed. Participants appeared to be aware of the roles of nurse educators, and the findings were linked with integrated literature to ensure their trustworthiness. Summarised statements for different themes will be discussed in Chapter 5 with relevant recommendations.

CHAPTER 5: EVALUATION OF THE STUDY, LIMITATIONS AND RECOMMENDATIONS

5.1 Introduction

The previous chapter discussed the research findings and offered support for the findings with direct quotes from the participants during the focus group interviews. The collected data was integrated with the findings from national and international research literature.

This chapter includes the researcher's evaluation of the study and the limitations of the study, as well as recommendations for nurse educators, nursing education, nursing education management and suggestions for further research.

5.2 Conclusions about the perceived roles of nurse educators in the context of a provincial nursing college

Objective one was achieved in Chapter 2. In pursuit of the second and third objectives, qualitative data was collected and described in relation to perceived roles of nurse educators in the context of a provincial nursing college. Six major themes from nurse educators and four major themes from the nursing students, along with themes around role conflicts, resulted from the research findings and literature integration. The following conclusion will serve as the basis for the recommendations for nursing education and nursing education management.

5.2.1 General conclusion

Although it was expected that there would be a lesser degree of clarity regarding the roles of the nurse educator (as was argued in Chapter 1), in both groups of participants, as well as in the literature, there was clarity regarding the roles expected of the nurse educator. There is an acknowledgement of what the roles of the nurse educator entail, but role conflicts, disrespectful communication and difficult circumstances, such as staff shortages and lack of resources and equipment, may cause interpersonal conflict and misperceptions amongst nurse educators, and between nurse educators and students.

5.2.2 Mentor

When it comes to the role of mentor, both the groups of participants perceive this role as that pertaining to the role of the nurse educator in the context of a provincial nursing college. The role of mentor within the provincial nursing college is therefore conceptualised and contextualised as an active role that engages the nursing educator in a process of giving guidance to both the nurse educator (peers) and nursing students. The nursing students also expect the nurse educators to give guidance on their personal lives.

5.2.3 Support

From the findings, support can be viewed as a key or cornerstone in the nurse educators' perceived role expectations. Support is not only viewed as very important but expressed as that which engenders the nursing students' passion for becoming a nurse. This supporting role that the nurse educators have to fulfil is one of support for their colleagues, and importantly for the nursing students. It relates to both emotional and professional support.

5.2.4 Facilitator

The facilitating of teaching and learning is viewed and expressed as one of the core roles of the nurse educators, and it translates to a goal-directed action (performance) within the provincial nursing college context. This goal-directed action role is furthermore expressed as being impaired due to the shortage of staff and lack of resources. Interestingly, the nurse educators view the roles of facilitator and teacher as different, and the nursing students view these roles as an integrated concept. Both groups of participants, however, felt the same: that this role cannot always be performed effectively due to role conflicts experienced in the provincial nursing college context.

5.2.5 Teacher

Linking with the role of facilitator, the role of teacher is also viewed as a goal directed action role with numerous role conflicts that hinder the nurse educators to effectively fulfil this role expectation within the context of this study. This goal directed action role is viewed as having both theoretical and practical expectations attached, as nurse educators within the provincial nursing college are expected not only to teach

the theoretical aspect but to also accompany the nursing students in the clinical environment.

5.2.6 Scholar

Within the context of this study, the scholar role requires from a nurse educator to be involved in the development of new nursing programmes and curriculums. The scholarly role of the nurse educators is further viewed as the design, collaboration and use of research in nursing education and nursing practice; to seek opportunities for interdisciplinary and intra-disciplinary research; to keep abreast of current knowledge; and to integrate research and scholarly findings into the practice of nursing education.

5.2.7 Collaborator

The role expectation for the nurse educator to also act as a collaborator is an expectation that was brought forth by the participating nursing students. This occurred not only as an important role, but as a role expectation that will positively contribute to the both the learning environment and the professional development of the students as nurses. The findings also highlighted that there is a current need for nurse educators to act as collaborators, especially between the college and the clinical area.

5.2.8 Managerial and administrative

The managerial and administrative role expectation was a role expectation brought forth only by the participating nurse educators, and rightfully so. This role expectation was viewed by the participating nurse educators as being both positive and negative. It is viewed as an intangible expectation, as the nurse educators do not always know what expectation or activities filter down to them from either management or their colleagues. This is also viewed as the role expectation with a high amount of role conflict, and does not always contribute to the overall role of the nurse educator within the provincial nursing college context.

5.3 Limitations

The purpose of this qualitative explorative descriptive contextual research was to explore and describe the perceived roles of nurse educators in the context of a

provincial nursing college. During the process of the research, including the reflections of the researcher on this process, the following limitations were identified pertaining to this study.

- The nature of a qualitative study is that it is subjective by nature, and that the lived experiences of each participant are real within the context of their social world, but may not represent the same reality to all. The realities of the participants, the nurse educators and nursing students may not be generalizable to the conceptual world of other nursing educators, nursing students and importantly other provincial nursing colleges.
- Due to the contextual nature of qualitative research, and in particular the contextual nature of this study, the findings only describes this context which was limited to a particular college within the KwaZulu-Natal province of South Africa, where nursing students received their theoretical and practical experiences from nurse educators.
- The study was limited to nursing students who followed the programme leading to registration as a nurse (general, community, psychiatric) and midwife according to the SANC regulations as amended, and nurse educators who teach these nursing students in college and accompany them to the clinical setting.

5.4 Recommendations for nurse educators, nursing education, nursing education management and nursing research

The programme objectives as set forth by the South African Nursing Council (R425) clearly state that on completion of the course of study; the nursing student should have the cognitive, psychomotor and affective skills to serve as a basis for effective practice. The role of the nurse educators in the achievement of the above-mentioned goal is to ensure that diplomas from nursing colleges are professionally developed to ensure competent nurses who are able to render comprehensive and holistic care of high quality to the patient (Muller, 2009:7; Meyer *et al.*, 2008:88). The result of the study has highlighted critical issues that can be of value to nursing education role players, and aspects that may require further research are indicated in the following paragraphs.

5.4.1 Recommendations for nurse educators

Recommendations for nurse educators based on the results of this study are deduced from the participants' perceived expectations, needs and role conflicts. In short, based on the findings and conclusions of this study, the researcher puts forth the following recommendations.

- Nursing education, within the provincial nursing college environment, should be treated as a scholarly activity, and nurse educators as scholars. These nurse educators should be continuously involved in these activities and should be consulted for their expertise.
- Role clarification and clarification of expectations should be facilitated continuously, in order that misperceptions and consequent conflict and tension are managed.
- Teamwork amongst nurse educators should be strengthened so that they are able to support one another. Teamwork, and an experience of cohesiveness amongst nurse educators, can be strengthened through improved communication skills, professional conduct and healthy conflict management.
- Mentorship for nurse educators should be provided in the form of a continuous orientation programme.
- The use of the traditional lecture method should be approached with caution, as it can easily create a passive environment resulting in a non-productive teaching and learning environment, whereby theory is not continuously developed and adjusted for the current clinical environment.
- A student-centred approach is therefore recommended, wherein the active participation of students in the form of group discussions, student debates, patient case studies, and clinical bedside teaching in small groups occurs.
- Nurse educators must also focus on better communication between the nursing college and the clinical area, especially with regard to aspects concerning the nursing students. The focus should also be on clear guidelines in terms of what nursing students are expected to do in the clinical environment.

- Effective cooperation, or as the students put it, better collaboration between the college and clinical staff, is essential for the establishment of an effective clinical learning environment.

5.4.2 Recommendations for nursing education practice

Recommendations for nursing education should be aimed at the core mission it puts forward – that of educating and developing nursing students on both professional and personal levels for their careers in nursing. Below are some recommendations that were arrived at from the research findings and conclusions.

- The first and important recommendation is that creative collaborative strategic planning should be done in order to address the need for updated equipment and updated skills and knowledge of nurse educators amidst circumstances where resources are limited.
- Creative integrative teaching strategies should be implemented by nurse educators to address the challenge of the nurse educator-student ratio, and to address the need to shrink the theory-practice gap. The nurse educators should not merely be role players; they should be included as active partners and champions of this approach.
- Nurse educators should involve themselves and their peers in the curriculum redesign process, in order that their concerns and contributions are integrated in new curricula.
- Lecturers should provide evidence of continuous professional development at prescribed intervals to ensure that they are updated with various teaching strategies, including the most recent knowledge based on research in teaching and learning.
- Negative attitudes of nurse educators in the teaching and learning environment could be detrimental to the success of students. It is recommended that both management and the nurse educators should make themselves more available for in-service training and development based on teaching and learning, such as teaching how to enhance throughput, create student friendly environments, or creating a healthily competitive environment amongst students.

- Lastly, the researcher would like to recommend the development of skills and empowerment strategies for nursing education administrators. These skills development and empowerment strategies should focus on unblocking channels of communication, building trust by sharing information, providing timely feedback on performance, supporting collaboration and collegiality among staff, and ensuring available resources to accomplish work.

5.4.3 Recommendations for nursing education management

Given the contextual nature of this research and the findings thereof, the researchers put forth the following recommendations for nursing education management.

- Firstly and importantly, management must be more involved, aware and supportive toward the nurse educators' role performance and role expectations.
- Regular feedback sessions should be held based on the clinical placement of students to discuss the challenges, successes and problems which the nursing students may have encountered during their placement in the clinical environment. These sessions must be collaborative, and stakeholders of all parties involved should be included.

5.4.4 Recommendations for nursing research

As previously mentioned (5.2.1 General conclusion), this research set out with the expectation that there would be "a lesser degree of clarity on the roles of the nurse educator", also as argued in Chapter 1. This, however, was not the case, as both groups of participants, and the current literature, indicated that there is clarity on the roles of the nurse educator. The recommendations for nursing research are thus:

- First of all, the researcher recommends that further research into perceptions regarding the role of nurse educators from other colleges in the province and also other provinces in South Africa are needed to assess the generalizability of the findings from this contextual, small-scale study.
- Future research based on the nursing education managers' perceptions of the role expectation of the nurse educator might also give a more in-depth

understanding of not only their role expectations, but also the role conflicts as experienced by the nurse educators who participated in this research.

- Further exploratory and descriptive research on the role conflicts as experienced by the nurse educators will also contribute to a better understanding of contextual challenges, as experienced by nurse educators.

5.5 Concluding remarks

The set objectives of this study – namely, to conceptualise the role perception of nurse educators from the currently available literature, and to explore and describe the perceptions of nurse educators and nursing students of the role of nurse educators at a provincial nursing college – were achieved.

The findings of this study describe the mentorship, supportive, facilitative, teaching and scholarship roles of nurse educators and nursing students, as well as the collaboration of nursing students. These findings were validated with the use of literature from electronic databases. It was concluded that mentorship, support, facilitation, teaching and collaboration need to be reviewed by nurse educators, as nursing students perceived these roles as important, but were not convinced that nurse educators are implementing them properly. Nevertheless, nurse educators perceive the same roles as important, but are in need of guidelines from nursing education managers.

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• ANNEXURES

ANNEXURE A: ETHICS APPROVAL OF PROJECT



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 4852
Email Ethics@nwu.ac.za

17 Oktober 2013

ETHICS APPROVAL OF PROJECT

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

Project title: The perceived roles of nurse educators in the context of a provincial nursing college.	
Project Leader: Dr Watson	
Ethics number:	N W U - 0 0 1 0 6 - 1 3 - A 1
Status: S = Submission; R = Re-Submission; P = Provisional Authorisation; A = Authorisation	
Approval date: 2013/10/10	Expiry date: 2018/10/09

Special conditions of the approval (if any): None

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

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

Yours sincerely

Prof Amanda Lourens
(chair NWU Ethics Committee)

**ANNEXURE B1: REQUEST TO CONDUCT RESEARCH IN KWAZULU NATAL
COLLEGE OF NURSING**



The Director
Department of Health
330 Langalibalele Street
Private Bag X9051
Pietermaritzburg
3200

Dear Sir/Madam

**RE: REQUEST TO CONDUCT RESEARCH STUDY IN KWAZULU NATAL
COLLEGE OF NURSING**

I hereby request permission to conduct a research project as part of M.Cur degree that I am registered for at the North-West University, Potchefstroom Campus

Title of Study:

The perceived roles of nurse educators in the context of a provincial nursing college

Aim of the study:

To explore and describe the perceived roles of nurse educators in the context of a provincial nursing college.

Objectives of the study:

- To explore and describe the perceptions of student nurses on the role of nurse educators at a provincial nursing college.
- To explore and describe the perceptions of nurse educators at a provincial nursing college on their role as nurse educators.

Research design

For this study a qualitative, exploratory, descriptive and contextual research design is considered to be an appropriate design to achieve the expected objectives.

Population and sample

The study population will consist of nurse educators and student nurses of a provincial nursing college that are currently directly involved in the education and training of student nurses undergoing the basic comprehensive four year diploma course offered at the college.

Sample method

Sample method will be done according to the eligibility criteria where nurse educators who teaches basic comprehensive four year course diploma for more than a year and above; student nurses who are studying the four year diploma course in their 1st, 2nd, 3rd and 4th year level will be selected.

Data Collection:

Focus group discussions of nurse educators and of student nurses from a provincial nursing college will be conducted separately. The focus group discussions will be guided by an open ended question.

Data analysis

Data will be organised and prepared for analysis, coding and identification of themes will be done. The researcher will request the independent coder who is an expert and has experience in qualitative data analysis to co-code the data.

Herewith find attached the following documents:

1. Clearance certificate from the North West University with reference number.
2. The research proposal

Hope to hear from you soon.

Thank you

Yours faithfully

Buyisile Maureen Duma

Tel (w): 031-3272074

Cell: 0716050221

Email: futhi.duma@kznhealth.gov.za

Supervisor: Francois Watson

North-West University, Potchefstroom Campus

Tel (w): 018 299 1874

Email: francois.watson@nwu.ac.za

ANNEXURE B2: REQUEST TO CONDUCT A RESEARCH STUDY (KWAZULU NATAL)



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

ENQUIRIES: B.M. DUMA

TEL: 0313272074

Email: futhi.duma@kznhealth.gov.za

The Principal
Kwa Zulu Natal College of Nursing
Private Bag X 9089
Pietermaritzburg

Dear Madam

RE: REQUEST TO CONDUCT A RESEARCH STUDY

I hereby request permission to conduct a research project as part of M.Cur degree that I am registered for at the North West University, Potchefstroom campus only in RK Khan Campus.

Title of Study:

The perceived roles of nurse educators in the context of a provincial nursing college

Aim of the study:

To explore and describe the perceived roles of nurse educators in the context of a provincial nursing college.

Objectives of the study:

- To explore and describe the perceptions of student nurses on the role of nurse educators at a provincial nursing college.

- To explore and describe the perceptions of nurse educators at a provincial nursing college on their role as nurse educators.

Research design

For this study a qualitative, exploratory, descriptive and contextual research design is considered to be an appropriate design to achieve the expected objectives.

Population and sample

The study population will consist of nurse educators and student nurses of a provincial nursing college that are currently directly involved in the education and training of student nurses undergoing the basic comprehensive four year diploma course offered at the college.

Sample method

Sample method will be done according to the eligibility criteria where nurse educators who teaches basic comprehensive four year course diploma for more than a year and above; student nurses who are studying the four year diploma course in their 1st, 2nd, 3rd and 4th year level will be selected.

Data Collection:

Focus group discussions of nurse educators and of student nurses from a provincial nursing college will be conducted separately. The focus group discussions will be guided by an open ended question.

Data analysis

Data will be organised and prepared for analysis, coding and identification of themes will be done. The researcher will request the independent coder who is an expert and has experience in qualitative data analysis to co-code the data.

Herewith find attached ethical approval letters from the North-West University and the Department of Health, KwaZulu Natal Province.

Hoping this will meet your immediate approval.

Yours faithfully

Buyisile Maureen Duma

Tel (w): 031-3272074

Cell: 0716050221 (cell)

Email: futhi.duma@kznhealth.gov.za

Supervisor: Francois Watson

North-West University, Potchefstroom Campus

Tel (w): 018 299 1874

Email: francois.watson@nwu.ac.za

ANNEXURE B3: REQUEST TO CONDUCT A RESEARCH STUDY (RK KHAN)



NORTH-WEST UNIVERSITY[®]
YUNIBESITHI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
POTCHEFSTROOM CAMPUS

Enquiries: B.M. Duma

Tel: 0313272074/0716050221

futhi.duma@kznhealth.gov.za

The Campus Principal
RK Khan Campus
Private bag X 004
Chatsworth
4030

Dear Madam

RE: REQUEST TO CONDUCT A RESEARCH STUDY

I hereby request permission to conduct a research project as part of M.Cur degree that I am registered for at the North-West University, Potchefstroom Campus

Title of Study:

The perceived roles of nurse educators in the context of a provincial nursing college

Aim of the study:

To explore and describe the perceived roles of nurse educators in the context of a provincial nursing college.

Objectives of the study:

- To explore and describe the perceptions of student nurses on the role of nurse educators at a provincial nursing college.

- To explore and describe the perceptions of nurse educators at a provincial nursing college on their role as nurse educators.

Research design

For this study a qualitative, exploratory, descriptive and contextual research design is considered to be an appropriate design to achieve the expected objectives.

Population and sample

The study population will consist of nurse educators and student nurses of a provincial nursing college that are currently directly involved in the education and training of student nurses undergoing the basic comprehensive four year diploma course offered at the college.

Sample method

Sample method will be done according to the eligibility criteria where nurse educators who teaches basic comprehensive four year course diploma for more than a year and above; student nurses who are studying the four year diploma course in their 1st, 2nd, 3rd and 4th year level will be selected.

Data Collection:

Focus group discussions of nurse educators and of student nurses from a provincial nursing college will be conducted separately. The focus group discussions will be guided by open ended questions.

Data analysis

Data will be organised and prepared for analysis, coding and identification of themes will be done. The researcher will request the independent coder who is an expert and has experience in qualitative data analysis to co-code the data.

Herein attached are the ethical approvals from North-West University and KZN College of Nursing.

Hoping this will meet your immediate approval.

Thank you

Yours faithfully

Buyisile Maureen Duma

Tel (w): 031-3272074

Cell: 0716050221

Email: futhi.duma@kznhealth.gov.za

Supervisor: Francois Watson

North-West University, Potchefstroom Campus

Tel (w): 018 299 1874

Email: francois.watson@nwu.ac.za

ANNEXURE C: APPROVAL OF RESEARCH PROPOSAL



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

Health Research & Knowledge Management sub-component
10 – 103 Natalia Building, 330 Langalibalele Street
Private Bag x9051
Pietermaritzburg
3200
Tel.: 033 – 3953189
Fax.: 033 – 394 3782
Email.: hrkm@kznhealth.gov.za
www.kznhealth.gov.za

Reference : HRKM309 /13
Enquiries: Mrs G Khumalo
Telephone : 033 – 395 3189

18 November 2013

Dear Ms B M Duma

Subject: Approval of a Research Proposal

1. The research proposal titled 'The perceived roles of nurse educators in the context of a provincial nursing college' was reviewed by the KwaZulu-Natal Department of Health.

The proposal is hereby **approved** for research to be undertaken at RK Khan Nursing Campus.

2. You are requested to take note of the following:
 - a. Make the necessary arrangement with the identified facility before commencing with your research project.
 - b. Provide an interim progress report and final report (electronic and hard copies) when your research is complete.
3. Your final report must be posted to **HEALTH RESEARCH AND KNOWLEDGE MANAGEMENT, 10-102, PRIVATE BAG X9051, PIETERMARITZBURG, 3200** and e-mail an electronic copy to hrkm@kznhealth.gov.za

For any additional information please contact Mrs G Khumalo on 033-395 3189.

Yours Sincerely


Dr. E Lutge

Chairperson, KwaZulu-Natal Health Research Committee

Date: 19/11/2013.

uMnyango Wezempilo . Departement van Gesondheid

Fighting Disease, Fighting Poverty, Giving Hope

ANNEXURE D: PERMISSION TO CONDUCT RESEARCH AT KZN COLLEGE



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

KWAZULU- NATAL COLLEGE OF NURSING

P/Bag X9089, Pietermaritzburg, 3200
Tel.: (033) 264 7800, Fax: (033) 394 7238
e-mail: joan.makhathini@kznhealth.gov.za
www.kznhealth.gov.za

Enquiries: Mrs. S. Maharaj
Telephone: 033 – 264 7806
Date: 14 November 2013

Principal Investigator: **Duma M.B**
University of Northwest

Dear Madam

RE: PERMISSION TO CONDUCT RESEARCH AT THE KZN COLLEGE OF NURSING

TITLE: **THE PERCEIVED ROLES FOR NURSE EDUCATORS IN THE CONTEXT OF A
PROVINCIAL NURSING COLLEGE**

I have the pleasure in informing you that permission has been granted to you as per the above request by the Acting Principal of the KZN College of Nursing

Data Collection site(s):

- Campus (s)
1. RK Khan Campus

Please note the following:

- 1.1 Please ensure that you adhere to all policies, procedures, protocols and guidelines of the Department of Health with regards to this research.
- 1.2 This Research will only commence once this office has received confirmation of approval from the Provincial Health Research Committee in the KZN Department of Health.
- 1.3 Please ensure this office is informed before you commence your research.
- 1.4 Permission is therefore granted for you to conduct this research at all the KZN College of Nursing campus(s)
- 1.5 The KwaZulu-Natal College and its NEI's will not provide any resources for this research.
- 1.6 You will be expected to provide feedback on your findings to the Principal of the KwaZulu-Natal College of Nursing.

Thanking You

Ms JT Makhathini
Acting Principal: KwaZulu-Natal College of Nursing

uMnyango Wezempilo. Departement van Gesondheid
Fighting Diseases, Fighting Poverty, Giving Hope.

ANNEXURE E: PERMISSION TO CONDUCT RESEARCH WITH RK KHAN CAMPUS STAFF



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

KwaZulu-Natal College of Nursing
R.K. KHAN CAMPUS
Private Bag X004
Chatsworth
4030

Tel: 031-4596187
Fax: 031-4015229
Email: jaya.reddy@kznhealth.gov.za

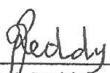
18 November 2013

Ms B. M. Duma,

Re: Permission to conduct study with R.K. Khan Campus Staff

You are welcome to do your research at R. K. Khan Campus. Please make prior arrangements before arrival as we are currently busy with exams. Lecturers are away on marking.

Thank you.


Mrs. J. Reddy

Campus Principal

uMnyango Wezempilo. Department van Gesondheid

Fighting Diseases, Fighting Poverty, Giving Hope

ANNEXURE F1: DEMOGRAPHIC QUESTIONNAIRE: NURSE EDUCATORS

To be completed individually by all participants.

Please mark only one box with an “X” next to the response that best answers the question for you.

1. What is your gender?

☐ Female

☐ Male

2. Please indicate your race

☐ African

☐ Asian/Indian

☐ Coloured

☐ White

3. Age group

☐ 20-30 years

☐ 30-40 years

☐ 40-50 years

☐ 50-60 years

4. What is your educational background (mark all that applies)?

☐ Diploma nursing education

☐ Honours degree

☐ Baccalaureate degree

☐ Master's degree

☐ Doctoral degree

☐ Other specialty training (specify).....

5. Years of previous experience working as a nurse

☐ 5-10 years

☐ 10-20 years

☐ 20-30 years and more

☐ 30-40 years

☐ 40-50 years

6. How long have you worked as a nurse educator?

☐ 1-5 years

☐ 5-10 years

☐ 10-15 years

☐ 15 years and more

ANNEXURE F2: DEMORGAPHIC QUESTIONNAIRE: NURSING STUDENTS

To be completed individually by all participants

Please mark only one box with an "X" next to the response that best answers the question for you.

1. What is your gender?

☐ Female

☐ Male

2. Please indicate your race:

☐ African

☐ Asian/Indian

☐ Coloured

☐ White

3. What is your current classification in college based on years of attendance?

☐ Fundamental Nursing Science (1st year)

☐ General Nursing Science I (2nd year)

☐ General Nursing Science II (3rd year 1st module)

☐ Ethos and Professional Practice (3rd 2nd module)

☐ Midwifery (4th year 1st module)

☐ Psychiatry (4th year 2nd module)

4. Other than your current college experience, please indicate prior learning experience to date:

☐ Graduated from high school

☐ Attended college but did not complete diploma

☐ Graduated from enrolled nursing auxiliary (1year course)

☐ Graduated from enrolled nurse (2year course)

☐ Completed associate degree/diploma on other field not nursing

5. What was your age upon entering the four year comprehensive program?

☐ 20-25 years

☐ 25-30 years

☐ 31-35 years

☐ 36-40 years

☐ 41-45 years

ANNEXURE G1: Focus group discussion – Nurse Educators



INFORMATION SHEET

Focus group discussion – Nurse Educators

Invitation to participate: You are being invited to participate in the above-mentioned research study.

Study Purpose: The purpose of this study is to explore and describe the perceived roles of nurse educators in the context of a provincial nursing college.

The specific objective of this study is:

To explore and describe the perceptions of nurse educators at a provincial nursing college on their role as nurse educators.

Participation: You are being asked to participate in the focus group discussions on the perceived roles of nurse educators. Your participation will take approximately 45 minutes. Data will be used to identify the perceived roles of nurse educators by themselves. The results will be used to formulate recommendations to support nurse educators in their role preparing professional nurses. Only the researcher and the supervisor will be permitted to access the data.

Risks: There are no risks expected from your participation in this study. Your decision as to whether or not to participate in the study will not have any positive or negative repercussions

for you. You are assured that you can withdraw as participant at any time during the focus group discussion. You are advised to say only what you are comfortable saying. Permission has been given by provincial department of health and provincial college for staff to participate in the study, but that your responses will not be shared with the employer. At the end of the focus group discussion, you will be asked if there are any portions of what you have said that you do not want to be quoted on, and this request will be recorded on the digital voice recorder and in a written note by the interviewer.

Benefits: Your participation in this study will not be of direct benefit to you; however, it will give you an opportunity to contribute to addressing the issues that affect quality of nursing education practice. The information you share may help the investigator identify strategies for addressing the gaps in current nursing education practice.

Confidentiality and anonymity: You have received assurance from the researcher that any information shared will remain strictly confidential. You understand that the contents will be used only for the purpose of the study and that your confidentiality will be protected. The content will only be discussed within the research team (the researcher and the supervisor). Anonymity will be protected by not recording your name with your responses or identified in any way. Your institution will have a unique code and the name of the institution will not be used in presenting results. Since only aggregate results will be published, your identity will not be revealed in any reports or publications.

Conservation of data: The digital voice recorder will be kept by the researcher for five years. All computers on which study data will be stored will be password-protected. The data will be accessible only to the study's investigators, research staff, audiotape transcriber, graduate and post-doctoral students working with the project, and research interns. (Research interns are participants in an international research training program for nurses that will be held during the project.). Everyone who has access to the raw data will be asked to sign a confidentiality agreement. The study data will be stored for ten years following

completion of the study or publication of related articles, after which time the field notes and other paper data will be destroyed.

Compensation: There will be no monetary compensation for your participation in the study.

Voluntary Participation: You are under no obligation to participate; if you choose to participate, you may withdraw from the study at any time and /or refuse to answer any questions.

This study has received ethics approval from the North-West University Research Ethics Board. Furthermore within the South African context the research project have received full ethical approval from:

- North-West University Ethics Committee
- Department of Health – KwaZulu Natal Province and
- The relevant permissions letters from district level and institutional level.

For queries please contact:

Student: B.M. Duma

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ANNEXURE G2: Focus group discussions – Nursing students



INFORMATION SHEET AND CONSENT

Focus group discussions – Nursing students

Invitation to participate: You are being invited to participate in the above-mentioned research study.

Study Purpose: The purpose of this study is to explore and describe the perceived roles of nurse educators in the context of a provincial nursing college.

The specific objective of this study is:

- To explore and describe the perceptions of student nurses on the role of nurse educators at a provincial nursing college.

Participation: You are being asked to participate in the focus group discussions on the perceived roles of nurse educators. Your participation will take approximately 45 minutes. Data will be used to identify the perceived roles of nurse educators by student nurses. The results will be used to formulate recommendations to support nurse educators in their role in preparing professional nurses. Only the researcher and the supervisor will be permitted to access the data.

Risks: There are no risks expected from your participation in this study. Your decision as to whether or not to participate in the study will not have any positive or negative repercussions

for you. You are assured that you can withdraw as participant at any time during the focus group discussion. You are advised to say only what you are comfortable saying. Permission has been given by your campus principal for students to participate in the study, but that your responses will not be shared with the college. At the end of the focus group discussions, you will be asked if there are any portions of what you have said that you do not want to be quoted on, and this request will be recorded on the digital voice recorder and in a written note by the interviewer.

Benefits: Your participation in this study will not be of direct benefit to you, however, it will give you an opportunity to contribute to addressing the issues that affect quality of nursing education practice. The information you share may help the investigator identify strategies for addressing the gaps in current nursing education practice.

Confidentiality and anonymity: You have received assurance from the researcher that any information shared will remain strictly confidential. You understand that the contents will be used only for the purpose of the study and that your confidentiality will be protected. The content will only be discussed within the research team (the researcher and the supervisor). Anonymity will be protected by not recording your name with your responses or identified in any way. Your institution will have a unique code and the name of the institution will not be used in presenting results. Since only aggregate results will be published, your identity will not be revealed in any reports or publications.

Conservation of data: The digital voice recorder will be kept by the researcher for five years. All computers on which study data will be stored will be password-protected. The data will be accessible only to the study's investigators, research staff, audiotape transcriber, graduate and post-doctoral students working with the project, and research interns. (Research interns are participants in an international research training program for nurses that will be held during the project.) Everyone who has access to the raw data will be asked to sign a confidentiality agreement. The study data will be stored for ten years following

completion of the study or publication of related articles, after which time the field notes and other paper data will be destroyed.

Compensation: There will be no monetary compensation for your participation in the study.

Voluntary Participation: You are under no obligation to participate; if you choose to participate, you may withdraw from the study at any time and /or refuse to answer any questions.

This study has received ethics approval from the North-West University Research Ethics Board. Furthermore within the South African context the research project have received full ethical approval from:

- North-West University Ethics Committee
- Department of Health – Kwa Zulu Natal Province and
- The relevant permissions letters from district level and institutional level.

For queries please contact:

The Researcher: B.M. Duma

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Cell: 0716050221

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Supervisor: Francois Watson

North-West University, Potchefstroom Campus

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Email: francois.watson@nwu.ac.za

ANNEXURE H: CONSENT FORM

CONSENT

I, _____ (print name), have understood to my satisfaction the information regarding my participation in the research project "*The perceived roles of nurse educators in the context of a provincial nursing college*" and agree to participate as a participant. I also give permission that the focus group discussion may be audio recorded. I am aware that data will be accessible only to the study's investigators, research staff, audiotape transcriber, graduate and post-doctoral students working with the project, and research interns.

Participant's Signature: _____ Date: _____

Contact details:

The Researcher: B.M. Duma

Tel: 031-3272074/ 0716050221

Email: futhi.duma@kznhealth.gov.za

Supervisor: Francois Watson

Tel: 018 299 1874

Email: francois.watson@nwu.ac.za

CONSENT

I, _____ (print name), have understood to my satisfaction the information regarding my participation in the research project "*The perceived roles of nurse educators in the context of a provincial nursing college*" and agree to participate as a participant. I also give permission that the focus group discussion may be audio recorded. I am aware that data will be accessible only to the study's investigators, research staff, audiotape transcriber, graduate and post-doctoral students working with the project, and research interns.

Participant's Signature: _____ Date: _____

Contact details:

The Researcher: B.M. Duma

Tel: 031-3272074/ 0716050221

Email: futhi.duma@kznhealth.gov.za

Supervisor: Francois Watson

Tel: 018 299 1874

Email: francois.watson@nwu.ac.za

ANNEXURE I: TRANSCRIPTIONS

TRANSCRIPTIONS

BM Duma

Student number: 11981040

Title: Perceptions on the role of nurse educators

R: RESEARCHER

PART: PARTICIPANTS

27NOVEMBER 2013

POPULATION ONE: NURSE EDUCATORS

R: Good day colleagues, as I have explained earlier, we may start now.

R: I have only one central question which I would like you to explain your perception on the nurse educator's role. The question reads "what are your perceptions of your role as a nurse educator in this campus?" We may start.

R: can I repeat the question?

PART: No its fine,

R: okay

PART: eeh we know that our role is simply described that we provide education and training for nurses and the programmes that are described for this campus.

PART: We have pupil nurses and formal programmes

R: Yes

R: Anybody

PART: We also provide support, guidance and counselling

R: To who?

PART: To the learners and we support each other as lecturers, we also provide support, mentorship and guidance for each other and emotional support as well.

R: So all supports

PART: All supports

PART: Sometimes not always (laugh)

R: Sometimes?

PART: We also provide induction and orientation programmes for new recruits meaning new lecturers joining the campus.

PART: Sometimes we have a role conflict as well in that... eeh people along the hierarchy tasks are given to lecturers that are supposed to be doing lecturers and see to students are given lots of admin as well.

R: So you feel lot of admin is also added on you role?

PART: Yes on our tasks

PART: And that could be due to freezing of posts and many months or many years that gone before posts unfrozen, we know that it cannot be done by one person and is a share thing, but it also impinges on your work as a lecturer you know your time as a lecturer as well, not that I'm talking about classroom time, I'm talking about little things like clinical accompaniment that you need to ensure in that time and update of your lectures.

R: Mhh, yes

PART: I think when it comes to students I find that eeh... there is a lot of emotional demand in supporting students, because they come with lot of problems and especially if you are a group tutor because they choose lecturer that they want to confide, you find that you go out of your way to assist the students because we have to assist the students because you want them to finish the course, and you find that they have problems in the clinical area then you extend yourself into areas that you know that this is someone else job like employee assistance programme (EAP) but because students want your assistance you cannot turn the student away.

R: So you attend them holistically.

PART: Yes because learning will also be affected we are there to facilitate teaching and learning so the student performance will drop if we don't help

R: Their performances will drop?

R: Yes

PART: We also have the duty of clinical placement, we try to meet with SANC requirement but you find the students absenting themselves in the specific area.

PART: Perceive roles in terms of resources we don't have enough resources to accomplish our perceive roles and that is teaching and learning so there is lack of human and we don't meet our role because of lack of resources.

R: Mhh

PART: The other thing is that students are absenting themselves in college, we spent lot of time now doing one no one teaching the student that has been absent, students not fear to be absent because they know that lecturers will do one on one when they come back which also puts a lot of pressure on us as lecturers.

R: On one on one and it encourages absenteeism because they know they will have one on one lectures.

PART: And if we have got lot of groups it becomes too much.

PART: The workload also is quite a bit, we have multiple groups multiple topics that you have to teach at the same time and multiple activities.

R: So lecturer student/ratio is high, it's a lot on your side.

PART: And each student is individual amongst the group there is individual student and each of them particularly have their own needs

PART: We also find that students stay away or book leave because they have families already, you find that students are given maternity leave its spoil the nursing profession because they have that rights, but it impacts on their learning.

PART: We also discuss the upward growth for nurse educators, here that is not much done for lecturers

R: You mean professional development?

PART: Professional development yes, and also with regard to promotions you are not getting and there is not much incentives at all

R: At all?

PART: We are basically forced to take student role for making changes with the new curriculum but these changes for new qualifications; we have to do masters while still teaching

R: You feel you have a student role also

PART: I am a student myself, so I feel KZN CN must support us.

PART: We need additional support from campus managers, because in nursing you are not recognized for your learning

PART: You see staff development is you own initiative,

PART: It's the requirement for the new qualification

PART: But you have the right to refuse to do it if you don't want to do

R: Yes it's a requirement

PART: It's a requirement now for new curriculum and I'm sure everyone wants to do it

PART: Just like university, we want to be in line with them so why can't we enjoy the same privileges that university gets? The lecturers need to get

PART: Another thing is distribution of posts they are given to other people

PART: It's not on merit because of race issue or equity planning

R: Suggestions

PART: We suggest that they need to look at a global equity issue properly, not just individual campus level because it disadvantage some of us

R: Your suggestion is they must look at the equity plan globally especially in KZN province.

PART: We have students who are selected, they did not want to do nursing but they just came because of the bursary issue.

R: They are just selected because they've applied and they meet the requirements?

PART: Yes

PART: Sometimes studying is not given equally to the staff

R: By whom, your campus?

PART: Yes

PART: Sometimes we are not treated as we would love to be treated, there are those people who yell at us, managers treat us like children and I think in KZN CN we are not treated properly, we are screamed at, shouted at, even suggestions that we give goes under the carpet it's like and I think in an academic realm where you sit in high chair you are given respect and I think you should respect others as well.

R: So you need to be respected by your managers

PART: Yes, it becomes like clumsy even to go there

PART: Should I just want to come to the point of bureaucracy and red tape, we are not accessing things very easy something must happen for you to obtain what you want to obtain, there is too much red tape and bureaucracy happening there for us lecturers

PART: And also we are not decision makers, we are dictated most times

PART: Going back to students, now the culture of students that we have lack discipline, it's like on and off with the off duties, it hinders our role performance

R: So that hinders your role performance,

PART: There is also lack of proper communication amongst lecturers and managers and among campuses, there is no uniformity amongst campuses standardisation of activities, which also leads to low self-esteem

R: And amongst campuses no standardisation?

PART: Yes, and also there is miscommunication, incorrect communication

PART: For the point of poor communication it also affect individual resulting in low self-esteem.

PART: Sometimes there is lack of confidentiality on matters that are discussed

R: Amongst who? You lecturers

PART: No, in general

PART: Also lack of confidentiality and professionalism amongst the staff in general

PART: Also lack of confidentiality you know if you say lack of confidentiality yourself, you find that you don't know confidentiality

R: But how that affects your role as a nurse educator?

PART: It creates conflict and reduces self-esteem amongst staff members

PART: We don't communicate properly and we don't work as a team

PART: And also tamper and attitudes

R: What?

PART: Tamper and attitude, you know if you talk about handling issues but you yourself especially the manager of the institution, I'm not saying we are all coming with our baggage but at least there should be consistence on a daily basis

R: Mmh

PART: I mean correction needs to be done in a civil way, even if it's done with students should be done in a correct way, you should not be screaming and shouting, you are supposed to be role model

R: In other words you mean correction must be done....

PART: Professional

R: No I mean constructively not destructively

PART: Yes

R: For both nurse educators and students?

PART: Yes

PART: You know what my colleague say is correct, a person should be corrected in an ethical way, don't call a person in a corridor and correct her.

R: Handling of conflict should be done properly in a correct manner

PART: Yes, steps are there in the book they should be followed

R: So if it's not done what happens?

PART: It lead to low self-esteem to individual and create conflict amongst the staff.

R: Anything else?

PART: Come to the role of facilitator of clinical learning

R: Yes

PART: In the clinical area we can't always go there, but students raise some issues but you can't challenge those issues because they are their own boss

PART: Clinical learning becomes compromise because there are issues that are not addressed

R: Clinical learning becomes compromise because of..?

PART: Because we have no say in the clinical area

PART: Lack of clinical lecturers also hinders facilitation of clinical area because those are the individuals who can address the issues in the clinical area

R: Mmh

PART: And also lack of clinical lecturers is a big issue

R: Lack of them now

PART: Yes, you cannot have one clinical lecturer for the whole campus

R: It is also a hindering factor

PART: And also why you are in the point of clinical area; you find that in our campus all the theory cannot be covered in the clinical area because we do not have facilities there, like we don't have urology

R: There is no department

PART: Yes, and also we cannot send our students to other areas because there is no contract with the department about that, and sometimes our students finish their training without seeing that particular condition

PART: To add on that we don't have proper functioning skills laboratories adding to the lack of other departments

R: Mmh

PART: The subject syllabus will outline for example cardiac surgery, you see we just teach it theoretical because they will never ever see it.

PART: I think our curriculum is bad because they've got lot of things you won't find in the clinical area and the disease profile in South Africa has changed

PART: But our curriculum is based on America

R: What about books?

PART: I was saying even our prescribed books are not local, they are from overseas and the curriculum is based on American conditions

PART: The change is so slow

R: You feel the change is slow?

PART: Yes, we go to subcom and make changes but nothing happens

PART: Us we rush with these things then we give to them, it's a fruitless exercise

R: You feel its fruitless exercise

PART: Yes

PART: We also feel they must increase the budget to upgrade all campuses not some

R: The budget?

PART: Yes, we all train students even from other provinces

R: Anything else? Are you done?

PART: Yes

R: Thank you very much colleagues for your time, I highly appreciate.

PART: You welcome, we wish you all the best on your study

R: Thanks a lot colleagues, I highly appreciate your participation.

27 NOVEMBER 2013

POPULATION TWO: NURSING STUDENTS

R: Good morning everybody. You are welcome in this research study. I am Mrs Duma, a lecturer from Addington campus. As I have briefed you earlier about the details of the study, now we will start.

R: I have only one central question which I would like you to explain your perception on the nurse educator's role. The question reads "what are your perceptions as nursing students in this campus about the role of nurse educators?" We may start.

R: Can I repeat the question?

PART: No

R: Do you understand?

PART: Yes

R: Okay

R: Just talk

PART: Okay eeh... me I think they perceive very well in my campus because most of the students passed and then they offer lot of support to students... eeh but most of the problems they encounter is not their fault as such, its students eh.. eeh attitude towards the course coz most of the students that I've seen in my campus that are failing may be are the beginning that somehow having negative attitude to the course may be they came to the course may be didn't want t they feel it's too difficult for them, but they are trying a lot to make you adjust to the course they offer support

R: Okay so according to you lecturers perform very well, problem is with the student's attitude, they feel it's too heavy.

PART: Yes

R: Okay, what else?

PART: Can I just add on that, it's not so much attitude thing with students,

R: Mhh...

PART: it more than time frame that us students are working on, because everything is really like a rush, you are one month at college next month in the ward in that period, you have to have everything done first day that you come back everything has been done and you carry on.

PART: Ya I agree with time factor coz nurse educators are expected to teach large amount of content in a short period of time.

R: You mean the curriculum is too heavy?

PART: Yes, no not so much, its adjustment, eeh we need to learn to adjust to working and study because most of us are coming from working or studying not accommodation of both and since we failing the lecturers are good from what I can say they are supportive.

R: yees

PART: But its own personal transition into this new kind of environment where you got the demands of the ward and you need to be wide awake Monday hehehehe (laugh) for college so that what lot of students problems just adjustment.

R: Oh its adjustment, transition from being... eehm a student and becoming tertiary nursing students

PART: and the working as well

R: Mhh

PART: Yaaa

R: Mhh

PART: Okay I can just add on to that, I think when you enters first year work is okay, they give you notes everything is done for you, we are the students and they are lectures, but our lecturers are excellent they are very knowledgeable, ehm personally I don't have a problem with that, they are all highly educated and we see the way they lecture us but...

R: But...

PART: When you develop to the course to second year and third year than you realise it is a lot the workload does becomes a lot, so I will say sometimes you feel you can't cope, I think when you are in first year it's okay but when you come to the third year it's a bit heavy so I will say its workload as well, it's not lecturers it's a workload and also your attitude you have towards study.

R: Your attitude?

PART: Yes attitude that need to be taken in to account as well.

R: Yes

PART: For me I will say tutors are not the same, there are good tutors and there are brilliant tutor's they are not the same, eeh... also it depends to the clinical knowledge of the tutor. You know there are tutor just read from the book and regurgitate the book

R: Mhh

PART: and there are tutors who bring the patient from the ward through teaching and they teach you, and you can actual see the patient, so next time you go to the ward you actually recognise the patient and you say this is the patient that Mrs so and so was talking about. So tutors are not the same. It goes with experience, goes with qualifications and it goes with passion.

R: Their passion also?

PART: Yes, and it depends why the tutor came to teach. There are tutors who came to teach because teaching is good, there are tutors who came because they are passionate with teaching. There are there all the time back and forth if you don't understand they have patience, and they understand that students are not the same

there are students who are struggling and then they are students who find the book easy... and there are tutors who are able to adjust to both. So they understand their role to guide.

R: Mhh

PART: I think they need to change method of teaching. Sometimes they are too fast for us to grasp everything, they can't even recognize when the students did not understand through their expression.

R: You mean they just continue without evaluating?

PART: Yes, we only learn to pass can't even reinforce what you were taught.

PART: They must try to illustrate the conditions especially, not just one transparency after the other, you just end up counting the transparencies.

R: Mmh

PART: I feel tutors are rigid to change way of teaching, I sometimes feel they undermine our intelligence coz we can read our books, I end up marking the pages coz no explanation done.

PART: Tutors sometimes personalise failing of summative test as it's because of negative/hating the tutor.

R: You mean they say you fail purposely?

PART: Yes, they need to do introspection.

PART: I feel tutors must know their content before expecting students to know it by heart. Other tutors are unapproachable you are scared even to say you didn't understand.

R: Yes, continue I'm listening

PART: But also another killer would be clinical collaboration because what you find is that (pause) the role of the tutor in clinical area is very minimal. If you look at the ratio of clinical facilitator to a student in this campus, they are two, how many clinical facilitators? Two or three, one in community...

R: They are two

PART: They are two, so how many students? So you find that it is impossible for the college to ensure that the teaching that happens in college is then fully applied in the wards situation, so they may teach but it may be lost which gives a problem to clinical readiness.

R: Mmh

PART:

PART: "I'm a few months away from finishing my general nursing science part of the course because I'm in my third year, but I don't feel ready to be an independent practitioner let say at PHC, so tutors are not the same, and but their role really is to guide and mentor, do you understand?

R: Yes

PART: Now do they feel it the same way as individuals like in any ways.

R: So I've got your points, it's about clinical allocation...accompaniment it's difficult for tutors to do it because of student ratio, they are few but lots of students so it's difficult for them to do clinical accompaniment.

PART: Yes

PART: But I feel sometimes they have personal issues for not going to clinical area, they start complaining to us that they were employed to teach.

R: Another point is lecturer's attitude, and personal issues... ya...others are passionate in teaching and others because of their experiences and eeh...because of their qualifications they can do it, but others can't...its book...

PART: They do... they kind of regurgitate the book take the book as is, you find that two people are teaching same thing but there is a person who teach you find that one walk in and it's like they are switching on the lights, and then we say oh ya, that's what it is, (laugh)... but they do teach.

R: hehehehe (laughing), don't mind me laughing.

PART: Ya... so...but they do try, they really try it's just comes naturally.

R: Anything else?

PART: Eeh...I just think that tutors also help guide us with our career and even our social life experiences they give guidance, they give support.

R: So they do that?

PART: Yes

R: Okay

PART: To add on what has been discussed, eeh...the other problem that students encounter is the fact that the theory part that is taught here in college is not the same practical part that we encounter there in the clinical area because the procedure you have taught here there are not enough resources to do procedure in the actual way in the clinical area.

R: Mmh

PART: So there is also comes a problem when it comes to... eeh... now there is clinical what...eeh...so when it comes to OSCE...

R: Comprehensive clinical exams.

PART: Yes, so before it was OSCE so it gave a problem when it comes to OSCE you don't know what to do, what to use when practising different things there and now you have to come to an OSCE and practice the real thing. When it comes to PE's me in my first year procedure evaluations I didn't perform very well it because they didn't have resources so I had to do their own way for a lot of time

R: So the problem is the resources?

PART: The resources, and the... what they say... patient ratio to staff, patient are too many staff is few so now when doing bed bath you have to rush doing their own way not college you must rush they use the terms eeh...call it college style and clinical style so...

R: Let me clarify for myself, you have two points already there, its lack of resources and also used as a workforce.

PART: Yes

R: Mmh, what else?

PART: Nurse Educators need to come to the clinical are, coz sisters are saying their own way, so students become confused.

PART: While we are there I also feel the lecturer who will do assessment must do clinical accompaniment, and clinical evaluation, be done according to the procedure manual.

PART: But I also think its lack of qualifications in terms of nursing education in the clinical area makes the coordination between clinical area and college bit difficult, let me elaborate you may find that tutors don't want to impose themselves in clinical area. They try and respect the role of sisters in the clinical area which make it to the detriment of the students because you find that you know educating somebody there are people who goes to university because they want to teach and I don't think it's just exist, it's for the specific purpose.

R: Mmh

PART: But the problem is that in college there are tutors who teach because they qualify to do that, but in the clinical area there are people who actual teach but they might not be doing it correctly they might not be transferring the knowledge correctly because they are not qualified.

R: So who must do it?

PART: Now the issue is the tutors now... because they are trying not to impose you find that they will be teaching theory, but when it comes to the practical part... Mmh you are on your own

R: You want to add?

PART: Sometimes you find assistance of medical doctor being handy. Yes... tutors aspect, I once raise the point about equipment in the wards and the tutor said we must be assertiveness, if there is something that is not there for patient care you must sit on that sister in charge tell him/her if the towel is not there then tell her tomorrow if the towel is not there you are not doing bed bath for patient care

R: The nurse educators?

PART: Yes, the tutors they try to guide us but the problem is with sisters where we are practicing.

R: She said sisters the... the...sisters that side cannot teach because they are unqualified even if they try, she find assistance of medical doctors coming handy then sisters they are better than sisters. So where are the lecturers?

PART: The lecturers are in college they are teaching other groups because we've got a few and it's back to back they also cannot escape, there was a time when they would come to clinical area, but with time it's become impossible I used to appreciate that.

R: You can also recommend

PART: I once visited by a tutor in clinical area and it was fruitful because I had a problem then she assisted me because if you ask sisters or someone senior they are busy they don't have time for you, they are in the rush as well, that's why we need guidance from someone who comes in college who can guide us.

R: Yes

PART: I think when it comes to clinical readiness students are not adequately assessed continuously. Let me give an example, you only have to do two PE's or three PE's eeh let's say in third year you have to do six at the most, now how much skill must you acquired. Even my ward report says nothing about what skill have I acquired. Even the time that we allocated its eight days

R: Eight days?

PART: Yes eight days, how can a sister assist me, no one ensures our clinical readiness, even our group tutors they don't ask you've been to the ward what have learn what skills have you acquire

R: So you feel assessment part is not done properly

PART: Ya, because we are not studying for literature we are studying for practical, we are studying theory fine but what about practical part.

R: So what is your suggestion?

PART: My suggestion it will be better if we are allocated for long periods in each ward instead of moving around all wards so as to obtain skills that will be evaluated on.

R: So who will then do evaluation if they stay there for a long time? What is the problem, is it clinical exposure too short or method that are used for clinical evaluation?

PART: I would say one is time frame; eight days is not enough; you need longer time to be able to settle

R: Mmh

PART: Two they need to be more vigilant when it comes to the student who is going to medical/surgical setting where you assess in the beginning student what have you learn in this area?

R: And who must do that, is it nurse educators?

PART: Nurse educators and sisters in the ward.

R: Okay, and for time is it four weeks?

PART: Yes four weeks is fine

PART: The issue to the allocation may be sometimes they allocate you two weeks in theatre and two weeks in medical ward, I would prefer if they allocate you four weeks in one ward and four weeks in another ward.

R: Okay, still four weeks

PART: In the college they don't have equipment that we use now in the wards, they still use old equipment when demonstrating procedures

R: Where, here?

PART: Yes here at college

R: So its lack of resources during demonstration

PART: I think lecturers when they strengthening their role they should emphasize more to the sisters when we go to the clinical area that what are the objectives we need to learn that side, because when we go to the ward you just work they even ask you, have you finish that work?

R: Yes, I'm listening

PART: I think lecturers should do more of allocation of duties, because we are third years but when we go to night duty we do BP and they are actually filling in for the short staff people who didn't come to work, so we actually filling in the shortage of staff

R: So you feel educators must do allocation

PART: Yes tutors must do because when we tell sisters about our level they don't do

R: So what lecturers must, do allocation of daily duties?

PART: Yes allocation of duties

R: Okay

PART: I also feel tutors must update their knowledge, you find that a tutor is ten years away from the wards. I will make example of TB treatment, the book still says PZA but there is new treatment now. May be the college can print the updated information because we are part of the department. May be tutors need to get together and discuss the new trends that are occurring in their campuses because when I leave the course I'm not going to be employed here, so tutors need to update themselves and share the information.

PART: Yes they must keep themselves updated and technology

R: Guys what time are you going off?

PART: Lecturers also have personal issues among themselves so we as students are affected; we have fear of clinical exam because only nurse educator and the student know no one can say.

R: You mean tutors can make you fail clinical exams because of their issues?

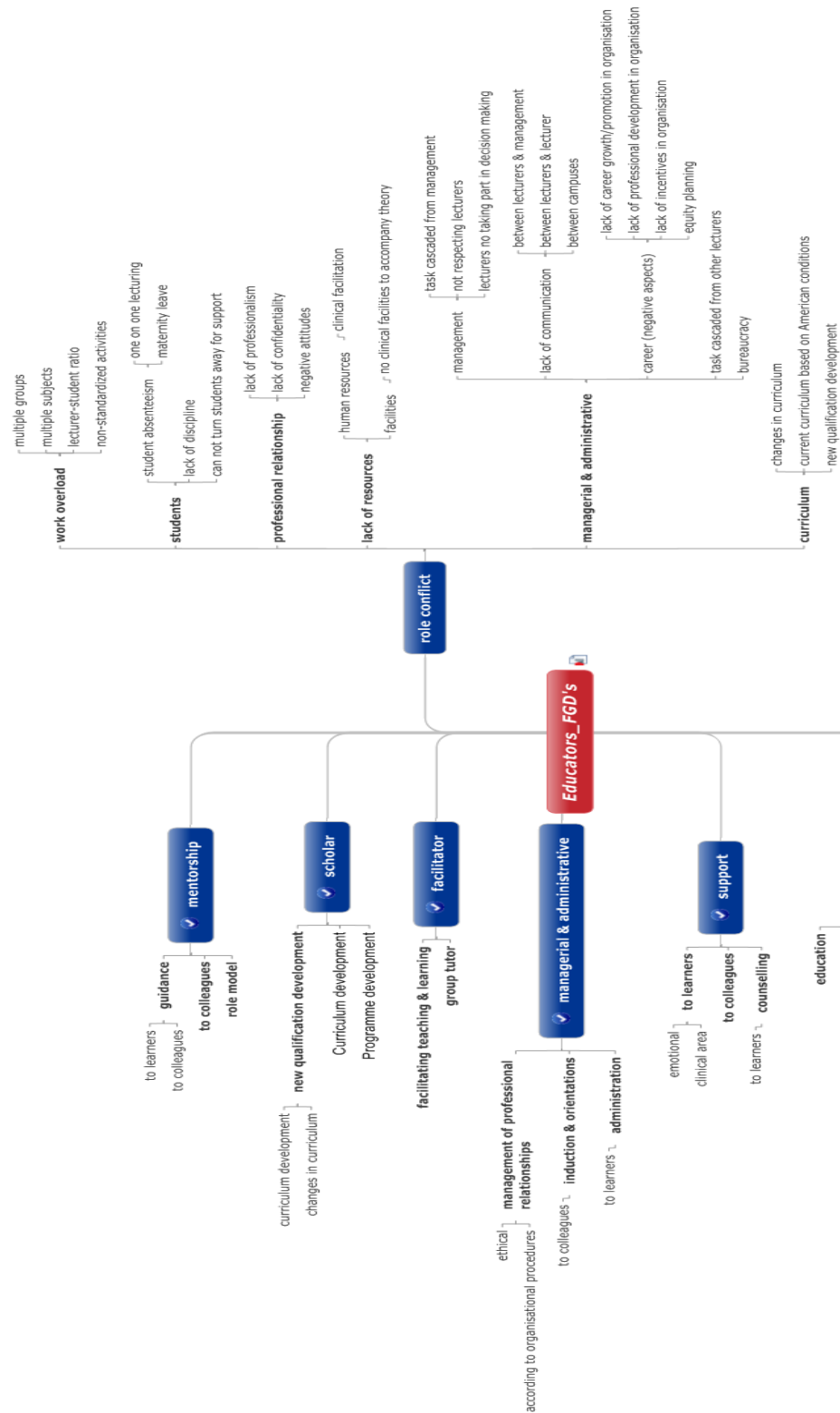
PART: Yes, unlike written exams where tutors have no control over it passing or failing is in your hands.

PART: Half past three.

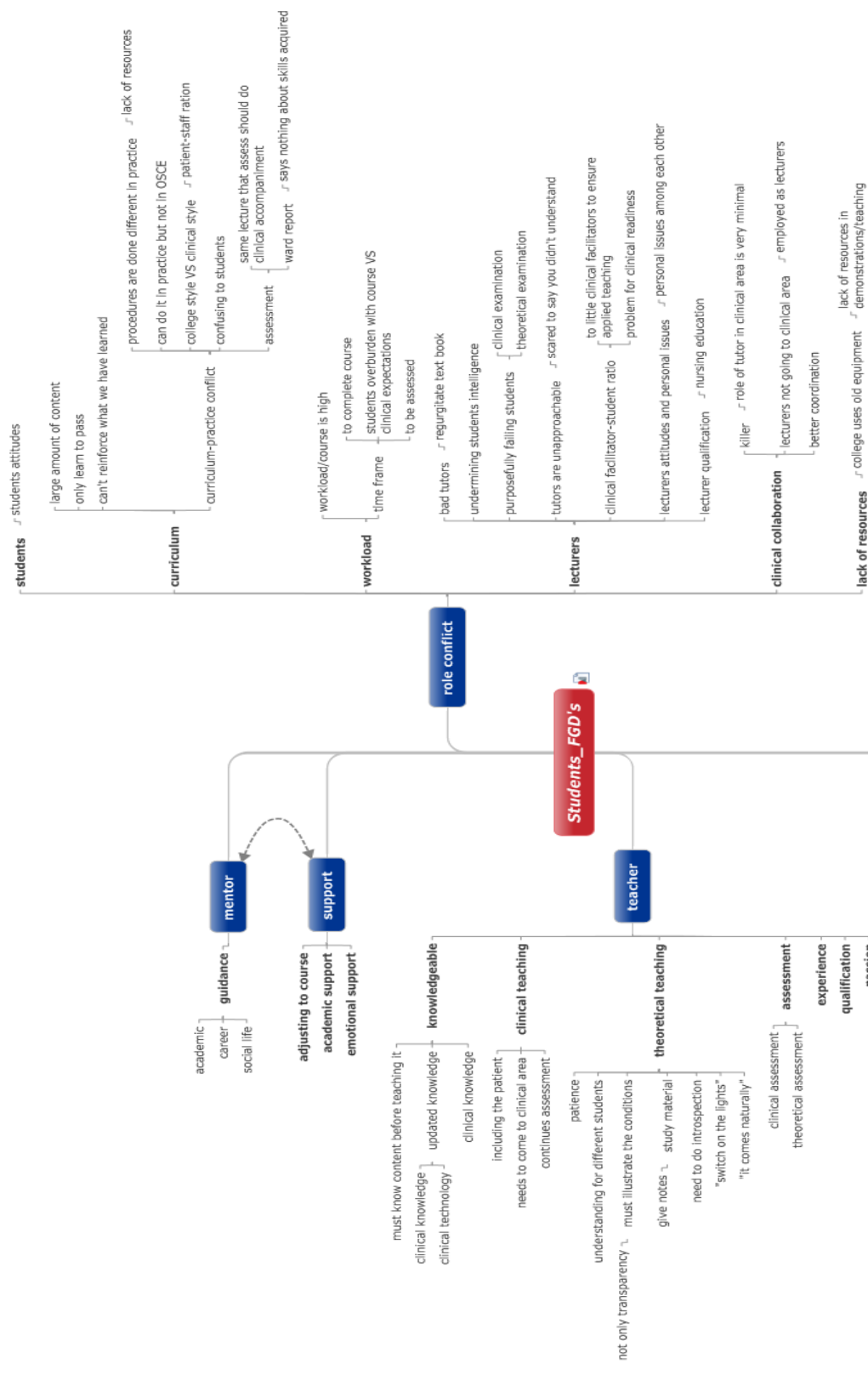
R: Okay, thank you very much for your participation and cooperation in my study, I appreciate; I wish you good luck for your studies.

PART: Thank you mam.

ANNEXURE J1: THEMES AND SUBTHEMES IDENTIFIED DURING FGD: NURSE EDUCATORS



ANNEXURE J2: THEMES AND SUBTHEMES IDENTIFIED DURING FGD: NURSING STUDENTS



ANNEXURE K: FIELD NOTES

SESSION 1: NURSE EDUCATORS

Numbers who attended: 1black female, 1 coloured female and 5 Indians (4 females and 1 male).

Descriptive notes

Participant's information leaflet given to the nurse educators and the researcher explained each and every step. The nurse educators signed the consent form to participate voluntarily in the focus group discussions. The aim of the study and the reason for the focus group was explained to the participants. They were seven in number, and all of them have been involved with the teaching of nursing students for more than (5) five years. Two of the participants were subject matter experts. Their age group ranges from 30 to 50 years, teaching different disciplines, that is, Fundamental nursing science, General nursing science, Midwifery nursing science and Psychiatric nursing science. They all appeared professional in their dress code, which displayed the corporate image of their nursing college. They all looked calm and showed signs of willingness to partake in the focus group discussion. They maintained eye contact quite throughout the focus group discussion. Participants were at ease and were actively participating

There were times where participants were able to laugh with one another as a sign of feeling relaxed with each other. Every participant was given a chance to talk.

Reflective notes

The participants were looking forward to this interview, even though at the beginning it was though they were in a hurry for another meeting. During the interview they appeared so calm and comfortable, even though their "core" function of teaching (theory and practice) was disrupted for about an hour (1hour). They were involved in the discussions of their perceptions about their role as nurse educators, and they gave each and every participant a chance to voice out her /his perceptions without any form of intimidation. They answered in warm tone of voices and they were willing to share their perceptions in depth.

Demographic Notes

The group discussion was conducted on the 27 November 2013 at 13H00 in the demo room. The demo room was relatively quiet and private as the door could be closed and it is situated far from all other offices. It was not even necessary to write a “silence board”, but we did that in order to avoid any form of disturbances. The room temperature was moderate with the air-conditioner on, and very conducive to allow the deliberations. Chairs in the demo room and table were arranged in such a manner that it facilitated the discussions and for the assistance who was taking the field notes was more convenient for taking notes. An electricity point was available to plug in the audio tape recorder. The demographic conditions were thus conducive for an interview to take place effectively.

SESSION 2: NURSING STUDENTS

Numbers who attended: 2 males African and Coloured, 10 females: four Africans, two Coloureds and four Indians.

Descriptive note

Participant's information leaflet given to the nursing students and the researcher explained each and every step. Nursing students reminded about feeling free to walk out of the room if feeling uneasy or not interested anymore. Participants were advised to sit where they will be comfortable. The nursing students signed the consent form to participate voluntarily in the focus group discussions. They were twelve, two from Fundamental nursing science, two from General nursing science I, two from General nursing science II, two from Ethos and professional practice, two from Midwifery and two from Psychiatry module. Participants were loud and audible and the digital voice recorder was able to record all the conversations. Good eye contact was maintained. Some participants were shy to answer at the beginning but later opened up. Some participants did not answer some questions, but were showing by nodding their heads or saying “mmhh” as a sign of agreeing with a statement said by the other. Participants gave one another a chance to talk and the information was captured on the digital voice recorder. No participant walked out of

the interview room. No disturbance of noise or other people coming into the interview venue encountered.

Reflective notes

The focus group interview started after the researcher had explained the topic and the purpose of the research study to the student nurses. The student nurses seemed relaxed. They had insight about mentoring and were open about their experiences regarding mentoring in the clinical practice. They responded to all the questions with ease and confidence. The participants explained how they had been taught by different nurse educators. There were common positive experiences, like some nurse educators being good mentors. Participants raised concern that there was no collaboration between the college areas and the clinical side as a result the professional nurses in the clinical practice were of the opinion that sometimes they were doing the work of the lecturers when they were expected to teach student nurses.

Demographic notes

The group discussion was conducted on the 27 November 2013 at 14H00 in the demo room. The demo room was relatively quiet and private as the room door could be closed and it is situated far from all other offices. Chairs in the demo room and table were arranged in such a manner that it facilitated the discussions. Participants were advised to sit where they will be comfortable. There was no interference during discussion because the mediator ensured free environment.

ANNEXURE L: FOCUS GROUP DISCUSSION SCHEDULE

Population 1: Nurse educators

What are your perceptions of your role as a nurse educator at this campus?

Population 2: Nursing students

What are your perceptions on the role of nurse educators
as nursing students in this campus?

ANNEXURE M: AFFIDAVIT FROM LANGUAGE EDITOR

Language Editing by Andrew Backhouse

11 Grove Road, The Gardens

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2192

Phone 082 924 6773

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CERTIFICATE OF EDITING

DATE: 12 DECEMBER 2014

Manuscript Title

The perceived roles of nurse educators in the context of a
provincial nursing college

Manuscript Authors

B. M. "Futhi" Duma

To whom it may concern:

This letter serves to confirm that I, Andrew Backhouse, am a professional English-language editor.

I further confirm that I have edited the manuscript detailed above to my exacting standards.

Warm regards,
Andrew Backhouse