

# The relationship between professional socialisation and job satisfaction of nurse educators of a provincial nursing college in South Africa

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## DECLARATION

## DECLARATION

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## ABSTRACT

**Title:** The relationship between professional socialisation and job satisfaction of nurse educators of a provincial nursing college in South Africa.

**Keywords:** professional socialisation, job satisfaction, nurse educators, nursing colleges.

The nursing education institutions play a major role in the training of nurses to curb the shortage of nurses in the country. Nurse educators assist with the primary socialisation of new nurses into the nursing profession. Likewise, new nurse educators need to be socialised into the nursing education system. Proper socialisation of new educators into the education system is vital for the continuity and reinforcing of professional values. The purpose of the study was to identify and describe the relationship between professional socialisation and job satisfaction of nurse educators of a provincial college in South Africa.

A quantitative, descriptive correlational design was used for the study. The sample consisted of nurse educators (N=102) employed by the Kwa Zulu Department of Health with the Kwa Zulu College of Nursing (KZNCN). Data was collected using a structured questionnaire, which included both the Nurses Professional Values Scale-Revised (NPVS-R) questionnaire and the Minnesota Satisfaction Questionnaire (MSQ). Statistical data analysis was done using the Statistical Package for Social Sciences (SPSS) programmes. The results showed reliability of the NPVS-R questionnaire with Cronbach's alpha ( $\alpha$ ) ranging between .637 and .811 and between .798 and .883 for the MSQ. Confirmatory factor analysis for the NPVS-R and exploratory factor analysis for the MSQ both had p-value of .0001 concluding a statistical significance of the questionnaires with a sufficiently high correlation. Again a positive correlation coefficient ( $r > .328$ ) was concluded amongst the demographic data and the NPVS-R and MSQ.

The null hypothesis was rejected since a good correlation between the professional socialisation and the job satisfaction statements of nurse educators of a provincial college was concluded. Recommendations include: proper socialisation and mentorship of new educators into the new education role for both personal and professional development and the proper utilisation of individual skills and expertise in order to prevent animosity and job dissatisfaction. Moreover, strategies to improve the working conditions and remuneration of nurse educators so as to attract new nurse educators into the education system are vital.

## ABBREVIATIONS

<b><math>\alpha</math></b>	Cronbach's alpha
<b>CFA</b>	Confirmatory Factor Analysis
<b>d</b>	practical significance
<b>DoH</b>	Department of Health
<b>EFA</b>	Exploratory Factor Analysis
<b><i>f</i></b>	Frequency
<b>HOD</b>	Head of Department
<b>ICN</b>	International Council of Nurses
<b>KMO</b>	Kaiser-Meyer Olkin
<b>KZN</b>	Kwa-Zulu Natal
<b>KZN CN</b>	Kwa-Zulu Natal College of Nursing
<b>MSQ</b>	Minnesota Satisfaction Questionnaire
<b>N</b>	Sample
<b>NLN</b>	National League for Nursing
<b>NPVS</b>	Nurses Professional Values Scale
<b>NPVS-R</b>	Nurses Professional Values Scale-Revised
<b>NWU</b>	North West University
<b>p</b>	Statistical Significance
<b>r</b>	Correlation Coefficient
<b>RNAO</b>	Registered Nurses' Association of Ontario
<b>SANC</b>	South African Nursing Council
<b>SD</b>	Standard Deviation
<b>SPSS</b>	Statistical Package for Social Sciences
<b>WHO</b>	World Health Organization

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## **CHAPTER 1: OVERVIEW OF THE STUDY**

An overview of the study is provided in this chapter. The chapter commences with an introduction and background to provide context. It covers the problem statement which inspired this study of the relationship between professional socialisation and the job satisfaction experienced by nurse educators. Discussion of the aim and objectives of the study is undertaken, followed by an assay of the involved meta-theoretical, theoretical and methodological assumptions. The research design and research method is summarised and the research outline is elaborated upon in conclusion.

### **1.1 INTRODUCTION AND BACKGROUND**

The nursing profession is undergoing changes due to new technologies, scientific advances and changes in the healthcare environment (Leduc & Kotzer, 2009:279), and the nursing education system in South Africa is also faced with transformation, with an emphasis on the new curriculum (Breier, Wildschut & Mqgolozana, 2009:13) and the shortage of nurse educators (Lange, Ingersoll & Novothy, 2008:371). With the shortage of nurses as a worldwide concern ((World Health Organization (WHO), 2010:2), the above mentioned changes will cause issues such as stress and burnout to nurses and nurse educators (Masroor & Fakir, 2010:126). Due to staff shortages, many nurses and nurse educators are overworked (Zuma, 2011:4), leading to job dissatisfaction and high staff turnover (Halfer & Graf, 2006:150). High levels of job satisfaction must be ensured to keep nurse educators in the profession and for the continuity and reinforcement of professional values to new nurses and colleagues through professional socialisation (Leners, Roehrs & Picconne, 2006:505).

Socialisation of nurse educators is of essential value to the development and quality of newly employed and training educators (Fletcher, Chang & Kong, 2008:261). There is a shortage of nurse educators, and we are experiencing changes in the nursing education system; newly employed nurse educators must be socialised into the new job, so that they acquire knowledge and skills required for the new job and gain the values and norms of the workplace (Olusapo, 2011:161). During professional socialisation, there is incorporation of generational core values as well as professional values into nursing, and this is the priority of those who educate and employ nurses (Leduc & Kotzer, 2009:280). However, if 35–61% of new graduates report the intention to leave the profession in Canada (Leiter, Price & Laschinger, 2010:3), and with South African nurses leaving the profession through reaching retirement age, morbidity and mortality (Breier *et al.*, 2009:79), the problem of nurse shortage will still exist (National League for

Nursing (NLN), 2010:1), unless measures are taken to train and retain the nurses (Walsh, 2009:12).

A positive work environment and an organisational structure that inspires loyalty and commitment are vital in retaining nurses successfully (Selebi & Minnaar, 2007:59). Once nurse educators are committed to the job and to the organisation, job satisfaction and performance will be influenced (Olusapo, 2011:163); however, this does not guarantee nurse educators staying in the profession or leaving the organisation (Colquitt, Lepine & Wesson, 2009:126). In spite of job or organisational commitment, because of staff shortages, the increased workload causes low job satisfaction (Colquitt *et al.*, 2009:105). Similarly, an uncommitted individual will engage in withdrawal behaviour, become dissatisfied with his or her work and will seldom stay long in the organisation (p. 69). As job satisfaction represents an individual's perception of various aspects of their work and is related to their orientation towards the work (Kekana, Du Rand & Van Wyk, 2007:24), with a shortage of staff, the orientation and socialisation of the newly employed nurse educator will be stressful (Duchscher, 2008:2). Through professional socialisation, new and experienced nurse educators alike may adjust and adapt to their professional work changes and to the work environment (Duchscher, 2008:3). Even if professional socialisation and a positive work environment with committed individuals can be put in place, job satisfaction is not guaranteed, because different characteristics or facets of a job may not be of equal importance to every individual (Masroor & Fakir, 2010:125).

It is doubtful whether nurse educators are adequately socialised into an education system which has a shortage of educators. Moreover, nurses in general are overworked and stressed short staffed (Zuma, 2011:4). Job satisfaction in an environment where members have increased workload and stress is doubtful (Duphily, 2011:17). According to Leiter *et al.* (2010:3), a high level of professionalism is important to cope with the stressful nature of the nurse educators' work environment, but professionalism does not necessarily mean that job satisfaction is achieved. Studies have been done on professional socialisation (Fletcher *et al.*, 2008:1; Garrett, Abell & Cornell, 2008:13; Leduc & Kotzer, 2009:279; Kirchoff, 2010:1) and on job satisfaction of nurse educators globally (Sarmiento, Laschinger & Iwasiw, 2004:135; Ware, 2008:1; Patel, Beekhan & Ramgoon, 2008:38; Breier *et al.*, 2009:1). Despite these studies, no effort has been expended to study the relationship between professional socialisation and job satisfaction of nurse educators. Therefore, this study will describe the relationship between professional socialisation and job satisfaction of nurse educators of a provincial college in South Africa.

The shortage in the nursing workforce is globally a matter of concern (Peterson, 2010:1), especially to nurse educators and midwifery leaders. Amidst the global shortage of nurses,

fewer individuals are entering the nursing education system and a large portion of registered nurse educators are near retirement age (WHO, 2006). According to Garrett *et al.* (2008:13), 48% of nurse educators in the United States of America are 55 years and older and they are planning to retire in the next decade. A similar trend has been identified by Kirchoff (2010:1) who estimated that 75% of the current faculty population in West Virginia, United States of America will retire by 2019.

Leiter *et al.* (2010:3) found that 35–61% of new nursing graduates reported the intention to leave the profession in the first year, resulting in a possible shortage of nurse educators. Currently employed nurse educators experience burnout due to increased workload (Sarmiento *et al.*, 2004:135), so, unless reasons for leaving the profession are identified and addressed, the critical and growing shortage of nurse educators will escalate (Price, 2008:12). There are currently 78 vacant nurse educators' posts, 18 nurse educators resigned over the past 5 years, which is equivalent to a turnover rate of 5.15% (KwaZulu Natal College of Nursing Human Resource Statistics, 2011).

Moreover, countries like Australia, the United States of America, and the United Kingdom, to mention a few, are recruiting qualified and experienced nurses from the African continent, (Breier *et al.*, 2009:49), leaving the continent with an even greater shortage, because our experienced nurses and nurse educators are recruited away to work for better salaries and under better working conditions. This results in an African workforce that is characterised by largely newly graduated and less experienced educators (Lavoie–Tremblay, Wright, Desforges, Gelinias, Marchionni & Drevniok., 2008:291). To add to the problem, financial constraints in Africa make it almost impossible to compete with remuneration offerings from national and international competitors in an attempt to retain staff (Jacobs & Roodt, 2008:64). This phenomenon is also prevalent in the nursing education sector, as an acute shortage of nurse educators in general and specifically less experienced nurse educators (Yordy, 2006:1; Waterson, Harms, Qupe, Maritz, Manning, Makobe & Chabeli, 2006:56). These less experienced and young nurse educators require high–quality socialisation into their new roles (Halfer & Graf, 2006:153).

The nursing education system is rapidly changing professionally, socially and educationally, causing frustration to both newly qualified and experienced nurse educators (Sarmiento *et al.*, 2004:135). Nurse educators feel unsupported in the face of change and transformation of the nursing education system in South Africa (Waterson *et al.*, 2006:70). According to Leiter *et al.* (2010:3), professional socialisation among colleagues can assist and prepare nurses to cope

with the stressful nature of the nurse educators' work environment. Sarmentio *et al.* (2004:135) highlights the lack of sufficient funding in the supporting of education programmes.

The education programmes are stressful to the education management and nurse educators, particularly when resources are not available to implement the planned programmes (Halfer & Graf, 2006:153). The quality of professional socialisation is influenced by multiple factors (Price, 2008:11; Patel *et al.*, 2008:39). These factors include staff shortages, the working environment, interpersonal relationships, job security and communication skills (Patel *et al.*, 2008:39). These multiple factors are personally and organisationally related (Olusapo, 2011:161). Conflict between personal and organisational factors causes frustration, which leads to burnout, job dissatisfaction and eventually to a person resigning (Leiter *et al.*, 2010:3). Interestingly, in some cases, individuals may be frustrated and still stay in the job or un-conducive work environment for personal reasons (Colquitt *et al.*, 2009:126).

Various studies have identified variables involved in job satisfaction, along with their positive and negative impacts on job satisfaction (Pietersen, 2005:19; Kekana *et al.*, 2007:27; Patel *et al.*, 2008:39; Masroor & Fakir, 2010:125; Alqashan & Alzubi, 2009:31). These variables for job satisfaction include staff shortages (Kekana *et al.*, 2007:27), salaries (Masroor & Fakir, 2010:125), working conditions and inter-relationships (Patel *et al.*, 2008:39), length of service and number of years doing the same job (Alqashan & Alzubi, 2009:31). However, the shortage of staff causes a heavy workload on those doing the job, and this is a precursor to stress and burnout, which is linked with low job satisfaction (Masroor & Fakir, 2010:126). The President of South Africa (Zuma, 2011:4), at the National Summit, in Johannesburg, also highlighted his concern as "There is a shortage of nurses and we are aware that many are overworked."

If 35–61% of new nursing graduates report an intention to leave the profession (Leiter *et al.*, 2010:3), the nursing profession will lose its nurses and the staff shortage problem will worsen. Those currently working will experience burnout, unless reasons for leaving the profession are identified and addressed (Price, 2008:12).

The Registered Nurses' Association of Ontario (RNAO) (2007:14) states that the creation of a healthy work environment for nurses is critical for their retention, but Leiter *et al.* (2010:9) argues that the social context variables suggest that the workplace is less welcoming than one would expect in a sector eager to retain nurses in anticipation of future shortages. It is believed that nurse educators are doing the same job year in and year out. This is confirmed by Alqashan and Alzubi (2009:31) who stated that variables like age, length of service and the number of years doing the same job has an impact on job satisfaction. Colquitt *et al.* (2009:126) argues this when stating that even though the individuals have job satisfaction, it does not create a

need to remain with the organisation. However, with the shortage of staff, changes like the revitalisation of nursing colleges in South Africa (Hartley, 2012:6), and abroad (Lorenzo, 2011:3), efforts to bring improvements to both human and material resources to better the nursing colleges may cause more frustration to the nurse educators.

Nurse educators internalise their role expectations and acquire meaning for their job through interaction with others (Ware, 2008:2), and adjustment of the educators' role from being a teacher to being a mentor, supervisor and assessor is vital (Shakespeare & Webb, 2008:271), bearing in mind that educators have a strong influence upon professional socialisation (Ware, 2008:15). Professional socialisation happens continuously throughout every employee's career (Fletcher *et al.*, 2008:26). This is confirmed by Kirchoff (2009:18), when stating that even though nurse educators are few in number, they can make a concerted effort to nurture newly employed nurses towards a successful path in nursing education.

Professional socialisation occurs both formally and informally. According to Garrett *et al.* (2008:13), formal socialisation happens when nurse educators attend developmental workshops that promote professionalism. Informal refers to when socialisation involves attending workshops and seminars on current nursing education issues, assisting faculties with research and being a member of and participating in the Nurse Educators' Association. Kekana *et al.* (2007:24) approached job satisfaction as derived from the nurses' perception of various aspects of the job and their orientation towards their work. With the current staff shortages and the revitalisation of colleges, this could bring about changes regarding staff and college development, but the feasibility of professional socialisation is doubtful. Moreover, with shortages of staff, there would be frustration in adjusting and implementing these changes, which would lead to job dissatisfaction.

Lu *et al.* (2005:211) clarified that what makes a job satisfying or dissatisfying does not only depend on the nature of the job, but also on the expectations that the individuals had of what their job should provide. The Position Statement (National League for Nursing (NLN), 2006) on mentoring in nurse faculties and shaping the future of nursing education indicated that mentoring was not only important to enhance the development of newly hired educators in their role, but also had the effect of establishing a welcoming environment. It is thus clear that Africa needs highly qualified nurse educators with a high level of professionalism to ensure that an adequate number of nurses graduate to sustain the global professional nurse and midwife workforce (Sarmiento *et al.*, 2004:135).

It is not clear whether with the shortage of nurse educators, professional socialisation and the achievement of job satisfaction is feasible. Although there are numerous studies on professional

socialisation and job satisfaction of nurse educators (Sarmiento *et al.*, 2004:135; Lu *et al.*, 2005:211; Price, 2008:12; Walsh, 2009:4; Leiter *et al.*, 2010:4), no studies could be found that specifically focused on the relationship between the professional socialisation and the job satisfaction experienced by nurse educators.

## **1.2 PROBLEM STATEMENT**

As mentioned, the nursing education system in South Africa is facing major challenges at the moment such as transformation, development and implementation of a new undergraduate nursing curriculum, and a shortage of nurse educators (Breier *et al.*, 2009:13; Lange *et al.*, 2008:371). These challenges and many others, being complex in nature, impact the work environment of nurse educators, bringing an increased risk of burnout and job dissatisfaction (Sarmiento *et al.*, 2004:135), and consequently impact the quality of nursing education (Waterson *et al.*, 2006:70; Masroor & Fakir, 2010:126). However, professional socialisation can prepare and assist nurse educators, particularly newly employed and training educators, to cope with the stressful nature of their work and work environment (Leiter *et al.*, 2010:3).

Given the current shortage of nurse educators, can professional socialisation contribute to the perceived job satisfaction experienced by nurse educators currently employed in the health education system of South Africa? This study attempts to fill the current knowledge gap between professional socialisation and job satisfaction by describing the relationship between these two variables, so as to understand whether or a correlation exists. Again, the study will provide recommendations to the Department of Health and the nursing education institutions to facilitate professional socialization and maximize job satisfaction of nurse educators in the nursing colleges.

## **1.3 RESEARCH QUESTION**

According to the introduction, background and problem statement, this study is stating the following research questions:

1. What is the relationship between the professional socialisation and job satisfaction of nurse educators of a provincial nursing college in South Africa?
2. What can be recommended to facilitate professional socialisation and maximize job satisfaction of nurse educators in the nursing colleges?

## **1.4 AIM AND OBJECTIVES OF THE STUDY**

The aim of the study is to identify and describe the relationship between professional socialisation and job satisfaction of nurse educators of a provincial nursing college in South Africa.

In achieving the aim of the study the objectives were to:

1. Understand the relationship between professional socialisation and job satisfaction of nurse educators (see Chapter 4 p. 66).
2. Provide recommendations to facilitate professional socialisation and maximize job satisfaction of nurse educators in the nursing colleges (see recommendations in Chapter 5).

## **1.5 RESEARCH STATEMENT**

The study attempts to provide new knowledge about the professional socialisation and job satisfaction of nurse educators by describing whether or not there is or not a relationship between the mentioned variables.

The null hypothesis is: There is no relationship between professional socialisation and job satisfaction of nurse educators of a provincial nursing college in South Africa.

## **1.6 PARADIGMATIC ASSUMPTIONS**

The researcher's assumptions are paradigmatic. These assumptions are divided into the meta-theoretical, theoretical and methodological statements.

### **1.6.1 META-THEORETICAL ASSUMPTIONS**

The meta-theoretical assumptions refer to the researcher's beliefs regarding man's origin and the world he lives in (Mouton, 2001:13). The researcher supports the Judeo-Christian philosophy which is centred on the Bible as the source of truth. The Bible states that God took some soil from the ground and formed man out of it, He breathed life-giving breath into his nostrils and man began to live (Genesis, 2:7). God felt it was not good for man to live alone, and hence He made a woman. God gave both man and woman dominion over and to populate the earth.

God emphasized the importance of love to man, and that man must love one another, for God so loved the world that he gave his only son to save man from sin. Man had a good relationship with God until sin destroyed the relationship. However, Jesus came down, took our sins and

died on the cross as a sacrifice to keep the relationship of man with God. According to the Bible (2010:924) man is required to live a life of excellence, holiness and obedience to God and to grow daily in the character of Christ displaying love, joy, peace, patience, kindness, goodness, faithfulness, humility and self-control in all our thoughts and actions towards all people (Galatians, 5:22–23).

Within this framework the researcher will define the meta-theoretical statements of man, health, nursing and environment.

#### *1.6.1.1 Man*

Man is a total being, with his body, mind and soul inseparable; who is a unique individual made in the image of God. For the purpose of this study, man refers to the nurse educator, who is a professional human being born and belonging to a particular family and community, who is called by God to love others as much as he or she loves himself or herself and to love God with all of his or her heart, mind, soul and strength. Further, the nurse educator has the responsibility to orientate, groom and socialise new student nurses, giving them a sense of identity and of belonging to the nursing profession.

#### *1.6.1.2 Health*

Health is the ability to adapt and to manage oneself in the face of social, physical and emotional challenges. For the purposes of the study, health refers to the nurse educator's state of wellness to be able to teach, socialise, groom and transition the new student nurses and newly employed nurse educators into the nursing profession and nursing education institution respectively. For adaptation to take place, the environment must be safe, health-promoting and conducive for work and learning to take place.

#### *1.6.1.3 Nursing*

Nursing is the art and science of helping an individual, family and community to maintain a state of homeostasis. Nurse educators teach the student nurses the knowledge and skills to care for and help individuals in the family and community remain healthy, with an emphasis on the provision of an environment that promotes health.

#### *1.6.1.4 Environment*

The environment refers to the nurse educator's workplace. In this environment the nurse educators work under stressful circumstances including shortages of staff, increased workloads, low salaries and poor working conditions (Masroor & Fakir, 2010:126) with inadequate management support (Waterson *et al.*, 2006:70). While teaching the student nurses in such

circumstances, the nursing education management must try and provide a healthy work environment for nurse educators.

## 1.6.2 THEORETICAL ASSUMPTIONS

Theoretical assumptions are a set of interrelated statements intended to explain some aspects of social life according to relevant facts, laws and principles (Babbie, 2007:43). The theoretical statements used in this research include a central theoretical statement and various conceptual definitions.

### 1.6.2.1 *Central theoretical argument*

In this study, sufficient information will be gathered to provide an understanding around whether or not there is a relationship between professional socialisation of and job satisfaction experienced by nurse educators in nursing colleges. The description of concepts used in the study will provide both theoretical and operational definitions that will promote understanding of these concepts wherever they are used.

### 1.6.2.2 *Conceptual definitions*

The concepts below are both theoretical and central in this research, and are defined as follows:

- Professional socialisation refers to the process by which one acquires specific knowledge, attitudes, beliefs and skills in order to be accepted as a member of a profession (Parsons & Griffiths, 2006:31), and it is essentially away of developing a professional identity (Walsh, 2009:5), whereby values are internalised and developed to provide a foundation for professional behaviour (Wolf, 2007:2). For this study, professional socialisation is the cultivating and internalizing of values for the development of professional behaviour through acquiring knowledge, attitudes, beliefs and skills with the aim of becoming a competent nurse educator.
- Professionalism refers to the assimilation of a variety of influences and experiences through which the culture and value system of the profession becomes part of the individual's identity. It relates to the attitude and willingness of the individual to make a contribution to create a better world for all (Geyer, Mogotlane & Young, 2009:34).

Professionalism also refers to the professional attributes of the practitioner who practices the profession, and it implies that she or he fulfils all the expectations of a professional practitioner (Muller, 2009:7). In this study, professionalism refers to the contribution made by nurse educators towards the maintenance and sustainability of high professional standards, based on

the service standards of the nursing profession, whereby senior nurse educators assist newly appointed nurse educators towards a successful path in nursing education (Kirchoff, 2009:18) to become skilful competent nurse educators.

- Job satisfaction relates to the working conditions, and the emotional and social climate experienced by a worker (Kekana *et al.*, 2007:25). It is a general feeling about the job or a combination of inter-related attitudes about different aspects of the job (Patel *et al.*, 2008:39). For this study, job satisfaction refers to the personal feelings of nurse educators about the job they perform on a daily basis; whether they enjoy doing it or not.
- Job dissatisfaction is a state of frustration experienced when expectations are not realized or a feeling of being unsatisfied, discontent and unhappy caused by the failure of one's hopes, desires or expectations (Compact Oxford Dictionary & Thesaurus and word power guide, 2006:263) and it is associated with physical illness, stress reactions, frustration, hostility, accidents, absence, change of work, anxiety and failure, lower standards of performance and practices that have little connection to the task of the job in question (Hattingh & Acutt, 2003:410). In regard to this study, job dissatisfaction refers to how nurse educators express a feeling of not being recognised by colleagues and management for the work done.
- Nurse educators are registered nurses whose primary interest, competence and professional practice is the education of nurses (Mosby's Medical, Nursing and Allied Health Dictionary, 1994:1086). They must have qualifications recognized by the South African Nursing Council (Searle, Herman & Mogotlane, 2009:345). For this study, nurse educators are registered nurses with a diploma or a degree in nursing education who teach nursing students who are enrolled in a nursing programme with the KwaZulu-Natal College of Nursing in South Africa.
- A nursing college is a post-secondary educational institution which offers professional nursing education at a basic and post basic level where such nursing education has been approved in terms of the Nursing Act 33 (2005, section 15(2)). For this study, a nursing college is an establishment equipped with the infrastructure to cater for the training of nurses according to the South African Accreditation Standards and provincial policy guidelines (Nursing Act 33 of 2005, section 42).
- A nursing education institution is either a university, nursing school, nursing college, a higher education institution or a private nursing school (Bruce, Klopper & Mellish, 2011:68) where nursing training is given. Nursing education institutions must meet certain requirements to produce a particular category of nurses, and must be accredited by the

South African Nursing Council (Searle *et al.*, 2009:345). For this study, nursing education institutions are nursing colleges and nursing schools that provide training of nurses and are affiliated to hospitals for students' clinical exposure and to a university for quality standards.

### 1.6.3 METHODOLOGICAL ASSUMPTIONS

This study's research methodology, based on the identified aim and objectives, are explained under the following headings: research design, research method (literature study and empirical research including the population and sampling of the nurse educators), data collection and analysis, and importantly, measures to ensure rigour.

## 1.7 RESEARCH DESIGN

This research study is a survey and uses a quantitative, descriptive and correlational design to identify and describe the relationship between professional socialisation and job satisfaction of nurse educators (Brink, Van der Walt & Van Rensburg, 2012:188). The purpose of the descriptive research design is to describe variables, identify relationships among variables or compare and contrast groups based on selected variables (Burns & Grove, 2009:82). The research is correlational, as it sets out to determine if there exists a relationship between professional socialisation and job satisfaction of nurse educators.

## 1.8 RESEARCH METHOD

### 1.8.1 LITERATURE STUDY

The researcher performed a literature review while bearing in mind the aim of the study (to describe the relationship between professional socialisation and job satisfaction of the nurse educators). The professional socialisation and job satisfaction concepts were reviewed based on the following themes: professionalism of nurse educators, the impact of professional socialisation of nurse educators, educational preparation, the transition period, and the support system of nurse educators. The Kramer (Postgraduate Resocialization) Model (1974:1) and Herzberg's Two Factor Theory (1971:1) served as the theoretical framework for professional socialisation and job satisfaction respectively.

The review process for the literature included searches of the databases in the North West University Library to accumulate information regarding the professional socialisation and job satisfaction themes. The databases included: Database with Full Text, South African journal database and international journal database (Science Direct & American journals of nursing),

books, journals, dictionaries, theses and dissertations from the North West University library and inter-library loans, as well as the World Wide Web.

Key words used in literature included professional socialisation, job satisfaction, nurse educators and nursing college.

## 1.8.2 EMPIRICAL RESEARCH

Empirical research refers to the approach the researcher used to conduct the research study in the real world (Polit & Beck, 2008:752). The researcher considered the setting, or where the study would be conducted, the population, and the criteria used to choose the sample, instruments used for data collection, the procedure followed to collect data, the method of data analysis, the measures taken to ensure rigour of the study and the ethical principles relevant to this study.

## 1.8.3 SETTING

The nursing college of interest is a large provincial nursing college in one of the provinces of South Africa. The researcher selected this nursing college on the basis of accessibility. The nursing college consists of 11 campuses and 14 sub-campuses with a total of 350 nurse educators. The nursing college offers a four-year undergraduate diploma, one-year post-basic programmes, and one and two year certificate programmes. The campuses will be anonymized to avoid linking the information that will be provided by participants with the campuses under study.

## 1.8.4 POPULATION AND SAMPLE

### 1.8.4.1 *Study Population*

The study population are nurse educators at a provincial nursing college in South Africa. There are currently 350 nurse educators (N=350) working at the nursing college of interest.

### 1.8.4.2 *Sample*

An all-inclusive sample will be used to ensure that the highest possible numbers of participants are obtained, so as to be able to generalise the findings of the study to the study population (Brink *et al.*, 2012:132). According to Bryman (2008:179), 10% of the population is an acceptable sample size. The count of nurse educators who voluntarily participated in the pilot and main study were n=12 and n=102 respectively. The inclusion and exclusion criteria of the sample are shown in the Table 1.1 below.

Table 1.1: The inclusion and exclusion criteria of the sample

The inclusion criteria	The exclusion criteria
<ul style="list-style-type: none"> <li>• Nurse educators employed in government nursing colleges</li> </ul>	<ul style="list-style-type: none"> <li>• Nurse educators from private nursing colleges</li> </ul>
<ul style="list-style-type: none"> <li>• Independent of gender</li> </ul>	<ul style="list-style-type: none"> <li>• Nurse educators that participated in the pilot study.</li> </ul>
<ul style="list-style-type: none"> <li>• Must be employed for more than 6 months as an educator</li> </ul>	<ul style="list-style-type: none"> <li>• Nurse educators who are less than 6 months in the job.</li> </ul>

## 1.9 DATA COLLECTION

### 1.9.1 INSTRUMENTS

This study used two standardised questionnaires to determine the relationship between the professional socialisation and job satisfaction of nurse educators of a provincial nursing college in South Africa. To measure the level of professionalism of the participants, the Nurses Professional Values Scale–Revised (NPVS–R) was used and the Minnesota Satisfaction Questionnaire (MSQ) was used to measure job satisfaction. The demographic data of participants was gathered, and comments by participants on the survey were appreciated and processed.

#### 1.9.1.1 *The Nurses Professional Values Scale–Revised*

As technology in nursing advances, nurse educators are faced with moral and ethical dilemmas in making sound decisions based on knowledge and personal beliefs (Hayes, 2006:6). The NPVS–R (Weis & Schank, 2009:221) is an instrument derived from the American Nurses Association Code of Ethics designed to measure nurses' professional values. This instrument has been used previously (Weis & Schank, 2009:241) and, notably, it can be used in education and across practice settings to ascertain the development and sustainability of professional values (p. 223). The NPVS–R can raise consciousness about professional values and the *Code of Ethics for Nurses* as cornerstones of professionalism. Moreover, findings supported internal consistency, reliability and construct validity of the instrument (Weis & Schank, 2009:229). Within this study, educators will indicate the importance of value statements relative to nursing education, using the degree of importance based on a Likert scale of rating, with 1 as not important, 2 as somewhat important, 3 as important, 4 as very important and 5 as most important. Permission was granted by Weis and Schank (2009) to use this instrument with the nursing college educational system (Annexure I).

### 1.9.1.2 *The Minnesota Satisfaction Questionnaire*

For measuring job satisfaction, the Minnesota Satisfaction Questionnaire (MSQ) will be used. The questionnaire was originally formulated at the University of Minnesota, and is based on human correspondence with the environment at work (Selebi & Minnaar, 2007:54). The questionnaire has 20 items with a 1–5 point Likert scale ranging from very dissatisfied as 1, dissatisfied as 2, neither dissatisfied nor satisfied as 3, satisfied as 4 and very satisfied as 5, all evaluating job satisfaction according to specific facets of the job. The MSQ is easy to understand, as the dimensions of job satisfaction are explained, and it is applicable to all types of employees, even nurse educators (Olusapo, 2011:164). Permission was granted by the Minnesota University to use the questionnaire (Annexure J).

### 1.9.2 PROCEDURE

The importance of honesty when completing the questionnaires was emphasized to the participants, so as to obtain information that will describe whether or not there is a relationship between professional socialisation and job satisfaction of nurse educators of a provincial college in South Africa. Data was collected by the researcher from an all-inclusive sample of nurse educators at the respective campuses, using well-designed structured questionnaires as mentioned. The participants were expected to complete the structured questionnaires within 45 minutes, although they were not limited to 45 minutes. The questions were short and simple, understandable, non-directional, not double-barrelled and phrased in an affirmative manner (Brinket *et al.*, 2012:156).

The researcher conducted a pilot study in one campus, following the same approach as the main study. Participants were informed and the questionnaire was explained as having 4 sections to be completed. Section A consisted of demographic data, B the NPVS-R Questionnaire, C the MSQ, and D was included for open-ended comments. The questionnaire was personally explained and delivered by the researcher to the colleges where participants are employed. The researcher arranged a maximum of one hour for the nurse educators to complete the questionnaires per college. Participants were informed by the researcher about the purpose of the study and they were asked to voluntarily sign two consent forms as evidence for participation to the study (one copy was kept by the participant, and one was kept by the researcher).

Participants of the pilot study were asked to make comments on the questionnaire after completion, so that any identified flaws could be rectified before the researcher proceeded with the main study. The completed pilot study questionnaires were couriered to the statistician for

statistical analysis to determine the feasibility of the proposed study and the reliability and validity of the research instruments (Brink *et al.*, 2012:57). No flaws were detected with the pilot study, participants wanted clarity for signing two concerns forms which was explained by the researcher. With the main study, the researcher collected the completed questionnaires from the participants and ensured their safety until all colleges under study had completed the survey, after which the researcher couriered them to the data capturer and statistician for analysis.

The survey questionnaire's face validity was modified and compiled within one questionnaire with different sections as mentioned above, to be more user-friendly. The questionnaire did not omit important alternatives for validity (Burns & Grove, 2009:409). Statistical methods were used to analyse the collected data. The questionnaire was relevant to both the participants and the study, and the statistician analysed the data for reliability and validity and to describe a correlation between the variables.

### 1.9.3 PILOT STUDY

The researcher conducted a preliminary study on a limited number of participants from the population at hand to ensure the feasibility of the proposed study and to evaluate the reliability and validity of the research instruments (Brink *et al.*, 2012:175) when applied to nurse educators. The pilot study also helped to evaluate whether or not the questionnaire was clear and understood by the respondents.

## 1.10 DATA ANALYSIS

The questionnaire was read and checked for completeness, and coding of the data collected was done by the statistician. If missing data was identified, the incomplete questionnaires were not being excluded but instead the given answers were considered. Data was captured and analysed using the statistical strategy.

The researcher used descriptive statistics to analyse the demographic data of the participants using the frequency distribution and percentage. The NPVS-R and the MSQ was analysed using the mean and standard deviation. Using correlation coefficients to test the reliability of measurement, the researcher determined the nature and the extent of the relationship between professional socialisation and job satisfaction of nurse educators. Again, the internal consistency and reliability of both the NPVS-R and the Minnesota questionnaire was tested using the Cronbach's alpha (Brink *et al.*, 2012:170).

The statistician used factor analysis to test the hypothesis about the interrelationships (Polit & Beck, 2008:463) of variables and to find meaning in large volumes of data from survey instruments (p. 484). Correlation analysis was performed to identify any relationships between variables. The researcher contacted the data analyst for transformation and coding of collected data to ensure validity of the study. The key for codes used was explained to facilitate understanding of the analysed data. The data analysis findings also ensured external validity, in order to assist other colleges nationwide that experience the problem of a shortage of nurse educators.

### **1.11 ROLE OF THE RESEARCHER**

As the director of the study, the researcher must be available for the participants for physical and emotional support. The researcher explained all that was expected of the participants during the completion of the questionnaires. Questions from participants were allowed and were objectively answered by the researcher. The researcher had a strategy in place to handle challenges during the research process; for example, failure to complete the study in a given period because of involvement in interactions with the subjects (Burns & Grove, 2009:444). The researcher maintained objectivity throughout the study irrespective of joy or frustration experienced (Burns & Grove, 2009:445). Once the study was completed, participants would be given feedback on the findings and these would also be communicated to them and the health team in conference presentations and publications.

### **1.12 MEASURES TO ENSURE RIGOUR**

The researcher will strive to enhance the rigour of the study by:

#### **1.12.1 CARRYING OUT A PILOT STUDY**

According to Brink *et al.* (2012:57) carrying out a pilot study might bring about changes before the main study. The researcher identified problems regarding the sample, data collection method and instruments that might affect study feasibility. Identified problems were addressed and changes made to ensure rigour in the main study. The participants of pilot study were asked to verbalise comments about the 'dummy study' so that identified errors were not repeated in the main study.

### 1.12.2 EXAMINING FACE VALIDITY OF THE INSTRUMENT

Experts in the fields of management and leadership sciences, industrial psychology and professional nursing were consulted to identify appropriate instruments for this study. Standardised questionnaires that had been validated were selected to measure the levels of both professionalism and job satisfaction of the nurse educators being surveyed. The researcher ensured that the questions were formatted clearly to enhance readability (Brink *et al.*, 2012:166).

### 1.12.3 ENSURING CONTENT VALIDITY

Participants of the pilot study were asked to be honest during the completion of questionnaires to ensure robustness during data analysis. The overall suitability of the instruments for use was evaluated by experts in the fields of management and leadership sciences, industrial psychology and professional nursing to ensure that the correct instruments were used for the appropriate study. The experts evaluated how representative the questions were for the test of the phenomenon under study (Brink *et al.*, 2012:166). The statements in the questionnaire were defined clearly to prevent confusion.

### 1.12.4 USING CRONBACH'S ALPHA

The researcher used an instrument that was used before, the Cronbach's alpha ( $\alpha$ ), which is used to measure internal consistency and reliability of the instrument (Brink *et al.*, 2012:167). Again, experts evaluated if all items on the instrument measure the same variable.

### 1.12.5 RELIABILITY

The instrument measured what it is supposed to measure – that is, the NPVS–R measured professional socialisation and the Minnesota Satisfaction Questionnaire measured job satisfaction.

## 1.13 ETHICAL CONSIDERATIONS

A brief session was conducted by the researcher with participants, discussing the study topic, the aim and objectives of the study and clarification of the participants' expectations. The researcher paid particular consideration to the following ethical issues regarding this study:

### 1.13.1 PRINCIPLE OF RESPECT FOR PERSONS

Participants were told that they have the right to decide whether or not to participate in the study, without prejudicial treatment or coercion. Participants could voluntarily engage in the study and could withhold information or withdraw their participation at any time or stage of the research study. Participants were allowed to ask questions about the study and clarification was provided by the researcher.

### 1.13.2 PRINCIPLE OF BENEFICENCE

Participants were informed that the study was been approved by the Ethics committee of the University of North West and permission was requested and granted from the Kwa-Zulu Natal Department of Health, Principal of KZNCN and the Principals of the nursing colleges and campuses to conduct the study. There was no anticipated harm to either the participants or the colleges under study. Participants were assured that no risks would be involved in their participation in the study and the potential benefits of the study would be explained to the subjects. The researcher ensured that participants were comfortable whilst completing the questionnaire by keeping them in a warm and well ventilated classroom with enough chairs. No compensation would be given to participants for participating in the study (Brink et al, 2012:36).

### 1.13.3 PRINCIPLE OF JUSTICE

The researcher explained the aims and objectives of the study, the data collection method and that the findings of the study would be communicated to participants. A participant who agreed to participate in the study was assured that the information supplied by him or her would remain anonymous and confidential (Brink *et al.*, 2012:37). The participants were informed that honesty was to be maintained throughout the study and if such honesty was bridged, a debriefing session would be undertaken. The participants each signed two consent forms, one as the researcher's evidence and one as her or his proof of an agreement to take part in the study. The consent form was clearly explained to the participants before it was signed. All participants were expected to be honest in their answers. All eligible participants had the right to participate in the study, however, due to unforeseen situations, this was not possible, and e.g. being sick or on planned vacation leave during data collection.

## 1.14 RESULTS AND SIGNIFICANCE OF THE STUDY

With the shortage of nurse educators, the revitalisation of nursing colleges and the development of the new undergraduate nursing curriculum (Hartley, 2012:6), the nursing environment can be

stressful for new trainees. One wonders if socialisation into new job expectations and job satisfaction are feasible goals in a stressful environment. However, the study attempts to fill the knowledge gap by describing professional socialisation and job satisfaction of nurse educators with an intention to determine a correlation between the two mentioned variables. Understanding the relationship between nurse educators' levels of professionalism and job satisfaction could contribute towards strategies to facilitate professional socialisation and the retention of nurse educators in nursing colleges. The findings of the study might also assist quality improvement initiatives in nursing education, with special reference to the work environment of nurse educators, which could thus attract more nurse educators in the nursing education institutions and reduce shortages experienced.

### **1.15 DIVISION OF CHAPTERS**

For this study, the chapters are divided as follows:

Chapter 1: Study overview.

Chapter 2: Literature review.

Chapter 3: Research Methodology.

Chapter 4: Results, discussions and conclusions.

Chapter 5: Evaluation of the study and recommendations.

### **1.16 CONCLUSION**

In this chapter, an overview of the research study was provided. The meta-theoretical, theoretical and methodological statements were discussed to explain the background and problem statement of the study. The conclusion to the chapter was provided, encompassing a brief description of the research design, research methods and an outline of the study.

## **CHAPTER 2: LITERATURE REVIEW**

### **2.1 INTRODUCTION**

The purpose of the study was to describe the relationship between professional socialisation and job satisfaction of nurse educators of a provincial college in South Africa. The literature review entails a written summary of information from articles, journals and books that were related to the proposed study (Creswell, 2008:89). The purpose of the literature review was to firstly describe the current best available evidence regarding these two concepts, as well as the relationship between them, and secondly to identify gaps in the existing knowledge base. The themes emerging from this research study include professionalism of nurse educators, the impact of professional socialisation on new nurse educators, their educational preparation, the transition period, the support system for a new educator and the theoretical framework relevant to this study.

### **2.2 PROFESSIONALISM OF NURSE EDUCATORS**

Nurse educators have an important role to play in helping to maintain professional excellence (Leduc & Kotzer, 2009:280). It is now more important than ever that a high level of professionalism is maintained to keep up with the continual development of medical technology (Yordy, 2006:2). The nursing profession is facing a critical and worsening shortage of nurses (Leiter *et al.*, 2010:1), and it is expected that the shortage will worsen further as some nurses retire and die whilst others emigrate (Breier *et al.*, 2009:79).

Moreover, the NLN (2010:3) indicated that 29% of educators are over 54 years of age and are expected to retire within 10 years, and 21% are expected to retire in 5 years. Therefore, if there are no measures to attract and retain new nurse educators into the nursing institutions (Leduc & Kotzer, 2009:283), the shortage of nurse educators could persist (Yordy, 2006:1). Nurses are important human capital (RNAO, 2007:41), therefore, there is a need to provide sufficient schools that have competent and qualified nursing faculties to teach and produce nurses (Duphily, 2011:13).

The faculty vacancy rate varies. In the United States of America, it was 7.9% across the country in 2007 (Moreland, 2011:15) and in South Africa, the vacancy rate was 36% in 2007, whereas only 1896–3000 professional nurses were produced from 2009 to 2011 (Breier *et al.*, 2009:30). Between 2010 and 2011, South Africa produced 1359 nurse educators and the Kwa–Zulu Natal Province produced only 16 educators from all the nursing institutions (South African Nursing

Council (SANC) Statistics:2007). With such low numbers of educators produced, this clearly shows that the shortage of nurses will still be a problem in the future (Lange *et al.*, 2008:371) and the probability of good job satisfaction and proper socialization of newly employed educators is cast into doubt.

With the nurse educators' shortages impacting the ability of nursing education programmes to meet the national demand for nurses (Duphily, 2011:13), the cry for additional nurses will persist, especially when fewer and fewer potential scholars show interest in pursuing nursing as a profession (Searle *et al.*, 2009:344). Moreover, such shortages caused stress, extra workload and job dissatisfaction to those on the job, such that they too considered leaving the profession (Kekana *et al.*, 2007:25). This was consistent with the findings of the study conducted by the NLN and the Carnegie Foundation Preparation for the Professions Program in 2005–2006, in Florida, USA, regarding identification and investigation of the shortage of nurse educators, in which 32,000 nurse educators were participants. 45% of nurse educators were dissatisfied with their workload and 1 out of 4 nurse educators were likely to leave their current jobs, citing workload as a motivating factor (NLN, 2010:2). Again, consistent with the NLN regarding shortage of nurses and extra workload, was a general comment on shortage of nurses by the South African Presidency in the nursing summit (Zuma, 2011:4), in which he stated 'There is shortage of nurses and we are aware that many are overworked.'

Although the shortage of nurse educators is a problem, the nurse educators have a continuing role in helping to maintain professional excellence, with professional values as a requisite component of excellence (Leduc & Kotzer, 2009:280). Again, in spite of the shortage of nurse educators, a level of professionalism through professional socialisation must be maintained in nursing education institutions. The attainment of job satisfaction and professionalism in nursing institutions, with the present shortage of nurse educators, could not have been guaranteed. A lot of studies have been undertaken regarding both professional socialisation (Price, 2008:12; Ware, 2008:1; Fletcher *et al.*, 2008:1; Walsh, 2009:4) and the job satisfaction of nurses (Kekana *et al.*, 2007:24; Selebi & Minnaar, 2007:53; Alqashan & Alzubi, 2009:29; Masroor & Fakir, 2010:123), but these studies revealed a limitation in research regarding the relationship of the level of professionalism to the job satisfaction experienced by nurse educators. Therefore, a literature review was conducted to research studies that had been published regarding professional socialisation (professionalism) and job satisfaction of nurse educators to detect whether or not a relationship exists between the two variables.

### 2.3 THE IMPACT OF PROFESSIONAL SOCIALISATION ON NEW EDUCATORS

Through professional socialisation, the newly employed nurse educator was orientated towards the new role by involving experienced organisational insiders who acted as role models, trainers and mentors (Allen, 2006:253). The orientation of a new member to the new job was consistent with Fletcher *et al.* (2008:261), when stating that a teacher induction program conducted by mentors was of essential value to the development and quality of novice teacher. The socialisation process involved the use of mentors who were professional individuals who provided information about the knowledge, skills, behaviours and values that comprised the faculty role (Price, 2008:3), and mentoring (which was usually done by a senior person in terms of age and experience) which provided advice, guidance, support and information to the protégé (who was usually a junior person) (Bruce *et al.*, 2011:352).

Although mentors in other countries like the United States of America were clinical nurses working in the practice areas which students were allocated to, and students were not accompanied to practice settings by an educator (Shakespeare & Webb, 2008:271), the NLN (2006:2) argued this by stating that mentors were used to socialise individuals to new roles and that this could apply to business, education or any other field. Moreover, nurse educators act as both mentors and role models and they were a great source of support to individuals (Price, 2008:17), assisting them to develop towards professionalism (Searle *et al.*, 2009:54). It is small wonder that Little and Milliken (2007:1) confirmed that most nurse educators were expected to fulfil dual roles of clinical practitioner and teacher, especially when they were expected to maintain clinical expertise in their area of assigned teaching responsibilities (Poindexter, 2008:28).

Professional socialisation involved the acquisition of professional attributes and the development of a specific professional identity that defined the self and was aligned with community expectations (Tsang, 2009:1), and it was discovered to be vital for organizations to have socialisation tactics to help new employees to become actively embedded in an organization (Allen, 2006:251). Furthermore, socialisation of newcomers more extensively into the organisation was a useful heuristic (Allen, 2006:253). Through professional socialisation, information about the job was given to the new employees, and research found that job information was a strong predictor of job satisfaction (Masroor & Fakir, 2010:127). However, it is believed that the information given during professional socialisation could be irrelevant to the new job expectations and towards job satisfaction.

Nurse educators play a major role in the personal, professional and academic development of nurses (Bruce *et al.*, 2011:107), influencing the nurses in what is said and taught in the

classrooms, and what is performed in clinical areas (Ware, 2008:15). Consistent with the above information was that provided by Little and Milliken (2007:12) when stating that nurse educators who were able to 'practice what they preach' were regarded as credible leaders, inspirational mentors and understanding colleagues. Besides the teaching role, nurse educators give guidance, advice, and support to students and colleagues (Bruce *et al.*, 2011:111), but with shortages of staff, nurse educators have heavy workloads, which is a precursor to job stress and burnout, which were linked to low job satisfaction (Masroor & Fakir, 2010:126). High levels of role stress during professional socialisation might not only disrupt social interaction but prevent goal attainment (Walsh, 2009:6). Nevertheless, during the process of professional socialisation, the new employee develops a concept of self (Ware, 2008:1), with a key dimension of interaction with people who are significant to them (p. 5). Furthermore, human beings develop their realities through interaction with other human beings (Ware, 2008:1).

With faculty shortages impacting the ability of nursing education programmes to meet the national demand for nurses, nurses in practice settings started to consider entering the educational arena (Dumphily, 2011:13), and those new graduate nurses entered the work force as novice practitioners. Retaining them within the institutions was a high priority (Marshburn, Engelke & Swanson, 2009:426). Nursing schools were facing challenges with increased enrolments and faculty shortages, compelling schools to accomplish more with less (Lange *et al.*, 2008:371), and with the lack of skills and experience of tutors (Waterson *et al.*, 2006:58), both the job satisfaction of employees and their quality of life in general were affected (Alqashan & Alzubi, 2009:35).

Preceptors played a major role during socialisation, as they showed people how to behave in a particular context (Bruce *et al.*, 2011:255), thus preceptorship was necessary following entry into a new job (Donovan, 2008:514). Having preceptors, support and strategies to support new educators as they transitioned into the new role made the new educators more confident and comfortable with their skills, and they were likely to be competent in their job performance (Marshburn *et al.*, 2009:430), although job satisfaction was not guaranteed. Having social support from experienced organisational members appeared to help newcomers develop relationships and a sense of competence accompanied by responsibility to their jobs and organization (Allen, 2006:251). This was confirmed by Van der Putten (2008:354) when he stated that the variety of experiences to which new individuals were exposed to whilst being supported helped them to experience the full range of skills, and they were able to learn from experienced individuals. Kirchoff (2010:27) argued that despite the need for consistent guidance, the new faculty members were not provided with the support and supervision of a

mentor. However, reassurance and guidance for new faculty should be on-going, especially during times of faculty stress and frustration.

To overcome stress, it is important that both the novice and experienced educators work together to strategize best practices in nursing education, outlining methods to capitalize on one another's strengths (Duphily, 2011:18), and that acknowledging the new educators' strengths and supporting their weaknesses in the new role would reduce anxiety (Kirchoff, 2010:122).

Most professional nurses who are now nurse educators started their professional time in hospitals (Brewer, Kovner, Yingrengreung & Djukic, 2012:34), and this was confirmed by Moreland (2011:22) who stated that the perceived need to become expert in the clinical arena reduced the number of nurses who might consider the role of nursing educator early in their career. Because of the professional nurses' experience in nursing, the nursing faculty should be aware that they are a very strong influence upon professional socialisation (Ware, 2008:15). However, the impact of nursing education on professional socialisation depends on the newcomer's past experiences, the nature of society and the benefits and values promoted during her experiences (Ware, 2008:14). According to Marshburn *et al.* (2009:430), experience had a positive effect on the new nurse's preparation for practice. However, Kirchoff (2010:127) argued against this when stating that it is important to receive assistance and orientation when beginning new positions, regardless of experience.

As nursing faculties are in short supply and tend to be overloaded with work (NLN, 2010:2), role strain and stress could result in faculty members departing from their positions (Kirchoff, 2010:121). Moreover, job stress is ranked as a major reason for leaving employers (Brewer *et al.*, 2012:34). To address the shortage of nurse educators and ease the nurse educators' workload, Bornie–Ainsley and Brown (2009:231) promoted participation in online instructional activities and learning, again, to expose nurse educators to the very kinds of technology that are becoming so central to nursing practice. Heavy workloads, pressure to attain tenure status, emphasis on technological competence and the need to maintain expertise in one's role warranted the importance of having a mentor (Duphily, 2011:17), especially when new nurse educators were unfamiliar with the language, culture and practices of the new role, and the workload was higher than expected (p. 16).

Socialisation is essentially a way of developing a professional identity, and with a professional identity the new nurse educator will develop a sense of belonging and commitment towards the organisation (Walsh, 2009:5), and will have the desire to remain a member of the organisation (Colquitt *et al.*, 2009:69), although this does not guarantee job satisfaction. Having a professional identity does not indicate role clarity, which is the extent to which an employee

knows what is expected of him or her for adequate performance of his or her tasks and job responsibilities (Noor–Harun, 2010:151). However, with role clarity, there is no role conflict (a clash in role expectations), and neither frustration nor job dissatisfaction for the new educator, because both role clarity and role conflict predict job satisfaction (Noor-Harun, 2010:160). Conflict was expected with the values that guided nurses in clinical practice with the values for success in the faculty role (Duphily, 2011:18), especially as most of the new educators are from the clinical culture (Moreland, 2011:26). Therefore, professional socialisation is vital to develop new nurse educators in incorporating new knowledge, altering behaviour and adapting to new job expectations.

## **2.4 THE EDUCATIONAL PREPARATION FOR A NEW EDUCATOR**

The required qualifications and expected competencies of nurse educators are not clear; they differ from country to country and clarification on the required qualifications and competencies of the educators is vital (Poindexter, 2008:27). Poindexter (2008:169) talked about nurse educators holding a Master's degree as the minimum academic degree, yet according to Kirchoff (2010:23), about 65% of community college deans prefer a Master of Science with an education focus, and an advanced practice focus in a Master's program to allow an individual to teach within a nursing education. Deans from research institutions prefer a doctoral degree (Kirchoff, 2010:103) and should be in possession of these qualifications when pursuing a position in nursing education (Kirchoff, 2010:20). However, the need for nurse educators to obtain a doctoral degree as a requirement for a career in the academy was reinforced (Poindexter, 2008:21).

In South Africa, nurse educators should obtain their teaching qualifications at a university (Bruce *et al.*, 2011:107) and upon recruitment and employment, a new nurse educator's qualifications are checked for validity and authenticity with Umalusi (a government body that handles the database tracking the country's education and training system, which provides verification of qualification documents) and with the South African Nursing Council for proof of registration (Searle *et al.*, 2009:68). Most educators in KZNCN have both a diploma and a degree in nursing education, and some are still studying towards their Master's and Doctoral qualifications (KZNCN Human Resource Statistics, 2011). The preparation of nurse educators at higher degree levels is supported by worldwide bodies like the International Council of Nurses (ICN) (Bruce *et al.*, 2011:108) to improve the quality of nurse educators.

## 2.5 TRANSITION PERIOD

There is no established nurse educator practice model available to guide the preparation of nurse educators with the expected competencies toward assuming a nurse educator position (Poindexter, 2008:18). The socialisation process might at times impose difficulties for the individuals transitioning to a new job (Walsh, 2009:6), especially when transitioning from a clinical to an academic culture (Moreland, 2011:26), and this would be worse in the case of a shortage of staff. This was confirmed by Kirchoff (2010:41) who stated that new faculty members often had difficulty adjusting into academic communities; however, the new nurse educator had to adapt and adjust to his or her new role in the nursing education system (Gijbels, O'Connell, Dalton-O'Connor & O'Donovan, 2010:64), irrespective of staff shortage.

About 90% of newly licensed RNs started their careers in hospitals (Brewer *et al.*, 2012:34) and the nurses' transition from clinician to academic was a challenge (Marshburn *et al.*, 2009:431). Such challenges include sufficiency, quality orientation and adaptation to the academia environment (Duphily, 2011:17). To accomplish this transition, an individual must develop a realistic perception of the new role and of the self as the incumbent for that role (Walsh, 2009:4). How does the new nurse educator develop a realistic perception of the new role and of self in the case of a shortage of staff? Preparation, nurturing and supporting the future generation of nurse educators for the challenges ahead when there is a shortage of staff appears difficult, especially when the specific duration for the transition period is unknown. According to Fletcher *et al.* (2008:14), there is no specific timeframe for the transition period, yet Allen (2006:240) refers to the transition period as 6 months to one year and Duphily (2011:14) talks of long term mentoring during the transition period.

The transition period contributes to stress and strain (Duchscher, 2008:8), and this was confirmed by (Walsh, 2009:8), who stated that one of the affective changes experienced by transitioning nurses was stress. Identified stresses were due to lack of experience and receiving inadequate orientation (Halfer & Graf, 2006:151), and with persistent stress, burnout and job dissatisfaction, quitting or changing of jobs occurred (Masroor & Fakir, 2010:127). If the transition journey is stressful, frustrating, discouraging and disillusioning (Duchscher, 2008:2), how do we expect a newly employed nurse educator to stay in and adapt to the new environment and experience job satisfaction?

A state of cultural dissonance occurs during the transition period, where the new educator experiences uncertainty due to change in cultural environment (Duphily, 2011:14), since the foci of content and classroom expertise are not usually part of clinical nurses' culture (Moreland, 2011:25). Moreover, the academic environment was felt to have a different set of values, skill

requirements, language and cultural requirement, and behavioural norms to the clinical setting (Poindexter, 2008:35). During the transition period, an element of surprise occurred during socialization (Duchscher, 2008:8), when the new educator discovers numerous criticisms regarding the real-world experience of academia (Fletcher *et al.*, 2008:4). A need for professional, long-term mentoring during this cultural transition is vital (Duphily, 2011:14), even though the attainment of job satisfaction and professionalism is not guaranteed.

## **2.6 THE SUPPORT SYSTEM**

Nurse educators are positioned to foster professional growth of nurses in ways that will give voice to their knowledge and wisdom (Ashton, 2012:2), and they are appropriate leaders to help move the nursing profession forward (p. 3). During professional socialisation, job content and information is given to the new educators, but with a shortage of nurse educators, who will provide the information about the new job? And how can the professional socialisation process be consistent when there is shortage of educators in nursing colleges? Mentoring by leaders, educators, preceptors, colleagues and peer support groups may help new educators adjust to the demands of the profession (Halfer & Graf, 2006:155), but standards and expectations should not be set so high that the new educators become routinely overwhelmed or frustrated (Hammer, 2006:5).

New nurse educators should feel nurtured and provided with the tools they need to be successful in academia (Baker, 2007:238), and organisations should provide employees with job resources such as job control and social support to enable them to perform their duties (Chung & Angeline, 2010:1842). Moreover, social support can moderate the effect of job strain (Lavoie-Tremblay *et al.*, 2008:292), and with good social support from peers and superiors, new employees become engaged in their jobs and perform well in their work (Chung & Angeline, 2010:1842).

Furthermore, social support among colleagues can assist educators in coping with the stressful nature of their work and work environment (Leiter *et al.*, 2010:3) and thus promote job satisfaction. Satisfied employees are more likely to stay in the job (Colquitt *et al.*, 2009:126) and with continuous support by management, stress will be buffered (Kekana *et al.*, 2007:34). However, Patel *et al.* (2008:40) talked of spousal support as direct and indirect encouragement received by nurses from a spouse or a significant other, when they studied work-family conflict, job satisfaction and spousal support in a group of 80 female nurses working in a government hospital, 50% of the participants were married or had a life partner and 76.3% had children. Relevant instruments were used to measure the three variables and findings revealed that

where there was higher spousal support there was higher job satisfaction and reduced work–family conflict.

Operationalising professional values through mentoring experiences, skills training and role modelling led to an emphasis on how personal and professional values were integrated into organisational values (Leiter *et al.*, 2010:2), thereby promoting professionalism. This was confirmed by Leduc and Kotzer (2009:283) in their study of a comparison of the professional nursing values of students, newly graduated and experienced professionals, in which 384 surveys were distributed among the three groups with an overall response rate of 59%. The NPVS was used as a data collection instrument. The study revealed that nurses who had been practicing for many years viewed the code of ethics (professionalism) as important for the nursing students and new graduates. Therefore, both role modelling, which was the most important strategy for improving professional behaviour (Hammer, 2006:7), and a thorough, comprehensive mentoring experience (Kirchoff, 2010:129) helped to guide both new and experienced educators in improving their overall performance (Kirchoff, 2010:122) in a professional manner.

The senior nursing faculty members can make a concerted effort to nurture newly hired faculty towards a successful path in nursing education (Kirchoff, 2010:18), and can motivate the newly employed educators to overcome the fears and succeed at challenges that interfere with their personal and professional growth (Ashton, 2012:3). In a successful transition to an environment supportive of curricular innovation and role change, the new nurse educator requires the full support of faculty and leadership (Lange *et al.*, 2008:372), and working with the same team members in a stable work environment helps the new nurse educator to cope with the workload whilst promoting socialisation (Lavoie–Tremblay *et al.*, 2008:295). Working with the same people gives a sense of belonging and promotes personal involvement in an environment where individuals feel as if they are an integral part of the system (Walsh, 2009:6), although an environment that practices excellence was not valued and respected by the experienced nurse educators, despite being of primary importance to the new employee (p. 14).

As much as the nursing education institutions in the KZNCN are undergoing transformation into a new undergraduate nursing curriculum (Breier *et al.*, 2009:74), with 106 nursing colleges to be revitalised in South Africa (Zuma, 2011:4), the department of health administrators in KwaZulu Natal province need to provide environmental support that reinforces the attributes of professionalism. Lange *et al.* (2008:372) stated that today's nursing schools face financial constraints that limit their leadership in providing the resources necessary for faculty enrichment. Employees with resources become more engaged in their work and achieve

personal and organizational goals (Chung & Angeline, 2010:1842); however, this neither guarantees their job satisfaction nor professionalism on their part.

Although the impact of professional socialisation, educational preparation, the transition period and a support system of nurse educators was reviewed, the relationship between professional socialisation and job satisfaction was still unclear. The review process for this literature included searches of databases in the North West University Library. The databases included: Database with Full Text, Google, Google Scholar, and ProQuest Medical Library. The South African journal database and international journal database (Science Direct & American journals of nursing), books, journals, dictionaries, theses and dissertations from the North West University library and inter-library loans, as well as the World Wide Web were used to acquire information in order to describe the relationship between professional socialisation and job satisfaction of nurse educators.

## **2.7 THEORETICAL FRAMEWORK**

The Post Resocialization theory (Kramer, 1974:1) is based on the development of expertise and mastering of skills with the assistance of experienced staff to overcome a feeling of inadequacy and frustration in a new setting. The main issue addressed by this theory, in relation to the present study, is the process of socialising new nurses and nurse educators into the nursing education institutions, in order to develop their professional identities and to develop the knowledge and skills to function independently.

Hertzberg's Two Factor Theory (1971:1) relates to the feeling of happiness or frustration of individuals at a work place when the motivating (intrinsic) and the environmental (extrinsic) factors are met or unmet. The take-home of this theory in relation to this study is the provision of both intrinsic and extrinsic factors by the management of the nursing education institutions to attract and retain nurse educators, and thus curb shortages and enhance job satisfaction.

### **2.7.1 PROFESSIONAL SOCIALISATION**

Kramer (Postgraduate Resocialization) Model (1974:1) serves as the theoretical framework for professional socialisation for this study, as it is a model for career development. Kramer identified 4 stages of socialisation:

#### *2.7.1.1 Stage I: Skill and routine mastery*

During this stage the new nurse educator focuses on developing technical expertise and mastering specific skills to overcome feelings of frustration and inadequacy (Kramer, 1974:1).

Feelings of inadequacy and lack of confidence make new educators immerse themselves within mastering skills and routines (Peterson, 2010:19), and experienced nurse educators provide support for the newly appointed nurse educator (Bruce *et al.*, 2011:355). Although teaching was simple and easily mastered, in the case of staff shortages, many experienced teachers felt as if they were too busy to effectively mentor the new colleagues (Fletcher *et al.*, 2008:265). This was frustrating for both the newly employed and the experienced educators.

However, with teacher induction programmes, new teachers achieve knowledge and skills to conduct their tasks effectively and attain orientation regarding what their roles entail (Fletcher *et al.*, 2008:266), although they were unable to accurately appraise or be critical of items in their immediate areas, including health care personnel, environment and routine work (Peterson, 2010:19) because they were still new to the job.

#### *2.7.1.2 Stage II: Social integration*

The nurse educator's major concern was having peers recognize his or her competence and acceptance into the group (Kramer, 1974:1). Peer-to-peer mentoring for support and to embrace reflective practices is essential (Bruce *et al.*, 2011:355). Due to a rapidly changing and complex education system, the importance of shared experiences to establish meaning, stability and social progress to the environment is vital (Walsh, 2009:43). When new educators began to see discrepancies between their expectations of their new career and the practical workplace realities (Peterson, 2010:21), competent mentors should approach new nurse educators with realistic expectations and standards in regards to technical skills, knowledge, past clinical experiences and decision making skills (p. 12) so that both the new and the experienced educators got a chance to socialise and communicate as colleagues (Kekana *et al.*, 2007:34). Through formal and informal socialisation, behaviours are demonstrated to the new educators, with regard to how to get along with and fit into the group (Peterson, 2010:22). Once social integration is achieved, partnership between the new and experienced educators develops, which contributes to the interpretation of new meanings and concepts that are essential to the faculty role (Kirchoff, 2010:43), although neither professionalism nor job satisfaction results are conclusive.

#### *2.7.1.3 Stage III: Moral outrage*

In this stage the new nurse educator recognizes incongruence between the bureaucratic role (associated with rules, regulations and loyalty to administration), the professional role (associated with the commitment to continued learning and loyalty to the profession), and the service role (associated with compassion and loyalty to colleagues and others) (Kramer, 1974:1). During this stage, the new educators went through emotional reactions that ranged

from discomfort, frustration and disappointment to fear, hate, outrage and withdrawal (Peterson, 2010:26) because the expectations of the new job were not met. More frustration is expected given a shortage of experienced educators to mentor the new educators. Although some new educators will be frustrated, anxious, fatigued and eventually burnout, some will find alternative methods to resolve their feelings of outrage, like self-discovery and the desire for personal growth, and once the new educators have discovered themselves, they are likely to learn to deal with and coexist within the bureaucratic system (Peterson, 2010:26), where policies and guidelines can then be used to help novice educators to adjust to the system, given the opportunity for orientation (Parsons & Griffiths, 2006:33).

#### 2.7.1.4 Stage IV: Conflict resolution

The new nurse educator resolves the conflict by surrendering behaviours and values or by learning to use the values and behaviours of the professional and bureaucratic system in a politically astute manner (Kramer, 1974:1). As the new educators were orientated to policies and procedures of the education system (Bruce *et al.*, 2011:355), they also used their previous knowledge and skills to understand their roles, and they became satisfied with their job and had commitment to the workplace (Fletcher *et al.*, 2008:266) but this did not guarantee staying in or leaving the job (Colquitt *et al.*, 2009:126).

#### 2.7.2 FOR JOB SATISFACTION

The Herzberg's Two-Factor theory (1971:1) serves as the theoretical framework for this study, and it suggested that job satisfaction and job dissatisfaction are caused by different and independent sets of factors: the motivators or intrinsic factors and the hygienic or environmental factors. This theory proposes that an employee was influenced by both the motivational and hygienic factors. The motivational factors are generally involved in motivating employees and included factors such as promotions, creativity, innovation, a sense of responsibility, recognition and achievements, in which the employee eventually has job satisfaction (Selebi & Minnaar, 2007:54). Motivational factors promote employees' growth, learning, and fulfil their basic human needs for autonomy, competence and a sense of belonging (Chung & Angeline, 2010:1838).

Hygienic factors are determiners of job dissatisfaction, and they include factors like the relationship in the workplace with one's supervisor and co-workers, working conditions, policies, salaries, job security and the ability of the supervisor (Selebi & Minnaar, 2007:54). Meeting the hygienic factors alone does not bring about job satisfaction. Consistent with examples of the hygienic factors was Masroor and Fakir (2010:125) who stated that job satisfaction is characterized by multidimensional facets, namely satisfaction with a supervisor,

satisfaction with variety of tasks, satisfaction with closure (the opportunity of employees to complete the work from start to finish), satisfaction with compensation, satisfaction with co-workers and satisfaction with management and human resources policies.

Low levels of job satisfaction for hygienic factors like praise from supervisors, the way policies are implemented; working conditions, promotion and advancement opportunity were reported by Selebi and Minnaar (2007:59) when they studied job satisfaction amongst 598 nurses in a public hospital in Gauteng, using the MSQ. Findings revealed that 35% of nurses had overall job satisfaction, whilst 42% had satisfaction with motivational aspects of the jobs and 22% with hygienic aspects of their job. The nurses were dissatisfied with salaries (96.58%), promotion and career development (82.05%) and working conditions (81.2%). According to Chung and Angeline (2010:1842), organizations need to provide employees with resources such as job control and support to enable them to fulfil their job requirements. With the shortage of nurse educators and high workloads for those on the job, it is important for nurse leaders and educators to understand the new educator's experience so that they can offer effective strategies to ease the transition and thereby enhance job satisfaction and retention (Halfer & Graf, 2006:151).

Even if nursing education managers could provide both the motivational and hygienic factors for nurse educators, or had in place strategies to enhance professionalism and job satisfaction of nurse educators, this does not satisfactorily describe the relationship between professional socialization and job satisfaction, which is the purpose of this study.

## **2.8 CONCLUSION**

The shortage of nurse educators in the education system is expected to escalate given the current population of ageing and overworked nurse educators who earn less than nurses entering clinical practice. The education system recruits new nurse educators mostly from clinical environments, and the transition of the new educator to the nursing education system causes stress and anxiety for both new and the experienced nurse educators because of shortages and increased workload. How then will the process of professional socialisation be conducted consistently, given the shortage of staff? And how are we expecting the new nurse educator to master the skills, knowledge and expected behaviour of the new job under stressful conditions? Hopefully, after answering these questions, more information will be obtained to help the researcher identify and conclude whether or not there is a relationship between professional socialisation and job satisfaction of nurse educators in a given provincial college in South Africa.

## **CHAPTER 3: RESEARCH METHODOLOGY**

### **3.1 INTRODUCTION**

The purpose of this quantitative study was to describe the relationship between the professional socialisation and job satisfaction of nurse educators of a provincial college in South Africa. This chapter assessed the research methodology employed to that end. The study used the quantitative methodology with a descriptive correlational design. In this chapter, the descriptive correlational design, setting, sampling measures, data collection with pilot study and data analysis procedures were discussed. The ethical considerations, validity and reliability and limitations of the study were further assessed.

### **3.2 THE DESCRIPTIVE CORRELATIONAL DESIGN**

The study aims to describe the relationship between professional socialisation and job satisfaction of nurse educators of a provincial college in South Africa. The correlational design intended to determine the relationship between the independent (professional socialisation) and the dependent (job satisfaction) variables. The correlation is a way to measure how related the two variables were to each other (Lanthier, 2002:6). In this study, the researcher obtained measures of relationship on both variables for the same participants to demonstrate correlation (Brink *et al.*, 2012:188). However, this research study intended to determine whether or not there is a correlation between professional socialisation and job satisfaction of nurse educators so as to describe the relationship thereof.

The analysis of the correlational design examined variable values in the entire sample (Burns & Grove, 2009:246). With a correlational design, the study could either follow a positive direction or a positive sign (+) or a negative direction or a minus sign (-). In the positive direction, as the values of the independent variable increased, the values of the dependent variable also increased. Likewise, if the values of one variable decreased, the values of the other variable decreased. In the case of a negative direction, the values of the one variable increase while the values of the other decrease. Similarly, as the values of one variable decreases, the values of the other variable increases. However, if there was no correlation, it indicates zero (0) which means that there is no relationship between the variables being studied (Brink *et al.*, 2012:189). Correlation of the strength of the variables occurs when the researcher only looks at the number indicating the relation and ignores the + or - sign (Lanthier, 2002:5).

There was no manipulation of the independent variable, because the event of interest had already occurred or was occurring (Burns & Grove, 2009:246), and did not indicate causation (Brink *et al.*, 2012:115). Correlational designs only describe a relationship; they do not prove cause and effect of variables (Seigle, 2012:2). The correlation is a way to measure how related the variables were, so that predictions can be made about one variable based on the knowledge of the other variable (Brink *et al.*, 2012:115). The correlation design uses a statistical test called the 'correlation coefficient' to determine the relationship between the variables (professional socialisation and job satisfaction). The correlation coefficient is a number that expresses the magnitude and direction of an association between two variables (Brink *et al.*, 2012:188). However, statements of relation could be symmetrical or linear in form (Burns & Grove, 2009:133).

After approval of the study by the North West University Ethical Clearance Committee, applications were forwarded to the KZN Department of Health, Principals of KZNCN, campuses and sub-campuses to conduct the pilot and the main study. Questionnaires were prepared. A pilot study was conducted two weeks before the main study in one campus that will be excluded in the actual study. The researcher visited the respective campuses on the scheduled dates and times. On these scheduled visits, the researcher hand-delivered the questionnaires.

The purpose of the study was explained to participants. The researcher clarified to the participants that there were sections on the questionnaire to be completed. Section A was regarding demographic data, B was a questionnaire on professional socialisation, C was a questionnaire on job satisfaction and D was for any comments regarding the survey. Participants were asked to sign two consent forms, one to be their evidence of participating in the study and one to be the researcher's evidence of agreement. Participants were left alone to complete the questionnaires for at least 45 minutes.

After completion of the pilot study, participants were asked about any concerns encountered during the completion of the questionnaire, so that these problems could be corrected before the commencement of the main study. The researcher would modify or change the survey to reflect the identified concerns (Creswell, 2008:402). All the completed questionnaires of the main study were put into and sealed in an envelope labelled "Completed Questionnaires". The researcher ensured the safety of the completed questionnaires until data collection was completed on all campuses. Once all the data was collected, the researcher couriered the completed questionnaires to the data capturer and the statistician for analysis. Data analysis is addressed in Chapter 4 of the study.

### 3.3 SETTING

The study was carried out at seven campuses and one sub-campus of the KwaZulu-Natal College of Nursing (KZNCN) in South Africa. The study focused on nurse educators that were teaching the comprehensive program, post basic program, bridging program, the one year midwifery course and enrolled programmes. The campuses were anonymized to avoid linking the information provided by participants with the campuses under study. The main study was done following the same parameters as the pilot study.

Participants completed the survey at their places of employment. The participants were gathered according to their campuses in a room on the scheduled date and time to complete the questionnaires. Physical comfort of the participants was ensured by proper ventilation of the room, sufficient chairs, sufficient lighting and avoiding distractions such as noise. The questionnaires were distributed amongst the participants, who were then left to complete them for at least 45 minutes. Privacy was ensured and no interruptions were permitted whilst the questionnaires were being completed. The researcher adhered to the scheduled time for the completion of the questionnaires so that there was no interference with the nurse educators' work. Once the participants completed the questionnaires, the researcher collected them and put them in the envelope and thanked the participants.

### 3.4 POPULATION AND SAMPLING

The study population consisted of all the nurse educators of the KZNCN (N=350) , and the sample size was nurse educators (n=102) from the seven campuses and a sub-campus (102 of 350 nurse educators) due to accessibility. The entire contingent of nurse educators present on the day of data collection is asserted to be a representative sample. An all-inclusive sample was used to collect data and the sample was not separated into groups (Burns & Grove, 2009:246). The criteria used for sampling is shown in the Table 3.1 below.

<b>The inclusion criteria</b>	<b>The exclusion criteria</b>
<ul style="list-style-type: none"><li>• Nurse educators employed in government nursing colleges</li></ul>	<ul style="list-style-type: none"><li>• Nurse educators from private nursing colleges</li></ul>
<ul style="list-style-type: none"><li>• Independent of gender, age, marital status position held race and qualification level</li></ul>	<ul style="list-style-type: none"><li>• Nurse educators that participated in the pilot study.</li></ul>
<ul style="list-style-type: none"><li>• Must be employed for more than 6 months as an educator</li></ul>	<ul style="list-style-type: none"><li>• Nurse educators who are less than 6 months in the job.</li></ul>

*Table 3.1: The inclusion and exclusion criteria of the sample*

Prior to data collection, a pilot study was undertaken, assaying 12 nurse educators who met the inclusion criteria from a campus that was not included in the main study sample, to investigate the feasibility of the proposed study and to detect possible flaws in the methodology (Brink *et al.*, 2012:174). Again, the reliability and validity of the questionnaires with regard to nurse educators was tested with the pilot study. After the pilot study, the participants (of the pilot study) were asked if the questionnaires were clear and easily understood. Any identified errors were rectified to facilitate understanding in the main study. There were no changes on both the questionnaires; however, clarity was made to participants regarding the two consent forms they were to sign, as this was the researcher's evidence for conducting the study and their evidence of participation in the study.

### **3.5 INSTRUMENTS**

A survey study was used to obtain information from participants through their responses to a series of questions posed by the researcher (Mkhwanazi, 2007:57). The survey questionnaire had 4 sections; section A was on demographic data, section B was the questionnaire on professional socialisation using the NPVS–R, section C was a questionnaire on job satisfaction using the MSQ and D was for comments regarding the survey. Leduc and Kotzer (2009:279), together with Weis and Schank (2009:221), used both NPVS and NPVS–R as an instrument to measure nurses' professional values, respectively. The NPVS–R has also been used in countries like the United States of America and England. Leduc and Kotzer (2009:281) studied a three–group comparative design, and 384 surveys were issued to compare the professional values of nursing students, new graduates and experienced practitioners, using the Nurses Professional Value Scale. (Weis & Schank, 2000:201) based on the 1985 American Nurses Association Code of Ethics. Findings revealed no statistically significant differences across the three groups; using the Pearson correlations and the notion that experience was necessary to develop professional values was not supported.

The NPVS was then revised as the NPVS–R because of the changes to the revised Code of Ethics for Nurses. The instrument could then be used in education and across practice settings to ascertain the development and sustainability of professional values, as with Weis & Schank (2009:223), who examined the psychometric properties of the NPVS–R on 782 participants, including baccalaureate nursing students, graduate nursing students and practicing nurses. Findings showed high levels of reliability and validity of the instrument, although it warranted further testing and use with culturally diverse students and practicing nurses (Weis & Schank, 2009:229).

However, the Minnesota Satisfaction Questionnaire was used in South Africa with Selebi and Minnaar, (2007:53) with the University of Witwatersrand, Gauteng and Olusapo, (2011:159) with Obafemi Awolowo University, Nigeria. The studies measured job satisfaction of employees at a public hospital and a private manufacturing organization respectively. Findings of Selebi and Minnaar's study (2007:55) revealed the validity and reliability of the Minnesota Satisfaction Questionnaire; the instrument in the pilot study showed low levels of satisfaction with all the categories of nurses under study in relation to the working environment in public hospitals (Selebi & Minnaar, 2007:59). The findings of Olusapo's study (2009:166) also revealed the validity and reliability of the instrument.

The instruments were delivered by the researcher on the data collection day. An all-inclusive sample was expected to complete the questionnaires. The researcher explained the purpose of the study and clarified to the participants that there were sections on the questionnaire to be completed. Section A was for demographic data, B was a questionnaire on professional socialisation, C was a questionnaire on job satisfaction and D was for any general comments regarding the questionnaire. The researcher collected the questionnaires as soon as they were completed. Completed questionnaires were safely kept by the researcher until all assays were complete, after which they were all couriered to the data capturer and statistician for analysis.

### **3.6 ADVANTAGES AND DISADVANTAGES OF THE INSTRUMENT**

#### **3.6.1 ADVANTAGES OF QUESTIONNAIRES**

- The questionnaires were standardised for all participants, therefore they were not dependent on the researcher's mood.
- The questionnaires were well designed to be user-friendly for the respondents and the statistician during data analysis.
- Questionnaires were less expensive than other methods of data collection, such as interviews.
- The hand-delivered nature of the questionnaires might have stimulated the response rate.
- Questionnaires were easy to complete and time-saving, as they took around 45 minutes to complete.
- Personal contact between the researcher and the participants might have motivated and stimulated a better participant response rate, although the researcher left the participants

alone when they completed the questionnaires to avoid bias and presenting a threat to colleagues.

- Anonymity during the completion of the questionnaires was ensured, as no participants' names were requested or given and the researcher could not link the responses with the participants (Brink *et al.*, 2012:35).

### 3.6.2 DISADVANTAGES OF QUESTIONNAIRES

- There was a likelihood that the respondents might not answer all the questions despite the stated instructions to do so, and therefore the researcher reinforced the importance of answering all the questions to give a true reflection of the study.
- The researcher could not guarantee the honesty of respondents when answering the questions because participants might provide socially acceptable answers (Brink *et al.*, 2012:152). Again, the researcher emphasized the importance of honesty when answering questions.
- Participants might not get the chance to request clarification on the questions, especially if questions were not understood; however, the pilot study was meant to detect flaws and ambiguities with the questionnaire and correct them before the main study (Brink *et al.*, 2012:152).

## 3.7 DATA COLLECTION

Once ethical clearance was awarded by North West University Ethics Committee (Annexure A), application letters for permission to conduct the study were written and sent to the Department of Health, KZNCN, campus and sub-campus Principals. The study was conducted as soon as permission was granted by the relevant stake-holders. Appointment dates and times were arranged with the respective campuses and sub-campus two weeks before the data collection date. The researcher scheduled a day per campus to collect data in the participating campuses and sub-campus. The researcher was expected to collect all the data in the seven campuses within a month due to time constraints.

The pilot study was done using the same approach as the main study. Prior to the scheduled days, the researcher organised the instrument and kept the questionnaires safely in a sealed envelope labelled 'Instrument'. The researcher wrote official letters to the relevant campuses at which data was to be collected, confirming the scheduled dates and times of data collection. A day before data collection, the researcher called the respective campus principals reminding

them of the scheduled dates and times for data collection. The researcher delivered the questionnaires to the respective campuses on the due dates for data collection.

Participants were accommodated in one classroom per campus. The purpose of the study was explained. An emphasis on anonymity and confidentiality was clarified. The researcher read the data collection instructions to participants who then voluntarily signed two consent forms each. Participants were to keep a copy of the consent form as evidence for participating in the study and to drop the second copy in small box provided by the researcher as written proof of participation in the survey. Honesty was emphasized to participants when answering questionnaires.

The survey had 4 sections; A covered demographic data, B was a questionnaire on professional socialisation using the NPVS–R, C was on job satisfaction using the MSQ, and D was for comments regarding the entire survey. After the completion of the pilot study, the participants were asked by the researcher if they identified any problems with the survey, so that these could be modified or changed before the main study. The participants wanted to know why they signed two consent forms and clarity was given by the researcher (evidence of a conducted study and of participation). The pilot study completed questionnaires were couriered to the North West University data capturer and statistician for analysis.

A week later the researcher conducted the main study, following the same approach as for the pilot study. The participants completed the questionnaires, after which the researcher collected and placed them into an envelope labelled 'Completed Questionnaires'. From one campus to the next, according to scheduled visits, the researcher followed the same methodology of data collection until all data was collected. The collected data was safely kept by the researcher until all the sample population sites were visited. The completed questionnaires were then couriered to the data capturer and statistician to assist with data analysis.

### **3.8 DATA ANALYSIS**

Data was analysed statistically, using descriptive and inferential statistics. The researcher was able to make inferences about the population of the study at hand from a smaller sample to facilitate testing of the hypothesis (Brink *et al.*, 2012:179). With this study, the researcher intended to determine whether or not there exists a relationship between professional socialization and job satisfaction of nurse educators. Using measures of relationship, both variables were measured on a nominal scale. Using the correlation coefficient, the magnitude and direction of the association between the two variables would be identified (Brink *et al.*, 2012:188). Analysis of the internal consistency of the instrument using the Cronbach's alpha

was used to estimate the extent to which different subparts of an instrument are reliably measuring the attribute (Polit & Beck, 2008:455). Another approach to data analysis used was factor analysis, which is a method for identifying clusters of related variables or dimensions underlying a central construct, which helps to test a hypothesis about interrelationships among variables (Polit & Beck, 2008:463).

Statements that were left blank were not scored. Frequency counts based on the number of respondents in both professional socialisation and job satisfaction questionnaires were used to describe the overall picture of professional socialisation and job satisfaction of nurse educators. The linear relationship of the variables was analysed to detect whether or not there is a relationship between professional socialisation and job satisfaction of nurse educators. The data analyst and statistician assisted with data analysis process and the interpretation thereof, which is addressed in depth in Chapter 4.

### **3.9 THE RESEARCHER'S ROLE**

The researcher is a registered nurse with 23 years of experience and 9 years as a nurse educator in one of the campuses under study. However, she was not present (in the same class) during the completion of questionnaires to prevent bias. The researcher was the director of this study under the supervision of the North West University (NWU). A valid Ethical Approval Certificate was issued by the NWU, (Annexure A), after which application letters for permission to conduct the study were submitted to the relevant stakeholders. Permission to conduct the study from all key stakeholders was granted prior to the methodology process. The researcher ensured that the pilot study was conducted and analysed prior to the main study to detect errors and address ambiguities in the questionnaires. The researcher ensured that identified concerns during the pilot study were clarified and corrected before the main study. The pilot study questionnaires were couriered to a NWU data capturer and statistician for analysis.

Thereafter, the researcher scheduled appointment dates to conduct the main study, and punctuality was vital to avoid interference with the nurse educators' work. Ensuring physical comfort to participants was vital, and the researcher explained the purpose of the study, allowing the participants to voluntarily consent to the study. Ethical principles relevant to the study were explained, with an emphasis on anonymity and confidentiality. Participants were asked to be honest when completing the questionnaire for the sake of external validity. The instrument was explained to participants and the duration for completion of the questionnaire was highlighted (at least 45 minutes). Completed questionnaires were safely kept by the researcher until data from all the campuses was collected. The completed questionnaires were

couriered by the researcher to the statistician so that the raw data could be analysed and meaning established.

### **3.10 RELIABILITY AND VALIDITY OF INSTRUMENT**

#### **3.10.1 RELIABILITY OF PILOT STUDY**

The aim of the pilot study was to test the feasibility of the study and the reliability of the questionnaires (Brink *et al.*, 2012:175). Due to the small sample size, the reliability of the questionnaires was tested using the frequency distribution for the NPVS–R and for the MSQ. The frequency distribution analyses the mean which is a common measure for central tendency and serves as the balance point in a set of data with all the values playing an equal role (Levine, Stephan, Krehbiel & Berenson, 2008:97). Frequency distribution also measured the standard deviation which is a commonly used measure of variation that takes into account how all the values in the data are distributed, and measures the average scatter around the mean (Levine *et al.*, 2008:106).

#### **3.10.2 RELIABILITY MAIN STUDY**

According to Burns and Grove (2009:377), reliability denotes the consistency of measures obtained in the use of a particular instrument, and Creswell (2009:190) states that reliability is concerned with the consistency, stability and repeatability of informants' accounts, as well as the researcher's ability to collect and record information accurately. The same questionnaires were used by all participants, and conditions under which the data was collected were the same to ensure comfort of participants.

The researcher ensured reliability of the instrument by the choice of participant (nurse educators) who would comprehend the behaviours required, in order to achieve accurate measurements (Polit & Beck, 2008:467). Using nurse educators that were teaching different nursing programmes achieved sample heterogeneity, as opposed to using educators who solely taught one nursing program. Moreover, testing the professionalism and job satisfaction of nurse educators using the Nurses Professional Value Scale–Revised and the Minnesota Job Satisfaction instruments, testing both variables with nurses (Weis & Schank, 2009:221 & Selebi & Minnaar, 2007) ensured dependability, although the reliability of the instrument would not be guaranteed with this study (Polit & Beck, 2008:457).

### 3.10.3 VALIDITY OF INSTRUMENT

Validity refers to the ability of an instrument to measure the variable that it is intended to measure (Brink *et al.*, 2012:218). The questionnaire for professional socialization (NPVS–R) has been used with the international education system (Weis & Schank, 2009:221) and the Minnesota Job Satisfaction questionnaire has been used both internationally (Bane, 2006:1) and in South Africa (Selebi & Minnaar, 2007:53). The application of validity is as follows:

- Face Validity; The questionnaires appeared to measure professional socialisation and job satisfaction of nurse educators at face value (Brink *et al.*, 2012:166).
- Content Validity: The contents of the questionnaires must represent the components of the variable measured. The pilot study participants confirmed content validity of the questionnaires (Brink *et al.*, 2012:166).
- Construct Validity: The NPVS-R was designed for the professional values and the Minnesota Satisfaction Questionnaire was designed for job satisfaction, therefore both questionnaires are valid in this regard (Brink *et al.*, 2012:168).
- Criterion Related Validity: Both the NPVS-R had been used previously to measure professional values ( Weis & Schank, 2009:229) and the MSQ for job satisfaction ( Selebi & Minnaar, 2007:57) and valid results have been confirmed.

### 3.11 ETHICAL CONSIDERATIONS

The nature of the study was explained to the participants and written permission to conduct the study was obtained from the following stakeholders:

- The North West University, Potchefstroom Campus
- The KZN Department of Health
- The KZN CN Principal
- All the Principals of the campuses where the study would be conducted.

The purpose of the study was explained to participants. The ethical principles of protection of human rights, beneficence, justice and respect for persons were discussed using the following headings:

### 3.11.1 PERMISSION TO CONDUCT THE STUDY

Permission for conducting this study was obtained from the KwaZulu–Natal Department of Health (KZN DoH), the Principal of the KwaZulu–Natal College of Nursing (KZNCN) and the Principals of the participating nursing education institutions.

### 3.11.2 INFORMED CONSENT

Participants were informed that completion of the survey would be taken as indicating their consent to participate in the research study. The aim and objectives of the study, method of data collection and the expectations of the participants during the study were explained to them. Participants were made to sign two consent forms, one as evidence of participation by the respondent and the other as the researcher's evidence of conduct of the study.

### 3.11.3 CONFIDENTIALITY

This is the process whereby the researcher ensures that all data gathered during the study is prevented from being linked to individual participants, divulged or made available to any other person (Brink *et al.*, 2012:38). Participants were assured that the information collected during the study would not be revealed to any individual besides the researcher, supervisor, data capturer and statistician; thereafter, the anonymized findings would be communicated to participants and the public.

### 3.11.4 ANONYMITY

This refers to the keeping of the respondents' responses unknown, by informing participants not to write their names anywhere in or on the questionnaire so that the responses could not be linked with the participants (Mkhwanazi, 2007:63). The campuses were identified as A to G for anonymity so that the image and reputation of the campuses was not harmed (Brink *et al.*, 2012:36). Adequate numbers of questionnaires were prepared, given the number of participants, and signed consent forms were dropped in a separate box to avoid linking them with the participants' identities and with their responses (Burns & Grove, 2009:197).

### 3.11.5 VOLUNTARY PARTICIPATION

Participation in this study was undertaken voluntarily. Participants were informed of their rights to voluntarily dissent to partake of or discontinue participation in the survey at anytime they chose. Participants were to report any coercion during participation.

### 3.11.6 RISK–BENEFIT RATIO

Neither risk nor harm was expected to participants during this study. No monetary values were attached to participation to the study. Physical discomfort to participants in all campuses was avoided. Irrespective of the research study outcomes, the health education system had evidence that there is or there is no relationship between professional socialisation and job satisfaction of nurse educators thus develop strategies to attract and retain nurse educators in South Africa.

### 3.11.7 RESPECT

Participants were selected because they were directly involved to the research problem; however, participants' autonomy was respected. No interruptions were allowed when the participants were completing the questionnaire.

## 3.12 CONCLUSION

In this chapter, the researcher presented the philosophical view and methodology according to which this research study would be conducted. In this study, the researcher hoped to find the nature of reality and humanity (ontology) and the knowledge of reality (epistemology) using the appropriate methodology. The study provided a description of the research methods and the rationale for their use. Methodological strategies relating to participants, instrumentation, data collection and analysis procedures were discussed. Procedures before, during and after data collection were followed by the researcher. The assistance of the data analyst and statistician in analysis and interpretation of data concluded the findings of this study; detailed data analysis is Chapter 4 of this study.

## CHAPTER 4: RESULTS AND DISCUSSION

### 4.1 INTRODUCTION

This chapter presents the data analysis conducted in this study. The purpose of this study is to identify and describe the relationship between professional socialisation and job satisfaction of nurse educators of a provincial college in South Africa. A quantitative approach was utilised and statistical strategies were employed for data analysis. According to Limpanitgul (2009:5), to interpret and understand the world we live in, we need ways of viewing and ways of interpreting to grasp the surrounding facts, ideas and events; so that reality can be studied to a certain extent and generalisations can be made with a degree of probability (p. 7).

The study intended to identify a correlation between the two variables (professional socialisation and job satisfaction). Descriptive statistics will allow the researcher to organize the data in ways that give meaning and insight and to examine a phenomenon from a variety of angles (Burns & Grove, 2009:470). This chapter is focussed around the research findings and how they are used (see Figure 4.1) by the researcher, specifically in this chapter, to achieve the overall research aim.

*Table 4.1: Summary framework used to enhance understanding of this study*

Research Process Phase	Research Objective
<b>1. Research Question</b>	
What is the relationship between professional socialisation and job satisfaction of nurse educators?	<ul style="list-style-type: none"><li>• Understand whether correlations exist between the two variables under study.</li></ul>
<b>2. Setting</b>	
Nursing colleges under the KwaZulu–Natal College of Nursing of the KwaZulu–Natal province	<ul style="list-style-type: none"><li>• A convenient setting with the population under study.</li></ul>
<b>3. Population</b>	
350 nurse educators are employed at KZNCN, with 11 campuses and 14 sub campuses.	<ul style="list-style-type: none"><li>• An accessible population with the large number of nurse educators.</li></ul>
<b>4. Sample</b>	
An all–inclusive sample was obtained from six campuses and 1 sub campus.	<ul style="list-style-type: none"><li>• To get the highest possible number of participants so as to generalise findings to the population.</li></ul>
<b>5. Questionnaires</b>	
5.1. The NPVS–R Questionnaire	<ul style="list-style-type: none"><li>• The NPVS–R is relevant to measure professional socialisation, as it has been successfully used previously.</li></ul>
5.2. The Minnesota Satisfaction Questionnaire	<ul style="list-style-type: none"><li>• The MSQ is mostly used for measuring job satisfaction.</li></ul>

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## 6. Data Analysis

- |   |   |
|---|---|
| 6.1. Pilot study analysis                 | <ul style="list-style-type: none"><li>• To correct flaws with methodology and determine main study feasibility.</li></ul>   |
| 6.2. Descriptive statistics               | <ul style="list-style-type: none"><li>• To correlate the participants' demographic data with the variables under study.</li></ul>   |
| 6.3. Frequency Distribution of the NPVS–R | <ul style="list-style-type: none"><li>• To determine reliability of the instrument.</li></ul>   |
| 6.4. Frequency Distribution of the MSQ    | <ul style="list-style-type: none"><li>• To test reliability of the instrument towards job satisfaction. The researcher continued with the main study based on the reliability of the instruments.</li></ul> |
| 6.5. Comments by respondents              | <ul style="list-style-type: none"><li>• To take note of and make recommended changes to the instrument before the main study is undertaken. No comments were noted.</li></ul>                               |

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## 7. Main Study Analysis

- |   |   |
|---|---|
| 7.1. Frequency distribution of the NPVS–R                     | <ul style="list-style-type: none"><li>• To confirm reliability of the NPVS–R questionnaire.</li></ul>   |
| 7.2. Frequency distribution of the MSQ                        | <ul style="list-style-type: none"><li>• To confirm the reliability of the MSQ for job satisfaction.</li></ul>   |
| 7.3. Descriptive statistics of the NPVS–R and the MSQ factors | <ul style="list-style-type: none"><li>• To determine the relationship between factors of the variables under study.</li></ul>   |
| 7.4. Confirmatory factor analysis of the NPVS–R questionnaire | <ul style="list-style-type: none"><li>• To determine reliability of the instrument and to determine a correlation between the NPVS–R factors.</li></ul>                       |
| 7.5. Exploratory factor analysis of the MSQ                   | <ul style="list-style-type: none"><li>• To determine reliability of the instrument and to determine the significance of the relationship between the MSQ factors.</li></ul>   |
| 7.6. Comparison of factors of the NPVS–R and MSQ              | <ul style="list-style-type: none"><li>• To determine the significance of the correlation between the factors of variables under study.</li></ul>                              |
| 7.7. T–testing  | <ul style="list-style-type: none"><li>• To test the significant differences between identified groups using the demographic example and the NPVS–R and MSQ factors.</li></ul> |
| 7.8. Comments by respondents                                  | <ul style="list-style-type: none"><li>• To gather and communicate the respondents' input regarding the study and make recommendations based on their comments.</li></ul>      |

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## 8. Conclusions

- |  |   |
|--|---|
| <ul style="list-style-type: none"><li>• Reliability and validity of both the NPVS–R and MSQ was confirmed.</li><li>• A correlation between the NPVS–R and MSQ was concluded thus proving the hypothesis incorrect.</li><li>• A positive correlation that showed both statistical and practical visible significance was confirmed with the NPVS–R and MSQ factors.</li><li>• A practically visible and statistically significant difference was noted between the demographic data and the NPVS–R and MSQ factors.</li><li>• There were noted differences between the demographic data of respondents which had no statistical significance.</li></ul> | <ul style="list-style-type: none"><li>• To communicate the findings of the study with statistical evidence.</li></ul> |
|--|---|
-

## 4.2 THE RESEARCH SETTING

The study was conducted in a provincial nursing college that has 11 campuses and 14 sub campuses. The researcher selected this nursing college because of accessibility.

### 4.2.1 POPULATION

The study population was nurse educators of a provincial college in South Africa. There are 350 nurse educators employed at the provincial college of interest.

### 4.2.2 SAMPLE

The sample was nurse educators from seven campuses and one sub-campus, independent of gender and who had been employed for more than six months at the nursing college. The sample size allowed for a 10% margin of error (Eng, 2003:311), and a convenience sample of 102 participants voluntarily participated in the study.

### 4.2.3 DESCRIPTIVE STATISTICS OF THE DEMOGRAPHIC DATA

There was no major differences in the descriptive statistics of the demographic data of both the pilot and the main study; hence, the findings were grouped together with the highest frequency distribution and percentage reported for the highly rated data.

*Table 4.2. Description of high-rated demographic data of pilot and main study*

Demographic Data	High rated Data	Pilot Study Findings N=12		Main Study Findings N=102	
		Highest Frequency	Percentage	Highest Frequency	Percentage
1.Age	40–49 years	4	33	34	33.2
2.Gender	Females	12	100	96	94.1
3.Position held	PN D2 (Senior educator)	6	50	50	49.0
4.Qualifications	Post graduates	8	66.7	62	60.8
5.Experience as professional nurse	20–29 years	3	33	36	35.3
6.Experience as educator	10–19 years	5	41.7	42	41.2
7.Ethnic group	Asiatic versus African	9	75	69	67.6
8.Marital status	Married	8	66.7	65	63.7

The majority of nurse educators are between 40–49 years, denoting many years in the nursing profession. We assume them to have mastered professional ethics and to be able to socialise new students into the profession. Most respondents were females (94.1%) which seemed to confirm the findings of Ozdemir, Akansel and Tunk, (2008:154), that females dominate many positions including nursing. 50% were senior educators and are assumed to be experienced and capable of helping socialise the new educators into their roles. Educators that had 20–29 years of experience as professional nurses were 33-35.3%, which seems to confirm the findings of Moreland (2011:25), that more years are spent in the clinical area before joining the education system.

It is assumed that respondents have been in the nursing profession long enough to be professionally mature (Mtetwa, 2002:130). A high rate (41.7%) of educators with fewer years of experience in college (10–19 years) than years in the professional nurse role (20–29 years) was noted, which confirms that new educators have joined the education system, hopefully to be well-socialised, to assist with their retention. The ethnic group rated Asiatic high (75%) with the pilot study and rated African high (67.6%) with the main study. These findings confirm that the dominant ethnic groups in the provincial college under study are both African and Asiatic (Department of Community Safety and Liaison, 2011:19). Most educators were married (above 60%). However, the demographic data had no statistical significance to this study.

#### 4.2.4 THE QUESTIONNAIRE USED

The questionnaire was divided into four sections. Section A covered the demographic data with 8 questions, section B was on the Nurses Professional Values Scale–Revised questionnaire with 26 questions, section C addressed the Minnesota Satisfaction Questionnaire with 20 questions, and section D was for comments to enable the participants to speak their views regarding issues not covered by the questionnaire, yet relevant to professional socialisation and job satisfaction of nurse educators. Pre-existing questionnaires were used for both professional socialisation and job satisfaction. The NPVS–R used a Likert scale with 5 levels (not important = 1, somewhat important = 2, important = 3, very important = 4 and most important = 5). The Minnesota questionnaire also used a Likert scale with 5 levels (very dissatisfied = 1, dissatisfied = 2, neither dissatisfied nor satisfied = 3, satisfied = 4 and very satisfied = 5). The researcher followed the same data collection procedure for both the pilot and the main study.

The researcher telephonically reminded the principals of the participating colleges of the date and time of the relevant survey a day before data collection. The researcher distributed the survey questionnaires to the relevant nursing colleges on scheduled days. Participants who voluntarily participated in the study were kept in a class to complete the questionnaire. The

researcher explained the purpose of the study, with an emphasis on confidentiality and anonymity. Participants were asked to fill in their demographic data and answer the NPVS–R and Minnesota Satisfaction questionnaires by selecting one of the given options, and to make comments in the last section of the questionnaire. Participants were given 45 minutes to an hour to complete the questionnaire. The completed questionnaires, together with signed consent forms, were put in two separate envelopes labelled “completed questionnaires” and “signed consent forms”, respectively. The researcher kept the completed questionnaires until all the nursing colleges under study were done. All the completed questionnaires were couriered to the statistician for data analysis, which was done with the assistance of the Department of Statistics at the North West University, using SPSS (Pallant, 2011:121).

### **4.3 RELIABILITY OF QUESTIONNAIRES**

#### **4.3.1 PILOT STUDY**

The aim of the pilot study was to test the feasibility of the study and the reliability of the questionnaires. Due to the small sample size, the reliability of the questionnaires was tested using the frequency distribution for the NPVS–R (Table 4.3) and for the MSQ (Table 4.4). The frequency distribution analyses the mean which is a common measure for central tendency and serves as the balance point in a set of data with all the values playing an equal role (Levine *et al.*, 2008:97). Frequency distribution also measures the standard deviation which is a commonly used measure of variation that takes into account how all the values in the data are distributed, and measures the average scatter around the mean (Levine *et al.*, 2008:106).

Table 4.3. Frequency distribution on Nurses Professional Values Scale–Revised questionnaire

Question	FREQUENCY (Valid %)					Number Missing	Mean	Standard Deviation
	Not Important =1	Somewhat Important =2	Important =3	Very Important =4	Most Important =5			
B1.	0 (0%)	1 (8.3%)	4 (33.3%)	4 (33.3%)	3 (25.0%)	0	3.75	.965
B2.	0 (0%)	0 (0%)	3 (25.0%)	8 (66.7%)	1 (8.3%)	0	3.83	.577
B3.	0 (0%)	0 (0%)	1 (8.3%)	6 (50.0%)	4 (33.3%)	1	4.27	.647
B4.	0 (0%)	1 (8.3%)	5 (41.7%)	5 (41.7%)	1 (8.3%)	0	3.50	.798
B5.	0 (0%)	0 (0%)	4 (33.3%)	6 (50.0%)	1 (8.3%)	1	3.73	.647
B6.	0 (0%)	0 (0%)	1 (8.3%)	7 (58.3%)	4 (33.3%)	0	4.25	.622
B7.	0 (0%)	0 (0%)	1 (8.3%)	4 (33.3%)	7 (58.3%)	0	4.50	.674
B8.	0 (0%)	0 (0%)	2 (16.7%)	6 (50.0%)	4 (33.3%)	0	4.17	.718
B9.	0 (0%)	0 (0%)	0 (0%)	8 (66.7%)	3 (25.0%)	0	4.33	.492
B10.	0 (0%)	0 (0%)	1 (8.3%)	8 (66.7%)	3 (25.0%)	0	4.17	.577
B11.	0 (0%)	0 (0%)	3 (25.0%)	7 (58.3%)	2 (16.7%)	0	3.92	.699
B12.	0 (0%)	0 (0%)	3 (25.0%)	7 (58.3%)	2 (16.7%)	0	3.92	.699
B13.	0 (0%)	0 (0%)	3 (25.0%)	6 (50.0%)	3 (25.0%)	0	4.00	.739
B14.	0 (0%)	0 (0%)	3 (25.0%)	4 (33.3%)	5 (41.7%)	0	4.17	.835
B15.	0 (0%)	1 (8.3%)	1 (8.3%)	3 (25.0%)	7 (58.3%)	0	4.33	.985
B16.	0 (0%)	0 (0%)	0 (0%)	7 (58.3%)	5 (41.7%)	0	4.42	.515
B17.	0 (0%)	2 (16.7%)	2 (16.7%)	3 (25.0%)	5 (41.7%)	0	3.92	<b>1.165</b>
B18.	0 (0%)	0 (0%)	1 (8.3%)	3 (25.0%)	8 (66.7%)	0	4.58	.699
B19.	0 (0%)	0 (0%)	3 (25.0%)	3 (25.0%)	6 (50.0%)	0	4.25	.866
B20.	0 (0%)	0 (0%)	1 (8.3%)	3 (25.0%)	8 (66.7%)	0	4.58	.699
B21.	0 (0%)	0 (0%)	1 (8.3%)	2 (16.7%)	9 (75.0%)	0	4.67	.651
B22.	0 (0%)	1 (8.3%)	1 (8.3%)	6 (50.0%)	4 (33.3%)	0	4.08	.900
B23.	0 (0%)	0 (0%)	1 (8.3%)	4 (33.3%)	7 (58.3%)	0	4.50	.674
B24.	0 (0%)	0 (0%)	1 (8.3%)	5 (41.7%)	6 (50.0%)	0	4.42	.699
B25.	0 (0%)	0 (0%)	0 (0%)	3 (25.0%)	9 (75.0%)	0	<b>4.75</b>	.452
B26.	0 (0%)	0 (0%)	0 (0%)	9 (75.0%)	3 (25.0%)	0	4.25	.452

Findings regarding the frequency distribution of the NPVS–R showed that the mean ranged between 3.50 and 4.75, and the standard deviation ranged between .452 and 1.165. There was a high standard deviation (1.165) which indicated a larger spread of data around the mean, thus confirming the reliability of the NPVS–R questionnaire for the study.

Again, the frequency distribution and frequency distribution percentage, the mean and standard deviation of the MSQ was analysed. A mean range between 2.58 and 4.33 with a high standard deviation of 1.311 was found which again confirmed the reliability of the MSQ to this study.

*Table 4.4 Frequency distribution on Minnesota Satisfaction Questionnaire*

Question Description	Very Dissatisfied = 1	Dissatisfied = 2	Neither Dissatisfied Nor Satisfied =3	Satisfied =4	Very Satisfied = 5	Missing	Mean	Standard Deviation
C1	0 (0%)	0 (0%)	3 (25.0%)	6 (50.0%)	3 (25.0%)	0	4.00	.739
C2	0 (0%)	0 (0%)	0 (0%)	8 (66.7%)	4 (33.3%)	0	<b>4.33</b>	.492
C3	0 (0%)	0 (0%)	0 (0%)	9 (75.0%)	3 (25.0%)	0	4.25	.452
C4	1 (8.3%)	3 (25.0%)	2 (16.7%)	4 (33.3%)	2 (16.7%)	0	3.25	1.288
C5	0 (0%)	2 (16.7%)	3 (25.0%)	6 (50.0%)	1 (8.3%)	0	3.50	.905
C6	0 (0%)	1 (8.3%)	3 (25.0%)	8 (66.7%)	0 (0%)	0	3.58	.699
C7	3 (25.0%)	3 (25.0%)	3 (25.0%)	2 (16.7%)	1 (8.3%)	0	<b>2.58</b>	<b>1.311</b>
C8	0 (0%)	0 (0%)	3 (25.0%)	8 (66.7%)	1 (8.3%)	0	3.83	.577
C9	0 (0%)	1 (8.3%)	5 (41.7%)	6 (50.0%)	0 (0%)	0	3.42	.699
C10	0 (0%)	1 (8.3%)	3 (25.0%)	5 (41.7%)	3 (25.0%)	0	3.83	.937
C11	0 (0%)	1 (8.3%)	3 (25.0%)	6 (50.0%)	2 (16.7%)	0	3.75	.866
C12	1 (8.3%)	1 (8.3%)	5 (41.7%)	5 (41.7%)	0 (0%)	0	3.17	.937
C13	0 (0%)	1 (8.3%)	4 (33.3%)	6 (50.0%)	1 (8.3%)	0	3.58	.793
C14	0 (0%)	0 (0%)	2 (16.7%)	7 (58.3%)	3 (25.0%)	0	4.08	.699
C15	0 (0%)	1 (8.3%)	4 (33.3%)	4 (33.3%)	3 (25.0%)	0	3.75	.965
C16	0 (0%)	1 (8.3%)	7 (58.3%)	2 (16.7%)	2 (16.7%)	0	3.42	.900
C17	1 (8.3%)	1 (8.3%)	6 (50.0%)	3 (25.0%)	1 (8.3%)	0	3.17	1.030
C18	2 (16.7%)	0 (0%)	4 (33.3%)	4 (33.3%)	2 (16.7%)	0	3.33	1.303
C19	0 (0%)	1 (8.3%)	3 (25.0%)	6 (50.0%)	2 (16.7%)	0	3.75	.866
C20	0 (0%)	0 (0%)	7 (58.3%)	5 (41.7%)	0 (0%)	0	3.42	.515

The above table shows a high standard deviation of 1.311 which indicated a larger spread of data around the mean, which again confirmed the reliability of the MSQ with regard to this study.

## 4.3.2 THE MAIN STUDY

### 4.3.2.1 The Nurses Professional Values Scale–Revised Questionnaire

The researcher wanted to test the reliability of the questionnaire with regard to the study. Because of a small sample size, the researcher used factor analysis to test the reliability of the questionnaire.

#### 4.3.2.1.1 Factor Analysis

Confirmatory Factor Analysis (CFA) was done with the NPVS–R to confirm if the pre–existing factors (Weis & Schank, 2009:224) were still relevant to this study. Using the five factors of the NPVS–R questionnaire (Caring, Activism, Professionalism, Trust and Justice), the Principal Axis Factoring method was used to extract factors and the Oblimin with Kaiser Normalization rotation method was used to transform the factors for interpretation. The Kaiser–Meyer–Olkin (KMO) measure was also used to measure sampling adequacy. According to Field (2009:659), Kaiser–Meyer–Olkin values  $>0.8$  are highly indicative of an adequate sample size.

Pallant (2011:151) refers to multicollinearity as the relationship among the independent variables, and multicollinearity exists when the independent variables are highly related ( $r \geq 0.9$  and above). The severity of multicollinearity was assessed based on the determinant values. A determinant  $>0.00001$  implies that the multicollinearity was not severe. Finally, Bartlett's test was used to ensure sufficient correlation between questions to merit factor analysis. If such is significant then questions may be factorised. According to De Vellis (2011:128), an eigenvalue represents the amount of information captured by a factor, and the eigenvalue rule asserts that factors with eigenvalues less than 1.0 should not be retained. Factors with eigenvalues greater than 1 were extracted; however, only the number of factors required to explain at least 40% of the variation were retained.

*Table 4.5. Factor Analysis for Nurses Professional Values Scale–Revised questionnaire*

<b>Factor</b>	<b>Kaiser–Meyer–Olkin (KMO)</b>	<b>Determinant</b>	<b>Bartlett’s p value</b>	<b>Number of factors extracted (Eigen value &gt;1)</b>	<b>Number of factors retained</b>	<b>Variance explained by factor retained</b>
Caring	.809	.025	.0001	2	1	<b>45.473%</b>
Activism	.746	.358	.0001	1	1	<b>49.274%</b>
Trust	.678	.282	.0001	1	1	<b>50.390%</b>
Professionalism	.724	.447	.0001	1	1	<b>55.216%</b>
Justice	.507	.430	.0001	1	1	<b>60.293%</b>

According to Bryman (2008:143) the sample of 10% of the population is acceptable, therefore, the sample size of N=102 will give valid results when using the Confirmatory Factor Analysis. Findings showed sample adequacy to test questionnaire reliability using the CFA, as the KMO from .507 to .809. The Bartlett’s p–value of .0001 with all the factors confirmed the statistical significance of the group factors with positive correlation. The information captured on all the factors had an eigenvalue of above 1 (Field, 2009:659) and all the factors were retained with an explained variance above 40% by the retained factors, again confirming the correlation amongst the NPVS–R factors.

#### 4.3.2.1.2 Reliability of the NPVS–R questionnaire

The researcher aimed at establishing reliability in a structured data collection instrument and internal consistency of the questionnaire, and so the Cronbach’s alpha coefficient ( $\alpha$ ) was used. According to Pallant (2011:100), a Cronbach’s alpha ( $\alpha$ ) of >.7 is good. Inter–item correlations were also assessed to ensure reliability for professional socialisation was not unduly influenced by the number of questions or by questions that were phrased too similarly. The optimal mean inter–item correlation values range between 0.2 and 0.4 (Briggs & Cheek, 1986:114). Any negative correlation in the construct was noted; however, these were sample anomalies as no questions were reverse phrased (Weis & Schank, 2009:223).

Table 4.6 Reliability on NPVS–R questionnaire factors

Factors	Cronbach's Alpha	Mean Inter–item Correlation
1. Caring	0.811	0.378
2 Activism	0.741	0.369
3. Trust	0.749	0.387
4. Professionalism	0.722	0.407
5. Justice	<b>0.637</b>	0.356

The Cronbach's alpha ( $\alpha$ ) for the above factors showed reliability ranging between 0.722 and 0.811 with a weak reliability of 0.637 for the justice factor. Furthermore, the alpha values were not unduly influenced, as the mean inter–item correlations fell between 0.3 and 0.6 (Field, 2009:679), and with the study all factors fell above 0.3. Therefore, findings of this study showed both reliability and internal consistency in the NPVS–R questionnaire.

#### 4.3.2.2 The Minnesota Satisfaction questionnaire

##### 4.3.2.2.1 Factor analysis

According to Bryman (2008:179), a sample of 10% of the population (N=102), using the exploratory factor analysis, yields valid results. There has been some inconsistency in factor assignment with previous studies (Weis *et al.*, 1967, Schriesheim *et al.*, 1993, Martins, 2008 and Sousa *et al.*, 2011), hence the researcher reconstructed new factors, different to those found by other researchers. The researcher decided to assign certain questions to a particular factor, comparing the factors with those identified by Weis *et al.* (1967) and Schriesheim *et al.* (1993), as shown in Table 4.6.

Table 4.7 Showing Factor Identification with Current and Previous Studies

	Present Study	Previous studies	
	Factors	Original Weis <i>et al.</i> , 1967	Schriesheim <i>et al.</i> , 1993
1. Ability utilization – the chance to use one’s abilities / capabilities	<b>Intrinsic</b>	<b>Intrinsic</b>	<b>Intrinsic</b>
2. Achievement – feelings of accomplishment	<b>Intrinsic</b>	<b>Intrinsic</b>	<b>Intrinsic</b>
3. Activity – being able to stay busy on the job, with measureable output	Extrinsic	Intrinsic	Intrinsic
4. Advancement – the opportunity to grow personally & professionally	Intrinsic	Intrinsic	General
5. Authority – the chance to direct others	<b>Intrinsic</b>	<b>Intrinsic</b>	<b>Intrinsic</b>
6. College – satisfaction with college policies	General	Extrinsic	Extrinsic
7. Compensation – pay for the work done	General	Extrinsic	General
8. Co-workers – relationships with co-workers	Extrinsic	General	Extrinsic
9. Creativity – the chance to try own work methods	Extrinsic	Intrinsic	Intrinsic
10. Independence – the opportunity to work alone	<b>Intrinsic</b>	<b>intrinsic</b>	<b>Intrinsic</b>
11. Moral values – not having violate conscience at work	<b>Intrinsic</b>	<b>intrinsic</b>	<b>Intrinsic</b>
12. Recognition – praise received from work done	Extrinsic	Extrinsic	General
13. Responsibility – freedom to use own judgment	Extrinsic	intrinsic	Intrinsic
14. Security – steady employment of the job	Extrinsic	Intrinsic	Extrinsic
15. Social service – the chance to do things for others	Extrinsic	Intrinsic	Intrinsic
16. Social status – the opportunity to be “somebody”	Extrinsic	Intrinsic	General
17. Supervision (Supervisors) – way the boss handles employees	<b>Extrinsic</b>	<b>Extrinsic</b>	<b>Extrinsic</b>
18. Supervision (technical) – competence of supervisor	<b>Extrinsic</b>	<b>Extrinsic</b>	<b>Extrinsic</b>
19. Variety – the chance to do different things occasionally	Extrinsic	Intrinsic	Intrinsic
20. Working conditions – all facets of the work environment	General	General	Extrinsic

Table 4.7 confirms how inconsistent the MSQ factors were with the previous studies; hence, the researcher reconstructed new factors that will be used in this study. Again, in this study, 13/20 (65%) factors still showed inconsistency in factor assignment with the previous studies, and 7/20 (35%) factors were assigned the same as the previous studies.

Considering the inconsistency in factor assignment, the Exploratory Factor Analysis (EFA) was used to analyse data produced by the Minnesota Job Satisfaction questionnaire to explore the underlying dimensionality of a set of variables (Polit & Beck, 2008:753), with the intention of determining the reliability of the questionnaire. With the assigned MSQ factors, the Principal Axis Factoring (Rotation method: Oblimin with Kaiser Normalization) was used to extract the factors. There were noted statistical findings, except for the first 3 items, and thus the statistical results were based on the 3<sup>rd</sup> statement. The Kaiser–Meyer–Olkin (KMO) was used to measure sampling adequacy, which was .846, which is very good (Field, 2009:659). The Bartlett’s test of sphericity was used to check if variables are sufficiently correlated, and a significance of  $p < 0.001$  showed correlations that were sufficiently high.

*Table 4.8: Exploratory Factor Analysis of MSQ*

MSQ	Kaiser Meyer Olkin (KMO)	Determinant	Bartlett's p value	EIGENVALUE	
				% of variance	Cumulative %
C1	–	–	–	38.735	<b>38.735</b>
C2	–	–	–	8.151	<b>46.886</b>
C3	.846	0.000033	<b>.0001</b>	6.549%	<b>53.435%</b>

As the number of factors increases, the eigenvalue also increases. The cumulative percentage was **38.735%**, and it increased to **53.435%** in the third factor, indicating a positive correlation with factors.

Finally the **pattern matrix** was used to load or assign a question to a factor, as shown below. Any absolute loading  $> 0.6$  shows a strong loading onto the factor, and a minimum absolute loading of 0.3 was required to assign a question to a factor.

Table 4.9. Pattern matrix & extraction method: principal axis factoring

Rotation method: Oblimin with Kaiser Normalization- rotation converged in 11 alterations

	Factors		
	1 = Extrinsic	2 = Intrinsic	3 = General
C1	.070	<b>.684</b>	.031
C2	.039	<b>.758</b>	.086
C3	<b>.456</b>	.122	.130
C4	.016	<b>.640</b>	.060
C5	.271	<b>.298</b>	.061
C6	.252	.277	<b>.455</b>
C7	.094	.355	<b>.571</b>
C8	<b>.607</b>	.056	.026
C9	<b>.630</b>	.160	.192
C10	.302	<b>.448</b>	.117
C11	.147	<b>.451</b>	.057
C12	<b>.631</b>	.040	.099
C13	<b>.577</b>	.245	.037
C14	<b>.326</b>	.154	.118
C15	<b>.432</b>	.020	.348
C16	<b>.468</b>	.140	.058
C17	<b>.593</b>	.194	.460
C18	<b>.615</b>	.160	.409
C19	<b>.697</b>	.046	.090
C20	.160	.190	<b>.581</b>

The above findings concluded that there was a sufficiently high correlation among the MSQ factors ( $p < 0.001$ ). A strong factor loading of above 0.3 was noted, confirming the reliability of the Minnesota Satisfaction questionnaire.

#### 4.3.2.2.2 Reliability

The researcher intended to establish reliability in a structured data collection instrument, and internal consistency of the questionnaire; hence, the Cronbach's alpha coefficient ( $\alpha$ ) was used (Brink *et al.*, 2012:170). A Cronbach's alpha ( $\alpha$ ) of  $>.7$  is good (Pallant, 2011:100). Inter-item correlations were also assessed to ensure the reliability of the Minnesota Satisfaction Questionnaire, and that it was not unduly influenced by the number of questions or by questions that were phrased too similarly. Optimal mean inter-item correlation values range between 0.2 and 0.4 (Briggs & Cheek, 1986:114). Reliability was observed in all aspects of this section with

no negative correlations. The following is a table of the group of items showing reliability and inter-item correlation of the Minnesota Satisfaction factors.

*Table 4.10 Showing Reliability of Minnesota Satisfaction Questionnaire Factors*

Item	Factors	Cronbach's alpha	Mean Inter Item Correlation	No of Items used
C1,C2,C4,C10,C11	Intrinsic	<b>.798</b>	.444	5
C3,C8,C9,C12,C13,C14,C15, C16,C17,C18,C19	Extrinsic	<b>.883</b>	.401	12
C6,C7,C20	General	<b>.765</b>	<b>.526</b>	3

The above findings showed a good reliability of the Minnesota Satisfaction questionnaire with an alpha ( $\alpha$ ) of between .798 and .883. The inter-item correlations did indicate a higher than preferred mean inter-item correlation of **.526** with the general factor. However, these factors included statements such as: college (satisfaction with college policies – C6), compensation (pay for the work done – C7) and working conditions (all facets of the work environment – C20). When the statements were reviewed, the questions were found not to be too similarly phrased to warrant concern. Therefore, the reliability of the MSQ was confirmed in this study.

Considering the proven reliability of both the NPVS-R and the MSQ, the researcher can with great confidence conclude that the questionnaires have met the criteria for reliability. Next, the descriptive statistics of the questionnaires will be explored and discussed.

#### 4.4 DESCRIPTIVE STATISTICS OF THE QUESTIONNAIRES OF THE MAIN STUDY

##### 4.4.1 FREQUENCY DISTRIBUTION FOR THE NURSES PROFESSIONAL VALUES SCALE–REVISED QUESTIONNAIRE (NPVS–R)

Table 4.11. Frequency distribution for the Nurses Professional Values Scale–Revised questionnaire

FREQUENCY (Valid %)								
Question	Not Important =1	Somewhat Important =2	Important =3	Very Important =4	Most Important =5	Number Missing	Mean	Standard Deviation
B1.	0 (0%)	3 (2.9%)	23 (22.5%)	54 (52.9%)	21 (20.6%)	1	3.92	.744
B2.	2 (2.0%)	2 (2.0%)	24 (23.5%)	36 (35.3%)	37 (36.3%)	1	4.03	.932
B3.	0 (0%)	3 (2.9%)	7 (6.9%)	23 (22.5%)	67 (65.7%)	2	4.54	.758
B4.	0 (0%)	10 (9.8%)	26 (25.5%)	37 (36.3%)	28 (27.5%)	1	3.82	.953
B5.	0 (0%)	6 (5.9%)	27 (26.5%)	36 (35.3%)	25 (24.5%)	8	3.85	.892
B6.	0 (0%)	3 (2.9%)	10 (9.8%)	38 (37.3%)	49 (48.0%)	2	4.33	.779
B7.	0 (0%)	1 (1.0%)	3 (2.9%)	34 (33.3%)	64 (62.7%)	2	4.58	.604
B8.	0 (0%)	0 (0%)	12 (11.8%)	51 (50.0%)	38 (37.3%)	1	4.26	.658
B9.	0 (0%)	0 (0%)	5 (4.9%)	29 (28.4%)	67 (65.7%)	1	4.61	.583
B10.	0 (0%)	1 (1.0%)	13 (12.7%)	44 (43.1%)	44 (43.1%)	0	4.28	.723
B11.	0 (0%)	1 (1.0%)	21 (20.6%)	37 (36.3%)	42 (41.2%)	1	4.19	.796
B12.	0 (0%)	2 (2.0%)	26 (25.5%)	36 (35.3%)	38 (37.3%)	0	4.0	.841
B13.	0 (0%)	5 (4.9%)	23 (22.5%)	40 (39.2%)	33 (32.4%)	1	4.00	.872
B14.	0 (0%)	1 (1.0%)	5 (4.9%)	24 (23.5%)	72 (70.6%)	0	4.64	.626
B15.	0 (0%)	0 (0%)	4 (3.9%)	23 (22.5%)	75 (73.5%)	0	4.70	.541
B16.	0 (0%)	0 (0%)	8 (7.8%)	30 (29.4%)	63 (61.8%)	1	4.54	.641
B17.	7 (6.9%)	6 (5.9%)	26 (25.5%)	24 (23.5%)	9 (38.2%)	0	<b>3.80</b>	<b>1.211</b>
B18.	0 (0%)	1 (1.0%)	6 (5.9%)	20 (19.6%)	72 (70.6%)	3	4.65	.644
B19.	0 (0%)	0 (0%)	18 (17.6%)	28 (27.5%)	56 (54.9%)	0	4.37	.770
B20.	0 (0%)	1 (1.0%)	7 (6.9%)	29 (28.4%)	65 (63.7%)	0	4.55	.669
B21.	0 (0%)	0 (0%)	6 (5.9%)	25 (24.5%)	71 (69.6%)	0	4.64	.594
B22.	1 (1.0%)	2 (2.0%)	19 (18.6%)	37 (36.3%)	43 (42.2%)	0	4.17	.868
B23.	0 (0%)	1 (1.0%)	12 (11.8%)	24 (23.5%)	64 (62.7%)	1	4.50	.743
B24.	0 (0%)	1 (1.0%)	11 (10.8%)	34 (33.3%)	56 (54.9%)	0	4.42	.724
B25.	0 (0%)	0 (0%)	1 (1.0%)	23 (22.5%)	78 (76.5%)	0	4.75	.455
B26.	1 (1.0%)	3 (2.9%)	24 (23.5%)	31 (30.4%)	43 (42.2%)	0	4.10	.928

Table 4.9 shows that respondents highly rated the NPVS–R questions as very important to professional socialisation (85/102, 83.3%), compared to respondents who rated the instrument not important (10/102, 9.8%). These findings confirmed the reliability of the NPVS–R questionnaire in measuring professional socialisation. A mean above 3.80 and a standard deviation of as high as 1.211 confirmed the reliability of the questionnaire.

#### 4.4.2 Frequency distribution for the Minnesota Satisfaction Questionnaire

The frequency distribution, frequency distribution percentage, mean and standard deviation of the Minnesota Satisfaction Questionnaire is shown below.

*Table 4.12 Frequency distribution for the Minnesota Satisfaction Questionnaire*

Question Description	Very Dissatisfied =1	Dissatisfied =2	Neither Dissatisfied Nor Satisfied =3	Satisfied =4	Very Satisfied =5	Missing	Mean	Standard Deviation
C1	3 (2.9%)	2 (9.8%)	18 (17.6%)	54 (52.9)	15 (14.7%)	2	3.68	.952
C2	0 (0%)	8 (7.8%)	23 (22.5%)	52 (52.0%)	17 (16.7%)	2	3.78	.824
C3	0 (0%)	5 (4.9%)	15 (14.7%)	59 (57.8%)	21 (20.6%)	2	3.96	.751
C4	4 (3.9%)	15 (14.7%)	22 (21.6%)	45 (44.1%)	14 (13.7%)	2	3.50	1.040
C5	1 (1.0%)	9 (8.8%)	38 (37.3%)	42 (41.2%)	8 (7.8%)	3	3.45	.848
C6	8 (7.8%)	12 (11.8%)	39 (38.2%)	33 (32.4%)	8 (7.8%)	2	3.21	1.028
C7	25 (24.5%)	24 (23.5%)	30 (29.4%)	19 (18.6%)	4 (3.9%)	0	<b>2.54</b>	1.166
C8	0 (0%)	8 (7.8%)	25 (24.5%)	55 (53.9%)	14 (13.7%)	0	3.74	.795
C9	1 (1.0%)	16 (15.7%)	25 (24.5%)	47 (46.1%)	12 (11.8%)	1	3.52	.934
C10	2 (2.0%)	8 (7.8%)	22 (21.6%)	50 (49.0%)	19 (18.6%)	1	3.75	.921
C11	3 (2.9%)	8 (7.8%)	29 (28.4%)	45 (44.1%)	16 (15.7%)	1	3.62	.947
C12	8 (7.8%)	22 (21.6%)	40 (39.2%)	20 (19.6%)	10 (9.8%)	2	3.02	1.073
C13	5 (4.9%)	20 (19.6%)	35 (34.3%)	27 (26.5%)	15 (14.7%)	0	3.25	1.089
C14	1 (10%)	6 (5.9%)	34 (33.3%)	38 (37.3%)	23 (22.5%)	0	3.75	.909
C15	5 (4.9%)	16 (15.7%)	36 (35.3%)	34 (33.3%)	8 (7.8%)	3	3.24	.991
C16	4 (3.9%)	12 (11.8%)	37 (36.3%)	35 (34.3%)	13 (12.7%)	1	3.41	.992
C17	14 (13.7%)	15 (14.7%)	34 (33.3%)	29 (28.4%)	10 (9.8%)	0	3.06	<b>1.176</b>
C18	7 (6.9%)	16 (15.7%)	26 (25.5%)	39 (38.2%)	14 (13.7%)	0	3.36	1.115
C19	3 (2.9%)	20 (19.6%)	32 (31.4%)	35 (34.3%)	12 (11.8%)	0	3.32	1.016
C20	10 (9.8%)	26 (25.5%)	37 (36.3%)	26 (25.5%)	3 (2.9%)	0	2.86	1.005

The mean of greater than 2.0 and the standard deviation of as high as 1.176 confirmed the reliability of the MSQ.

Both the frequency distribution statistics and the results of the pilot and the main study confirmed the reliability of the NPVS–R and the Minnesota Satisfaction questionnaires. Again, the confirmatory factor analysis of the NPVS–R and the exploratory factor analysis of the MSQ confirmed reliability of the two questionnaires respectively. With such results, the researcher can confidently use the two questionnaires to draw a conclusion as to whether a correlation exists between professional socialisation and job satisfaction of nurse educators.

#### 4.5 THE RELATIONSHIP BETWEEN THE NURSES PROFESSIONAL VALUES SCALE–REVISED FACTORS AND THE MINNESOTA SATISFACTION FACTORS.

A correlation analysis was also performed among the factors of the two questionnaires. The following correlations were found.

*Table 4.13. Correlation of NPVS–R and MSQ factors*

Correlation	Correlation Coefficient (r-value)	p-value	Number of valid responses (n)	Interpretation
Professionalism vs. Justice	.478	0.00001	102	There was a practically visible, statistically significant, positive correlation between professionalism and justice. Therefore, respondents who felt that professionalism was important also felt that justice was important
Justice vs. Activism	<b>.667</b>	0.0001	102	A positive correlation between justice and activism with a statistically and practically significance.
Professionalism vs. Activism	.621	0.0001	102	There was a practically visible, statistically significant, positive correlation between professionalism and activism
Justice vs. Caring	.600	0.0001	102	There is a positive correlation between justice and caring, meaning both justice and caring were felt to be equally important.
Professionalism vs. Caring	.468	0.0001	102	There was a practically visible, statistically significant, positive correlation between professionalism and caring, meaning both professionalism and caring were felt to be important
Activism vs. Caring	.580	0.0001	102	There was a practically visible, statistically significant, positive correlation between activism and caring, meaning both activism and caring were felt to be important

Justice vs. Trust	.623	0.0001	102	There was a practically visible, statistically significant, positive correlation between justice and trust, meaning both justice and trust were felt to be important
Professionalism vs. Trust	.650	0.0001	102	There was a practically visible, statistically significant, positive correlation between professionalism and trust, meaning both professionalism and trust were felt to be important
Activism vs. Trust	.571	0.0001	102	There was a practically visible, statistically significant, positive correlation between activism and trust meaning both activism and trust were felt to be important
Caring vs. Trust	.574	0.0001	102	There was a practically visible, statistically significant, positive correlation between caring and trust meaning both caring and trust were felt to be important
Justice vs. Extrinsic	<b>.328</b>	0.001	102	Justice and extrinsic showed statistically significant and practically visible that respondents that viewed justice important also considered the extrinsic factors important.
Extrinsic vs. General	.644	0.0001	102	Extrinsic and general factors showed a positive correlation Respondents that felt that the extrinsic factors were important for job satisfaction felt that the general factors were also important.
Intrinsic vs. General	.553	0.0001	102	Intrinsic and general factors showed a positive correlation Respondents that felt that the extrinsic factors were important for job satisfaction felt that the general factors were also important.

An r-value of 0.5 indicates a correlation (SPSS, 2011:211), and the r-value of the factors amongst themselves ranged between .328 and .667 which indicated a positive relationship. All factors had p-values of 0.0001 among themselves, again showing a statistically significant correlation.

#### 4.6 EFFECT SIZE FOR DEMOGRAPHIC DATA, THE NPVS-R AND THE MINNESOTA SATISFACTION QUESTIONNAIRE FACTORS

The demographic data variables (age, the length of experience as a professional nurse, length of experience as an educator and level of position held; excluding the other option) were

correlated with the 5 factors of the Nurses Professional Values Scale–Revised questionnaire and the three factors of the Minnesota Satisfaction Questionnaire to identify significant relationship coefficient.

The aim of this analysis was to test for the difference in the means of the constructs of two original groups (graduate and post graduate). However, the original groups could not be used because there were too few people in some groups to allow comparison. Therefore, the undergraduates and graduates were reconstructed into a group of graduates (Group 1) and the post–graduates together with those with other qualifications were reconstructed into a group of post–graduates (Group 2). New frequencies were worked up where the graduates (Group 1) constituted 36.7% and the post–graduates (Group 2) 63.2%, as seen in Table 4.12. The method assumed normality; however, given that the sample was greater than 30, by the Central Limit Theorem, this assumption was not violated. The p–values that were reported were the ones where equal variances were not assumed.

However, the sample was not randomly selected, and therefore the results could not be generalized, and all p–values were only reported for the sake of being complete. The interpretation focussed on effect sizes and practical significance based on Cohen’s d–value rather than statistical significance.

*Table 4.14: The correlation between graduates and post–graduates, NPVS–R and MSQ factors, and demographic data*

<b>Constructs</b>	<b>Level of qualification</b>	<b>Mean</b>	<b>Standard Deviation</b>	<b>p–value</b>	<b>d–value</b>
Caring	Graduate	4.4965	.49123		.13573326
	Post–graduate	4.4299	.47289	.514	
Activism	Graduate	4.1236	.59408		.1340414271
	Post–graduate	4.2032	.58561	.522	
Trust	Graduate	4.3361	.45176		.157404684
	Post–graduate	4.4153	.50323	.425	
Professionalism	Graduate	<b>4.0880</b>	.53894		<b>.577488687</b>
	Post–graduate	<b>4.3992</b>	.49246	<b>.006</b>	
Justice	Graduate	4.2500	.55990		.098927866
	Post–graduate	4.1828	.67933	.598	
Age	Graduate	53.23	5.946		.619919048
	Post–graduate	49.54	5.937	.005	
Experience as professional nurse	Graduate	26.03	7.648		.508287352
	Post–graduate	22.02	7.892	.016	

Experience in a college	Graduate	11.83	7.629		.231857667
	Post-graduate	10.06	4.955	.218	
Extrinsic factors	Graduate	3.3653	.67469		0.110399344
	Post-graduate	3.4400	.65663	.594	
Intrinsic factors	Graduate	3.5722	.63273		0.193367824
	Post-graduate	3.7145	.73587	.316	
General	Graduate	.27083	.79220		0.23268375
	Post-graduate	.29247	.93001	.225	

The above table shows that there was a practically visible, statistically significant difference in the mean 'professionalism' between graduates and post graduates, with post-graduates rating professionalism as more important (4.3992>4.0880) than graduates. T-tests were also performed to identify differences between race (African, Asian and Other) and marital status (Married and Other); however, none of these differences were significant.

#### 4.7 SUMMARY OF COMMENTS BY PARTICIPANTS ON THE MAIN STUDY

Out of 102 completed questionnaires, only 25 respondents had made use of the comments section by responding to the open-ended question. Here are some of the highlights by means of summary of the respondents' comments:

- Monotonous work with lack of professional mobility of the nurse educators.
- Unsatisfactory working conditions affect the nurse educators' morale.
- Unsupportive and inconsistent management that discriminates displays favouritism and that victimises individuals that challenge authority.
- Poor remuneration in relation to the high workload due to staff shortage, and there is a big gap between professional nurses' salary and the nurse educators' salary.
- Lack of resources to function efficiently.
- Under-utilisation of nurse educators' expertise and skills and no recognition of the nurse educators' role in the Department of Health and the country as a whole.
- Uncertainty about the future of the nursing education institutions.

Considering the respondents' comments, it seems that the KwaZulu-Natal Department of Health and the nursing education institutions need to design a comprehensive strategy to recognise and acknowledge the role played by nurse educators in this country.

## 4.8 CONCLUSION

In this chapter data was analysed. Different methods of statistical data analysis were used to prove the hypothesis and to answer the research questions. The descriptive statistics of the demographic data for both the pilot and main study were jointly analysed as there were few differences. The frequency distributions of both the NPVS–R and the Minnesota Satisfaction questionnaires were analysed for the pilot study to determine the reliability of the questionnaires and feasibility of the study.

Factor analysis for the NPVS–R and the MSQ was done to confirm the reliability of the questionnaires, whereby Confirmatory and Exploratory factor analysis was done to the respective questionnaires. Reliability of both questionnaires was established using the Cronbach's alpha coefficient ( $\alpha$ ). Frequency distribution of the factors of both questionnaires was undertaken to confirm the reliability of the questionnaires. The relationship between the questionnaire factors themselves was also analysed.

Finally, the effect size for the demographic data, NPVS–R and Minnesota Satisfaction factors was analysed to evaluate the significance of the correlation present. The null hypothesis was rejected as findings showed a correlation between the two variables. Comments made by respondents were all added as they were, and recommendations will be made based on them. Conclusions made from these findings will be presented in Chapter 5 together with recommendations.

## **CHAPTER 5: CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS OF THE STUDY**

### **5.1 INTRODUCTION**

The purpose of this chapter is to provide conclusions about the findings of the study, discuss limitations and make appropriate recommendations. A quantitative survey using a structured questionnaire was conducted with the aim of identifying and describing the relationship between the professional socialisation and job satisfaction of nurse educators at a professional college in South Africa. The objectives of the study were to understand the relationship between professional socialisation and job satisfaction of nurse educators, to recommend strategies to facilitate professional socialisation and maximize job satisfaction of nurse educators in the nursing colleges, and to suggest quality improvement initiatives in nursing education with special reference to the work environment of nurse educators. Recommendations made were based on the above objectives.

### **5.2 CONCLUSIONS OF THE STUDY**

#### **5.2.1 SUMMARY OF THE STUDY**

In view of the global shortage of nurses and nurse educators in the country, the researcher gave comprehensive background information on the professional socialisation and job satisfaction of nurse educators in Chapter 1. The research questions were formulated based on the problem statement. The theoretical perspective definitions, research design, methods, researcher's role and ethical considerations were also discussed in this chapter.

A literature review on both professional socialisation and job satisfaction of nurse educators, together with an overview of the relevant theoretical frameworks for both variables, was discussed in Chapter 2.

The research methodology was discussed in Chapter 3. A structured questionnaire was used to collect data. The research questions were answered using a survey that used a quantitative, descriptive and correlational design. Sampling criteria were considered. A pilot study was conducted before the main study. The ethical principles relevant to the study were considered by the researcher.

Collected data was coded and analysed by the Statistical Services of the NWU, Potchefstroom Campus in Chapter 4. The pilot study data was analysed using descriptive statistics for the

demographic data and frequency distributions for the questions to determine the feasibility of the study and the reliability of the questionnaire. The Cronbach's alpha coefficient ( $\alpha$ ) was used for testing internal consistency and reliability of the questionnaires. Factor analysis was used for the main study, whereby confirmatory factor analysis was used for the Nurses Professional Values Scale Revised questionnaires, and exploratory factor analysis was used for the Minnesota Satisfaction Questionnaire using mean and standard deviation to confirm the reliability of the questionnaires.

Again, frequency distribution was analysed on the NPVS–R and MSQ factors to determine correlation between the factors. Correlation between the NPVS–R and MSQ factors was done to answer the stated aim of the study. The analysis of the demographic data, NPVS–R and MSQ factors using effect size was done to conclude the hypothesis. Analysed data was presented in the respective tables. Finally, comments by the respondents were added and could be used to answer objective 2 of the study. The data analysis and interpretation was supported by the (SPSS, 2011:208; Pallant, 2011:121 & Field, 2009:692).

The study findings were compiled to answer the research question, the limitations of the study identified and recommendations based on findings provided for the Department of Health, the provincial college and further research.

## 5.2.2 VARIABLES UNDER STUDY

### 5.2.2.1 *Professional socialisation of nurse educators*

According to Tsang (2009:1), professional socialisation involves the acquisition of professional attributes and the development of a specific professional identity that defines the self and becomes aligned with community expectations. Socialisation of nurse educators into the education system needs to be done professionally and precisely to inform the new educator about the expectations of the new job. The professional socialisation process must consist of information necessary for the new educator to function within the system with a broader understanding of the trends within the education institution (Messersmith, 2008:38)

Nurse educators working in a college need to develop a collective identity, which helps them work together in the process of adaptation to new environment (Olusapo, 2011:162). Developing an individual or collective professional identity alone does not assure one's job satisfaction, because individuals have to perceive and evaluate their jobs on the basis of factors which they regard as being important to them (p. 160).

With the shortage of and increased workload on of nurses in general (Zuma, 2011:4), with no exception to nurse educators, socialisation of new nurse educators into the education system by experienced educators becomes difficult, and newly employed nurse educators experience traumatic adjustments with insufficient functional and emotional support (Duchscher, 2008:4). Unless the issue is seriously addressed, we will experience a serious shortage of qualified nurse educators to deliver educational programmes.

Studies have been done on professional socialisation and job satisfaction of nurses, but no focus has been given to the relationship between the two variables, not to mention of nurse educators. To be socialised into a job does not guarantee job satisfaction and vice versa, nor does it confirm a relationship between the two variables. However, research findings from this study will give a valid conclusion.

#### *5.2.2.2 Job satisfaction of nurse educators*

Job satisfaction is a job-related attitude of both the employee and the employer, which requires balancing of both the individual and organisational needs (Halfer & Graf, 2006:151). According to Olusapo (2008:160), job satisfaction occurs if there is a pleasurable emotional state resulting from the experience of one's job. However, various facets of job satisfaction (pay, physical working conditions, policies and procedures, promotion, co-workers) need to be considered (Yeoh, 2007:57) before an employee either concludes that they experience satisfaction or dissatisfaction in his or her job.

Nurse educators join the nursing education system having been in the profession for some years (Moreland, 2011:25), but getting into a new job has different priorities and pressures (Halfer & Graf, 2006:150). The newly employed nurse educator encounters pressure when she has to stand in front of students and teach for the first time in his or her professional career. There is the pressure of being a resource for students and colleagues, and the pressure to adapt to the nursing education institution's policies and procedures that are more student than patient orientated. These pressures are felt by the new educator when there is a staff shortage and increased workload in a nursing college. Pressure at work brings unhappiness (Widschut&Mqolozana, 2008:49), and unhappiness at work is job dissatisfaction which is associated with high turnover (Rosse & Saturay, 2004:2). However, nurse educators must be nurtured and supported to maintain and facilitate professionalism among students and colleagues.

### 5.2.3 EVALUATION OF THE STUDY

All the statistical analysis performed intended to answer the research question and meet the aim and objectives of the study and eventually accept or reject the null hypothesis.

The aim of the study was to identify and describe the relationship between professional socialisation and job satisfaction of nurse educators of a provincial nursing college in South Africa. Information gathered during the literature review relating to the two variables and the descriptive statistical analysis of the questionnaires assisted in achieving the aims of the study. The variables were described and analysed and the conclusion was as follows:

- Reliability of the NPVS–R and the Minnesota Satisfaction questionnaires was confirmed by the findings of frequency distributions with pilot study (Table 4.2 & Table 4.3) and Table 4.10 and 4.11 with the main study. Again, reliability of the questionnaire factors was positively concluded (Table 4.5 & Table 4.9).
- Factor analysis (Confirmatory Factor Analysis for the NPVS–R, and Exploratory Factor Analysis for MSQ) was performed and confirmed reliability among the identified factors of the questionnaires (Table 4.4 & Table 4.8) respectively.
- Correlation between the NPVS–R and the MSQ factors was confirmed by findings from correlation analysis, which was performed among the factors themselves. The findings showed positive correlation among the factors themselves with practical visibility and statistical significance (Table 4.12).
- Significant relationship coefficient was identified by analysing the demographic data, the NPVS–R and the MSQ factors considering the effect size, and the findings confirmed a practical, visible and statistically significant difference in the mean 'professionalism' of the NPVS–R factors (Table 4.12).

From these findings the following was deduced:

- The correct instruments were used for data collection.
- There is a relationship between professional socialisation and job satisfaction of nurse educators at a provincial college in South Africa.
- The null hypothesis was rejected as the relationship was confirmed.

### **5.3 SIGNIFICANCE OF THE STUDY**

Now that the relationship between professional socialisation and job satisfaction of nurse educators is confirmed, ensuring and the facilitating professional socialisation of new educators is vital in curbing the pressures of adapting to a new job and environment. However, both the nursing education institutions and the nurse educators have a huge responsibility towards promoting, sustaining and reinforcing professional values and standards through professional socialisation.

### **5.4 LIMITATIONS OF THE STUDY**

The majority of nurse educators from this provincial college did not participate in the study. Most were on winter holidays and the survey could not be deferred due to time constraints. It is not an entirely foregone conclusion as to whether the results would be substantially impacted if all the nurse educators of the KZNCN had participated in the study.

- Limitation to only the provincial colleges – this is a barrier to information regarding nurse educators from private colleges who may have another version of the study.
- Unavailability of participants due to unforeseen circumstances like sick leave and vacation leave. While unavoidable, it could make the sample non–representative of the population.
- Lack of openness of the participants might give an untrue picture of the study, therefore participants were asked to be honest when answering the questions.
- Bias by the researcher’s subjectivity, especially as she is also working in one of the campuses; again, the researcher maintained professionalism throughout the study to yield good results.
- Data collection –as much as the structured questionnaires were appropriate for data collection, the collected data was incomplete, therefore emphasis should be communicated to participants to complete all the questions.
- Errors during data analysis can have a negative impact on findings, therefore the statistician and the data analyst may need to do analysis triangulation to ensure validity and reliability of findings.

## **5.5 RECOMMENDATIONS**

### **5.5.1 RECOMMENDATIONS FOR THE KWAZULU–NATAL DEPARTMENT OF HEALTH**

- The KwaZulu–Natal Department of Health has to meet the challenge of revisiting strategies and criteria used to compensate nurse educators according to the Occupational Salary Dispensation, with an intention to attract nurse educators into the nursing colleges.
- Revisit the portfolio for nurse educators to widen avenues for job mobility.

### **5.5.2 RECOMMENDATIONS FOR THE NURSING EDUCATION INSTITUTIONS**

- There is a need for the KwaZulu–Natal College of Nursing to develop and implement strategies to support nurse educators with their work, in view of the fact that they are short-staffed and overworked.
- The inclusion of nurse educators from private nursing colleges may widen the findings of the study.
- The nursing education institutions need to widen the nurse educator's portfolio to allow for job mobility to prevent underutilisation of expertise and skills.
- Again, the nursing education institutions need to provide a healthy working environment to attract and retain nurse educators, because most employees (including nurse educators) prefer to work in environments that provide a challenge and offer opportunities for learning and development, personally and professionally.

### **5.5.3 RECOMMENDATIONS FOR FURTHER RESEARCH**

There is a need to conduct future research on the following:

- The perception of nurse educators on professional socialisation into the education system.
- Exploring the workload of nurse educators in a nursing college, since previous research identified the increased workload and monotonous work issues, as commented on by respondents.
- Job satisfaction of nurse educators in nursing colleges.

## **5.6 CONCLUSION**

The aim of the study was achieved, to identify and describe the relationship between professional socialisation and job satisfaction of nurse educators at a provincial college in South Africa. The results showed a relationship between professional socialisation and job satisfaction of nurse educators in the KwaZulu–Natal College of Nursing. The results are somewhat circumscribed by the limited, if probably representative, nature of the sample size of the survey participants.

The findings of the study, limitations and recommendations regarding professional socialisation and job satisfaction of nurse educators were discussed. Findings will be communicated to relevant stakeholders accordingly.

## Annexure A: Ethics approval certificate from North West University



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](mailto:Ethics@nwu.ac.za)

13 May 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 relationship between professional socialization and job satisfaction of nuresse educators of a provincial nursing college in South Africa

**Project Leader:** Mr FG Watson

<b>Ethics number:</b>	N	W	U	-	0	0	0	1	1	-	1	3	-	A	1	
	Institution				Project Number						Year		Status			
	Status: S = Submission; R = Re-Submission; P = Provisional Authorisation; A = Authorisation															

**Approval date:** 2013/05/13

**Expiry date:** 2018/05/12

Special conditions of the approval (if any): None

#### General conditions:

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

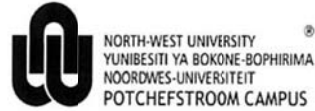
- The project leader (principle investigator) must report in the prescribed format to the NWU-EC:
  - annually (or as otherwise requested) on the progress of the project,
  - without any delay in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the 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 deviated 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: Application letter to Kwa Zulu Natal Department of Health



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

ENQUIRES: M.S.Mbambo

TEL: 031 3272069 / 0835170656

Email: sbongilembambo55o@gmail.com

Head of Department of Health  
262 Brasfort House  
Langalibalele Street  
Pietermaritzburg  
3200  
Dear Sir/ Madam

**RE: Permission to undertake research in some nursing campuses and sub-campus of Kwa Zulu Natal Province.**

I hereby request to undertake a research study at the Kwa-Zulu Natal College of Nursing, in the EThekweni, UMgungundlovu and Ugu districts of the Kwa-Zulu Natal province. I am a Master's student under the auspices of the School of Nursing, North West University, Potchefstroom Campus. The study has been approved by the North West University Ethics Committee (Ethics number: NWU-00011-13-A1). My research topic is: **The relationship between professional socialization and job satisfaction of nurse educators of a provincial college in South Africa.** I have also submitted a letter of permission to the KZNCN Principal.

Thank you.

Yours sincerely,  
M.S. Mbambo (Researcher)

A handwritten signature in black ink, appearing to be 'M.S. Mbambo'.

13/06/2013

## Annexure B2: Permission letter from KwaZulu Natal College of Nursing to do the study



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](mailto:hrkm@kznhealth.gov.za)  
[www.kznhealth.gov.za](http://www.kznhealth.gov.za)

Reference : HRKM 180/13  
Enquiries: Mrs G Khumalo  
Telephone : 033 – 395 3189

01 July 2013

Dear Ms M S Mbambo

**Subject: Approval of a Research Proposal**

1. The research proposal titled '**The relationship between professional socialization and job satisfaction of nurse educators of a provincial nursing college in South Africa**' was reviewed by the KwaZulu-Natal Department of Health.

The proposal is hereby **approved** for research to be undertaken at Addington, St Aidans, Prince Mshiyeni, KEVIII, Greys, Edendale & RK Khan Campuses (Pilot study- Port Shepstone Hospital).

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](mailto: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: 03/07/2013.

uMnyango Wezempilo. Departement van Gesondheid

*Fighting Disease, Fighting Poverty, Giving Hope*

## Annexure C1: Application letter to Kwa Zulu Natal College of Nursing

From:KZN NURSING COLLEGE

To:0313272756

24/06/2013 10:29

#701 P.004/005



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

ENQUIRES: M.S. Mbambo

TEL: 031 3272069 / 0835170656

Email: sbongilembambo550@gmail.com

13 June 2013

The Principal  
KwaZulu Natal College of Nursing  
Private Bag X 9089  
Pietermaritzburg  
3200

Dear Madam

**RE: Request to do research study at your campuses**

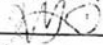
I hereby request permission to do a research study at the following campuses: Addington, Prince Mshiyeni, King Edward, Greys, Edendale, RK Khan and St Aidan's sub-campus. Port Shepstone campus will be used to conduct my pilot study.

My topic is: The relationship between professional socialization and job satisfaction of nurse educators of a provincial college in South Africa. Attached is the North West University Ethics Certificate as evidence of approval to conduct the study. Requisition letters will be addressed to the relevant campus principals, after permission has been granted by KZN CN.

I shall be grateful if my request succeeds.

Yours sincerely,

M.S. Mbambo (Researcher)

  
\_\_\_\_\_  
Signature

13/06/2013  
Date

## Annexure C2: Permission letter from KwaZulu Natal College of Nursing to do the study.



health  
Department:  
Health  
PROVINCE OF KWAZULU-NATAL

### KWAZULU- NATAL COLLEGE OF NURSING

P/Bag X9039, Pietermaritzburg, 3200  
Tel.: (033) 264 7800, Fax: (033) 394 7238  
e-mail: lulama.mhembu@kznhealth.gov.za  
www.kznhealth.gov.za

Enquiries: Mrs. S. Maharaj  
Telephone: 033 – 264 7806  
Date: 20 June 2013

Principal Investigator:  
Ms M.S. Mbambo  
C/O North West University

Dear Madam

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

TITLE: THE RELATIONSHIP BETWEEN PROFESSIONAL SOCIALIZATION AND JOB SATISFACTION OF NURSE EDUCATORS OF A PROVINCIAL COLLEGE IN SOUTH AFRICA

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.

The data needed for the above research will be collected at Addington, Prince Mshiyeni, King Edward, Greys, Edendale, and RK Khan Campuses, as well as St. Aidan's Sub-Campus. Port Shepstone will be utilized for a pilot study.

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 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.
- 1.3.1 Permission is therefore granted for you to conduct this research at all the KZN College of Nursing Campuses
- 1.4 The KwaZulu-Natal College and its NEI's will not provide any resources for this research.
- 1.5 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 D: Application letters to the Principals of nursing colleges requesting permission to conduct the study in their colleges.**



The Principal  
Addington Nursing Campus  
P.O.Box 977  
Durban  
4000

Dear Madam


**RE: Request to do research at your campus**

I hereby request permission to do a research study at your campus. My topic is:  
**The relationship between professional socialization and job satisfaction of nurse educators of a provincial college in South Africa.** The study has been approved by the North West University Ethics Committee (Ethics number: NWU-00011-13-A1), and attached please find the permission letter from KZN CN Principal to conduct the study.

I shall be grateful if my request succeeds.

Yours sincerely,

M.S. Mbambo (Researcher)

  
\_\_\_\_\_  
Signature

26/06/2013  
\_\_\_\_\_  
Date

The Principal  
Edendale College of Nursing  
Private Bag X 9099  
Pietermaritzburg  
3200

Dear Madam

**RE: Request to do research at your campus**

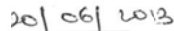
I hereby request permission to do a research project at your campus. My topic is:  
**The relationship between professional socialization and job satisfaction of nurse educators of a provincial college in South Africa.** The study has been approved by the North West University Ethics Committee (Ethics number: NWU-00011-13-A1), and attached please find the permission letter from KZNCN Principal to conduct the study.

I shall be grateful if my request succeeds.

Yours sincerely,  
M.S. Mbambo (Researcher)



Signature



Date



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

ENQUIRES: M.S.Mbambo

TEL: 031 3272069 / 0835170656

Email: sbongilembambo55o@gmail.com

The Principal  
Greys College of Nursing  
Private Bag X 9001  
Pietermaritzburg  
3200

Dear Madam

**RE: Request to do research at your campus**

I hereby request permission to do a research project at your campus. My topic is:

**The relationship between professional socialization and job satisfaction of nurse educators of a provincial college in South Africa.** The study has been approved by the North West University Ethics Committee (Ethics number: NWU-00011-13-A1), and attached please find the permission letter from KZNCN Principal to conduct the study.

I shall be grateful if my request succeeds.

Yours sincerely,

M.S. Mbambo (Researcher)

 \_\_\_\_\_ 26/06/2013

Signature

Date



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

ENQUIRES: M.S.Mbambo

TEL: 031 3272069 / 0835170656

Email: sbongilembambo55o@gmail.com

The Principal  
King Edward VIII Hospital  
Private Bag X 02  
Congella  
4013

Dear Madam

**RE: Request to do research at your campus**

I hereby request permission to do a research study at your campus. My topic is:

**The relationship between professional socialization and job satisfaction of nurse educators of a provincial college in South Africa.** The study has been approved by the North West University Ethics Committee (Ethics number: NWU-00011-13-A1), and attached please find the permission letter from KZNCN Principal to conduct the study.

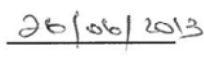
I shall be grateful if my request succeeds.

Yours sincerely,

M.S. Mbambo (Researcher)

  
\_\_\_\_\_

Signature

  
\_\_\_\_\_

Date



NORTH-WEST UNIVERSITY  
YUNIBESITHI YA BOKONE-BOPHIRIM  
NOORDWES-UNIVERSITEIT  
POTCHEFSTROOM CAMPUS  
ENQUIRES: M.S. Mbambo

TEL: 031 3272068 / 0835170656

Email: sbongilembambo550@gmail.co

The Principal  
Port Shepstone Nursing College  
Private Bag X719  
Port Shepstone

Dear Sir

**RE: Request to do a pilot study at your campus**

I hereby request permission to do a pilot research study at your campus.

My topic is: **The relationship between professional socialization and job satisfaction of nurse educators of a provincial college in South Africa.** The study has been approved by the North West University Ethics Committee (Ethics number: NWU- 00011-13-A1), and attached please find the permission letter from the KZNCCN Principal to conduct the study.

I shall be grateful if my request succeeds.

Yours sincerely,

M.S. Mbambo (Researcher)

A handwritten signature in black ink, appearing to be 'MS Mbambo', written over a horizontal line.

Signature

26/06/2013

Date



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

ENQUIRES: M.S.Mbambo

TEL:031 3272069 / 0835170656

Email:sborgilembambo55o@gmail.com

The Principal  
Prince Mshiyeni College of Nursing  
Private Bag X07  
Mobeni  
4060

Dear Madam

**RE: Request to do research at your campus**

I hereby request permission to do a research study at your campus. My topic is:  
**The relationship between professional socialization and job satisfaction of nurse educators of a provincial college in South Africa.** The study has been approved by the North West University Ethics Committee (Ethics number: NWU-00011-13-A1), and attached please find the permission letter from KZNCN Principal to conduct the study.

I shall be grateful if my request succeeds.

Yours sincerely,

M.S. Mbambo (Researcher)

A handwritten signature in black ink, appearing to be 'M.S. Mbambo', written over a horizontal line.

Signature

A handwritten date '26/06/2013' written in black ink over a horizontal line.

Date

The Principal  
R.K Khan College of Nursing  
Private Bag x Private bag X 004  
Chatsworth  
4030

Dear Madam

**RE: Request to do research at your campus**

I hereby request permission to do a research study at your campus. My topic is:

**The relationship between professional socialization and job satisfaction of nurse educators of a provincial college in South Africa.**The study has been approved by the North West University Ethics Committee (Ethics number: NWU-00011-13-A1), and attached please find the permission letter from KZNCN Principal to conduct the study.

I shall be grateful if my request succeeds.

Yours sincerely,

M.S. Mbambo (Researcher)

  
\_\_\_\_\_

Signature

26/06/2013

Date



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

ENQUIRES: M.S.Mbambo

TEL: 031 3272069 / 0835170656

Email: sbongilembambo55o@gmail.com

The Principal  
St Aidans Nursing College  
P. Box 567  
Durban  
4000

Dear Sir/Madam

**RE: Request to do research at your campuses**

I hereby request permission to do research project at your campus. My topic is:  
**The relationship between professional socialization and job satisfaction of nurse educators of a provincial college in South Africa.** The study has been approved by the North West University Ethics Committee (Ethics number: NWU-00011-13-A1), and attached please find the permission letter from KZNCN Principal to conduct the study.

I shall be grateful if my request succeeds.

Yours sincerely,

M.S. Mbambo (Researcher)

  
\_\_\_\_\_  
Signature

20/08/2013  
\_\_\_\_\_  
Date

**Annexure E: Permission letters from all the principals of the participating colleges to do study.**



health

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

KwaZuluNatal College of Nursing  
Addington Campus  
P.O. Box 977, DURBAN. 4000  
16 Erskine Terrace, South Beach  
DURBAN 4001

**Enquiries: Mrs Sissing**  
**Telephone : (031) 327 2999**  
8 July 2013

Mrs M.S. Mbambo  
Addington Campus

**RESEARCH : THE RELATIONSHIP BETWEEN PROFESSIONAL SOCIALIZATION AND  
JOB SATISFACTION OF NURSE EDUCATORS OF A PROVINCIAL  
COLLEGE IN SOUTH AFRICA**

With reference to your above request permission is granted for you to carry out the necessary research.

M.A. SISSING (MRS)  
CAMPUS PRINCIPAL  
/mvt

---

uMnyango Wezempilo . Departement van Gesondheid

*Fighting Disease, Fighting Poverty, Giving Hope*



health

Department:  
Health

PROVINCE OF KWAZULU-NATAL

KWAZULU NATAL COLLEGE OF NURSING  
EDENDALE NURSING CAMPUS S 2013

Private Bag X 9099 Pietermaritzburg.3200  
29 Havelock Road, Pietermaritzburg.3201

tel.: 033-3456810/3927566 Fax.:0333459477/0865743522  
Email.:ntombizakhona.majola@kznhealth.gov.za  
www.kznhealth.gov.za

11 July 2013

Ms. M.S.Mbambo  
C/O North-West University  
Potchefstroom Campus

Dear Ms M.S. Mbambo

**REQUEST TO CONDUCT RESEARCH AT EDENDALE NURSING CAMPUS**

*Protocol: "The relationship between professional organization and job satisfaction of nurse educator of a provincial College in South Africa"*

Your letter dated 20.06.13 refers.

We are pleased to inform you that the permission is granted provided:

- Confidentiality is maintained at all times
- Your research does not interfere with smooth running of the Campus
- Proper consent is obtained from the participants

Thank you  
Yours sincerely

Dr N.V. Mkhize  
(Chairperson Research committee)



for Mrs N.C. Majola  
(Campus principal)

uMnyango Wezempilo . Departement van Gesondheid

*Fighting Disease, Fighting Poverty, Giving Hope*



health

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

KWAZULU NATAL COLLEGE OF NURSING

GREY'S CAMPUS

Private Bag X 9001, Pietermaritzburg, 320

25 Townbush Road, Montrose, Pietermaritzburg, 320

Tel.: 033 897 3503

Fax.: 033 897 350

Email: [esther.hlongwa@kznhealth.gov.za](mailto:esther.hlongwa@kznhealth.gov.za)

[www.kznhealth.gov.za](http://www.kznhealth.gov.za)

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30<sup>th</sup> July 2013

Mrs. M.S. Mbambo  
Addington Hospital  
P.O. Box 977  
Durban  
4000

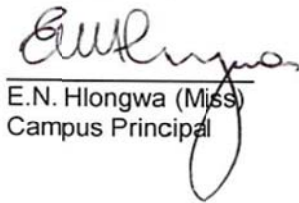
Dear Mrs. M.S. Mbambo

**Re: Research Survey**

Please be advised that permission has been granted for you to conduct research survey in this Campus.

Thank you

Yours faithfully



E.N. Hlongwa (Miss)  
Campus Principal

---

uMnyango Wezempilo . Departement van Gesondheid

*Fighting Disease, Fighting Poverty, Giving Hope*



HEALTH

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

King Edward VIII Campus

01 July 2013

**ATTENTION: MRS S. MBAMBO**

Lecturer

**Addington Campus**

Dear Mrs. Mbambo,

RE: PERMISSION TO COLLECT DATA FOR RESEARCH PROJECT 2013.  
AT KEH VII CAMPUS

You are hereby granted permission to do the above at KEH VIII Campus.

Please note that all applicable conditions will apply.

Thank You



JM NKABINDE

Campus Principal

KEH VIII CAMPUS

---

uMnyango Wezempilo . Departement van Gesondheid

*Fighting Disease, Fighting Poverty, Giving Hope*



HEALTH

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

**PORT SHEPSTONE NURSING CAMPUS**

Postal Address: Private bag x719  
Port Shepstone 4240  
Physical Address: Lot 107 Marine drive  
Shelly Beach 4265  
Tel.:039 315 5322/3, Fax: 039 315 5325

---

Date: 10 July 2013

Attention: Mrs M.S. Mbanbo

Addington Campus  
P.O.Box 977  
DURBAN  
4000

Dear Mrs Mbanbo

**RE: REQUEST FOR PERMISSION TO CONDUCT STUDY**

Your letter dated 13 June 2013 is hereby acknowledged and refers:

Permission is hereby granted for you to conduct your study at Port Shepstone Nursing Campus. Please take note of the conditions as stated by the Kwa Zulu Natal College of Nursing.

Best wishes

10/07/13

MR N.B. GWALA  
CAMPUS PRINCIPAL  
PORT SHEPSTONE NURSING CAMPUS

---

uMnyango Wezemplo . Departement van Gesondheid

*Fighting Disease, Fighting Poverty, Giving Hope*

**From:**MthembuSindisiwe

**Sent:**15July201301:47PM

**To:** M.S. Mbambo

**Subject:** RE: DOH permission

Hi there,

Permission is hereby granted that you can come collect data from this institution.

All the best with your studies.

Take care,

*Dr Sindisiwe Mthembu*

Prince Mshiyeni Campus Principal

Tel: 0319078314/3

Fax: 0319067772

"The only thing that interferes with my learning is my education..." Albert Linsen



health

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

KZN COLLEGE OF NURSING  
R.K. KHAN CAMPUS  
PRIVATE BAG X004  
CHATSWORTH  
4030

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

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31 July 2013

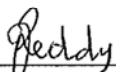
Ms. M. S. Mbambo  
Lecturer

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

I have received your letter dated 26 June 2013.

Permission had been granted to conduct the above mentioned survey on the 02 July 2013.

Thank You.

  
Mrs. J. Reddy  
Campus Principal

---

uMnyango Wezempilo . Departement van Gesondheid

*Fighting Disease, Fighting Poverty, Giving Hope*



Department:

Health  
PROVINCE OF KWAZULU-NATAL

2013\07\29

ATTENTION: MRS S. MBAMBO

Lecturer

Addington Campus

Dear Mrs Mbambo,

This serves to confirm that you are granted permission to do your research project as stated in your correspondence signed on the 26<sup>th</sup> June 2013.

I trust that all protocols of the department of health will be honoured throughout your project.

Kind Regards

M N Swart

Principal

StAidans Subcampus

---

uMnyango Wezempilo . Departement van Gesondheid

*Fighting Disease, Fighting Poverty, Giving Hope*

## **Annexure F: Information to participants**

*The relationship between professional socialisation and job satisfaction of nurse educators of a provincial college in South Africa*



### **INFORMATION SHEET TO PARTICIPANT**

#### **Survey Questionnaire-Nurse Educators**

**Invitation to participate:** I am being invited to participate in the above-mentioned research study.

**Study Purpose:** The purpose of this study is to describe the relationship between professional socialisation and job satisfaction of nurse educators of a provincial college in South Africa.

The specific objectives of this study are to:

1. Understand the relationship between professional socialisation and job satisfaction of nurse educators.
2. Recommend strategies to facilitate professional socialisation and maximize job satisfaction of nurse educators in the nursing colleges.
3. Suggest quality improvement initiatives in nursing education with special reference to the work environment of nurse educators.

**Participation:** I am being asked to participate in the study by completing a questionnaire about professional socialisation and job satisfaction of nurse educators. My participation will take approximately 45 minutes. Data will be used to identify whether or not there is a relationship between professional socialisation and job satisfaction of nurse educators. The results may also bring changes as to how the socialisation process of the nurse educators can be user-friendly so that the nurse educators can enjoy their job expectations. The study may influence college managers to redevelop strategies to attract nurse educators into the nursing colleges, thus curbing the nurse educators' shortage. Data may also influence the nursing college policy decision makers to maximize job satisfaction of nurse educators so as to retain these educators in the colleges. Only the researcher (master's student), the supervisor and the statistician will be permitted to access the data. No secondary analysis will be done on the data.

**Risks:** There are no risks involved in my participation in the study. My decision as to whether or not to participate in the study will not have any positive or negative repercussions for me. I know that I may withdraw from the study at any time.

**Benefits:** My participation in this study will not be of direct benefit to me; however, it will give me an opportunity to contribute to addressing the shortage of nurse educators in nursing colleges. The information I share may help identify strategies to attract nurse educators to colleges and retain them and to maximize their job satisfaction.

**Confidentiality and anonymity:** I have received assurance from the researcher (master student) that any information shared will remain confidential. I understand that the contents will be used only for the purpose of the study and that my confidentiality will be protected. The contents will only be discussed within the research team (master student, supervisor and statistician). Anonymity will be protected by not recording my name with my responses or identified in any way. Since aggregate results will be published, my identity will not be revealed in any reports or publications.

**Conservation of data:** The completed questionnaires will be kept in a locked filing system in the project office in Durban. All computers on which study data will be stored will be password-protected. The data will be accessible to the research team. The data will be stored for seven years following completion of the study or publication of the related articles, after which time the questionnaires and other paper data will be destroyed.

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

**Voluntary Participation:** I am under no obligation to participate; if I choose to participate, I may withdraw from the study at any time.

**Study Feedback:** The researcher will ensure that feedback on the study findings is communicated to the participants.

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

- North West University Ethics Committee (Ethics number: NWU- 00011- 13-A1)
- Department of Health – Kwa Zulu Natal Province and

- The relevant permission letters from district and institutional level.

**For Ethical queries please contact:**

**Supervisor:** Francois Watson

North-West University, Potchefstroom Campus

Tel (w): 018 2991874

Email: [francois.watson@nwu.ac.za](mailto:francois.watson@nwu.ac.za)

**The Researcher:** M.S. Mbambo (Master's student)

Tel: 031 3272069 / 0835170656

Email: [sbongilembambo550@gmail.com](mailto:sbongilembambo550@gmail.com)

## **Annexure G: Informed consent form used in the study**

*The relationship between professional socialisation and job satisfaction  
of nurse educators of a provincial college in South Africa*

### **CONSENT**

I, \_\_\_\_\_ (print name), have understood to my satisfaction the information regarding my participation in the research project 'The relationship between professional socialisation and job satisfaction of nurse educators of a provincial college in South Africa', and agree to participate in this study. In no way does this waive my legal rights nor release the investigators, or involved institutions from their legal and professional responsibilities.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Contact Details:** Francois Watson (supervisor) Tel: 018 2991874

Email: francois.watson@nwu.ac.za

M.S. Mbambo (Researcher) Tel: 031 3272069 / 0835170656

Email: sbongilembambo550@gmail.com

Please Tear off

*The relationship between professional socialisation and job satisfaction  
of nurse educators of a provincial college in South Africa*

### **CONSENT**

I, \_\_\_\_\_ (print name), have understood to my satisfaction the information regarding my participation in the research project '**The relationship between professional socialisation and job satisfaction of nurse educators of a provincial college in South Africa**', and agree to participate in this study. In no way does this waive my legal rights nor release the investigators, or involved institutions from their legal and professional responsibilities.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Contact Details:** Francois Watson (Supervisor) Tel: 018 2991874

Email: francois.watson@nwu.ac.za

M.S. Mbambo (Researcher) Tel: 031 3272069 / 0835170656

Email: sbongilembambo550@gmail.com

## Annexure H: The survey questionnaire used in the study

*The relationship between professional socialisation and job satisfaction  
of nurse educators of a provincial college in South Africa*

### SECTION A = Demographic Data:

**Please write in or mark with 'X'**

1. Age:.....years.

2. Gender	Male	1	Female	2
-----------	------	---	--------	---

3. Position held	PND 1	PND 2	PND3	PND 4	PND 5	Other(specify)
	1	2	3	4	5	6

4. Qualification	Undergraduate	Graduate	Post graduate	Other(specify)
	1	2	3	4

5. Length of experience as professional nurse:.....years

6. Length of experience in College:.....years

7. Ethnic Group	African	Asiatic	White	Coloured	Native	Other(specify)
	1	2	3	4	5	6

8 Marital Status	Married	Single	Divorced	Widow	Widower	Other(specify)
	1	2	3	4	5	6

## **SECTION B: Questionnaire on professional socialization**

### **(Nurses Professional Values Scale-R)**

Indicate the importance of the following value statements to your teaching/ nursing practice.

Please mark with "X" the degree of importance you agree with.

(Not Important = 1, Somewhat Important = 2, Important = 3, Very Important =4 and Most Important =5) for each statement.

Please be honest and frank when giving your feelings about your present job.

Please answer all statements.

	Value Statements	Not Important =1	Somewhat Important =2	Important =3	Very Important =4	Most Important =5
1.	Engage in on-going self-evaluation	1	2	3	4	5
2.	Request consultation / collaboration when unable to meet patients' needs	1	2	3	4	5
3.	Ensure health and safety of the public	1	2	3	4	5
4.	Participating in public policy decisions affecting distribution of resources	1	2	3	4	5
5.	Participate in peer review	1	2	3	4	5
6.	Establish guides as a standard for practice	1	2	3	4	5
7.	Promote and maintain standards where planned learning activities for students take place	1	2	3	4	5
8.	Initiate actions to improve environments of practice	1	2	3	4	5
9.	Seek additional education to update knowledge and skills	1	2	3	4	5
10.	Advance the profession through active involvement in health related activities	1	2	3	4	5
11.	Recognize role of professional nursing education associations in shaping health care policy	1	2	3	4	5

12.	Promote equitable access to nursing and health care	1	2	3	4	5
13.	Assume responsibility for meeting health needs of the culturally diverse population	1	2	3	4	5
14.	Accept responsibility and accountability for own practice	1	2	3	4	5
15.	Maintain competency in area of practice	1	2	3	4	5
16.	Protect moral and legal rights of patients	1	2	3	4	5
17.	Refuse to participate in care if in ethical opposition to own professional values	1	2	3	4	5
18.	Acts as a patient advocate	1	2	3	4	5
19.	Participate in nursing research and/or implement research findings appropriate to practice	1	2	3	4	5
20.	Provide care without prejudice to patients of varying lifestyles	1	2	3	4	5
21.	Safeguard patients' right to privacy	1	2	3	4	5
22.	Confront practitioners with questionable or inappropriate practice	1	2	3	4	5
23.	Protects rights of participants in research	1	2	3	4	5
24.	Practice guided by principles of fidelity and respect for person	1	2	3	4	5
25.	Maintain confidentiality of patient	1	2	3	4	5
26.	Participate in activities of professional nursing education associations	1	2	3	4	5

**SECTIONC: Minnesota Job Satisfaction Questionnaire:**

\* Please measure the following dimensions of job satisfaction, from:

Very Dissatisfied (VD) =1

Dissatisfied (D) =2

Neither Dissatisfied / Nor Satisfied (ND/NS) =3

Satisfied (S) =4

Very Satisfied (VS) =5

\* Please mark with "X" to indicate your best description of the dimension in the relevant column.

\* Please answer all statements.

DIMENSIONS OF JOB SATISFACTION	Very Dissatisfied = 1	Dissatisfied = 2	Neither Dissatisfied Nor Satisfied=3	Satisfied =4	Very Satisfied = 5
1. Ability utilization – the chance to use one’s abilities / capabilities	1	2	3	4	5
2. Achievement – feelings of accomplishment	1	2	3	4	5
3. Activity – being able to stay busy on the job , with measureable output	1	2	3	4	5
4. Advancement – the opportunity to grow personally & professionally	1	2	3	4	5
5. Authority – the chance to direct others	1	2	3	4	5
6. College – satisfaction with college policies	1	2	3	4	5
7. Compensation – pay for the work done	1	2	3	4	5
8. Co-workers – relationships with co-workers	1	2	3	4	5
9. Creativity – the chance to try own work methods	1	2	3	4	5
10. Independence – the opportunity to work alone	1	2	3	4	5
11. Moral values – not having violate conscience at work	1	2	3	4	5
12. Recognition – praise received from work done	1	2	3	4	5

13. Responsibility – freedom to use own judgment	1	2	3	4	5
14. Security – steady employment of the job	1	2	3	4	5
15. Social service – the chance to do things for others	1	2	3	4	5
16. Social status – the opportunity to be “somebody”	1	2	3	4	5
17. Supervision (Supervisors) – way the boss handles employees	1	2	3	4	5
18. Supervision (technical) – competence of supervisor	1	2	3	4	5
19. Variety – the chance to do different things occasionally	1	2	3	4	5
20. Working conditions – all facets of the work environment	1	2	3	4	5

**SECTION D: COMMENTS**

Please feel free to make comments:


*Thank you for your participation!*

**Annexure I: Permission to use the NPVS-R Questionnaire**

10/14/2013

Dear Ms. Mbambo:

Thank you for your interest in our work on professional values.

An abstract, as well as The Nurses Professional Values Scale (NPVS-R) are enclosed. You have our permission to use the NPVS-R in your proposed research. We are requesting persons who use the NPVS-R to provide the following at the completion of the research:

An abstract of your research findings using the NPVS-R which includes a description of the sample.

Our most recent publication regarding the NPVS-R can be found in the *Journal of Nursing Measurement*.

Weis, D., & Schank, M.J. (2009). Development and Psychometric Evaluation of the Nurses Professional Values Scale—Revised. Journal of Nursing Measurement, 17(3), 221-231.

Best wishes for success with your research.

Sincerely,



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## Annexure J: Permission to use the MSQ

November 12, 2013

Ms. Sibongile Mbambo

Dear M.S. Mbambo:

We are pleased to grant you permission to use the Minnesota Satisfaction Questionnaire form on a secure web site as you requested for your research. We acknowledge receipt payment for Royalty fees for 100 MSQ long-form surveys.

Please note that each copy that you make must include the following copyright statement:

Copyright 1977, Vocational Psychology Research University of Minnesota.  
Reproduced by permission.

We would appreciate receiving a copy of any publications that result from your use of the MSQ. We attempt to maintain an archive and bibliography of research related to Vocational Psychology Research instruments, and we would value your contribution to our collection.

If you have any questions, or if we can be of any additional assistance, please do not hesitate to contact us.

Sincerely,

Vocational Psychology Research

## Annexure K: Affidavit from language editor

Language Editing by Andrew Backhouse

11 Grove Road, The Gardens

Johannesburg

2192

Phone 082 924 6773

Email [andrew.backhouse@gmail.com](mailto:andrew.backhouse@gmail.com)

## CERTIFICATE OF EDITING

DATE: 12 NOVEMBER 2013

### **Manuscript Title**

The relationship between professional socialisation and job satisfaction of nurse educators of a provincial nursing college in South Africa

### **Manuscript Authors**

Miriam Sibongile Mbambo

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

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