

Nurse educators' perceptions of the implementation of recognition of prior learning in nursing colleges in Limpopo Province

**TS Baloyi
12639095**

Dissertation submitted in partial fulfillment of the requirements for the degree *Magister Curationis* in Health Science Education at the Potchefstroom Campus of the North-West University

Supervisor: Dr P Bester

22 May 2014



DECLARATION

I, Tinyiko Sophie Baloyi, declare that the dissertation with the title **Nurse educators' perceptions of the implementation of recognition of prior learning in nursing colleges** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted previously for any other degree at any other institution.

Tinyiko Sophie Baloyi

5 February 2014

DEDICATION

I dedicate this thesis to the following fearful and wonderful made people of God:

My late mother, Fanisa Elizabeth Mathye who passed away during the course of this work, for supporting me throughout until she passed away.

My younger sister, Tsakani, for her support and understanding by assisting my children while I had to travel to and from Potchefstroom.

My younger brother, Elvis, for helping the family after my mother passed away and assisted me to continue with this study.

My husband, Pastor Rhasanavho John Sadike, for his tireless daily prayers on my studies and his support and understanding when I had to spend time away from home.

My sons, Dantry, Excellent, Irvine and Ebeneza for their supportive messages during my studies and accepting their mum's absence.

All members of Living Word Bible Church at Mbokota and Waterval for supporting the pastor to continue with the ministry when I was busy with this study.

ACKNOWLEDGEMENT

God my Creator, Jesus Christ my Lord and Saviour, and the Holy Spirit my Comforter.

I hereby thank the following special people for their assistance during this research study:

- All the participants who were willing to assist me in this study by telling their stories.
- The Limpopo Department of Health and associated institutions for allowing me to conduct the study.
- Dr Petra Bester, my supervisor, for her patience and continuous guidance, her support, being a role model, mentor and counsellor. She uses to say: “Tinyiko, I’m proud of you (☺), you will make it.”
- Dr Emmerentia du Plessis, who assisted me in coding and creating themes and sub-themes.
- Me Christine Terblanche for critically and professionally editing the manuscript.
- Mrs Louise Vos, the librarian at the Ferdinand Postma Library, for her assistance with literature searches.
- Finally, Mrs Ntsakisi Miriam Lowan (Head of our Nursing School), for her support and encouragement throughout this study.

ABSTRACT

Recognition of prior learning, better known as RPL, was introduced to training institutions in South Africa after the fall of Apartheid. The objective of RPL was to redress inequalities brought about by Apartheid when disadvantaged groups had less access to training opportunities. RPL was introduced with a combination of associated training and education initiatives such as the National Qualification Framework and the South African Qualifications Authority, all directed for a similar purpose. The South African Nursing Council agreed with the principles of RPL and published a policy document aimed to guide nurse educators to enhance RPL implementation in South African nursing education institutions. Despite the support from accessible legislative and regulatory documentation, RPL is implemented insufficiently in nursing education institutions. The lack of RPL implementation was also identified by the researcher in the Limpopo College of Nursing. This College of Nursing can be described as a symbol of post-Apartheid re-integration whereby nursing colleges centralised into one administrative management office with campuses, satellite campuses and over 120 nurse educators.

The research question asked was what are nurse educators' perceptions of the implementation of RPL in nursing colleges in Limpopo Province? The aim was to support nurse educators to enhance the implementation of RPL in nursing colleges in Limpopo Province. A qualitative, phenomenological, explorative, descriptive and contextual research design was followed. Seven (n=7) individual, in-depth, unstructured interviews were conducted with nurse educators employed at the X Campus and Y Satellite Campus of the Limpopo College of Nursing. Transcribed interviews were analysed and resulted in three main themes and nine sub-themes. Firstly, the participants voiced their agreement that RPL should be implemented and

identified specific benefits and challenges thereof. Secondly, there should be a RPL assessment package that should be open and transparent, be able to assess academic performance against college standards and should minimise inequalities. The third main theme was the need for enhanced awareness of RPL implementation in nursing colleges. Nurse educators lack knowledge about RPL and should therefore be more awareness thereof. In addition RPL should be promoted as a beneficial mechanism to the learning process.

These results were discussed with a literature integration and in the majority of results literature confirmed these findings. Conclusion statements were formulated from the research results and served as the basis for the formulation of recommendations to support nurse educators with the implementation of RPL in nursing colleges in Limpopo Province. The recommendations were directed to firstly the policy makers in nursing education; secondly to the nursing education institutions and thirdly to the nurse educators. Areas for further research were listed. Strategies to enhance trustworthiness and the adherence of ethical considerations were supported throughout this study.

(441 words)

Key terms: Nurse educators, perceptions, recognition of prior learning (RPL), nursing colleges

OPSOMMING

Erkenning van vorige leer, beter bekend as EVL, was ingestel by opleidingsinstansies in Suid-Afrika ná die val van Apartheid. Die doel van EVL was om post-Apartheid ongelykhede reg te stel omdat voorheen-benadeelde groepe minder toegang tot opleidingsgeleenthede gehad het. EVL was ingestel tesame met 'n kombinasie van geassosieerde opleidingsinisiatiewe soos die Nasionale Kwalifikasieraamwerk en die Suid-Afrikaanse Kwalifikasie-owerheid, almal gerig op dieselfde doel as EVL. Die Suid-Afrikaanse Raad op Verpleging het in ooreenstemming met die beginsels van EVL 'n beleidsdokument gepubliseer wat daarop gemik is om verpleegdosente te ondersteun ten einde die implementering van EVL by verpleegonderrig instellings te verbeter. Ten spyte van die ondersteuning van toeganklik wetgewende en regulatoriese dokumentasie, bly EVL implementering onvoldoende in verpleegonderrig instellings. Die gebrek aan EVL-implementering deur die Limpopo Verplegingskollege is ook deur die navorser geïdentifiseer. Hierdie Verplegingskollege kan beskryf word as 'n simbool van die post-apartheid-herintegrasie waar verskeie afsonderlike kolleges na een administratiewe kantoor met kampusse, satellietkampusse en meer as 120 verpleegdosente gesentraliseer het.

Die navorsingsvraag wat gevra was “wat is verpleegdosente se persepsies van die implementering van EVL by verplegingskolleges in die Limpopo Provinsie? Die oorhoofse doel van die navorsing was om verpleegdosente te ondersteun om die implementering van EVL by verplegingskolleges in die Limpopo Provinsie te verbeter. 'n Kwalitatiewe, fenomenologiese, verkennende, beskrywende en kontekstuele navorsingsontwerp is gevolg. Sewe (n=7) individuele, in-diepte, ongestruktureerde onderhoude is gevoer met verpleegdosente werksaam by die X-kampus en YSatelliet-kampus van die Limpopo Verplegingskollege.

Getranskribeerde onderhoude is ontleed en het gelei tot drie hoof temas en nege sub-temas. Eerstens het die deelnemers ooreenstemmend hulle ondersteuning dat EVL geïmplementeer word uitgespreek en spesifieke voordele en uitdagings daarvan geïdentifiseer. Tweedens, moet daar 'n EVL-assessering pakket wees wat oop en deursigtig is, dit moet akademiese prestasie teenoor kollege standarde assessee en dit moet ongelykhede kan verminder. Die derde hooftema was die behoefte vir 'n verhoogde bewustheid van EVL-implementering by verplegingskolleges. Verpleegdosente het 'n gebrek aan kennis oor EVL en moet meer bewus word hiervan. Daarbenewens moet EVL as 'n meganisme gesien word wat die leerproses bevoordeel.

Hierdie resultate is bespreek gekombineerd met 'n literatuur integrasie en in die meerderheid van die resultate bevestig die literatuur die navorsingsbevindinge. Gevolgtrekkings is geformuleer uit die navorsingsresultate en het gedien as die basis vir die formulering van aanbevelings of verpleegdosente met die implementering van EVL in verplegingskolleges in die Limpopo Provinsie te ondersteun. Die aanbevelings was eerstens gerig op die beleidmakers in verpleegonderrig, tweedens vir verpleegonderwys instellings en derdens vir die verpleegdosente. Areas vir verdere navorsing is gelys. Strategieë om vertrouenswaardigheid en die nakoming van etiese oorwegings was deurlopend in hierdie studie ondersteun.

(341 woorde)

Sleuteltermes: Verpleegdosente, persepsies, erkenning van vorige leer (EVL), verplegingskolleges.

TABLE OF CONTENTS

Declaration.....	ii
Dedication.....	iii
Acknowledgements.....	iv
Summary.....	v
Opsomming.....	vii
Table of contents.....	viii

CHAPTER 1: OVERVIEW OF THE STUDY

1.1 Introduction.....	1
1.2 Background and problem statement.....	2
1.3 Aims and objectives of the study.....	6
1.4 Paradigmatic perspective.....	6
1.4.1 Meta-theoretical assumptions.....	6
1.4.1.1 Human being.....	7
1.4.1.2 Environment.....	7
1.4.1.3 Health.....	8
1.4.1.4 Nursing.....	8
1.4.2 Theoretical assumptions.....	8
1.4.2.1 Theoretical framework.....	8
1.4.2.2 Central theoretical statement.....	13
1.4.2.3 Conceptual definitions.....	14
1.4.3 Methodological assumptions.....	15
1.5 Research design.....	16
1.6 Research method.....	18
1.6.1 Setting.....	18
1.6.2 Population.....	18

1.6.3 Sampling.....	19
1.6.4 Sample size.....	19
1.6.5 Data collection.....	19
1.6.6 Data analysis.....	20
1.7 Trustworthiness.....	20
1.8 Ethical considerations.....	21
1.9 Chapter division.....	22
1.10 Summary.....	22

CHAPTER 2: RESEARCH METHODOLOGY

2.1 Introduction.....	23
2.2 Research design.....	23
2.2.1 Qualitative research design.....	24
2.2.2 Phenomenology.....	24
2.2.3 Explorative research.....	25
2.2.4 Descriptive research.....	25
2.2.5 Contextual research.....	26
2.3 Research method.....	35
2.3.1 Sampling.....	35
2.3.1.1 Population.....	35
2.3.1.2 Sample.....	36
2.3.1.3 Sampling.....	36
2.3.1.4 Sample size.....	37
2.3.2 Data collection.....	39
2.3.2.1 In-depth interviews.....	39
2.3.3 Field notes.....	40
2.4 Data analysis.....	43

2.5 Literature integration.....	44
2.6 Trustworthiness.....	44
2.6.1 Credibility.....	45
2.6.2 Transferability.....	46
2.6.3 Dependability.....	47
2.6.4 Confirmability.....	48
2.7 Ethical considerations.....	52
2.8 Conclusion.....	55

CHAPTER 3: RESEARCH RESULTS AND LITERATURE INTEGRATION

3.1 Introduction.....	56
3.2 Realisation of data collection.....	56
3.3 Research results and literature integration.....	62
3.3.1 Theme 1: Perceptions that RPL should be implemented in nursing colleges.....	62
• Sub-theme 1.1: Benefits: Opportunities for previously disadvantaged learners.....	63
• Sub-theme 1.2: Challenges if RPL is not implemented.....	67
• Concluding statements on Theme 1: Perceptions that RPL should be implemented in nursing colleges.....	74
3.3.2 Theme 2: Perceptions that there should be an assessment package for RPL implementation.....	75
• Sub-theme 2.1: Open and transparent assessment package.....	76
• Sub-theme 2.2: Selection criteria: Identify if learner will be able to cope with set standard.....	77
• Sub-theme 2.3: Inequality in implementation.....	79
• Concluding statements on Theme 2: Perceptions that there should	

be an assessment package for RPL implementation.....	80
3.3.3 Theme 3: Perceptions on the awareness of and encouragement to RPL implementation.....	81
• Sub-theme 3.1 Lack of knowledge.....	82
• Sub-theme 3.2 Awareness.....	84
• Sub-theme 3.3 Beneficial for learning process.....	85
• Concluding statement on Theme 3: Perceptions on the awareness of and encouragement to RPL implementation.....	87
3.4 Conclusion.....	87

CHAPTER 4: RECOMMENDATIONS AND EVALUATION OF THE STUDY

4.1 Introduction.....	89
4.2 Proposed recommendations.....	89
4.2.1 Recommendations for nursing education.....	90
4.2.1.1 Recommendations for policy makers in nursing education.....	90
4.2.1.2 Recommendations for nursing education institutions (NEIs).....	91
4.2.1.3 Recommendations for nurse educators.....	91
4.2.2 Recommendations for future research.....	92
4.3 Evaluation of the study.....	92
4.4 Limitations of the study.....	93
4.5 Conclusion.....	93

BIBLIOGRAPHY	94
---------------------------	----

LIST OF TABLES

Table 2.1 The structure of Limpopo College of Nursing.....	32
Table 2.2 Inclusion and exclusion criteria.....	36

Table 2.3 Strategies to ensure trustworthiness adapted from Klopper and Knobloch (2010:318); Lincoln and Guba (1985).....	49
Table 3.1 Participants' demographic details (n=7).....	58
Table 4.1 Concluding statements as basis for recommendations to support Nurse educators who implement RPL in nursing colleges.....	89

LIST OF FIGURES

Figure 2.1 Map of Limpopo Province, South Africa (Anon, 2003).....	29
Figure 2.2 Limpopo College of Nursing with campuses and satellite campuses	32
Figure 2.3 Process of ethical regulations in this research.....	52
Figure 3.1 Research results on the nurse educators' perceptions on the implementation of RPL classified into themes and sub-themes.....	61
Figure 3.2 Perceptions that RPL should be implemented in nursing colleges.....	62
Figure 3.3 Perceptions that there should be an assessment package for RPL Implementation.....	75
Figure 3.4 Perceptions regarding the awareness of and encouragement to RPL implementation.....	81

LIST OF ANNEXURES

Annexure A: Ethics approval by the Ethics Committee of the North-West University.....	106
Annexure B: Letter to the Research Ethics Committee Limpopo Province Department of Health.....	107
Annexure C: Letter to the vice-principal of the Nursing Campus.....	108
Annexure D: Letter to the Chief Executive Officer at Satellite Campus Hospital.....	109

Annexure E: Consent from the Limpopo Province Department of Health.....	110
Annexure F: Consent from the Chief Executive Officer of the Satellite Campus Hospital.....	111
Annexure G: Example of an information letter and informed consent to participants.....	112
Annexure H: Informed consent.....	114
Annexure I: Example of field notes.....	115
Annexure J: An excerpt from a transcription with evidence of data analysis.....	116

CHAPTER 1: OVERVIEW OF THE STUDY

1.1 INTRODUCTION

Chapter 1 gives an overview of this study. The chapter commences with an introduction to the motivation for this study, a background sketch to build a mental image of the situation that led to the research question and the purpose of the study, followed by the researcher's paradigmatic perspective, the research design and methods, as well as views on quality assurance and ethical considerations in research. The chapter is concluded with an outlay of the research report and a summary of the chapter.

This study comprises of an exploration into the implementation of recognition of prior learning (RPL) in nursing colleges in Limpopo Province, South Africa. The study was conducted by exploring and describing the perceptions of nurse educators (in this study educators also refers to lecturers) who are working in nursing colleges when it comes to the implementation of RPL.

The researcher, a lecturer on one of the satellite campuses of the nursing college where the study was conducted, became aware of the challenge faced by nurse educators working in nursing colleges when it comes to implementation of RPL. Nurse educators from this college indicated that RPL is not equally implemented in nursing education and some learners (in this study learners also refer to student nurses) might have a disadvantage. The background and problem statement formulated below is an in-depth investigation into the literature after the researcher became aware of the challenges.

1.2 BACKGROUND AND PROBLEM STATEMENT

The first point of departure is a clarification of the concept RPL. This will orientate the reader and ensure an understanding of the “educational world” of nurse educators.

Historically there were disadvantaged groups who received inferior education during the Apartheid era in South Africa (South African Nursing Council [SANC], 2009:1-2). Therefore the Congress of South African Trade Unions (COSATU) promoted the concept of RPL as the principle to redress the inequities of Apartheid (Mayet, 2006:1) and this led to the development of strategies that use RPL as a mechanism for social inclusion. Traditionally, in South Africa the education of enrolled nursing auxiliaries and enrolled nurses was the responsibility of hospitals that offered training programs accredited by SANC. An enrolled nursing auxiliary is a person who is enrolled with SANC under Government Notice R.2176, whereas an enrolled nurse is a person enrolled with SANC under Government Notice R.2175. The education of these categories is gradually being transferred to the Further Education and Training Institutions and Higher Education Institutions. Since the fall of Apartheid in 1994, the education and training system in general in South Africa has changed (Le Grange, 2005:1; Mayet, 2006:2).

The change in government, accompanied by the changes in health and education policies, posed specific challenges to the nursing profession as a regulatory profession (Poggenpoel & Müller, 1999:10). As a result educators are facing a new educational environment due to the merging of the Higher Education Institutions (Le Grange, 2005:25). This led to one education and training system for all racial and ethnic groups. Furthermore, all institutions are required to align their qualifications and learning programs to the new system (Mayet, 2006:2). According to circular

3/2009, the SANC announced that the Legacy Nursing Qualifications will phase out and be replaced by new NQF-registered nursing qualifications (SANC, 2009:2).

It is indicated that this new education dispensation takes most educators by surprise because they are not necessarily equipped for the current challenges imposed on them (Le Grange, 2005:1). In addition, South African nurse educators are expected to implement RPL or to design the new curriculum and do assessment according to SAQA's guidelines (Le Grange, 2005:11). Since RPL has been included in South Africa's National Qualification Framework (NQF) as a key redress principle, it is promoted in legislation as a necessary first step in Further and Higher Education qualification. NQF was put in place in 1996 to transform the educational system in general in South Africa (SANC, 2009:1).

The South African NQF was established by the South African Qualification Authority (SAQA) Act (number 58 of 1995) in order to recognise the learning that took place through experience in a non-formal work environment in South Africa. The objectives of the NQF are to:

- create an integrated national framework for learning achievements;
- facilitate access, mobility and progression to and within education, training and career paths;
- enhance the quality of education and training;
- accelerate the redress of past unfair discrimination in education, training and employment opportunities (Keevy, 2008:1; SANC, 2009:1); and thereby to
- Contribute to the full personal development of each learner and the social and economic development of the nation at large (Blom, Parker & Keevy, 2007:1).

For nurse educators to adjust to the changing needs of learners (also referred to as nursing students) they should comply with the objectives of NQF as defined by SAQA

(Blom *et al.*, 2007:1; SANC, 2009:1). Objectives two and three of the South African NQF as indicated above require a system of RPL. RPL is regarded as an instrument for the NQF to be used as a means of achieving transformation of South Africa's education system (Blom *et al.*, 2007:1). Furthermore, on the 30th of June 2005 SANC issued the Self-Assessment Tool to be completed by all nursing education institutions as a means of applying to be evaluated by SANC for accreditation as a Delivery and Assessment site (SANC, 2009:1). All nursing education institutions in Limpopo Province, with specific reference to the Limpopo Nursing College's campuses and satellite campuses were provided with this tool to assess themselves prior to SANC accreditation.

The list of evidence required by SANC included that the applicant (nursing education institutions) had to provide the accreditation team with proof of compliance with learner entry, guidance and support during their first visit (SANC, 2009:7). The conformance criterion in 5.2 of the Assessment Tool stated: "Are learners' needs evaluated on entry to the learning programme/RPL? Example of evidence required is that those RPL entry criteria have been identified; evidence of a learner RPL support process and RPL Policy and procedure" (SANC, 2009:7). The fact that workshops were offered to assist these nursing education institutions in completing the Self-Assessment Tool means that nurse educators are familiar with RPL policy. It is said that South Africa is well advanced compared to many other countries with regard to the development of RPL policy (Keevy, 2008:16).

In some countries there are specific barriers to RPL development and implementation (Keevy, 2008:16). Likewise, the perceptions of nurse educators of the implementation of RPL in nursing colleges in Limpopo Province might be one of these barriers. The researcher affirms that educators in general are knowledgeable about the implementation of RPL.

Khanyile (2000:72) maintains that RPL for educators in South Africa is regarded as an official policy imperative and an administrative dilemma. This necessitates the exploration and description of the nurse educators' perceptions of the implementation of RPL in nursing colleges in Limpopo Province. Since Legacy nursing qualifications are qualifications that existed prior to the creation of the NQF (SANC, 2009:2) change is vital. This change leaves the enrolled nursing auxiliaries and enrolled nurses with two options to follow, either they train to become registered nurses or they continue to practice under these categories. A registered nurse is a person who has completed the minimum requirements for the education and training of a nurse (general, psychiatry and community) and a midwife, which leads to registration with the SANC (SANC, No. R.425, 1985 as amended).

However, in the Limpopo College of Nursing brochure (2009:4) enrolled nursing auxiliaries and enrolled nurses who want to train by doing the four-year programme in nursing must have obtained a senior certificate not more than three years ago. As these nurses have previous nursing knowledge, recognition of the knowledge they have is essential. This directed the formulation of the research question as "*What are nurse educators' perceptions of the implementation of RPL in nursing colleges in Limpopo Province?*" The exploration and description of the perceptions of nurse educators of the implementation of RPL in nursing colleges may contribute to a better comprehension of RPL. And will further contribute to the possible formulation of recommendations to support nurse educators who implement RPL in nursing colleges in Limpopo Province.

1.3. AIM AND OBJECTIVES OF THE STUDY

The overall aim of this study was to support nurse educators who implement RPL in nursing colleges in Limpopo Province.

This aim was achieved by pursuing the following objectives for the study:

- to explore and describe nurse educators' perceptions about the implementation of RPL in nursing colleges in Limpopo Province; and
- to formulate recommendations to support nurse educators who implement RPL in nursing colleges in Limpopo Province.

The researcher approached the study by declaring her paradigmatic perspective.

This can be described in terms of the researcher's meta-theoretical, theoretical and methodological assumptions:

1.4 PARADIGMATIC PERSPECTIVES

According to Babbie and Mouton (2001:31-32) a paradigm is a framework for organising our observations and reasoning; a filter through which one judges the world. Paradigms are implicit and taken for granted as "the way things are". Paradigms (also referred to as assumptions) are defined as statements taken for granted or considered to be true even though they have not been scientifically tested (Burns & Grove, 2009:688). These assumptions are divided into meta-theoretical, theoretical and methodological assumptions.

1.4.1 Meta-theoretical assumptions

Meta-theoretical assumptions refer to the researcher's beliefs regarding man and the world he lives in (Babbie & Mouton, 2001:13; Botes, 1995:9). For the purpose of this study, the researcher's paradigmatic perspective is based on a Christian worldview.

This Christian worldview was adopted because it corresponded with the researcher's personal philosophy. Meta-theoretical statements were formulated regarding a human being, environment, health and nursing.

1.4.1.1 Human Being

A human being is a three-in-one God-created spiritual being. He/she is a spiritual being, living in a physical body with a mind. Although God created human beings in His own image to be like Him, people encounter challenges in life that cause them to fail to retain God's likeness. Despite these challenges that a human being encounters, God commands a person to love Him (God) with all his/her heart, soul, mind and strength, as well as loving fellow men as he/she loves him-/herself.

In this study a human being refers to the nurse educator, who is a God-created spiritual being living in a physical body with a mind. The nurse educator is commanded to love others as he/she loves him-/herself, furthermore to love God with all his/her heart, soul, mind and strength. The nurse educator is obliged to love student nurses (fellow men) and extend his/her mercy to them as the 'mercy ministry' have been started by Jesus.

1.4.1.2 Environment

An environment is perceived as the internal and external environment in which a human being works. The internal environment comprises of the psychological, spiritual and physical body of a human being, whereas the external environment refers to the physical world or society at large.

In this study, the environment refers to the setting where nurse educators work. For the nurse educator to perform his/her (will from now on be referred to as her) tasks

as expected, she should interact well with his employer, colleagues, student nurses, etc.

1.4.1.3 Health

Health implies a state of stability between a human being's body, mind and spirit and not necessarily the absence of disease (partially adapted from the World Health Organisation [WHO], 1948). In this study health refers to RPL implementation in Limpopo College of Nursing.

1.4.1.4 Nursing

Nursing refers to the art and science of caring for the patient, referred to as the person, family and community, to promote, maintain and restore health (partially adapted from the International Council of Nursing [ICN], 2010). For the purpose of this study, nursing refers to the support provided by nurse educators while implementing RPL in Limpopo College of Nursing in order to perform RPL implementation activities effectively.

1.4.2 Theoretical assumptions

Botes (1995:10) describes theoretical statements as the testable statements that provide epistemic findings about the research domain. The theoretical statements used in this study include selected acts, regulations, policies and guidelines that will act as a theoretical framework throughout this study.

1.4.2.1 Theoretical framework

The theoretical framework for this study impacts directly on the implementation of RPL in South Africa and will be discussed briefly.

1.4.2.1.1 South African Qualification Authority Act (SAQA), (Act no. 58 of 1995)

“RPL in South Africa has, unlike similar initiatives in other countries, a very specific agenda. RPL is meant to support transformation of the education and training system in the country” (SAQA, 2002a:11). The South African Qualification Authority Act (Act No. 58 of 1995) directs the RPL process broadly. The legislation and regulations concerning RPL that confirm the imperative for the education and training sector in general, and higher education in particular, are identified and highlighted in this act. The following policy, regulations and quality criteria and guidelines are directed in the SAQA Act and will be outlined briefly below:

The RPL development **policy** by SAQA emanates from the above statement. SAQA, as the statutory body responsible for the development of the South African National Qualifications Framework (NQF), included some NQF objectives in its national policy called: “*The Recognition of Prior Learning in the context of the South African National Qualifications Framework*” (SAQA, 2002b:8). In this policy SAQA highlighted that RPL in the South African context is directed at the facilitation of access to, and mobility and progression with education, training and career paths. Its aim is to ensure urgent redress of the past unfair discrimination in education, training and employment opportunities (SAQA, 2002b:8).

The following **regulations** were published under SAQA and highlight the framework in which the RPL is to operate in South Africa: *Criteria and Guidelines for Education Training Quality Assurances (ETQAs)* (SAQA, 1998); *Criteria and Guidelines for providers* (SAQA, 1999); *Criteria and Guidelines for assessment of NQF registered unit standards and qualifications* (SAQA, 2001).

In 1999, SAQA approved the **criteria and guidelines** for ETQAs so that they may be able to implement their quality assurance task and as a mechanism to accredit the

providers (SAQA, 2001:5). Furthermore, the providers were guided by the Criteria and Guidelines to do self-assessment to check what they need to have in place to ensure the quality of learning provision and what they need to demonstrate to the ETQA body in order to be accredited as a provider (SAQA, 2001:6). By using this Criteria and Guidelines the ETQAs should know what they are expected to have in order to accredit providers within their sphere of operation (SAQA, 2001:6). ETQAs evaluate their accreditation and quality assurance policies and processes in respect of the overall SAQA Criteria and Guidelines (SAQA, 2001:6). All the requirements highlight that the RPL assessment site require practitioners who are able to assist the candidate by making explicit what it is that they know and by preparing the candidate for the assessment itself (SAQA, 2001:9-10).

1.4.2.1.2 National Qualifications Framework (NQF) Act, (Act no. 67 of 2008)

The NQF is central to the theoretical framework as evident in section 5 subsection 1 of the NQF Act (No. 67 of 2008). In this subsection the following NQF objectives are stated:

- create a single integrated national framework for learning achievements;
- facilitate access to, and mobility and progression within, education, training and career paths;
- enhance the quality of education and training; and
- accelerate the redress of past unfair discrimination in education, training and employment opportunities (NQF Act, 2008:6).

These NQF objectives were designed to contribute to the full personal development of each learner and the social and economic development of the nation at large (NQF Act, 2008:6).

1.4.2.1.3 Local Government Sector Education Training Authority (LGSETA, 2002)

The Local Government Sector Education Training Authority (LGSETA) supports the SAQA document on the “The RPL in the context of the South African (NQF)”, by developing guidelines for the RPL to help providers to implement it as effectively as possible in their daily activities (LGSETA, 2002:3).

1.4.2.1.4 Higher Education Act (HE), (Act no.101 of 1997)

The Higher Education Act (Act No. 101 of 1997) affirms the South African (NQF) notion of redress and access by stating its stance on access and redress in the preamble to the Act, namely that it is committed to redress past discrimination and ensure representivity and equal access (HE Act, 1997:2).

1.4.2.1.5 South African Nursing Council (SANC) Guide for the implementation of RPL by Nursing Education Institutions (SANC, 2009)

The SANC as an ETQA for the nursing profession reaffirms that NQF was put in place in 1996 to transform the educational system in South Africa and highlighted the same four aims of the NQF (NQF Act, 2008:6) as listed in 1.4.2.2.

SANC supports the fact that all learning institutions are required to adhere to NQF and aims to accomplish the overall goal of transforming the education system in South Africa (SANC, 2009:1). SANC indicates that for the prior learning of an individual to be recognized the process of RPL should be employed to promote access to education and redress past discrimination (SANC, 2009:1). Furthermore, SANC alludes to the fact that for the learning that took place in a non-formal or informal setting to be formalised, SAQA developed an RPL system that aims to facilitate access to education and training and accelerate redress in respect of people who have been disadvantaged in terms of their personal and professional development in the workplace as a result of the past restrictive entry requirements of

education institutions. RPL helps those who have been denied the opportunity to access and progress within the formal education system because they had no previous formal education and training or because of partial completion of formal education (SANC, 2009:2).

According to SANC (2009:2), RPL is relevant in nursing education to benefit the disadvantaged people such as women who failed to access further and higher education due to financial constraints and people living in remote and rural areas who did not meet the high academic entry requirements set by many tertiary institutions (SANC, 2009:2).

SANC suggested that nursing education can use the RPL system to benefit the above-mentioned target groups by:

- providing access opportunities to the nursing profession;
- providing progression opportunities to those within the nursing profession;
- formally recognising the expertise and skills nurses have acquired from their experiences within the healthcare system;
- developing competencies by facilitating access to specialised nursing education;
- and
- training programmes (SANC, 2009:3).

SANC also agrees that RPL is an assessment process to assess an individual's level of competence in the field of nursing through participation in the formal, informal or non-formal context, or through work experience, formal or informal study, and other life experiences aiming at achieving credits towards NQF registered unit standards or qualifications offered by nursing education institutions (SANC, 2009:3). Therefore

RPL in this context contributes to and promotes both the transformational intention of the NQF and the objectives of the Skills Development Act (Act no. 97 of 1998).

In addition, SANC committed itself to ensuring that all its accredited providers of nursing education implement RPL and that applicants gain access to nursing education through a credible RPL system (SANC, 2009:3). The RPL implementation policy guideline emanated from this goal. Since it is the vision of the new South African government to have a 'rational, seamless Higher Education System' that will embrace the intellectual and professional challenges faced in this century, nurse educators should be equipped to face these changes (Le Grange, 2005:1). These rapid changes in knowledge and work urge South Africa to re-join a globalised world economy and contribute to a 'skilled and productive work force that can compete globally' (Gultig, 2000:43). All the economic and technological changes mean that higher education can contribute to human resources development by mobilising human talent and potential through lifelong learning to contribute to the social, economic, cultural and intellectual life of a rapidly changing society (Le Grange, 2005:8). As a result, nurse educators in higher education need to be guided, supported and developed on an on-going basis to meet the continuing challenges they face. Prior learning should be recognised to mobilise human talent and potential through lifelong learning (Le Grange, 2005:8).

1.4.2.2 Central theoretical statement

Based on the background and problem statement, the central theoretical statement of this study is as follows:

RPL is necessary and enjoys national support, yet it is not implemented at nursing colleges, especially in the Limpopo Province of South Africa. Although there are policies and procedures to assist nurse educators with RPL, it is still not enforced. An investigation into nurse educators' perceptions of the implementation of RPL in

nursing colleges in Limpopo Province might provide more insight into this phenomenon. This increased insight can lead to the formulation of recommendations to support nurse educators with the implementation of RPL in nursing colleges in Limpopo Province.

1.4.2.3 Conceptual definitions

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

- **Nurse educator**

This term refers to a person who is registered with the South African Nursing Council (SANC) as a nurse educator/tutor or lecturer with expert knowledge and skills in teaching and assessment, both theoretically and practically (Chabeli & Muller, 2004:59).

- **Perception**

The Oxford Advanced Learner's Dictionary (2000:863) defines perception as a way of noticing things, especially with the senses; or the ability to understand the true nature of something; an idea, a belief or an image you have as a result of how you see or understand something. This study considers the ability to understand the true nature of nurse educators' perceptions of implementation of RPL in nursing colleges in Limpopo Province.

- **Implementation**

This term refers to carrying out a plan that has been officially decided, for example policies (Oxford Advanced Learner's Dictionary, 2000:600). In this study, the researcher's opinion is that implementation implies putting RPL policies into action.

- **Recognition of prior learning (RPL)**

This term refers to the acknowledging of an individual's current competencies, regardless of how, when or where the learning occurred (Booth & Roy, 2004:1). In this study RPL refers to the assessment of an individual's level of competence in the field of nursing as gained from participation in the formal, informal or non-formal context, or through work experience, formal or informal study, and other life experiences as indicated by the SANC (2009:3).

- **Nursing college**

A nursing college refers to the nursing education institution (NEI) and the training programmes accredited by the SANC (2012) to prepare a learner to practice as a nurse and/or midwife. In this study the context is the Limpopo College of Nursing.

1.4.3 Methodological assumptions

The methodological assumptions of this study are based on the Botes research model (Botes, 1995:6). This model was developed specifically for nursing research and has a functional reasoning and open methodological approach (Botes, 1995:13-14). The Botes research model is divided into three interconnected levels of activities that function in a specific relationship with each other (Botes, 1995:14) as described below.

The **first level** represents the nursing practice, focusing on the nurse practitioner's interaction with the patient and the nursing activities performed to promote, maintain and restore the health of the patients. In this research the first level includes nursing education conducted by nurse educators at a nursing college and the implementation of RPL. The **second level** includes nursing research and theory development. The researcher executes the research process by making research decisions within the framework of research determinants, namely assumptions by the researcher, the research problem, the research objectives and the research context. The research methodology of this study is described in detail in Chapter two. The **third level** is the researcher's paradigmatic perspective of nursing. This consists of the meta-theoretical assumptions of the researcher, which directly influence the nursing practice, the research methodology and the interpretation of data (Botes, 1995:7). In this study the researcher's Christian worldview and the comprehensive theoretical framework of applicable legislature and associated documents are positioned within the third level.

1.5 RESEARCH DESIGN

For this study a qualitative, phenomenological, explorative, descriptive, and contextual research design is considered to be an appropriate design to achieve the envisaged objectives. The first-hand and lived perceptions of nurse educators of the implementation of RPL in nursing colleges in the Limpopo Province will be explored and described. In the following paragraphs research design is described in short and a detailed description follows in Chapter 2.

Qualitative research is described as a way of exploring the depth, richness and complexity inherent in the phenomena under study (Burns & Grove, 2009:51) and

tries to capture human experiences holistically within a specific context (Polit & Beck, 2008:17). It allows the researcher to holistically study the nurse educators' perceptions of the implementation of RPL in nursing colleges.

Phenomenology tries to understand phenomena from the participants' own perspective, describing the world as experienced by the participants, assuming that what they perceive it to be is the reality (Burns & Grove, 2009:55). In this study the researcher is interested in nurse educators' perceptions of the implementation of RPL in nursing colleges in Limpopo Province.

Explorative means deep investigation with the intention to find more about the phenomenon under study. Exploratory research is conducted to look for new knowledge, new insight, new understanding and meaning when little is known about the phenomenon under investigation to increase the knowledge of the phenomenon (Burns & Grove, 2009:359; Polit & Beck, 2008:20-21). In this study an exploratory approach is appropriate because it will assist the researcher in gaining new insight into nurse educators' perceptions of the implementation of RPL in nursing colleges in the Limpopo Province.

The purpose of **descriptive** research is to depict new information and meaning in order to enhance the understanding of the phenomenon (Burns & Grove, 2009:25). In this study the perceptions of nurse educators of the implementation of RPL in nursing colleges are described as these perceptions are explored. It refers to the process to convert words into written format.

Motaung (2009:80) states that qualitative inquiry shows concern for a **context**. It assumes that human behaviour is context-bound, that human experience takes its meaning from social, historical, political and cultural influences and is therefore

inseparable from these contexts. In this research data will be gathered directly from individuals (nurse educators) in their natural setting (nursing colleges) in a non-manipulative and non-controlling manner (Motaung, 2009:80).

1.6 RESEARCH METHOD

The research methods include an overview of the setting, population, sampling and sample, sample size, data collection and data analysis methods applied in this study. These contribute to achieving the research aim and objectives in a trustworthy and ethical manner. In the following paragraphs the methodology is described in a brief manner and a detailed description of the methods follows in Chapter 2.

1.6.1 Setting

The setting refers to the physical location where a study is conducted (Burns & Grove, 2009:722). In this study the setting will be the Limpopo College of Nursing's X Campus and the Y Satellite Campus where nurse educators teach student nurses. These two campuses are about 86km apart. In the Limpopo Province there is one central nursing college with one campus per district and each campus has satellite campuses. X Campus is one of these campuses and Y is one of the satellite campuses. The distance from the Limpopo College of Nursing to the Giyani Campus is about 154km. From the Limpopo College of Nursing to the Thohoyandou Campus is approximately 128km and the Sovenga Campus is about 32km from the Limpopo College of Nursing. A comprehensive discussion is in Chapter 2 (paragraph 2.2.5.1).

1.6.2 Population

The term population refers to the entire set of individuals who share some common characteristic of interest to the researcher (Polit & Beck, 2008:761). Brink (2006:123) defines it as the whole group of people who meet certain criteria. The target

population in this study comprises nurse educators from the Limpopo College of Nursing and more specifically from the X Campus and the Y Satellite Campus in the Limpopo Province who are involved with the teaching of student nurses. These nurse educators should have been exposed to the implementation of RPL.

1.6.3 Sampling

From the target population a subset is selected to represent the whole (Polit & Beck, 2008:339). In this study purposive sampling was used to select a sample from a population. Purposive sampling is a non-probability sampling technique that involves conscious selection by the researcher of certain participants who fit the inclusion criteria (Burns & Grove, 2009:716). The inclusion and exclusion criteria utilised in this study are stipulated in Chapter 2 (Table 2.2).

1.6.4 Sample size

A guiding principle in the sampling size in this study is data saturation, which entails sampling to the point where no new information is obtained and redundancy is achieved (Polit & Beck, 2008:357). In this study the sample size was determined by data saturation and repetitive patterns of data, when there was no new information provided by additional sampling and only redundancy found of previous collected data, (n=7).

1.6.5 Data collection

In this qualitative, phenomenological, explorative and descriptive study, data was collected by means of individual interviews (Burns & Grove, 2009:441). As in-depth exploration of lived experiences is vital in this study, unstructured interviews were conducted (De Vos, Strydom, Fouché & Delport, 2005:292). The interviews will start with one open question, namely "What is your perceptions of the implementation of RPL in nursing colleges in Limpopo Province?" Additional data was collected based

on the observation of non-verbal communication during the individual, unstructured interviews and was captured as field notes (Creswell, 2008:213).

1.6.6 Data analysis

In qualitative research data is usually in the form of written words (Brink, 2006:190) obtained from the record of the communication (transcription from voice-recorded interviews into text) by which data was collected from the participants (Creswell, 2008:233). In this study, the records of data collection (verbatim transcriptions of the individual, unstructured interviews and the field notes) were analysed by using Tesch's eight-step method (Creswell, 1994:154-155). Data analysis was done by the researcher and an independent co-coder. A consensus decision between the researcher and co-coder confirmed the themes and subthemes that emerged from the written text.

1.7 TRUSTWORTHINESS

The concept "trustworthy" refers to the rigour in qualitative research, in other words the measures taken by the researcher to ensure that the findings of the study are worth paying attention to (Babbie & Mouton, 2001:148; Polit & Beck, 2008:536). Trustworthiness evaluates whether the findings from the conducted study reflect the true data that was collected from the participants and not the perceptions of the researcher (Babbie & Mouton, 2001:276-277; Polit & Beck, 2008:540).

Lincoln and Guba's Model of trustworthiness (1985:290) in qualitative research was used to ensure trustworthiness of this study. The four criteria for establishing trustworthiness include credibility, transferability, dependability and confirmability. A description of these criteria and strategies as they were used in this study is explained comprehensively in Chapter 2.

1.8 ETHICAL CONSIDERATIONS

Research ethics refers to what is proper and improper in the conduct of scientific inquiry (Babbie& Mouton, 2001:62-78). Furthermore, by ethics we understand a set of moral principles regarding the behaviour that is expected towards participants, sponsors and researchers (Polit & Beck, 2008:168-169). The researcher committed herself to conducting this study in an honest and professional manner, to be sensitive towards the participants' right to autonomy, privacy and the intellectual property of other researchers (Babbie& Mouton, 2001:62-78). The details of the comprehensive process of ethical regulation in this research (The Helsinki Declaration, The Belmont Report and the Nuremberg Code) are described in Chapter 2.

The following ethical considerations as described by Brink (2006:31-35), Burns and Grove (2009:184-215) and Polit and Beck (2008:168-174) were taken into consideration during the planning of this study:

- Ethical approval for the study was obtained from the following authorities:
 - The Ethics Committee of the North-West-University (Potchefstroom Campus) before data collection (**certificate number NWU-00061-01-A1**), (**see Annexure A**).
 - The Ethics Committee of the Limpopo Provincial Government (**see Annexure E**).
 - The management of the Y Satellite Campus, where data collection took place (**see Annexure F**).

- The vice-principal of the X Campus, where data collection took place granted telephonic verbal permission on the basis of the approval by the Ethical Committee of the Limpopo Provincial Government.
- The rights of the participants were respected by:
 - Obtaining the voluntary, informed consent of the participants in writing before data collection (Burns & Grove, 2009:204) and after the details of the study were explained to them (Brink, 2006:35-36).
 - Explaining the measures to ensure the participants basic human rights of confidentiality, anonymity, protection from harm and justice.
 - Explanation of the benefits of participating in the study (**see Annexure G**).

1.9 CHAPTER DIVISION

The report on this study is structured as follows:

Chapter 1: Overview of the study.

Chapter 2: Research methodology.

Chapter 3: Research results and literature integration.

Chapter 4: Recommendations and evaluation of the study.

1.10 SUMMARY

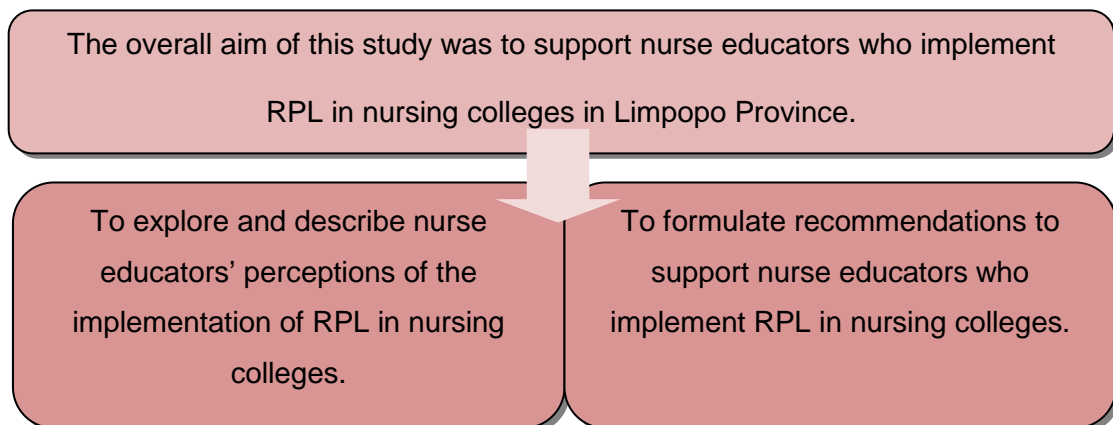
Chapter 1 of the study report dealt with the background of the study, the problem statement, and the aim and objectives of the study. It explained the research design and method followed to attain these objectives, as well as trustworthiness and ethical considerations. The chapter was concluded with the chapter classification. Chapter 2 will address a comprehensive description of the research design and methods as applied in this study.

CHAPTER 2: RESEARCH METHODOLOGY

2.1 INTRODUCTION

Chapter 1 dealt with an overview of this study. This chapter deals with the “how” and describes in detail the methodology, the research design, the methods applied regarding the population, sampling, sample size, data collection and analysis, the measures taken to ensure that the results comply with the principles of ethics and trustworthiness.

Prior to the discussion of the research methodology, the research aim and objectives are stipulated again:



2.2 RESEARCH DESIGN

The research design is the pattern (Mouton, 2001:55) within which the study was implemented. A qualitative, phenomenological, explorative, descriptive, contextual research design was used because it was deemed an effective design for providing an understanding of the perceptions of nurse educators of the implementation of RPL in nursing colleges in Limpopo Province.

2.2.1 Qualitative research design

As defined in chapter 1 the qualitative research design is interested in how people give meaning to their experiences and the world. The main goal is to describe and understand those experiences rather than explaining how participants behave (Polit & Beck, 2008:17; Burns & Grove, 2009:23; Babbie & Mouton, 2001:270). This research was conducted in the participants' natural setting because this enabled them to actively participate in social actions. Their interactions were founded on their previous experiences, which mean that they know and understand the phenomena in different ways (Streubert Speziale & Carpenter, 2007:21). Qualitative researchers consider multiple perspectives to understand the phenomena of interest based on participants' various ways of understanding and their varying experiences.

The researcher chose to follow a qualitative research design to gain insight into the nurse educators' perceptions of the implementation of RPL in nursing colleges in Limpopo Province by exploring their real world (Polit & Beck, 2008:17). This approach made it possible for the researcher to deeply engage and interact with nurse educators through phenomenological unstructured interviews to generate data on nurse educators' perceptions of the implementation of RPL in nursing colleges in Limpopo Province.

2.2.2 Phenomenology

Phenomenology is an approach that aims to understand and interpret the meaning that participants give to their everyday lives (De Vos *et al.*, 2005:270). In this study the researcher wanted to gain an in-depth understanding of nurse educators' perceptions of the implementation of RPL in nursing colleges in Limpopo Province. Only one open-ended question was asked. The interviews were conducted in the participants' language of choice, which in this case was English. All participants were asked the following question: "*What is your perception of the implementation of RPL*

in nursing colleges in Limpopo Province?”. The participants felt comfortable with being interviewed in their place of choice.

2.2.3 Explorative research

In exploratory research, the researcher fully investigates the nature of the phenomenon of interest (Polit & Beck, 2008:20). This is affirmed by Burns and Grove (2009:359) and Brink (2006:202) who state that exploratory research is conducted to look for new knowledge, new insights, new understanding and meanings when little is known about the phenomenon under study. This was done in an attempt to increase knowledge of the phenomenon. An exploratory approach was appropriate for this study because this assisted the researcher to gain insight into nurse educators' perceptions of the implementation of RPL in nursing colleges in Limpopo Province.

2.2.4 Descriptive research

Descriptive research implies that a particular phenomenon of interest is directly observed in the real situation and then analysed, described and documented (Streubert Speziale & Carpenter, 2007:82; Polit & Beck, 2008:274). In this study, the perceptions of nurse educators of the implementation of RPL in nursing colleges in Limpopo Province were explored and described. As descriptive research is conducted when little is known about the phenomenon (Burns & Grove, 2009:25), this approach was appropriate for this study. Recommendations to assist nurse educators in the implementation of RPL in nursing colleges in Limpopo were proposed.

2.2.5 Contextual research

Events can be better understood when taking into account the background and the context and how the context gives meaning to the events (Welman, Kruger & Mitchell, 2005:191). Therefore, research findings need to be contextualised within the parameters of the phenomenon studied (Babbie & Mouton, 2001:272). Motaung (2009:80) affirms this by stating that qualitative inquiry shows concern for a context. It assumes that human behaviour is context-bound, that human experience takes its meaning from social, historical, political, and cultural influences and is therefore inseparable from these contexts. In this research situation the context refers to the Limpopo College of Nursing with all the campuses and the satellite campuses within the Limpopo Province of South Africa.

The research setting refers to the physical environment in which the researcher conducted data collection and analysis. In the following paragraphs a discussion on the context of this study follows.

The geographical and political-historical environments of Limpopo College of Nursing in Limpopo Province are discussed below. The point of outlining the geographical and political-historical environments of the Limpopo Province is to provide an orientation to ensure that an understanding of the nurse educators' natural setting, which is situated in the Limpopo Province. A comprehensive description of the unique context of this study is provided to enhance transferability. Limpopo College of Nursing and RPL are briefly discussed too.

- **Geographical environment**

Limpopo Province is the northernmost province of South Africa. Limpopo Province lies within the great elbow of the Limpopo River. It is the gateway to the rest of Africa. Limpopo Province is favourably situated for economic cooperation with other parts of

Southern Africa as it shares international borders with Botswana, Zimbabwe and Mozambique (See Figure 2.1 below). On its southern flank from east to west, the province shares borders with the Mpumalanga, Gauteng and North-West provinces. Its borders with Gauteng include that province's Johannesburg-Pretoria axis, one of the most industrialised metropolises on the continent. The province is at the centre of regional, national and international developing markets (Bradshaw, Nannan, Laubscher, Groenewald, Joubert, Nojilana, Norman, Pieterse & Schneider, 2000:4).

Limpopo Province covers an area of 13 948 418ha, which is 10,2% of the surface area of South Africa (Monyai, 2008:33). The province is divided into six (6) districts and twenty six (26) local municipalities (Monyai, 2008:17). There are approximately 2 453 rural settlements, with about 1 180 000 households (Monyai, 2008:18). The majority of these settlements are in the former homeland areas of Gazankulu, Venda and Lebowa. Thohoyandou and Giyani are important centres that service vast areas of rural settlements in the north of Limpopo Province (Monyai, 2008:18). In addition to the local communities, there is influx of people from neighbouring states (Monyai, 2008:145). This influx causes population growth, which in turn causes pressure on health care, which is already compromised.

Literature indicates that in 2003 there was approximately 5 247 professional nurses in the provincial health sector (Monyai, 2008:104). LP is served by a hierarchy of 50 public hospitals, 17 health centres, 432 clinics and 43 visiting points or mobile clinics (Monyai, 2008:17). This has a major impact on the service delivery and accessibility to service points. Competent professional nurses are needed for the communities in Limpopo Province to receive quality nursing care services. The National Department of Health is working on the issue of the shortage of health professionals by retaining the available staff by giving those monetary incentives and by recruiting more staff (Hegney, McCarty, Rodgers, Clark & Gorman, 2002:128). There are nurses who are

knowledgeable, skilful and experienced, but for them to be professional nurses they need to be upgraded through the system of RPL. In turn, the acceptance of the RPL principle as a profitable factor that can revolutionise nursing education in South Africa depends on how successfully is implemented (Mekwa, 2000:279).

- **Political-historical environment**

Limpopo Province was greatly changed after the political changes from 1994 onwards. Before 1994 Limpopo Province formed part of the Northern Transvaal province. In 1995 it was renamed Northern Province, which remained the name until 11 July 2003. The name Northern Province changed formally to Limpopo Province, which bears the name of its most important river (Limpopo River) on the border with Zimbabwe and Botswana. The name change happened after deliberation by the provincial government and amendment of the Constitution. This political-historical change included the rationalisation of nursing colleges and thus poses a critical challenge to nurse educators in nursing campuses. The merging of three nursing colleges from the former homelands with Limpopo College of Nursing caused changes in nursing education.

- **Limpopo College of Nursing**

Prior to 1994, basic nursing education in South Africa was hospital based as highlighted in Chapter 1. This basic nursing education in South Africa has recently changed from a series of single registrations to a 4-year integrated programme. The diploma in nursing education has been moved into the mainstream of tertiary education with the establishment of Nursing Colleges affiliated to universities. These structural changes have put nursing education on a healthy footing, which should serve it well for the next decade (Uys, 1989:1). This rapid change in South Africa causes nursing education institutions to face the challenge of realigning their functions to adapt to the changes that are taking

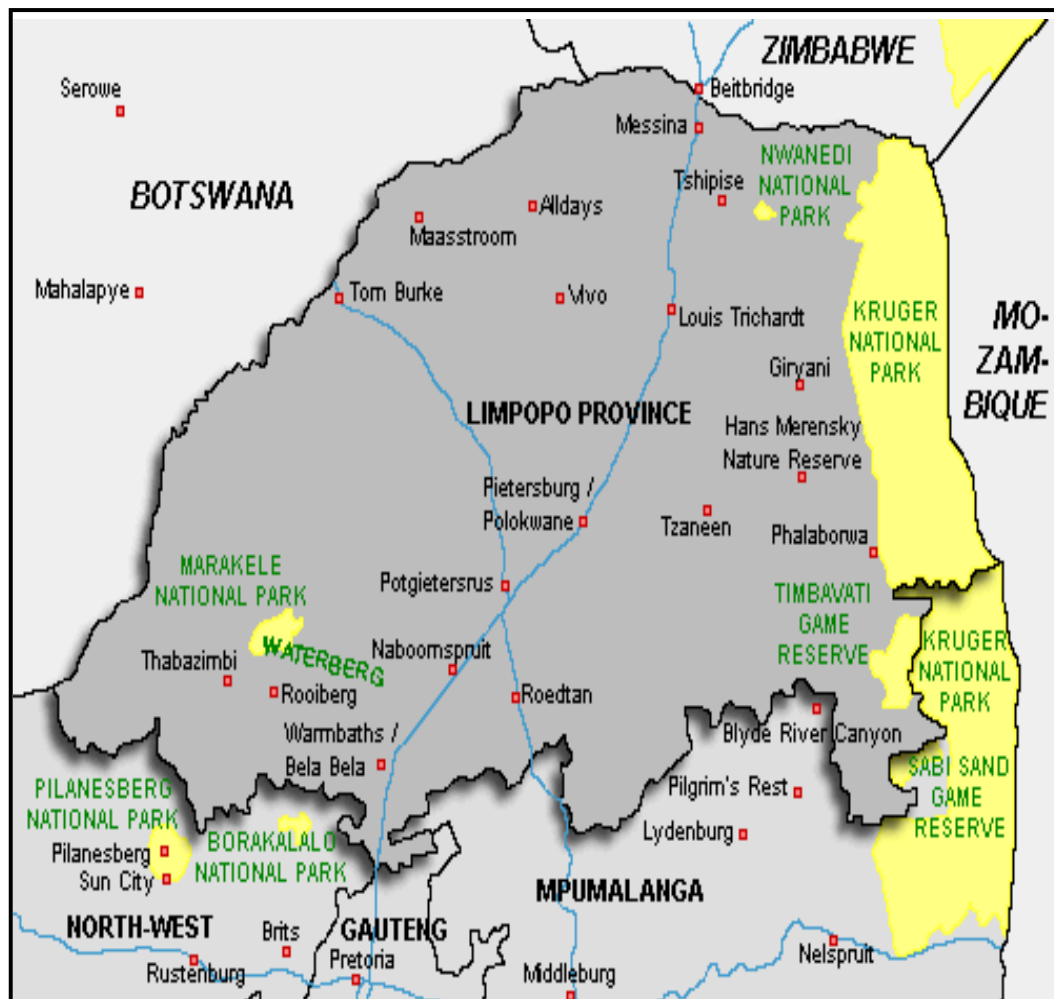


Figure 2.1 Map of Limpopo Province, South Africa(Anon, 2003)

place within the country (Makhuvha-Mudzusi, Netshandama & Davhana-Maselesele, 2007:1).

In addition, the Apartheid system of South Africa (SA) succeeded in fragmenting the nursing education system, duplicating services, promoting inefficiency and inequalities. These inequalities led to unequal distribution of resources within the health system (Makhuvha-Mudzusi *et al.*, 2007:62). Prior to 1994 the Limpopo Province had three nursing colleges that were established and managed based on ethnic divisions. These nursing colleges were:

- Venda Nursing College for Vhavenda nurses;

- Gazankulu Nursing College for Vatsonga; and
- Lebowa Nursing College for the Bapedi nurses (Makhuvha-Mudzusi *et al.*, 2007:62).

Each of these colleges had its own statute and nursing education programme. Each college also had its own council and senate, and they were affiliated with different universities (Makhuvha-Mudzusi *et al.*, 2007:62).

After the 1994 elections, the government of South Africa introduced the first democratic constitution of the Republic of South Africa in 1996 as Act 108 of 1996 (Makhuvha-Mudzusi *et al.*, 2007:1). The intention of the post-Apartheid government was to correct the imbalance that was brought about by the Apartheid government. The new government drafted policies that influenced changes in nursing education such as the Reconstruction and Development Programme (RDP), the White Paper on Higher Education, and the NQF [South Africa, 1995:6] (Makhuvha-Mudzusi *et al.*, 2007:1).

The changes in nursing education caused the number of nursing colleges dropped over the years because of an amalgamation of small nursing colleges into multi-campus, largely to strengthen their governance and administration (Mtshiya, 2010:1). Most of the colleges remained as campuses after the amalgamation. In Limpopo Province the Gazankulu, Venda and Lebowa nursing colleges were amalgamated into the Limpopo College of Nursing based in Polokwane. The then Gazankulu Nursing College became the Giyani Campus, Venda became the Thohoyandou Campus and Lebowa became the Sovenga Campus of Limpopo College of Nursing. Two additional campuses were established to serve the Sekhukhune and Waterberg districts. These campuses have an average student enrolment of 500, with the first students admitted in 2011 (Mtshiya, 2010:1).

Currently the colleges of nursing operate within the public health sector, which means that they are under the control of the Provincial Departments of Health. This basically means that the provinces can exert much influence on the number of nursing professionals that the colleges should produce. Government therefore has a responsibility to investigate all the factors that impact on production, e.g. the availability of physical infrastructure, learning materials, nurse educators and so on that are critical to the attainment of targets for professionals in the provinces.

The Audit of Public Nursing Colleges and Schools in Limpopo Province, as documented in the Limpopo Provincial Overview (Anon, 2010:7), shows that the colleges operate within the structure set up by the management and administration of public nursing colleges and schools through which Limpopo College of Nursing is responsible for public nursing education in Limpopo Province. Limpopo College of Nursing has five campuses and twenty four satellite campuses. Of these, the Matlala Satellite Campus was not offering training when the audit was conducted. Limpopo College of Nursing, the five campuses and their respective satellite campuses are indicated in Figure 2.2. Limpopo College of Nursing operates as an administrative centre because it takes the form of a single nursing college (Anon, 2010:7).

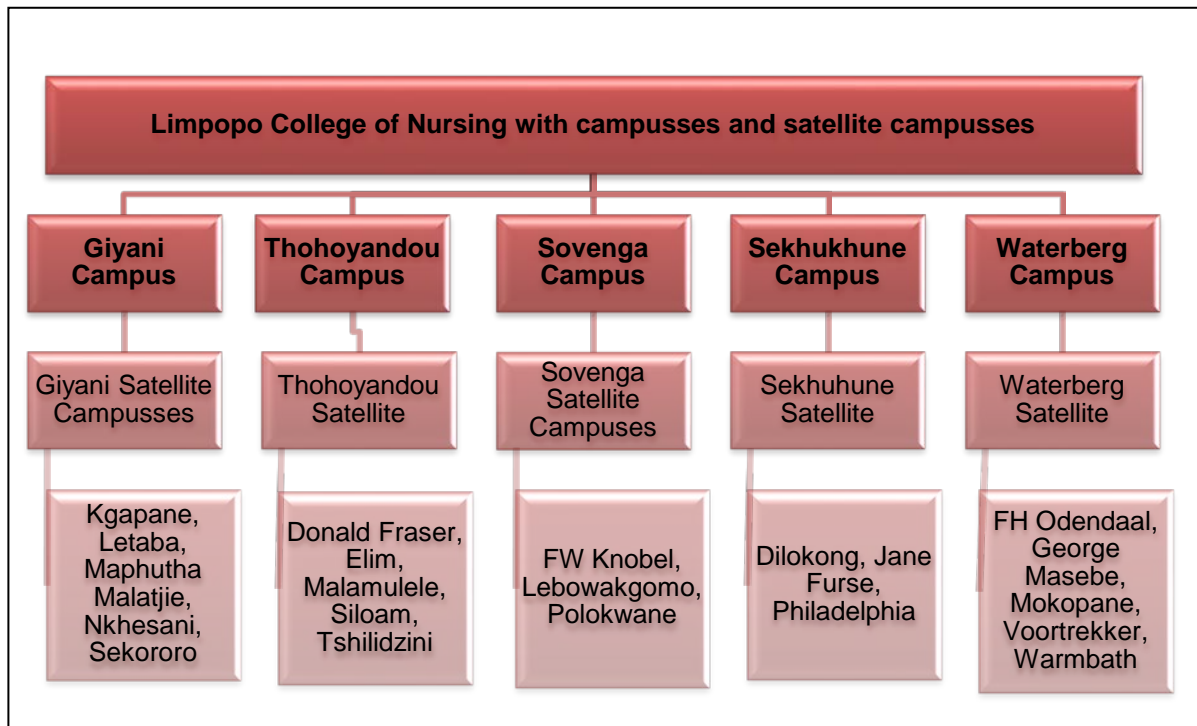


Figure 2.2: Limpopo College of Nursing with campuses and satellite campuses

The Limpopo College of Nursing operates centrally. All the campuses and satellite campuses are allocated a specific number of nurse educators according to the staff establishment. The number of nurse educators employed is indicated in Table 2.1.

Table 2.1 The structure of Limpopo College of Nursing

CAMPUSES	SATELLITE CAMPUSES
1. Giyani Campus	<ul style="list-style-type: none"> • Nkhensani Hospital (2 educators). • Letaba Hospital (9 educators). • Maphutha Malatjie Hospital (2 educators). • Sekororo Hospital (3 educators). • Kgapane Hospital (1 educator).

CAMPUSES	SATELLITE CAMPUSES
2. Thohoyandou Campus	<ul style="list-style-type: none"> • Elim Hospital (5 educators). • Donald Fraser Hospital (2 educators). • Malamulele Hospital (3 educators). • Siloam Hospital (2 educators). • Tshildzini Hospital (4 educators).
3. Sovenga Campus	<ul style="list-style-type: none"> • Polokwane/Mankweng Hospital (6 educators). • Lebowakgomo Hospital (7 educators). • Knobel Hospital (2 educators). • Seshego Hospital (2 educators).
4. Sekhukhune Campus	<ul style="list-style-type: none"> • Dilokong Hospital (3 educators). • Jane Furse Hospital (7 educators). • St Ritas Hospital (5 educators). • Philadelphia Hospital (9 educators).
5. Waterberg Campus	<ul style="list-style-type: none"> • Mokopane Hospital (6 educators). • Warmbath Hospital (2 educators). • Voortrekker Hospital (1 educator). • George Masebe Hospital (3 educators). • FH Odendaal Hospital (2 educators).

Despite the number of nurse educators indicated by the overview, the reality is that not all positions are filled.

- **RPL in Limpopo College of Nursing**

RPL implies the process whereby an individual's current competencies are acknowledged, regardless of how, when or where the learning took place (Booth & Roy, 2004:1). The knowledge gained and acquired skills of an individual are accredited as long as what he/she has learnt or can do meet the set standards required by the relevant course during an assessment. It is not rigidly required that one must have gained the knowledge and acquired the skills in a formal educational

institution. One may gain the competence through work experience, formal or informal study. Therefore, in this study RPL assessment dealt with the assessment of an individual's level of competence in the field of nursing.

In South Africa, RPL was seen as the primary policy instrument of SAQA to ensure that learners are able to achieve a qualification in whole or in part based on their prior learning, regardless of formal, non-formal or informal learning (SAQA, 1995:16). This led most Higher Education Institutions to put RPL policies and procedures in place. Literature revealed that some institutions prefer to follow the traditional routes of entry for undergraduate learners rather than to facilitate access through the provisions of the RPL policy.

In Limpopo College of Nursing, RPL is implemented in nursing education institutions. The RPL principle is seen as a means of creating access opportunities for registered nurses (with a basic qualification in general, psychiatric and community health nursing and midwifery or a combination of any two of these), enrolled nurses, and enrolled auxiliary nurses to study for higher level qualifications (Mekwa, 2000:279). SANC allowed those who want to upgrade to the levels of registered nurses to gain access into the 4-year comprehensive programme (Mekwa, 2000:279). Furthermore, SANC resolved to do away with the previous requirement of a Grade 12 certificate or its equivalent as the only qualification for entry into this basic comprehensive programme. Instead, it advocated that relevant knowledge and skills should be considered (Mekwa, 2000:279).

While the RPL principle is welcomed as the single most profitable factor to revolutionise nursing education in South Africa, its worth lies in its successful implementation (Mekwa, 2000:279). The fact that there are various informal settings

in which knowledge and skills acquisition can take place, RPL is implemented by considering all these settings.

The candidate who seeks recognition is expected to be actively and purposefully engaged in providing authentic evidence of the possessed prerequisite knowledge or skills in order to facilitate the assessment (Mekwa, 2000:280). Since RPL underscores the importance of visible evidence of the current knowledge, skills and attitudes and the non-importance of experience based on time or duration, the development of individualised assessment protocols becomes crucial to its implementation. Nurse educators consequently have to be able to match the demands of these procedures (Mekwa, 2000:280). This study explores and describes nurse educators' perceptions of the implementation of RPL in nursing colleges in Limpopo Province. This will culminate in a formulation of recommendations to support nurse educators who implement RPL in nursing colleges in Limpopo Province.

2.3 RESEARCH METHOD

The research method is the way in which a study is conducted (Polit & Beck, 2008:765) and entails logical data collection and data analysis. The steps of the research methods followed are described in the following paragraphs.

2.3.1 Sampling

Sampling includes the population, the process of sampling and the sample size.

2.3.1.1 Population

Population refers to all people who meet the criteria to be included in the study (Burns & Grove, 2009:42). In this study the population comprises all the nurse

educators working in Limpopo College of Nursing as indicated in table 2.1 above. The total number of nurse educators is 180, (N=180).

2.3.1.2 Sample

A sample is a subset of people drawn from the population to participate in a study as a representative of the entire population from which the sample is drawn (Burns & Grove, 2009:42).

2.3.1.3 Sampling

In sampling a portion of the population is selected to represent the entire population in order to enable inferences regarding the population. Non-probable purposive sampling was used. Through non-probable purposive sampling the focus remained on rich information rather than the number of participants (Polit & Beck, 2008:337-339). Sampling was conducted according to sampling criteria referred to as the essential characteristics that ensured inclusion in a target population (Burns & Grove 2009:344). The inclusion and exclusion criteria are listed in Table 2.2. The detailed description follows below.

Table 2.2 Inclusion and exclusion criteria

Criterion	Included	Excluded
Work setting:	Nurse educators working in Limpopo College of Nursing (with specific reference to X Campus and Y Satellite Campus). This was the nearest and most accessible area to the researcher.	
Gender:	Male and female.	
Age:	25 to 60 years: at this age the nurse	

	educators can be presumed to have basic education as a professional nurse and experience as a nurse educator.	
Spoken languages:	English, Xitsonga, Sepedi, Tshivenda are indigenous to the Limpopo Province. Use of these languages will ease the communication as participants will be able to express themselves better. The interviewer communicates better in these languages. From a phenomenological perspective the participants could provide better in-depth feedback when they use their mother tongue.	Afrikaans because participants won't be able to express themselves in Afrikaans.
Working experience:	≥ Two years as participants might understand more about the teaching and assessment methods related to RPL as an assessment method of prior learning before the learner is recognised as competent.	
Professional qualification:	Registered with the SANC as a nurse educator.	

2.3.1.4 Sample size

A guiding principle in sampling size is data saturation (Polit & Beck, 2008:357). Data saturation entails sampling to the point at which no new information is obtained and redundancy is achieved (Polit & Beck, 2008:357). In this study, the sample size was governed by data saturation reached after 7 (seven) interviews. Non-probable purposive sampling and data collection continued until the participants provided no

new information (n=7). Participants represented different cultural groups; Tsongas, Southern Sotho and Zulu. The head of the campus granted permission to conduct interviews and advised the researcher to make arrangements with different participants. In addition, the management of the satellite campus granted permission too and advised to make arrangements with different participants. The researcher consulted the participants and introduced the research topic to them. The participants who voluntarily consent to participate in the study were contacted telephonically and appointments were scheduled at a time and place convenient to each participant.

To be included in this study, the participants had to meet the following inclusion criteria:

- **Work setting**

Participants had to be nurse educators working in X campus and Y satellite campus in Limpopo College of Nursing in Limpopo Province.

- **Gender**

Both male and female nurse educators had an equal chance of being included. However, no male nurse educator volunteered to participate in this study. In Limpopo College of Nursing, there are few male nurse educators.

- **Age**

The age limit was between 25 and 60 years. This was because the age of currently employed nurse educators ranges from 25 to 60 years. The participants' age ranged from 36 to 56 years.

- **Language**

South Africa is a multi-lingual country; therefore language was vital in this study. Xitsonga, Sepedi and Tshivheda are the common indigenous languages of the Limpopo Province. Nurse educators who could communicate in English or any of the three indigenous languages stated in Table 2.2 above were invited to participate. In

addition, nurse educators who meet the inclusion criteria of the study and who were willing to share their perceptions through interviews were considered for participation.

- **Work experience**

Work experience of two years or more was recommended. This was important to obtain rich perceptions of implementation of RPL in nursing colleges in Limpopo Province.

- **Professional qualification**

In South Africa, for one to be a nurse educator must have a diploma or degree in nursing education awarded by an accredited institution. The participants had to be registered with the SANC as nurse educators.

2.3.2 Data collection

Data collection was conducted by means of in-depth, unstructured, individual interviews and observations in the form of field notes. During the individual interviews the researcher as an interviewer asked participants one open ended question. A flexible and continuous interactive method was used, rather than other data collection methods that needed preparation in advance (Babbie & Mouton, 2001:289). Furthermore, the researcher applied bracketing. Bracketing involves the deliberate investigation by the researcher of her beliefs, knowledge, feelings and partiality about the research topic (Streubert Speziale & Carpenter, 2007:457)

2.3.2.1 In-depth interviews

The researcher explored and described the nurse educators' perceptions of the implementation of RPL in nursing colleges in Limpopo Province by means of an in-depth interview as outlined in 2.2.2. Only one open-ended question was asked, namely "*What is your perception of the implementation of RPL in nursing colleges in Limpopo Province?*". Digital voice recording was used to record the verbatim

interviews with the permission of the participants. The following communication techniques were used during the interview(s):

- **Reflection:** Reflecting refers to the way in which individuals describe their experiences and also other experiences in their lives. What causes both the researcher and participants to engage in reflecting is to probe for the reflexive based of the data generated (Streubert Speziale & Carpenter, 2007:340-341). In this study, the researcher used reflecting to ensure correct interpretation and meaning of the data.
- **Probing:** Probing is the technique used by researchers to elicit more useful or detailed information from participants than was volunteered in the initial reply (Polit & Beck, 2008:762). In this study, the researcher probed by encouraging participants to talk openly about their perception of the implementation of RPL in nursing colleges in Limpopo Province.
- **SOLAR:** The researcher made use of the “SOLAR” technique during the unstructured interviews. “SOLAR” is an acronym meaning: S=square faced, O=open, L=lean forward, A=active listening with minimum verbal phrasing and R=relax. In short, it implies that the interviewer adopts a position that shows participants during the interview that he/she is there and is with them. This is indicated by the interviewer sitting squarely facing the participant with an open posture, leaning forward, showing active listening with less verbal phrasing and relaxed. This position encourages active participation and cooperation by participants (Egan, 2010:134-135).

2.3.3 Field notes

Field notes were taken about the observations made in the field during the course of this study. They describe the setting, participants and actions, and captured the

researcher's ideas and concerns. The researcher used field notes together with the verbatim transcriptions of the interviews in data analysis. The field notes consist of observational, personal, theoretical and methodological notes (Polit & Beck, 2008:406).

- **Observational notes**

Observational field notes (or descriptive notes) are descriptions of experiences obtained through watching and giving an account of what happened. These notes contain the “who”, “what”, “where” and “how” of a situation and as little interpretation as possible (De Vos *et al.*, 2005:2; Polit & Beck, 2008:406). In this study, observational field notes described the physical layout of the campus and sub-campus as well as the characteristics of the setting.

- **Personal notes**

Personal field notes are all about one's own reflections and experiences. In this study the researcher's personal field notes included her insights, reactions and thoughts during the interviews. These notes commented on the researcher's own feelings while in the field. In addition, field experiences give rise to personal emotions and challenge the researcher's assumptions (Polit & Beck, 2008:407).

- **Theoretical notes**

Theoretical field notes are self-conscious, systematic attempts to derive meaning from observational notes. For this study, new meanings were inferred and conjectured from interactions with the participants and new interpretations and definitions formulated from field observations (Polit & Beck, 2008:406-407).

- **Methodological notes**

Methodological notes are instructions to oneself, critiques of one's tactics, and reminders about methodological approaches that may be fruitful (Polit & Beck, 2008:406). The field notes compiled in this study can be viewed under **Annexure I**.

2.4 DATA ANALYSIS

The voice-recorded interviews were transcribed and analysed together with the field notes. Data analysis was conducted according to the process of Tesch's eight-step method (Creswell, 1994:154-155). These steps are:

Step 1: Get a sense of the whole. The researcher read all the transcriptions carefully and jotted down ideas that came to mind.

Step 2: Choose one transcript and go through it to see what it is all about. The researcher underlined/ highlighted meaning and wrote her thoughts down in the margin.

Step 3: Make a list of all the topics. The researcher clustered similar topics together, then arranged these groups in columns under major and unique topics.

Step 4: Take the list and go back to the data. The researcher abbreviated the topics as coded and wrote the codes next to appropriate segments of text to see whether new categories and codes emerge.

Step 5: Use descriptive words to categorise topics. The researcher grouped related topics together.

Step 6: The researcher made a final decision about the abbreviations for each category and alphabetised the codes.

Step 7: The researcher gathered data belonging to each category and did a preliminary analysis.

Step 8: The researcher identified a co-coder who is knowledgeable in the field of qualitative research to use the protocol for the method used, together with transcripts and field notes. After data analysis, the researcher and the independent co-coder met and reached consensus on themes.

2.5 LITERATURE INTEGRATION

In qualitative research the purpose and timing of a literature review depends on the type of study. In phenomenological studies the conduction of a literature review after data analysis assists the researcher in avoiding preconceived ideas about the phenomenon under study and to set aside biases that might influence the research. Burns and Grove (2009:91) affirm this by stating that the literature should be reviewed after data collection and analysis so that the information in the literature will not influence the researcher's openness. This is supported by Streubert Speziale and Carpenter (2007:97), who state that the rationale for postponing the literature review is related to the goal of achieving a pure description of the phenomenon under investigation. Once data analysis is complete, the findings are compared with information from the literature to determine similarities and differences. It is also indicated that researchers review the literature after data analysis to place the findings within the context of what is already known about the topic.

Lastly, the findings are combined to reflect the current knowledge of the phenomenon (Burns & Grove, 2009:91). The literature integration merges research findings from the study with the literature results of similar studies. Literature integration is done in order to compare and contrast the findings of this research with similar studies (Creswell, 1994:24).

2.6 TRUSTWORTHINESS

Trustworthiness refers to the degree of confidence that qualitative researchers have in their data (Polit & Beck, 2008:768). Lincoln and Guba's method (1985) and Klopfer and Knobloch (2010:318) were employed. They describe the following criteria for establishing trustworthiness: credibility, transferability, dependability and

confirmability. In this qualitative study the researcher attempted to ensure that the study yields data that reflect the truth. The researcher evaluated the findings from the experiences and discussions of the participants rather than her own perceptions to ensure trustworthiness. The researcher involved the participants to validate the research findings. In this study Lincoln and Guba's Model of trustworthiness was used to ensure the trustworthiness of the study. According to Lincoln and Guba (1985) and Klopper and Knobloch (2010:318), there are four criteria for establishing trustworthiness: credibility, transferability, dependability and confirmability.

2.6.1 Credibility

Credibility includes activities that increase the probability that credible findings will be produced (Streubert Speziale & Carpenter, 2007:49). The researcher ensured that the data were provided with confidence in the participants based on the research design, participants and context. The researcher used prolonged engagement, peer examination, member checking and reflexivity to improve the credibility of this study.

- **Prolonged engagement**

In prolonged engagement, the letter to request participation was delivered by the researcher and spending time with participants to establish rapport. Confirmation of appointments was done telephonically by the researcher to strengthen the relationship with the participants. Participants were allowed ample time to verbalise their perceptions. Furthermore, the researcher is a nurse educator with seventeen years experience in teaching learners under basic nursing programs for (R.683, R.2175 & R.2176).

- **Peer examination**

The researcher re-coded the presented data by means of sending raw data to an independent coder who is an expert in qualitative research. The agreement regarding

the themes and sub-themes was reached between the researcher and the independent expert.

- **Member checking**

The researcher checked data collected with the participants continuously to confirm it. Literature search was conducted to integrate the findings with the previous research. A voice recorder was used to capture the truth for literature control.

- **Reflexivity**

Field notes were taken and subjected to data analysis to improve credibility of the study. The consensus was reached with the co-coder. Planning the research process with the expert minimized the influence of the researcher's own background on the study. The researcher used bracketing to prevent influencing the real collected data by her preconceived ideas.

In this study, over involvement of the researcher; selection of participants were identified as credibility threats. The control mechanism of using a qualitative research expert as an independent co-coder, a literature control, purposive, volunteering, sampling according to set inclusive criteria, autonomous decision to participate by the participants overcame this threat.

2.6.2 Transferability

Transferability refers to the generalisability of data to a larger population (Lincoln & Guba, 1985). The researcher provided sufficient descriptive data in the research report during the transcription process. The actions taken to ensure transferability of data included using a nominated sample and dense description.

- **Nominated sample**

The sampling method was purposive and volunteering participants were requested to voluntarily consent to participate.

- **Dense description**

Dense description was done through description of research methodology and the literature control of the findings.

2.6.3 Dependability

In qualitative research dependability refers to the stability of data over time and in different conditions (Polit & Beck, 2008:539). The researcher ensured dependability by allowing the step-by-step replication of the collected data to see if the same findings were obtained. The data were scrutinised by the expert and the data confirmed the same findings. The following actions were applied to ensure dependability: peer examination, dense description of methodology and code-recode process.

- **Peer examination**

The supervisor is an expert in qualitative research, therefore an expert supervision was provided in this study to promote consistency of the study findings.

- **Dense description of methodology**

A detailed description of the methodology was done.

- **Code-recode**

To overcome inconsistency the methods of data gathering, analysis and interpretation of the data were fully described. Data were collected through in-depth interviews and voice recorder. Coding checks were made and they revealed adequate agreement.

2.6.4 Confirmability

Confirmability refers to the objectivity of the data, that is, the potential for congruence between two or more independent people about the data's accuracy, relevance, or meaning (Polit & Beck, 2008:539). The researcher focused on the data as provided by participants to avoid bias. The data were collected systematically to ensure that similar findings will be reached even when an independent auditor conducts an audit. To ensure confirmability the following actions were applied: confirmability audit and reflexivity, see actions of confirmability in Table 2.3.

Table 2.3 Strategies to ensure trustworthiness adapted from Klopper and Knobloch (2010:318); Lincoln and Guba (1985)

STRATEGIES	CRITERIA	ACTIONS	APPLIED TO THIS STUDY
Truth value	Credibility	Prolonged engagement	The researcher spent adequate time with participants to ensure understanding of the situation. The researcher has experience in working on the satellite campus where student nurses are taught as bridging students (R.683), pupil nurses (R.2175) and pupil nursing auxiliaries (R.2176). Nurse educators were interviewed at the nursing campus and satellite campus in order to promote comfort. This activated participation because research was conducted in their natural setting.
		Peer examination	The research process was discussed with impartial, experienced colleagues in order to review and explore the important aspects of the study concerned.
		Member checking	Chances of misrepresentation of the data were decreased by testing the raw data with participants in order to secure the participants' reactions.
		Reflexivity	Consensus discussions with the co-coder and planning of the research

process with experts minimized the influence of the researcher's own background on the study.

Applicability **Transferability** **Nominated sample** Non-probable purposive sampling of nurse educators involved with teaching of student nurses was done to ensure a representational sample.

Dense description Dense background information concerning the participants and research context and setting was provided to allow others to assess how transferable the findings were.

Consistency **Dependability** **Peer examination** Data were gathered by in-depth interviews. Verbatim, transcribed interviews and field notes as well as open coded data analysis were used and these confirmed the same findings.

Dense description of methodology Methodological experts checked the research plan, method and implementation and discussed it with the researcher in order to allow others to assess how transferable the findings were.

Code-recode The method of data gathering, analysis and interpretation were

		process	described as carefully and accurately as possible.
Neutrality	Conformability	Conformability audit	Field notes were kept, consisting of observational, theoretical and methodological notes after every interview and during the entire research process in order to verify the findings. A literature control was conducted to verify the data by checking if there was any new information that does not appear in the literature, or information that was both in the literature and in the research findings.
		Reflexivity	Reflexive analysis took place during the whole research process (when the researcher was aware of her influence on the data) and thus, the influence of the researcher's own background on the study was minimized.

2.7 ETHICAL CONSIDERATIONS

The ethical considerations adhered to in this study are described according to a process of ethical regulation as illustrated in Figure 2.3 below.

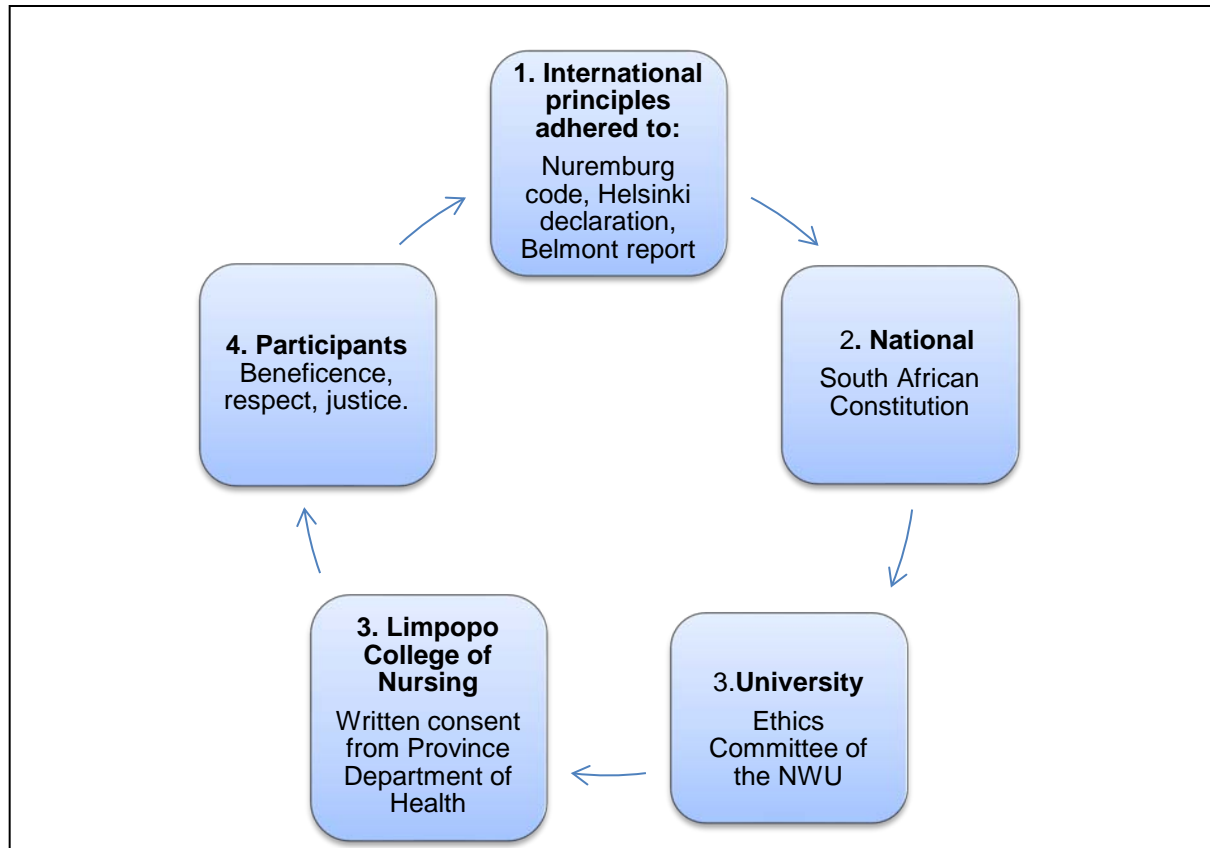


Figure 2.3: Process of ethical regulations in this research

International ethical guidelines have been formulated in order to ensure that equivalent standards are complied with across the whole world. There are three documents that govern the standards of ethics, namely: the Helsinki Declaration (World Medical Association, 2008), the Belmont Report (National Commission for the Protection of Human Subjects of Biomedical and Behavioural Research, 1978) and the Nuremberg Code (United States National Institutes of Health, 2012).

The researcher followed the Nuremberg Code. This code emphasises that voluntary consent from human subjects is essential before participation in a research study. It further indicates that the subject must be legally competent to give consent. The participant must be able to exercise the power of freedom of choice and have adequate knowledge and understand everything about research so that he/she can make an informed decision. The participant must know the nature of the study to be conducted, its duration and the aim, the method to be used, as well as the risks to be expected.

The National Human Rights Constitution of South Africa (Act No.200 of 1993) was considered as well. The researcher obtained the written consent of all participants before the study was conducted. The researcher considered that no research could be conducted until she obtained ethical approval from all the relevant authorities to protect participants. The researcher obtained the ethical clearance certificate from the Ethics Committee of the NWU and was allocated an ethical number before the study commenced. Thereafter, the researcher requested and obtained permission to conduct the study from the Limpopo College of Nursing, X Campus and Y Satellite Campus where the study was conducted. Finally, the researcher requested permission from participants themselves. In a covering letter, the researcher explained the purpose of the study and the participants' rights; including the right to terminate participation at any time should they so wish. The letter also indicated the request for the permission to use a voice-recorder during the interviews. Participants were expected to give informed consent by signing the letter. The following ethical principles were upheld throughout the study: beneficence, respect for human dignity and justice.

- **Beneficence**

The principle of beneficence encompasses the responsibility to avoid harm to the participants. As qualitative research involves in-depth interviews, the researcher must carefully consider the

phrasing of questions to avoid psychological harm to the participants (Polit & Beck, 2008:170). The researcher assured the participants that their participation and the information provided will not be used against them in any way. The researcher was conscious about in-depth probing that might expose deep-seated fears and anxiety that study participants had previously repressed to avoid emotional distress (Polit & Beck, 2008:170). In this study, the researcher concentrated on the nurse educators' perceptions of implementation of RPL in nursing colleges, rather than infringing with the participants' personal matters by forcing participants to provide information that they were not willing to.

- **Respect**

The principle of respect for human dignity includes the right to self-determination and the right to full disclosure. The right to self-determination means that participants had the right to decide voluntarily whether or not to participate in a study without the risk of incurring any penalty. Participants also had the right to terminate their participation at any stage without being punished or penalised (Burns & Grove, 2009:181; Babbie & Mouton, 2001:521; Polit & Beck, 2008:171-172). The right to full disclosure compelled the researcher to describe fully the nature of the study and the participants' right to refuse participation, the researcher' responsibilities and possible risks and benefits (Polit & Beck, 2008:172). In this study, the researcher provided full relevant information concerning the nature and purpose of the study and on the fact that participation is voluntarily.

- **Justice**

The principle of justice included the right to fair treatment and the right to privacy. Participants were treated fairly before, during and after the study. Participants who withdrew from the study after agreeing to participate were not discriminated against. The selection of participants was based on the inclusion criteria prescribed for the study and not the researcher's preference. In

this study, only nurse educators working in Limpopo College of Nursing (X Campus and Y Satellite Campus) who voluntarily agreed to participate were interviewed. As privacy goes hand-in-hand with confidentiality, both these were maintained throughout the study. Participants were promised that any data they provided will be kept in strictest confidence. The researcher can not divulge any information obtained from participants to others by any means. In this study, the researcher assured participants at the time of signing the consent that all information will be treated as strictly confidential and will not identify them in any way (Williams, 2009:106).

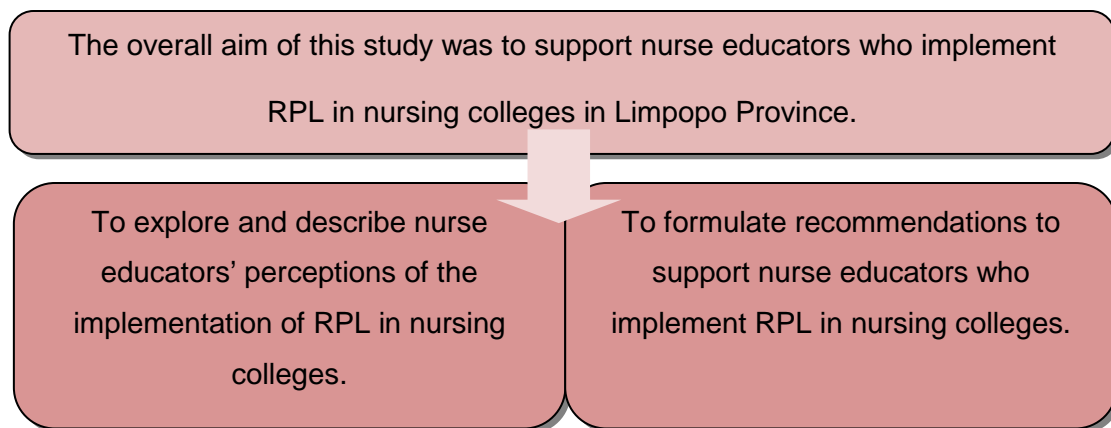
2.8 CONCLUSION

This chapter discussed the research design and method, including the data collection methods, measures for ensuring trustworthiness and ethical considerations. Chapter 3 presents the research results and the literature integration.

CHAPTER 3: RESEARCH RESULTS AND LITERATURE INTEGRATION

3.1 INTRODUCTION

Chapter 2 offered a discussion of the research methodology. This chapter explains the following: the realisation of data collection; the research results and the literature integration. The research results are presented and discussed in terms of literature to either support the results of this study or to identify the results of this study as unique. The reader is again referred to the objectives of this study:



3.2 REALISATION OF DATA COLLECTION

The sample comprised of seven nurse educators (n=7). Although data saturation occurred in the fifth interview when the researcher identified that no new information surfaced, two more participants were interviewed. Table 3.1 below provides a detailed description of the demographics of the participants according to gender, age, professional qualifications, and

years of experience working in nursing colleges, field/subject teaching and interviewing language.

Table 3.1 Participants' demographic details (n=7)

No	Gender	Age	Professional qualifications	Experience	Teaching field	Home Language
1.	Female	56	Diplomas: general nursing; midwifery; ophthalmic nursing science; baccalaureus degree in nursing education and administration.	10 years	Ophthalmic Nursing	Southern Sotho
2.	Female	56	Diplomas: general nursing; midwifery; ophthalmic nursing science; nursing education; health service management; community nursing science; advanced certificate in ophthalmic nursing.	15 years	Ophthalmic Nursing	Zulu
3.	Female	39	Diploma in nursing (general, psychiatry and community) and midwifery; baccalaureus degree in nursing education and administration.	3 years	Biological Nursing Science	Tsonga
4.	Female	40	Diploma in nursing (general, psychiatry and community) and midwifery; baccalaureus degree in nursing education and administration.	3 years	Biological Nursing Science	Tsonga
5.	Female	44	Diploma in nursing (general, psychiatry and community) and midwifery; baccalaureus degree in nursing education and administration.	3 years	Psychiatric Nursing Science	Tsonga
6.	Female	36	Diploma in nursing (general, psychiatry and community) and midwifery; baccalaureus degree in nursing education and administration.	3 years	General Nursing Science	Tsonga

7.	Female	52	Diploma in nursing (general, psychiatry and community) and midwifery; baccalaureus degree in nursing education and administration; diploma in operating room nursing.	2 years	General Nursing Science	Tsonga
----	--------	----	---	---------	----------------------------	--------

From Table 3.1 it is clear that the participants' work experience at the applicable nursing colleges were between 2 to 15 years with the majority of participants with a three years experience. The participants' qualifications indicated a variety of specialities and that all the participants matched the minimum qualifications according to the inclusion criteria. The majority of participants are Tsonga speaking but opted to speak English during the interviews.

The researcher had no difficulty entering the research setting and met with the participants in different places suitable and accessible to the participants. Written permission to conduct the study was granted by the authorities. The participants readily agreed to participate in the study and welcomed the researcher warmly. All participants gave informed consent to participate voluntarily. In-depth individual, unstructured interviews were conducted over a period of a month. Data collection was conducted when the participants were on vacation as this was the most suitable opportunity for the busy educators to allocate sufficient time to participate. This implied that the researcher had to travel to each participant, and the interviews were conducted at the physical site indicated by each participant. The researcher applied facilitative communication skills, for example probing, clarifying and summarising during the interviews. The researcher transcribed the digitally voice-recorded interviews. Although this was a time consuming process, the researcher could emerge into the data. Data analysis was done in accordance with the techniques of open coding by Tesch (*in* Creswell 1994:155) as described in paragraph 2.7 in chapter 2. An independent co-coder was appointed as specialist experienced nurse researcher. A consensus discussion was held to finalise the categories. Field notes were kept during data collection and utilised during data analysis and the consensus discussion.

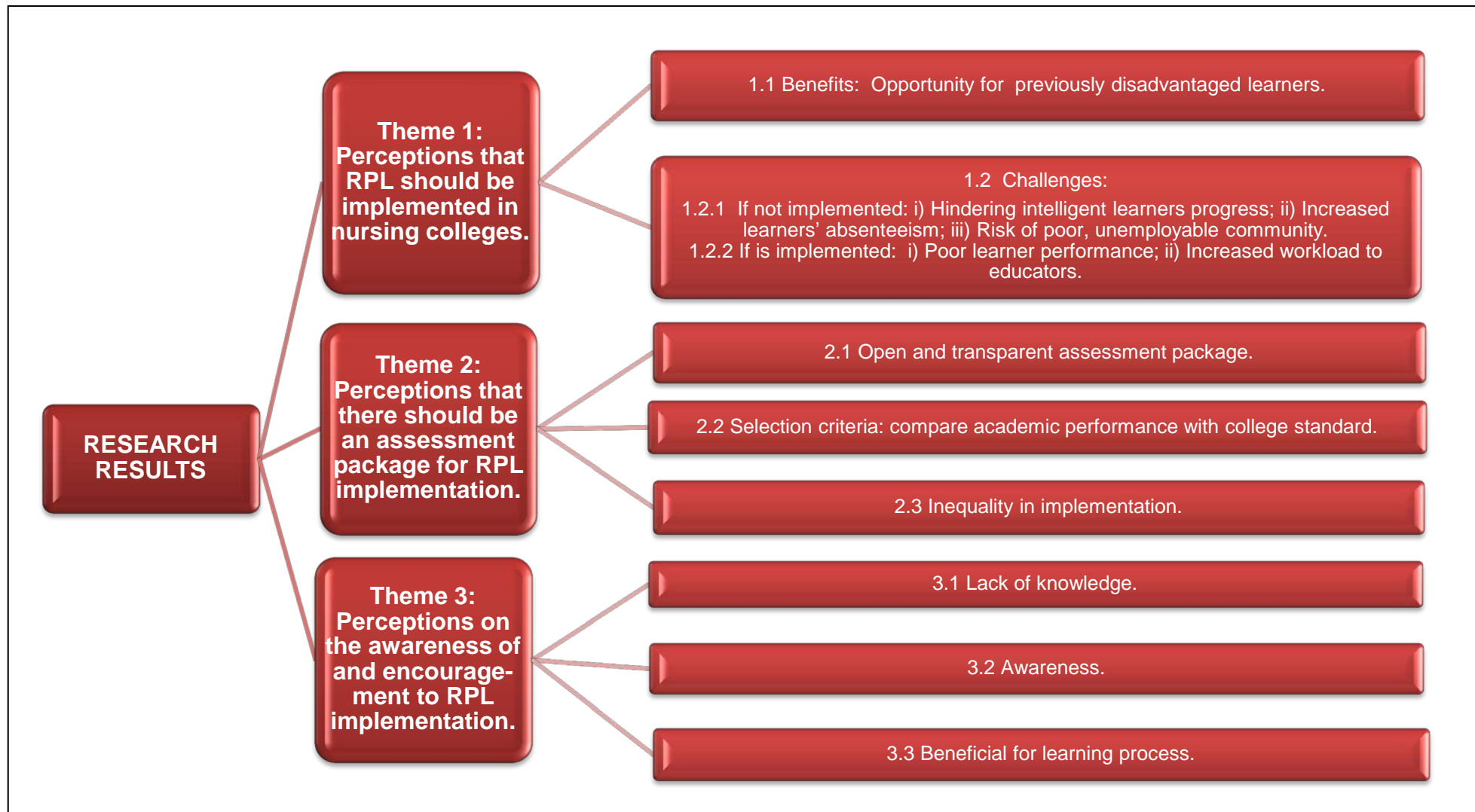


Figure 3.1: Research results on the nurse educators' perceptions on the implementation of RPL classified into themes and sub-themes

3.3 RESEARCH RESULTS AND LITERATURE INTEGRATION

The themes and sub-themes identified from the nurse educators' perceptions of the implementation of RPL in nursing colleges are illustrated in Figure 3.1. A detailed description of the themes and sub-themes fortified with direct quotations and integrated with relevant national and international literature then follows.

3.3.1 THEME 1: Perceptions that RPL should be implemented in nursing colleges

The theme and sub-themes for discussion are graphically portrayed in figure 3.2 below.

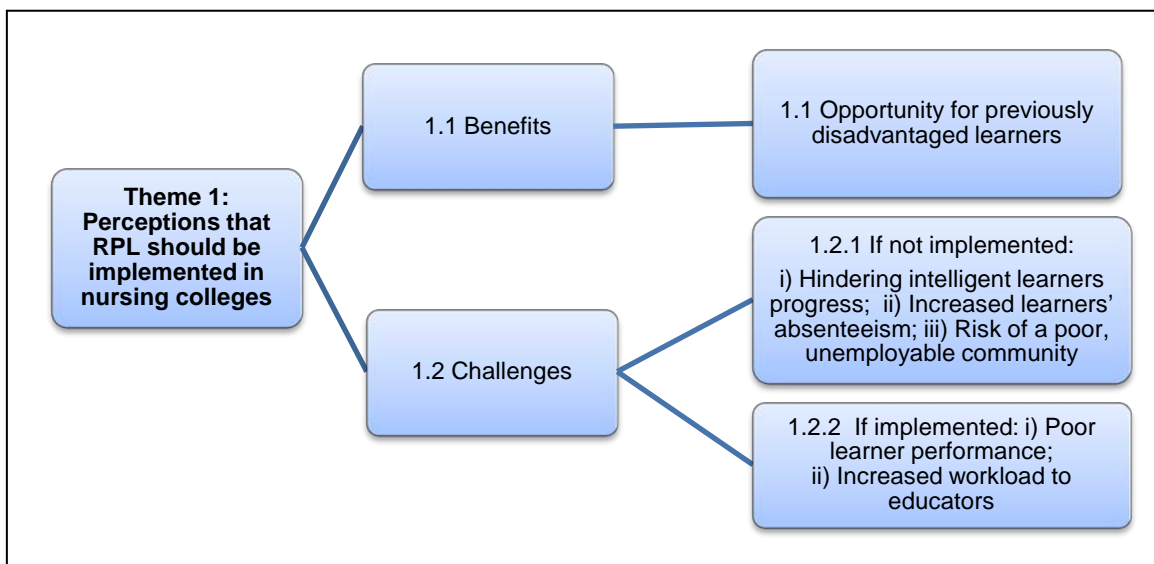


Figure 3.2: Perceptions that RPL should be implemented in nursing colleges

The participants indicated that they think RPL should be implemented in order to provide opportunities to the previously disadvantaged learners to continue with their studies at nursing colleges. It was identified that this implementation of RPL in the nursing colleges has both benefits and challenges.

- **Sub-theme 1.1: Benefits: Opportunity for previously disadvantaged learners**

There seems to be a common understanding among nurse educators who participated in this study that RPL should be implemented. They stated that if RPL is implemented learners who were previously disadvantaged will benefit if they are given the opportunity to go to the nursing college, irrespective of their matric results, but considering their acquired knowledge and experience outside formal learning. Recognition of their experience will motivate the learners to study further and improve their career. Furthermore, they will have job satisfaction, which enhances productivity. In addition, the poor, volunteers and adult learners will access the college and acquire some formal qualifications that they were previously denied. Due to the fact that learners' previous experience is recognized, money and time will be saved and this curbs shortage of staff. In conclusion, as RPL is learner-centred it reduces the workload of nurse educators because learners actively participate. Employers benefit as they develop their staff. Some nurse educators clarify their perceptions as follows:

- *"I think it will be wise if it is implemented at the nursing colleges as I think it will ee...assist some of the students who are may be disadvantaged at the previous time."*
- *"There are people who don't have matric for many reasons, but when you look at their...their cognitive skills, they qualify to go to the college."*
- *"They will be motivated to study because they will know "kuri" their experience and the knowledge that they had before is recognised."*
- *"...it gives a lot of nurses an opportunity to continue with their career, to improve their career..."*

The necessity to implement RPL is confirmed by Khanyile (2000:133), who highlights that the National Education Policy Act (NEPA) (Act No. 27 of 1996) lays the foundation of RPL with its reference to the acquisition of equitable education opportunity and redress of past inequalities in the provision of education. Khanyile further states that NEPA encourages institutions to recognize aptitudes, abilities, prior knowledge and experience of learners. Kennedy (2003) and Shandro (2006:4) confirms this research finding by reporting that colleges appear to be positive about the implementation of Prior Learning Assessment and Recognition (PLAR) policies. Dyson and Keating (2005:9) report that the potential benefit of RPL in Australia is to provide access to education and training for disadvantaged learners and to facilitate life-long learning by providing access to learning pathways.

Khanyile (2000:71) views RPL as an appropriate strategy for potential candidates without matric, but with previous experience from voluntary or community work as they will be able to access the training programmes. This widens the entry portal, unlike in the past where these candidates would be redirected to the enrolled programme. Heyns (2004:10) affirms that people who have achieved learning through experience may be given access to education, not on the basis of preceding qualification, but on the basis of what they can demonstrate in terms of their learning. This is reaffirmed by Sheridan and Linehan (2009:61), who state that RPL can facilitate entry to a course, allowing learners who would not meet the standard entry requirements to gain access to learning. Therefore learners are not required to repeat learning that has already been demonstrated.

Furthermore Khanyile (2000:71) supports the implementation of RPL because for the first time enrolled nurses will be able to progress through in the unified system and be allowed to progress in the four year programme without extension or duplication.

Mobarak (2005:21) asserts this by stating that RPL is an important approach to address access for those previously excluded from education. The government views RPL as a device for transformation, providing access to people previously excluded from education opportunities (Mobarak, 2005:29; SANC, 2009:13).

In this study the disadvantaged also include adult learners. Blower (2012:10) reported that RPL services, all schools and student service areas are ready to continue the expansion of RPL opportunities for adult learners in full and part-time programmes. In situations where documents are not accessible, transferable or reflective of the learner's present situation, RPL provides opportunity for adult applicants to demonstrate their current professional capacity (Israel, 2011:65-66). Viskovic (2007:9) acknowledges the advantages of RPL such as decreasing study time for students, and the value of recognizing mature students' workplace experience at a time when they feel vulnerable on entering higher education.

In addition, Osman (2004:63) consider RPL as an instrument used to assist adult learners to identify existing knowledge and skills acquired informally through work and life experience, while allowing institutions to decide whether they are capable for study or qualify for credits. This is supported by Israel (2011:91), who affirms that the RPL-based assessment process has the full potential to serve all adult learners who apply for dietetics studies, training and registration, especially those who are accessing the profession via alternative routes. There seems to be agreement in the literature on the financial benefits when RPL is implemented. The RPL route seems to be less expensive than the conventional route (Sheridan & Linehan, 2009:69). There are financial benefits to recognise the learner's prior learning. It brings about a reduction in both the direct and opportunity costs that are associated with formal learning (Israel, 2011). These authors further indicate that these financial benefits are achieved by

shortening the time required to acquire qualifications, especially when it relates to experienced professionals. Israel (2011:65) reports the following benefits as those gained by learners who participated in RPL/PLAR processes: “it saves time and money”.

In a study that was conducted at the Universities of Western Australia, Pitman (2009:235) highlighted the Victoria University’s response to RPL as follows: “By recognizing students’ past experiences and achievements, the University ensures that students do not repeat the skills and knowledge they have already achieved. In this way students are able to shorten the length of their course, saving time and money. They study at the appropriate level, are encouraged to continue their learning and achieve their educational goals with maximum efficiency”. Thomas and Chaperon (2012:8) indicate that the Australian Nursing Federation (ANF) supports further options for delivery of the enrolled nurse qualification to best enable nurses to take advantage of RPL and expedite delivery of the qualification to address the evident and increasing nurse shortage.

Mobarak (2005:15) indicate that RPL focuses on individuals and builds confidence and self-esteem based on systematic self-assessment of concrete performance and achievement. In addition Whittaker, Cleary and Gallacher (2002:11) reports that several employers stated that the recognition of experience and competence has led to increased self-esteem among the work-force and that individuals feel empowered to accept new responsibility and have the confidence that the external recognition of their skills has currency within their industry or sector as a whole. Personal and job satisfaction were the main motivators for post-graduate nursing studies ahead of increased professional status and better job opportunities(Donoghue, Pelletier, Adams & Duffield, 2002:55). The performance of mature students without the benefit of

previous tertiary education as determined by their critical thinking abilities in post-graduate nursing courses has been found to be as successful as that of post-graduate students with tertiary qualifications (Donoghue *et al.*, 2002:55). It has been argued that mature age workers are much more likely than younger workers to remain in their positions for longer due to higher job satisfaction (Byrne, 2005), and this may be a significant advantage for nurse retention (Kenny, Kidd, Nankervis & Connell, 2011:107).

- **Sub-theme 1.2: Challenges if RPL is not implemented**

On the one hand the participants perceived that the implementation of RPL implies specific benefits. On the other hand, the participants listed the challenges when RPL is/not implemented. The challenges when RPL is not implemented are the hindering of intelligent learners' progress, increased learner absenteeism and the risk of a poor, unemployable community. The discussion of the research findings on all the challenges when RPL is not implemented will be discussed in combination.

- *If not implemented: Hindering intelligent learners' progress*

Participants made it clear that learners should be given an opportunity to develop themselves as some learners are intelligent and can progress well. They highlighted that denying learners this opportunity will be to their disadvantage. The following are some quotes from the nurse educators who were participants in this study:

- *"It can also has disadvantage to some of the learners who are..., I can say who are intelligent enough...ee...who can at the campus with this nursing auxiliary certificate and then they have to start at the first level, so if recognition of prior*

learning is not implemented they are disadvantaged because they have to complete the whole four years without any credit of the subjects they have done in the nursing auxiliary certificate".

- *"...they are intelligent enough,...from the tests that are written throughout the year that they are very much competent; they are excellent; they got from 90% and above...that learner if maybe the recognition of prior learning was implemented to such a learner it will be an advantage to her to be credited from first level and start from second level..."*

- *If not implemented: Increased learners' absenteeism*

In cases where RPL is not implemented learners end up repeating much of what they already know. They end up bored which results in absenteeism from classes. Nurse educators who participated in this study highlighted their perceptions on cases where RPL is not implemented as follows:

- *"...my experience in some institutions where prior learning is not recognized, I discovered "kuri" there is lot of absenteeism, the reason is they are bored to be taught the things that they know"*
- *"...when the time table shows them to go to the class they don't come. When you ask them they give the reason "kuri" Aaa...there is no need for them to go to the class because these things that are taught they already know...they only want... this period to get finish and they get their certificates and they get back home".*
- *"...it is that they are not benefiting a lot, because even their attendance you find that it is not that hundred percent one... because they are repetitions of the work*

which they have already done. When you check their attendance register there some absenteeism...so they are just being dragged by that rule because if they don't meet that 80% they don't sit for exam".

- *If not implemented: Risk of a poor, unemployable community*

Some of the disadvantaged people come from poor families, and this is one of the contributory factors in the interruption of their schooling. If RPL is not implemented they will be denied the opportunity to access higher education and training and they consequently miss out on better employment. In addition, denying these previously disadvantaged groups to learn, increases poverty and unemployment in the country. Some nurse educators who participated in this study expressed the following views:

- *"The only way for her it was to and improve her matric results and in some situation it is not possible...because this person is already working...because it needs time...because for her to do matric it may also include some extra finances to study...when she has these, the knowledge that is recognized it helps her not to go back and do matric".*
- *"If it is not considered those don't qualify in the criteria, that is been set for the programs that are there they will always be disadvantaged and now we are going to have a poor community that does not have skills which is not employable".*

With regard to the challenges presented to intelligent learners when RPL is not implemented, the Head of Curriculum Development of Cape University of Technology concluded that previously some candidates left school before completing their studies

due to the needs of their families. When candidates are bright they find it easy to find employment if they do finish with their studies. The fact that these candidates succeed in life shows good success in higher education and therefore less privileged persons should be given a second chance to obtain a qualification (Heyns, 2004:222). In addition the Director of Witsplus (University of the Witwatersrand) affirms that the people who are most likely to succeed are those who could for whatever reason not complete matric, but who have subsequently 'made something of themselves' after leaving formal schooling. Success often hinges in life experiences, curious motivation and invisible ability (Heyns, 2004:222).

Shandro (2006:4) reports that students who used Prior Learning Assessment and Recognition (PLAR) processes in general had successful learning outcomes. Shandro (2006) further points out that the overall passing grade in courses acquired through PLAR was slightly higher than in traditional courses. In addition, students who had access to the PLAR process had overall academic performance equal to or higher than traditional students in the same programmes. In this study nurse educators indicated that if RPL is not implemented it will deny previously disadvantaged candidates opportunities, even though some are intelligent enough to succeed in higher education. Furthermore Donoghue *et al.* (2002:54) reaffirm this in their study on poor learner performance where they were compared the academic achievements in graduate nursing programmes of those with undergraduate qualifications and those admitted using the RPL initiative. Results indicated that the academic achievement of the hospital-trained nurses was similar to those admitted with a formal qualification.

Donoghue *et al.* (2002:55) further maintain that the performance of mature students without the benefit of previous tertiary education as determined by their critical thinking abilities in postgraduate nursing courses has been found to be as successful as that of postgraduate students with tertiary qualifications.

In addition, Donoghue *et al.* (2002:58-59) agree that these findings support the university's confidence in the ability of students who are not qualified in the traditional sense, but bring prior learning and professional experience to post-graduate education. They also highlighted that the decision to admit students who were not experienced in tertiary studies into post-graduate courses was affirmed.

With regard to challenges when RPL is implemented, the following are listed under this sub-theme, namely that when RPL is implemented there is poor learner performance and an increased workload for the nurse educators. The discussion of these two research findings on the challenges when RPL is implemented is combined.

- *If implemented: Poor learner performance*

Some participants indicated that the standard at the colleges is higher than the standard at the nursing schools, and as a result some learners struggle to progress or succeed in their studies. The following are quotes from some participants:

- *"Is an advantage but at the same time I said the disadvantage may be it might be the standard at the nursing colleges."*
- *"...you can see that the performance is really not good in all the subjects in the college. You feel, you can see that these learners are struggling although they have been credited..."*
- *"...the disadvantage that I perceive is that you find "kuri" (that) the program of R425 is so complex if I can say because is a comprehensive course and you find "kuri" (that) this person was, when still there at the satellite campus, he was performing very well but when it comes to this four year course sometimes it becomes difficult because this person is not used to the strategies and the workload that is there at the colleges."*

- *If implemented: Increased workload of the educators*

Nurse educators further highlighted that implementation of RPL holds challenges for them (nurse educators) because they have to identify strategies to verify the equivalence between the informal learning and the college set standard. This increases their workload. The following are some of the quotes from the nurse educators who were participants in this study:

- *“... if it is implemented, it means these learners are going to need student support opportunities and now if these learners are more than you find that now it becomes more workload, a burden to the lectures”.*
- *“I think is a challenge because now we have to come up with some ways of saying this knowledge is equivalent to these outcomes which have been set for this program...”*
- *“I think it is difficult to identify and value learning that took place outside the learning system...and say this is equivalent to this”.*

Heyns (2004:9) highlights that the introduction of RPL in South Africa formed part of a period of vast changes. It is therefore sometimes seen as a threat to the integrity of education and training as it is believed that the standards will have to be lowered to accommodate learners who were not eligible for admission to formal learning programmes in the past. Motaung (2009:78) asserts that academics saw the prospect of admitting large numbers of under-qualified adult students with work-related experience as “a threat to the institution’s reputation, or an erosion of academic standards, assumed to be high”.

In the study conducted in Canada, Shandro (2006:5) found that if PLAR is not properly implemented, "it will become a 'cut price' approach to education, with all the connotations associated with that phrase, of sub-standard goods with limited market value". Shandro (2006:7-8) further concludes that a few people who have challenged the PLAR process have failed and the PLAR process can be more difficult than taking the actual course. Heyns (2004:141) shows that when it comes to the implementation of RPL, redress learners in particular are viewed with doubt regarding the extent to which they will be able to cope with formal further learning. There is a concern regarding academic standard that is fuelled by an unfounded fear that RPL is contributing to a more general lowering of standards by making RPL available to all learners (Sheridan & Linehan, 2009:37). The National Education and Nursing Education Taskforce (2006:31-32) reported poor progress and course completion, and also pointed out that training in the Vocational Education and Training (VET) sector does not prepare graduates with the academic skills to operate effectively in higher education with substantial credit. It is suggested that the introduction of RPL challenges the traditional approaches to teaching and learning and further increases the heavy load of overworked academics (Heyns, 2004:219). Learners need educators' interaction to accommodate RPL. Motaung (2009:82) maintains that lecturers who participated in the RPL assessment process felt dissatisfied. The dissatisfaction is because of workload as much work goes into taking just one RPL candidate through the assessment process, as pointed out by senior managers regarding the challenges encountered with developing RPL (Motaung, 2009:82).

Jousted and Jasper (2010:711) suggest that lecturers need to refine their focus areas to specific performance criteria that specify the level of performance required to demonstrate achievement of each specific outcome, especially if the RPL process will be used for both access to a program or for accreditation within a programme. Belen

and Kenny *et al.* (2011:134) report that the challenge for academics is to devise preparatory programmes that prepare often educationally deficient and naïve students for the rigorous reality of university life.

Furthermore, Brier (2001:91) points out that the 'equivalence' approach to RPL (where there are clear outcomes that the learner is required to meet) that has been adopted by many institutions of higher education, is more in tune with this performance-based or OBE model of assessment (Sutherland, 2006:47). The equivalence of classroom learning to learning from experience was questioned by many, even though today learning throughout life is an acceptable premise, especially in the United States of America where the concept of RPL originated (Motaung, 2009:78).

Finally, the delegates who attended the April 2011 National Nursing Summit urged the nursing education institutions to strengthen the implementation of RPL for access and entry into nursing training programmes in line with national policy and SANC guidelines (SANC, 2011:2).

Concluding statements on Theme 1: Perceptions that RPL implementation should be in nursing colleges

The implementation of RPL is important to enhance access to continuing education and training and to consequently enhance the career progression of those who were previously disadvantaged.

Implementing RPL is advantageous because it eliminates duplication of the same content in different nursing programmes, which wastes time and money.

The use of RPL for admission also has the potential to benefit those from disadvantaged socio-economic backgrounds who may be able to demonstrate ability even though they may lack formal qualifications.

3.3.2 THEME 2: Perceptions that there should be an assessment package for RPL implementation

Nurse educators felt that the implementation of RPL at the nursing colleges where they work can be conducive only if there is a learner assessment before a learner enters the college programme by means of RPL. Participants emphasised that the assessment package should be open and transparent to all learners and that learners should be assessed using different methods such as interviews, assessment of their practical skills, etc. The classification of the sub-themes are graphically portrayed below (please refer to figure 3.3 below).

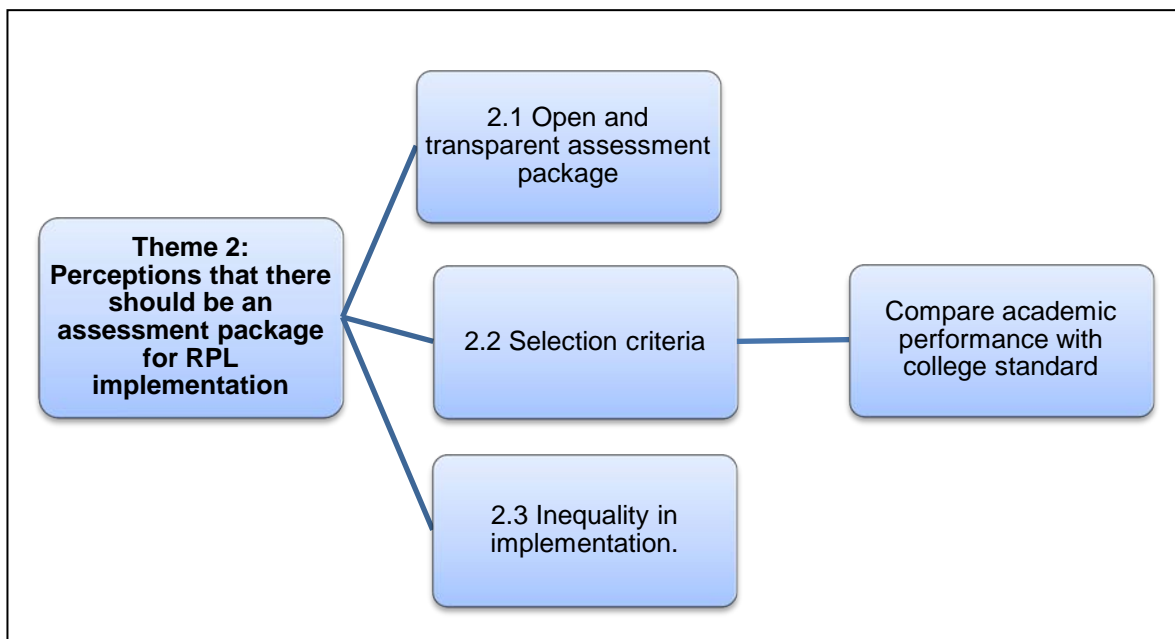


Figure 3.3: Perceptions that there should be an assessment package for RPL implementation

The sub-themes regarding nurse educators' perceptions that there should be an assessment package for RPL implementation with literature integration are discussed below.

- **Sub-theme 2.1: Open and transparent assessment package**

Participants stated that learners' assessment should be open and transparent and done prior to entering the programme by using measures such as:

- checking the curriculum covered in the nursing auxiliary certificate;
- checking progress in first year and then credit; and
- checking performance from the Enrolled Nursing Auxiliary (ENA) certificate, specifically the final examination results.

Nurse educators who participated in this study indicated their perceptions as follows:

- *"They check the curriculum covered in the nursing auxiliary certificate."*
- *"...assess them, the students what is it that they have, what skill are they having at that time when we admit them?"*
- *"...at the things they have given that they already know and look at our curriculum and extract only the things that they don't know and that is the information that we will teach them, not just to teach them everything."*
- *"I can say for those that have this kind of experience...also the (stutter) performance from their ENA certificate or the enrolled nurse certificate can also be considered."*
- *"...to assess that skill they know best...is difficult...unless we take that learner to the OSCE (Objective Structured Clinical Evaluation) so that we assess her nicely"*

because there is no written document which shows that the learner has covered the skills but only the course outline.”

If the assessment package is not open and transparent the disadvantaged learners will not have access to education and training. Israel (2011:14) reports that the existing credentialing process used by educational, training and registration bodies might not be fully transparent and may therefore fail to serve the needs of many applicants who are trying to access the profession. Learners' prior learning should be assessed before entering the programme and the assessment package should state clearly what the learner should expect. Israel (2011:44) points out that the applicant's acceptance letter contains a PLAR package that introduces the concept, contains a programme policy and procedures and material that educates the student on programme competency requirements, how these are evaluated etc. Heyns (2004:133) supports the view that there should be clarity on what RPL is and what it is not, what it intends to cover and what it doesn't cover. Osman (2004:143) affirms that institutions and academics should be aware of and transparent about the purpose and aims of RPL.

- **Sub-theme 2.2: Selection criteria: Identify if learner will be able to cope with set standard**

Some participants stated that they think that learners struggle at the nursing college because the college standard is higher than the standard at the nursing school (nursing schools that run the basic program such as enrolment as a nurse [R.2175] and enrolment as an auxiliary nurse [R.2176]). Respondents indicated that learners should be selected through interviews to see if they can cope with the college standard before admission. The following are some quotes from some nurse educators who were participants in this study:

- *“I think this will need maybe some kind of a selection in the form of interviewing these learners who will be (stuttering) be assisted when we implement the RPL or the prior learning in nursing colleges.”*
- *“I think we can have selection where we select those who we may think according to their academic performance they can cope (stuttering) with the standard or the level at the nursing colleges.”*
- *“I think some sort of selection or by the use of interviews; it might help to select these learners as to whether they are going to cope with the standard at the college?”*
- *“...the disadvantage may be it might be the standard at the nursing colleges. But I think it is wise to give them opportunity and see if they are coping.”*

Israel (2011:60) shows that there are many ways of assessing the suitability of an applicant for education, training and registration, from self-assessment to computer based examination, to Objective Structures Clinical Examination (OSCE) and bridging programmes. Structured interviews can also be used to probe the applicant's interpersonal and critical communication skills, critical thinking skills, attitude, motivation and personal readiness for an upcoming process such as a bridging program (Israel, 2011:75). Similarly, Khanyile (2001:17) indicates that since prior learning cannot be recognized before it has been assessed and because not all prior experience leads to learning, educators have to design mechanisms to identify, verify and assess prior learning before accreditation can be given. One of the covert ways in which higher education has sought to undermine or delay the implementation of RPL is by engaging in debates about academic standards. This debate emerges among higher education practitioners, and the doubts and concerns that have been raised

about the possibility of compromising standards might in fact be a potential hindrance to the implementation of RPL policy in higher education (Sutherland, 2006:50).

Cretchley and Castle (2001:489) maintain that candidates who seek RPL are invited to demonstrate their prior learning by means such as demonstrations, interviews, autobiographical essays, portfolios of work, practical tests or formal examinations. If the candidates' performance is satisfactory, they are given recognition in the form of access to a course of study (where they lack the usual pre-requisite qualification), or credit (where they are awarded advanced standing in or exemption from a course or qualification). Khanyile (2000:70) is of the opinion that for nursing education, this necessitates a review of student selection and the admission criteria. It also necessitates upgrading programmes for the enrolled nurse and the enrolled nurse assistant category.

- **Sub-theme 2.3: Inequality in implementation**

Nurse educators voiced different perceptions regarding the implementation of RPL. Most of them described that RPL is not equally implemented in nursing colleges. It seems as if most participants interpret implementation of RPL in nursing colleges as unfair (not equally implemented). Participants verbalised their perception that RPL is not equally implemented because it is not implemented:

- if the learner does not have an endorsed matric certificate; and
- if the learner does not submit the recognised course outline.

• *“So far the perception that I’m having is that it is not being implemented equally to all the students, because when I analyze what is going on there, you find that if the learner does not have the course outline of where he or she have been trained the*

prior learning, which he or she is having is not being recognized.”

- *“So to me the implementation of prior learning, the recognition of prior learning in fact is not being equally recognized.”*
- *“I feel that at the nursing college prior learning to some of the students is not recognized as such, because if somebody is an auxiliary nurse and want to do the R425 course they are not recognized at all, they start from level one.”*
- *“They are at the disadvantage because they got this knowledge and then I can give an example, “ku” (that) if at all somebody start at level one meanwhile she has been practicing as an enrolled nurse for more than six years, seven years and then when they decide to do R425 course they start from level one that knowledge is not recognized.”*

In a study conducted in Australia it was indicated that enrolled nurses (EN) were also in a position where little recognition of prior learning or EN experience was given when enrolling in Bachelor programs for registered nurse (RN) registration (Rapley, Davidson, Nathan & Dhaliwal, 2008:116). Badat (2010) also speaks to the issue of equity of access as he argues that equity of access alone would not ensure meaningful participation in higher education, but that we should be speaking of equity of opportunity, which includes access to quality. In this regard, quality assurance becomes a critical issue so that learners are not denied the realisation of their full potential, particularly since many RPL programmes will be/are directed at individuals who have historically been denied access and quality in our education system (Buchler & Ralphs, 2000:8).

Concluding statements on Theme 2: Perceptions that there should be an assessment package for RPL implementation

The implementation of RPL is important to enhance access to higher education and training institutions for those who were previously marginalized. RPL is the only route that should be recognised by HEI for access without a senior certificate. Such candidates need information about the RPL process as a whole.

3.3.3 THEME 3: Perceptions on the awareness of and encouragement to RPL implementation

The final theme relates to the participants' perceptions on the awareness of RPL implementation as well as the encouragement to implement RPL in nursing colleges. Please refer to Figure 3.4 for an outline of the third theme and sub-themes.

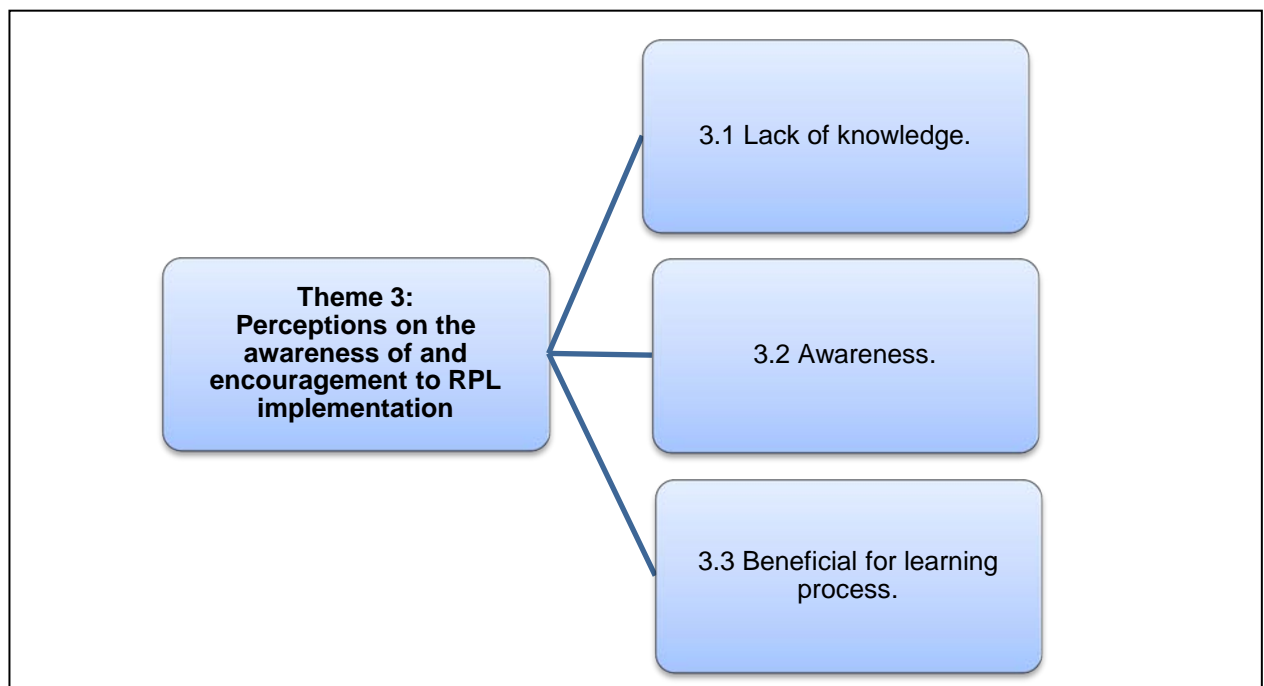


Figure 3.4: Perceptions regarding the awareness of and encouragement to RPL implementation

- **Sub-theme 3.1: Lack of knowledge**

The participants indicated a lack of knowledge of whether all people concerned are well informed as far as implementation of RPL is concerned or not. Some even highlighted the lack of sufficient information about what the RPL process entails. The following are some remarks made by the nurse educators:

- *“I wonder how many people know about this opportunity, you may find that there are people who don’t know that there is the opportunity for them to go to the college...”*
- *“...she won’t be reading books because she will say after all for me to go to become a professional nurse I must wait for the line of the study leave and then not study books.”*
- *“I don’t know the package for prior learning.”*

The overall lack of awareness of the need for and benefits of RPL programmes and services has been confirmed in literature. There is lack of awareness about RPL and PLAR and as a result job-seekers who have had difficulty making a successful attachment to the labour market are not aware of the value of RPL processes or the recognition of prior learning and experience (Gavern & Associates, 2008:24). In addition, the concern is that there is lack of awareness even though RPL is not a new concept. It is reported that many educators and trainers do not understand how to assess prior learning and experience in order to support the further education and training requirements of individual learners (Gavern & Associates, 2008:41). Learners are not aware of the option that RPL can provide to them to advance their learning.

This lack of knowledge also affects job-seekers as they do not understand how to document their prior learning and experience so that they can promote their skills and abilities to prospective employers. On the other hand the industry does not know what methods to use to qualify candidates for professional certification or employment opportunities (Gavern & Associates, 2008:41). Murphy (2009:10) highlights limited awareness as one of the common challenges of RPL whilst Shandro (2006:6) indicated the reasons for the reduction of completed PLAR assessment across Canada in 1999 as being the lack of awareness of PLAR by the public. Similarly, the reason for low participation in bioterrorism-related training programmes was reported to be associated with a lack of awareness about available educational opportunities (Rebmann & Mohr, 2010:73).

Booth and Roy (2004:3) note that “individuals in enterprises who are potential applicants for recognition may be deterred from applying either because they do not really understand what is required of them, or they are unable to match their prior experiences and skills with the competencies described in the training documents”. In addition, Booth and Roy (2004:2) confirmed that a lack of awareness of recognition and associated processes and procedures was identified as one of the barriers impacting on the adoption of RPL. In their final report on RPL policy and practice in Australia, Wheelahan, Dennis, Firth, Miller, Newton, Pascoe, Veenker and Brightman (2003:34) point out the lack of public awareness of RPL as a key problem as this was strongly emphasized by students, teaching staff, administrators, unions, employer bodies, peak bodies, and individuals in jurisdictions. The lack of information and awareness about RPL is a problem for people from disadvantaged backgrounds. Similarly, there seems to be a lack of awareness among some higher education providers where staff members know that RPL is available to students, but they do not know enough about the process to pass the message on to students in a useful manner or to actively

promote it (Dyson&Keating, 2005:9). The lack of information on the site of trainers or assessors indicate that they might cope with the concept of RPL assessments, but may be more negative about the processes involved (Bateman, 2003:7).

- **Sub-theme 3.2: Awareness**

Participants highlighted that those prospective college learners such as ENA's and EN's should be informed during their studies about what the RPL package entails so that they are motivated and keep their knowledge up-to-date while waiting for study leave approval. The following are some of the remarks made by the nurse educators:

- *"I think they should be given an opportunity to know that after they have qualified as registered auxiliary nurses or assistant nurses or registered staff nurse there is a chance for them to apply to the college after they have gathered a certain experience that the college would require so that this would help them..."*
- *"...but if she knows that I don't have to wait for the line of study leave approval according to the seniority, she would be busy reading books to keep her knowledge up-to-date."*
- *"...they should be made aware that there is a chance for them to be taken to the college after they have gathered sufficient experience that would be recognized by the college."*
- *"She may not do anything even though she knew, but if there is some mechanism that would encourage people to study books so that if when they apply their memories of nursing will still be fresh."*
- *"So I think the package or the standards should be...should not be a secret to the prospective applicants of, for prior learning program because if we are talking about*

BathoPele there, there should be openness about prior learning so that people know, know about prior learning and the, even the standards that are going to be used for assessment...”

In the draft document, the Dublin Institute of Technology (DIT) followed the National Qualifications Authority of Ireland, which indicated that applicants should be fully informed of the application process, the stages within it and the nature and range of evidence, including the learning outcomes against which prior learning will be assessed (Murphy, 2009:16).

To make people aware of RPL system and for RPL to be implemented, the institutional leadership should be supportive of RPL in keeping with the national commitment. The message that RPL is important should therefore go out strongly to the institution from the leadership of the organization (Heyns, 2004:138). According to the Organisation for Economic Cooperation and Development (OECD) the recognition process should be strengthened by improving communication and information about recognition, including career guidance and counselling services and other target groups (OECD, 2010:1).

- **Sub-theme 3.3: Beneficial for learning process**

Nurse educators as participants in this study stated that RPL can be beneficial for the learning process as learners have basic knowledge and nurse educators will facilitate the learning, rather than being initiators of learning like in the traditional method of teaching. Nurse educators had the following comments on the benefits of RPL on the learning process:

- *“...it (RPL) helps learners who comes with experience and knowledge to participate more in class and how it becomes now a learner-centred approach because these people they come with knowledge so they are going to participate more in class and constructive learning is going to be taking place.”*
- *“...now learners are going to be actively involved, they are the ones that are going to actively involved they are going to be directly involved it is not the facilitator that is going to be dictating or lecturing but now the learners are the ones who are coming with information they are the ones that are actively involved in contributing with the information.”*
- *“It will also increase the self-confidence and self-esteem to the students, they will be able to trust themselves “kuri” really what they know is recognized is taken serious.”*

A Canadian case study (Sutherland, 2006:33), provides a favourable view of RPL for South African implementation according to the key findings of a cross-Canadian study.

This study reveals the following:

- RPL candidates had higher pass rates and graduation rates than traditional students.
- This higher pass rate resulted in increased confidence in their own knowledge and skills.
- The confidence enhanced their chances of continuation of learning over the long term (Sutherland, 2006:33).

Kistan (2002) points out that the entire curriculum framework and institutional landscape of higher education is being restructured to make it more relevant and responsive to the social and economic challenges of the twenty-first century. He adds that RPL can be considered to be a catalyst for change, particularly in the way in which

institutions plan, design and approach their offerings. A systemic implication that has not been accounted for in national policy is the change from a low cost model of curriculum (teacher-centred) to a high cost model of curriculum that is learner-centred, requiring huge amounts of individualisation (Sutherland, 2006:48).

Cretchley and Castle (2001:493) highlight that because adults were capable of taking charge of their own learning and could draw on the resources of their prior experience and their social environment, they did not need teachers. They believed that the role of the educator was not to teach, but to facilitate a process of self-directed enquiry by making the resources of tutors, fellow learners and materials available to the learner (Cretchley & Castle, 2001:493).

Conclusion statement on Theme 3: Perceptions on the awareness of and encouragement to RPL implementation

The implementation of RPL is important to enhance access to higher education and training institutions. Therefore, people should be made conscious and encouraged to follow the RPL process in order to further their education and training and thus benefit the learning process.

3.4 CONCLUSION

Chapter 3 presented the results of the study according to the themes and sub-themes that emerged from data. Tesch's method was used to analyse the data obtained through individual interviews with the participating nurse educators and this was integrated with national and international literature. Chapter 4 will conclude the study report with the proposed recommendations to support nurse educators who implement

RPL in nursing colleges, for the policy makers, nursing education and further research.
The chapter will also consider the evaluation and limitations of the study.

CHAPTER 4: RECOMMENDATIONS AND EVALUATION OF THE STUDY

4.1 INTRODUCTION

Chapter 3 discussed the results of the study, integrated with literature. This chapter answers the second objective, which is to formulate recommendations to support nurse educators who implement RPL in nursing colleges. The proposed recommendations are based on the themes discussed in Chapter 3, integrated with national and international literature.

4.2 PROPOSED RECOMMENDATIONS

The recommendations for this research are based on the conclusion statements derived from chapter 3. The concluding statements can be referred to as follows:

Table 4.1 Concluding statements as basis for recommendations to support nurse educators who implement RPL in nursing colleges

Theme	Statement(s)
Theme 1:	The implementation of RPL is important to enhance access to continuing education and training for those nurses who have been denied the opportunity to access nursing colleges because they could not meet the minimum requirements (without Matric). But at the same time this pose challenges to nurse educators who are not fully prepared to implement RPL in nursing colleges, therefore they need support.

Theme 2	The implementation of RPL is important to enhance access to nursing colleges for the previously marginalized nurses. An open and transparent assessment package is required to ensure equality. Therefore, nurse educators who implement RPL must be supported as they develop and equally apply the assessment package.
Theme 3	The implementation of RPL is important to enhance access to nursing colleges, therefore RPL awareness among and encouragement of disadvantaged nurses seems to be beneficial for the learning process. In this case nurse educators need resources and capacity building to facilitate this awareness.

4.2.1 Recommendations for nursing education

The researcher concludes that during this rapid transformation in nursing education, for nurse educators to cope with these changes their work lives should be enhanced. Nurse educators deserve support from nursing education management in order to provide quality teaching and education to learners.

4.2.1.1 Recommendations for policy makers in nursing education

Since it is the vision of the new South African government to have a 'rational, seamless Higher Education System that will embrace the intellectual and professional challenges faced in this century', nurse educators should be equipped to face these changes (Le Grange, 2005:1). As a result, nurse educators in higher education need to be guided, supported and developed on an on-going basis to meet the continuing challenges they face. In nursing education policy makers should include guidelines to support nurse educators who implement RPL in nursing colleges. SAQA (2004:11) indicated that RPL

is meant to support transformation of the education and training system, therefore nurse educators as implementers of RPL should be supported too.

Most nurse educators are moving from nursing education to nursing service due to this transformation. There is a need for incentives to retain them. Incentives can include things like increased recognition and remuneration for nurse educators, recognition of nursing education as a scarce skill that requires incentives, rural allowances and adequate staffing (Makhuvha-Mudzusi *et al.*, 2007).

.

4.2.1.2 Recommendations for nursing education institutions (NEIs)

NEIs should include RPL in their curricula in order to ensure that the previously marginalised people have access to nursing education and training to align with the changing needs of our country. NEIs should meet the requirements for teaching and learning in an RPL inclusive manner to become effective. The researcher supports (Makhuvha-Mudzusi *et al.*, 2007) that nursing education should be treated as an academic issue and therefore nurse educators as academics should be involved and be consulted for their expertise. Nurse educators who specialized in various disciplines should use their expertise in nursing education and thus assess RPL candidates using their acquired knowledge and skill.

4.2.1.3 Recommendations for nurse educators

Nurse educators should maintain reasonable selection criteria to ensure that nursing education continues to produce knowledgeable, skilful and competent professionals. Nurse educators should carefully choose the appropriate assessment method before one's prior learning is recognised. Assessment methods such as a portfolio of evidence, an interview, OSCE, challenging test or examination should be carefully

formulated to accommodate the RPL candidates and to meet the South African Nursing Council's requirements for training.

4.2.2 Recommendations for future research

In South Africa, despite the availability of legislation and policies that are in place, nurse educators are still struggling with the implementation of RPL in nursing colleges. This study explored the perceptions of nurse educators regarding the implementation of RPL at the Limpopo College of Nursing. The study focused on nurse educators in X Nursing Campus and Y Satellite Campus. Further research could be conducted at other nursing campuses and satellite campuses under Limpopo College of Nursing in Limpopo Province to establish if they perceive the implementation of RPL the same as the nurse educators of nursing education institutions under study. Further research could also be conducted involving student nurses in order to provide them with the opportunity to bring forth their perceptions as candidates whose prior learning should be recognised. There are allegations that RPL is not equally implemented. The researcher suggests that studies that focus on the causes of this inequality should be conducted to establish whether these causes are nursing education related or not.

4.3 EVALUATION OF THE STUDY

The study is the first to be conducted regarding the nurse educators' perceptions of the implementation of RPL at this specific nursing campus and satellite campus under Limpopo College of Nursing. The findings of the study cannot be generalised to all nursing campuses and satellite campuses under the Limpopo Nursing College where RPL is implemented. The knowledge gained through this study is important for nursing education, nursing education institutions and nurse educators involved with the implementation of RPL.

The methodology used was suitable for the qualitative, explorative, descriptive and contextual study. A non-probability, purposive sampling technique was used for the individual interviews. Data was collected until saturation was reached, and analysis was done using the process of Tesch's eight-step method as described by Creswell (1994:154-155). From the main and sub-themes conclusion statements were formulated which directed the formulation of recommendations to support nurse educators in the implementation of RPL in nursing colleges in Limpopo Province.

4.4 LIMITATIONS OF THE STUDY

This study reflects the perceptions of only seven (n=7) participants who volunteered to participate in the study. The fact that interviews focused on nurse educators with age differences and different work experience as nurse educators was a challenge. Some nurse educators were able to explain their perceptions clearly, while others needed continuous rephrasing of the question. The researcher made an effort to simplify the question in order to be understood.

4.5 CONCLUSION

The study aimed at proposing recommendations regarding the support of nurse educators who implement RPL in nursing colleges. This chapter evaluated the study, discussed the limitations of the study, made recommendations and offered a conclusion.

BIBLIOGRAPHY

Due to the user-friendly and vast amount of RPL-applicable literature available for downloading purposes on the internet, this bibliography provides the addresses of these downloadable documents and therefore the reader will be aware of the high amount of web references.

Anon. 2003. Map op Limpopo Province. [Web:] <http://www.sacarrental.com/limpopo-map.htm> Date accessed: 1 August 2011.

Anon.2010. Nursing audit to be finalised. The Health Department is finalising a comprehensive audit of public and private nursing colleges and schools in the country, including schools of nursing in higher education institutions, according to Health Minister Aaron Motsoaledi. *Sowetan*, 20 April 2010. [Web:] <http://www.sowetanlive.co.za/sowetan/archive/2010/04/20/nursing-audit-to-be-finalised> Date accessed: 15 August 2011.

Babbie, E. & Mouton, J. 2001. The practice of social research. Cape Town: Oxford University Press.

Badat, S. 2010. The challenges of transformation in higher education and training institutions in South Africa. [Web:]<http://www.dbsa.org/Research/Higher%20Education%20and%20Training/The%20challenges%20of%20transformation%20in%20higher%20education%20and%20training%20institutions%20in%20South%20Africa%20by%20Saleem%20Badat.pdf?AspxAutoDetectCookieSupport=1>

Bateman, A. 2003. Has RPL served its purpose?. [Web:] http://www.avetra.org.au/abstracts_and_papers_2003/Bateman.pdf Date accessed: 2 August 2012.

Blom, R., Parker, B. & Keevy, J. 2007. SAQA: The recognition of non-formal and informal learning in South Africa. [Web:] http://www.oecd.org/edu/higher_educationandadultlearning/41680370.pdf Date accessed: 2 August 2012.

Blower, D. 2012. .Recognition of Prior Learning (RPL): RPL Annual Report. [Web:] <http://air.rrc.mb.ca/rpl/RPL%20documents/2012/RRC%20RPL%20Annual%20Report%20March%202012.pdf> Date of access: 10 August 2012.

Boelen, M.G. & Kenny, A. 2009. Supporting enrolled nurse conversion - The impact of a compulsory bridging program. *Nurse Education Today*, 29(5): 533-537, July.

Booth, R. & Roy, S. 2004. Recognising skills: when is this a good idea? Paper presented at the National Vocational Education and Training Research Conference, Tweed Heads, Australia, July.

Botes, A.C. 1995. 'n Model vir navorsing in verpleegkunde. Johannesburg: RAU.

Bradshaw, D., Nannan, N., Laubscher, R., Groenewald, P., Joubert, J., Nojilana, B., Norman, R., Pieterse, D. & Schneider, M. 2000. South African national burden of disease study 2000. Estimates of provincial mortality. Summary report, March 2006. [Web:] <http://www.mrc.ac.za/bod/estimate.pdf> Date accessed: 18 February 2012.

Breier, M. 2001. How to bridge the 'great divide': The dilemma for the policy and practice of 'Recognition of Prior Learning' (RPL) in South Africa. *Perspectives in education*, 19(4): 89–108.

Brink, H. 2006. Fundamentals of research methodology for health care professionals. 2nd ed. Cape Town: Juta and Company Ltd.

Buchler, M. & Ralphs, A. 2000. Proceedings of JET Conference. RPL challenges higher education and workplace practice: A training and policy conference on the recognition of prior learning. [Web:] http://www.jet.org.za/publications/research/Buchler_Conference_Recognition_of_Prior_Learning_3_Oct_2000.pdf Date accessed: 9 September 2012.

Burns, N. & Grove, S.K. 2009. The practice of nursing research. Conduct, critique and utilisation. 5th ed. London: Elsevier Saunders Company.

Byrne, P. 2005. One size does not fit all: training and re-training mature-age workers. *Lifelong Learning*, 56, 22-27.

Chabeli, M. & Muller, M. 2004. Nurse educators' perceptions on facilitating reflective thinking in clinical nursing education. *Health SA Gesondheid*, 9(1):57-78

Clarke, J.B. & Warr, J. 1997. Academic validation of prior and experiential learning: evaluation of the process. *Journal of advanced nursing*, 26(6): 1235-1242.

Creswell, J.W. 1994. *Research design: qualitative and quantitative approaches*. London: Sage.

Creswell, J.W. 2008. *Educational research, planning, conducting, and evaluating quantitative and qualitative research*. 3rd edition. Upper Saddle Creek, NJ: Pearson Education.

Cretchley, G. & Castle, J. 2001. OBE, RPL and adult education: good bedfellows in higher education in South Africa? *International journal of lifelong education*, 20(6):487-501, November.

De Vos, A.S., Strydom, H., Fouche, C.B. & Delpont, C.S.L. 2005. *Research at grass roots for the social sciences and human service professions*. 3rd ed. Pretoria: Van Schaik.

Donoghue, J., Pelletier, D., Adams, A. & Duffield, C. 2002. Recognition of prior learning as university entry criteria is successful in postgraduate nursing Students. University of Technology, Sydney. *Innovations in education and teaching international*, 39(1):54-62.

Dyson, C. & Keating, J. 2005. Skills, knowledge and employability: recognition of prior learning policy and practice for skills learned at work. [Web:] http://www.educacion.gob.es/educa/incual/pdf/rec/07_ilo%202005.pdf Date accessed: 9 September 2012.

Egan, G. 2010. *The skilled helper: a problem-management and opportunity-development approach to helping*. 9th ed. Belmont, C.A: Brooks/Cole.

Garven & Associates. 2008. *Recognizing Prior Learning in Saskatchewan Provincial Needs Assessment & Blueprint for Action: Final Report*. [Web:] <http://www.aeei.gov.sk.ca/rpl/provincial-needs-assessment-and-blueprint-for-action>
Date accessed: 4 October 2012.

Gultig, J. 2000. Globalisation and the idea of the university in post-Apartheid South Africa. *Journal of education*, 25:62-89.

Hegney, D., McCarty, A., Rodgers, L, Clark, C.R. & Gorman, D. 2002. Retaining rural and remote area nurses. *Journal of nursing administration*, 32(3):128-134.

Heyns, J.P. 2004. *Recognition of prior learning (RPL): search of a valid and sustainable mechanism for South Africa*. University of Pretoria. (Dissertation – Masters in Education).

ICN **see** International Council of Nursing

International Council of Nursing. 2010. *Definition of nursing*. [Web:] <http://www.icn.ch/about-icn/icn-definition-of-nursing/> Date accessed: 2 March 2011.

Israel, N. 2011. *Recognition of Prior Learning in Regulated Professions: Environmental Scan*. [Web:] http://www.cdo.on.ca/en/pdf/news/Environmental_scan_report.pdf Date accessed: 9 September 2012.

Jooste, K. & Jasper, M. 2010. A framework for recognition of prior learning within a postgraduate diploma of nursing management in South Africa. *Journal of nursing management*, 18(6): 704–714, September.

Keevy, J. 2008. *Connecting with Africa and the world: establishing a transnational qualifications framework for the Virtual University for Small States of the Commonwealth*. SAQA Update, 11(1): 16-17, June.

Kennedy, B. 2003. A spring 2003 snapshot: The current status of prior learning assessment and recognition (PLAR) in Canada's Public Postsecondary Institutions: Part one. [Web:] <http://www.cmec.ca/Publications/Lists/Publications/Attachments/56/capla-plar2003.en.pdf> Date accessed: 10 September 2012.

Kenny, A. Kidd, T., Nankervis, K. & Connell, S. 2011. Mature age students access, entry and success in nurse education: an action research study. *Contemporary nurse*,38(1-2): 106-118, April-June.

Khanyile, T. 2000. Recognition of prior learning: its relevance to the proposed unified model of education and training for South African nurses. *Curationis*, 23(2): 70-75, June.

Khanyile, T. 2001. Development and testing of a model for implementation of recognition of prior learning. University of Natal. (Thesis – PhD.)

Kistan, C. 2002. Recognition of prior learning: a challenge to higher education. *South African journal of higher education*,16(1): 169-173.

Klopper, H.C. & Knobloch, S. 2010. Validity, reliability and trustworthiness (*In Jooste, K. ed. The principles and practice of nursing and health care. Pretoria: Van Schaik Publishers. p. 317-325.*)

Klopper, H.C. 2008. The qualitative research proposal. *Curationis*, 31(4):62-72.

Krleza-Jeric, K., Lemmens, T. 2009. 7th revision of the Declaration of Helsinki: good news for the transparency of clinical trials. *Croatia medical journal*, 50: 105-10.

Le Grange, M.J. 2005. The training and development of lectures within the framework of the relevant acts on higher education. University of Johannesburg. (Thesis - Doctor Educationis).

LGSETA **see** Local Government Sector Education Training Authority.

Limpopo Nursing College. 2009. Limpopo College of Nursing in association with the University of Limpopo. Diploma in nursing (general, psychiatric & community) and midwifery. [Web:] http://www.dhsd.limpopo.gov.za/docs/nursing_college/ALUMNI%20BROCHURE%20.pdf Date accessed: 18 February 2012.

Lincoln, Y.S & Guba, E.C. 1985. *Naturalistic Inquiry*. London: Sage.

Local Government Sector Education Training Authority. 2002. Guidelines for the recognition of prior learning. [Web:] http://www.nqf.org.za/download_files/nqf-support/9%20Ex_Guidelines%20for%20RPL_LGSETA.pdf Date accessed: 12 September 2012.

Mavhandu-Mudzusi, A.H., Netshandama, V.O., Davhana-Maselesele, M. 2007. Nurses' experiences of delivery voluntary counselling and testing services for people with HIV/AIDS in the Vhembe district, Limpopo Province, South Africa. *Nursing and health sciences*, 9: 254-262.

Mayet, A. 2006. Strengthening education for all of South African through RPL. CAEL Forum and News. [Web:] http://www.cael.org/pdfs/106_plaathomeabroadnomarks Date accessed: 12 September 2012.

Mekwa, J. 2000. Chapter 13: Transformation in nursing education. (*In* Ntuli, A. ed. *South African Health Review*. South Africa: Health Systems Trust, 271-284 pp).

Mobarak, K. 2005. An analysis of university policy responses in the Western Cape to government policy on the recognition of prior learning. University of the Western Cape. (Mini-dissertation – Magister Comerci).

Motaung, J. 2009. The 'nuts and bolts' of prior learning assessment in the Faculty of Education of the University of Pretoria, South Africa. *Perspectives in education*, 27(1): 78-84, March.

Mouton, J. 2001. How to succeed in your master's and doctoral studies: a South African guide and resource book. Pretoria: Van Schaik.

Mtshiya, Z. 2010. Training more specialists not the only answer to cure SA's ailing health system [Web:] <http://www.medicalchronicle.co.za/files/2011/07/MC06111.pdf>
Date accessed: 15 August 2011.

Murphy, A. 2009. The recognition of prior learning: national and international context presentation to recognition of prior learning (RPL): its importance in an era of lifelong learning, National Qualifications Authority of Ireland. [Web:] <http://eine.ie/wp-content/uploads/2009/06/rpl-national-international-context.pdf> Date accessed: 12 September 2012.

National Commission for the Protection of Human Subjects of Biomedical and Behavioural Research. 1978. The Belmont Report. Ethical principles and guidelines for the protection of human subjects of research. [Web:] http://www.fda.gov/ohrms/dockets/ac/05/briefing/2005178b_09_02_Belmont%20Report.pdf Date accessed: 11 August 2012.

National nursing and nursing education taskforce. 2006. Maximising education pathways: a report on maximising education pathways for nurses and midwives in Australia. [Web:] http://www.nnnet.gov.au/downloads/rec12_maximising_education_pathways.pdf Date accessed: 18 September 2012.

Nursing Compact. 2011. The national nursing summit on reconstructing and revitalising the nursing profession for a long and healthy life for all South Africans at the Sandton Convention Centre from the 5th - 7th of April 2011. [Web:] <http://www.iussonline.co.za/iuss/wp-content/uploads/2012/10/National-Nursing-Summit-Final-draft-17-June-2011.pdf>
Date accessed: 18 September 2012.

OECD **see** Organisation for economic cooperation and development.

Organisation for economic cooperation and development. 2010. Recognition of non-formal and informal learning pointers for policy development. [Web:] <http://www.oecd.org/edu/educationeconomyandsociety/44870953.pdf> Date accessed: 18 September 2012.

Osman, R. 2004. Access, equity and justice: three perspectives on recognition of prior learning (RPL) in higher education. *Perspectives in education*, 22(4):139-145.

Oxford Advanced Learner's Dictionary. 2000. Oxford: Oxford University Press.

Pitman, T. 2009. Recognition of prior learning: the accelerated rate of change in Australian universities. *Higher education research and development*, 28(2): 227-240, April.

Poggenpoel, M. & Müller, M. 1996. Challenges facing the South African Nursing Profession. *Health SA Gesondheid*, 1(1): 9-14.

Polit, D.F. & Beck, C.T. 2008. Nursing research: generating and assessing evidence for nursing practice. 8th ed. Philadelphia, PA: Wolters Kluwer Health/Lippincott Williams&Wilkins.

Rapley, P., Davidson, L., Nathan, P. & Dhaliwal, S.S. 2008. Enrolled nurse to registered nurse: Is there a link between initial educational preparation and course completion? *Nurse education today*, 28(1):115-119, January.

Rebmann, T. & Mohr, L.B. 2010. Missouri nurses' bioterrorism knowledge and education participation. *Journal of continuing education in nursing*, 41(2): 67-76

SANC **see** South African Nursing Council.

SAQA **see** South African Qualifications Authority.

Shandro, G. 2006. Prior learning assessment and recognition framework for nurse practitioner education and regulation in Canada. Ottawa: Canadian Nurses Association.

Sheridan, I. & Linehan, M. (ed). 2009. Recognition of prior learning: a focus on practice. [Web:] <http://eine.ie/wp-content/uploads/2009/11/recognition-of-prior-learning-a-focus-on-practice.pdf> Date accessed: 20 September 2012.

South Africa. 1993. Constitution of the Republic of South Africa Act 200 of 1993. [Web:] <http://www.info.gov.za/documents/constitution/93cons.htm> Date accessed: 2 March 2011.

South Africa. 1995. South African Qualifications Authority Act 58 of 1995. [Web:] <http://www.saqqa.org.za/show.asp?id=445> Date accessed: 18 February 2011.

South Africa. 1996. National Education Policy Act 27 of 1996. [Web:] <http://www.info.gov.za/acts/1996/a27-96.pdf> Date accessed: 2 March 2011.

South Africa. 1997. Higher Education Act 101 of 1997. [Web:] <http://www.info.gov.za/view/DownloadFileAction?id=70759> Date accessed: 18 February 2012.

South Africa. 1998. Skills Development Act 97 of 1998. [Web:] <http://www.saqqa.org.za/docs/legislation/acts/2010/act97.pdf> Date accessed: 18 February 2012.

South Africa. 2008. National Qualifications Framework Act 67 of 2008. [Web:] <http://www.ecsa.co.za/documents/SP/Standards/120710NQF.pdf> Date accessed: 18 February 2012.

South African Nursing Council. 1985. South African Nursing Council. Notification of completion of training education and training of a nurse (general, psychiatric and community) and midwife leading to registration. Government Notice No R425 of 19 February 1985 (as amended). [Web:] <http://www.sanc.co.za/pdf/revised%20r425.pdf> Date accessed: 18 February 2012.

South African Nursing Council. 2009. Guide for Implementation of Recognition of Prior Learning by Nursing Education Institutions. [Web:]

<http://www.sanc.co.za/pdf/SANC%20Guide%20-%20RPL.pdf> Date accessed: 18 September 2012.

South African Nursing Council. 2011. Nursing Compact. National Nursing Summit – April 2011. [Web:]

<http://www.sanc.co.za/pdf/Final%20Nursing%20Compact%20April%202011.pdf> Date accessed: 3 September 2012.

South African Qualifications Authority. 1998. Criteria and guidelines for education training quality assurances (ETQAs). [Web:] <http://www.saqqa.org.za/show.asp?id=850> Date accessed: 18 February 2012.

South African Qualifications Authority. 1999. Criteria and Guidelines for providers – South African Qualifications Authority. [Web:]

<http://www.saqqa.org.za/docs/critguide/provider/ch1.pdf> Date accessed: 18 February 2012.

South African Qualifications Authority. 2001. Criteria and Guidelines for assessment of NQF registered unit standards and qualifications. [Web:] <http://www.saqqa.org.za/docs/critguide/assessment/contents.pdf> Date accessed: 18 February 2012.

South African Qualifications Authority. 2002a. South African Qualifications Authority. Registered unit standard: develop, support and promote RPL practices. [Web:] <http://regqs.saqqa.org.za/showUnitStandard.php?id=116587> Date accessed: 18 February 2012.

South African Qualifications Authority. 2002b. The Recognition of Prior Learning in the context of the South African National Qualifications Framework. Policy document. [Web:] <http://www.saqqa.org.za/docs/policy/rpl01.pdf> Date accessed: 18 February 2011.

South African Qualifications Authority. 2004. Criteria and guidelines for the implementation of the recognition of prior learning. [Web:]

<http://www.saqa.org.za/docs/critguide/rpl/rpl00.pdf> Date accessed: 18 September 2012.

Streubert Speziale, H.J. & Carpenter, D.R. eds. 2007. *Qualitative research in nursing: advancing the humanistic imperative*. 4th ed. Philadelphia, PA: Lippincott Williams&Wilkins.

Sutherland, L. 2006. *Challenges and opportunities for implementing recognition of prior learning (RPL) policy in higher education*. University of Zululand. (Thesis – Doctor of Education).

Thomas, L. & Chaperon, Y. 2012. Australian Federation. Submission to the Productivity Commission Impacts of COAG Reforms: Business Regulation and VET Discussion Paper. [Web:] http://www.pc.gov.au/__data/assets/pdf_file/0016/115612/V010.pdf Date accessed: 18 February 2012.

United States National Institutes of Health. 2012. The Nuremburg Code.

[Web:]<http://history.nih.gov/research/downloads/nuremberg.pdf> Date accessed: 1 August 2012.

Uys, L.R. 1989. Nursing education in South Africa. *Nursing education today*, 9(1):211-213, June.

Viskovic, A. 2007. Recognition of prior learning for credit to degree programmes: research project for Faculty of Health, Education and Social Sciences, Whitireia Community Polytechnic. [Web:] http://www.whitireia.ac.nz/about/Documents/Annual%20Report%202007_Final_for%20website.pdf Date accessed: 18 February 2012.

Welman, C., Kruger, F. & Mitchell, B. 2005. *Research methodology*. 3rd ed. Cape Town: Oxford University Press.

Wheelahan, L., Dennis, N., Firth, J., Miller, P., Newton, D., Pascoe, S., Veenker, P. & Brightman, R. 2003. *A Final Report on Recognition of Prior Learning (RPL) policy and*

practice in Australia in 2002, including National Principles and Operational Guidelines for RPL in post-compulsory education and training. Southern Cross University: Southern Cross Business School.

Whittaker, R., Cleary, P & Gallacher, J. 2002. *'APEL: an altered state of learning?'* Annual SCUTREA Conference, *Centre for Research in Lifelong Learning*, p. 1-7.

WHO **see** World Health Organisation.

World Health Organisation. 1948. WHO definition of health. [Web:] <http://www.who.int/about/definition/en/print.html> Date accessed: 2 March 2011.

World Medical Association. 2008. World Medical Association Declaration of Helsinki. Ethical principles for medical research involving human subjects. [Web:] <http://www.wma.net/en/30publications/10policies/b3/17c.pdf> Date accessed: 11 August 2012.

ANNEXURE A

Ethics approval by the Ethics Committee of the North-West University



Private Bag X1290, Potchefstroom
South Africa 2520

Tel: 018 299-4852
Web: <http://www.nwu.ac.za>

ETHICS APPROVAL OF PROJECT

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

Project title :

**Nurse educators' perceptions of the implementation
of recognition of prior learning in nursing colleges**

Project leader : Dr. P. Bester

Student: Me TS Baloyi student no:12639095

Ethics number: NWU-00051-10-A1

Status: S = Submission; R = Re-Submission; P = Provisional Authorisation; A = Authorisation

Expiry date: 2015/11/18

The Ethics Committee would like to remain at your service as scientist and researcher, and wishes you well with your project.

Please do not hesitate to contact the Ethics Committee for any further enquiries or requests for assistance.

The formal ethics approval certificate will follow shortly.

Yours sincerely



HM Hargryn
NWU Research Ethics Secretariate

ANNEXURE B

Letter to the Research Ethics Committee Limpopo Province Department of Health

Stand No.: 384 A Waterval

P.O.BOX 569

ELIM HOSPITAL

0960

20 April 2011

The Research Ethics Committee
Limpopo Province Department of Health
POLOKWANE
0700

Dear Sir/ Madam

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

My name is Tinyiko Sophie Baloyi. I am a Master's degree student at the School of Nursing Science at the North-West University (Potchefstroom Campus). As part of my course I have to conduct research titled "**Nurse educators' perceptions of the implementation of recognition of prior learning in nursing colleges**".

Herewith find attached the following documents in request for permission to conduct the above mentioned study at Limpopo College of Nursing (Giyani Nursing Campus and Elim Hospital Satellite Campus):

1. Clearance certificate from the North-West University Ethics Committee with reference number.
2. Information to participants.
3. Informed consent form.
4. The research proposal.

Yours

BALOYI T.S (TINYIKO SOPHIE)

ANNEXURE C
Letter to the Giyani Nursing Campus

Stand No. 384 A Waterval

P.O.BOX 569

ELIM HOSPITAL

0960

10 October 2011

The Vice-Principal
Giyani Nursing Campus
Private Bag x9658
GIYANI
0826

Dear Sir/ Madam

REQUEST FOR RESEARCH PERMISSION

I hereby wish to request for permission to conduct research on *nurse educators' perceptions of the implementation of prior learning in nursing colleges*.

I am presently studying for my Master's Degree at the North-West University (Potchefstroom Campus). Herein find the attached ethical approval letters from **the University (NWU) and the Department of Health, Limpopo Province**.

Hopefully this will meet your immediate permission.

Yours faithfully,

Baloyi Tinyiko Sophie
Cell No.: 082 4099 261
E-mail: baloyits@live.co.za
Work Tel.: 015 5563 201 Ext. 2038

ANNEXURE D
Letter to the Chief Executive Officer at Elim Hospital

Stand No. 384 A Waterval

P.O.BOX 569

ELIM HOSPITAL

0960

10 October 2011

The Chief Executive Officer

Elim Hospital

Private Bag x312

ELIM HOSPITAL

0960

Dear Sir/ Madam

REQUEST FOR RESEARCH PERMISSION

I hereby wish to request for permission to conduct research on *nurse educators' perceptions of the implementation of prior learning in nursing colleges*.

I am presently studying for my Master's Degree at the North-West University (Potchefstroom Campus). Herein find the attached ethical approval letters from **the University (NWU) and the Department of Health, Limpopo Province**.

Hopefully this will meet your immediate permission.

Yours faithfully,

Baloyi Tinyiko Sophie

Cell No.: 082 4099 261

E-mail: baloyits@live.co.za

Work Tel.: 015 5563 201 Ext. 2038

ANNEXURE E
Consent from the Limpopo Province Department of Health



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

Enquiries: Selamolela Donald

Ref: 4/2/2

23 September 2011

Baloyi TS

North West University

Potchefstroom

2520

Greetings,

Re: Permission to conduct the study titled: Nurses educators' perceptions of the implementation of recognition of prior learning in nursing colleges

1. The above matter refers.
2. Permission to conduct the above mentioned study is hereby granted.
3. Kindly be informed that:-
 - Further arrangement should be made with the targeted institutions.
 - In the course of your study there should be no action that disrupts the services
 - After completion of the study, a copy should be submitted to the Department to serve as a resource
 - The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible

Your cooperation will be highly appreciated



Head of Department

Department of Health

Limpopo Province

18 College Street, Polokwane, 0700, Private Bag x9302, POLOLKWANE, 0700
Tel: (015) 293 6000, Fax: (015) 293 6211/20 Website: <http://www.limpopo.gov.za>

The heartland of Southern Africa – development is about people

ANNEXURE F
Consent from the Chief Executive Officer of Elim Hospital

CONFIDENTIAL



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
HEALTH & SOCIAL DEVELOPMENT
ELIM HOSPITAL

REF: S5/3/1/2
DATE: 12/10/2011
ENQUIRES: A. MANGOTLO

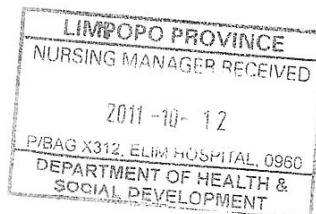
TO: T.S. BALOYI.

CC: MANAGER NURSING
MANAGER HRM&D

SUBJECT: APPLICATION FOR CONDUCTING A RESEARCH STUDY –“NURSE EDUCATORS’ PERCEPTIONS OF THE IMPLEMENTATION OF RECOGNITION OF PRIOR LEARNING IN NURSING COLLEGES”

1. The above matter refers.
2. Permission to conduct the above mentioned study is hereby granted.
3. As the institution we also would need a copy to serve as a resource.
4. Hoping all standards for research will be followed.

Thanking you in anticipation,




.....
/ ACTING CHIEF EXECUTIVE OFFICER

12/10/2011
.....
(DATE)

ANNEXURE G

Example of an information letter and informed consent to participants

INFORMATION FOR PARTICIPANTS LEAFLET AND AN INFORMED AGREEMENT TO PARTICIPATE IN A RESEARCH PROJECT

TITLE OF STUDY:Nurse educators' perceptions of the Implementation of recognition of prior learning in nursing colleges

Dear Mr/ Mrs/ Ms

Hereby I would like to request you to participate in this research study on **Nurse educators' perceptions of the Implementation of recognition of prior learning in nursing colleges**.I am a Master student at the School of Nursing Science at the North-West University (Potchefstroom Campus). The objective of this study is to explore and describe nurse educators' perceptions about the implementation of RPL in nursing colleges. When your perceptions are known, recommendations to support nurse educators who implement RPL in nursing colleges can be formulated and implemented to improve the situation. The Research Committee of the North-West University as well as the Department of Health of the Limpopo Province have approved the study.

Your participation will include that we meet for an unstructured, individual interview, which will be recorded on a voice recorder (to ease the process of data analysis and for verification of findings by a qualitative research expert) and will last for about 45 minutes. The interview will take place in a private comfortable room. In this study, I undertake to safeguard your anonymity by omitting the use of names and places (not going to address you by name) during the interview. Data will be kept in a safe place by the researcher for confidentiality, only the researcher has access to the raw data. Only an expert on qualitative research and I will share the transcribed recorded material.

It should be understood that your participation in this study is totally voluntarily. You are free to terminate your participation even when the interview has begun at any stage without any consequences to you. It will however be appreciated if you participate for the duration of the study. You will receive no payment for participating in this study.

The direct benefit to your participating in this is that you will have the opportunity to verbalise your perceptions of implementing RPL to the researcher. Another benefit is that your experiences will be used for the future formulation of recommendations to support nurse educators who implement RPL in nursing colleges.

Data collected in this study will be disseminated through a research report. A summary of the research findings will be made available to you on request. Confidentiality will be assured by erasing of the recorded voice on completion of transcription of the study after the report has been finalised and approved. Should you wish to contact the researcher for any enquires feel free to do so at any time using the contact details provided below:

Miss Baloyi Tinyiko Sophie
P.O.BOX 569
ELIM HOSPITAL
0960
Cell: 082 4099 261
Work Tel.: 015 5563 201 Ext. 2038
E-mail: baloyits@live.co.za

You are kindly requested, if you agree to participate, to sign the attached informed consent form to confirm that you are willing to participate in this study.

ANNEXURE H
Informed consent

INFORMED CONSENT FORM

Research Title: **Nurse educators' perceptions of the Implementation of recognition of prior learning in nursing colleges.**

The Researcher:

I have discussed the risks, benefits and obligations involved in this research project with the participant and in my opinion, the participant understands this information.

.....

Researcher

.....

Date

The Participant:

Hereby I give informed consent to voluntarily participate in the above mentioned study. I agree to participate in an unstructured individual interview and with the voice recording of this interview. I have read the information leaflet and understand that my participation is voluntary and that I may refuse to participate or withdraw from the study at any time.

.....

Participant

.....

Date

ANNEXURE I

Example of field notes

Observational notes:

The physical environment was discussed in detail in chapter two. The interviews were conducted at different physical settings as the participants were interviewed during a holiday.

Personal notes:

Although it is official holiday, I am conducting these interviews during the holiday. It was the most suitable solution for all the participants as everybody was rushing around at work. I have to drive far and between to meet all the participants, my family is alone at home. Although my supervisor gave me good instructions of how to do the data collection, I have to admit that I am unsure if I will be able to do these interviews. I think it will be better once I've completed the first few interviews.

Methodological notes:

The researcher collected data herself and took field notes during data collection. Permission for the researcher to collect data was obtained. Both institutions had a copy of the following documents that granted the researcher to do the study at their institutions:

- Ethics clearance of the EC of NWU.
- Ethics clearance from the Department of Health of the Limpopo province.
- Consent letters for participants.
- Each participant signed a consent form to declare that she participated voluntarily.

The researcher approached the participants personally in order to invite them to participate willingly in the study. During the meeting with the participants, the researcher explained the aim of the study, the objectives as well as the ethical considerations.

Theoretical notes:

There is an agreement between all the participants that RPL is really necessary. Simultaneously, participants feel uncertain about how to conduct the RPL. The participants are all very tired and overworked and voiced their frustration that although they agree that RPL is necessary, it implies more work and more time.

ANNEXURE J

An excerpt from a transcription with evidence of data analysis

R: RESEARCHER, P: PARTICIPANT

CODES	TRANSCRIPTION	THEMES
<p>Appreciation</p> <p>Requirements Not accepted</p> <p>Appreciation</p>	<p>R: Good morning mam. P: Good morning. R: How are you? P: I'm fine and you? R: I'm fine. R: We are going to start our interview right now, which language do you prefer to communicate with? P: English, but where I get stuck I will use my own language, my mother language. R: Which one is that one? P: ((Scratching head)) [Pause] Sichangani (Shangaan). R: You are welcomed to use whatever language you feel free to can communicate with.</p> <p>R: What is your perception ee...of the implementation of recognition of prior learning in nursing colleges?</p> <p>P: Ee...I...<u>find it a very good idea. I thank the person who came with this idea</u> because [noise of keys participant was holding] it gives a lot of nurses an opportunity to [pause] continue with their career, to improve their career because in the past if before the implementation of this prior learning, if a nurse did not have <u>the qualification</u>, that <u>requirements</u> that are set she was in <u>no way going to go to the college</u>. Even if she was...brilliant but because she</p>	<p>Find it a very good idea, thank the person who came with this idea</p> <p>The qualification, requirements</p>

Requirements	<p>did not have those requirements she was not going to go to the college. So I <u>find it a very good idea</u> it is, it is giving a lot of nurses opportunity to improve their career.</p> <p>R: Do you mind to expatiate or to explain further when you say you think is a very good idea except that nurses are getting more opportunity of improving their career?</p>	<p>No way going to go to the college</p> <p>Find it a very good idea</p>
Academic development Impossible Formal education Knowledge Formal education	<p>P: Ee...what I mean is, before prior learning if a nurse wanted to go to the college, let's take she is an enrolled nurse and she does not have...<u>the requirements</u> that enable a person to go to the college like a particular score that the college wants. The only way for her it was to go and <u>improve her matric</u> results and in some situations it is <u>not possible</u> that the person will go back to matric because this person is already working. And because she is working, to <u>do matric</u> would be...not possible because it needs time or because for her to <u>do matric</u> it may also include some extra finances to study. So when she does, when she has thee, the <u>knowledge</u> that is recognized it helps her not to go back and <u>do matric</u>.</p>	<p>The requirements</p> <p>Improve matric</p> <p>Not possible</p> <p>Do matric</p> <p>Do matric</p> <p>Knowledge</p> <p>Do matric</p>
Interest Disadvantage	<p>R: I heard you...saying that they have the opportunity of going further that is what I heard, (Iheard) you saying?</p> <p>P: Yes.</p> <p>R: Meaning that they are no longer going to go back to improve their matric results?</p> <p>P: Epee...</p>	

<p>d Impossible Not accepted Academic development Cognitive skills Appreciation Requirements Impossible Experience Disadvantage d Achievements Experience Disadvantage d Ignore</p>	<p>R: They are going to utilize whatever experience irrespective of whether they got it from formal or informal [incomplete] that is what you are saying? Do you have any other perception that you want to explore more?</p> <p>P: Eee...I...I....my great, <u>greatest interest</u> in prior learning is [pause] people who were <u>disadvantaged</u>, people who <u>would never ever set their feet at the college</u>, unless they have <u>improved their matric</u>, have opportunities opened. There are people who don't have matric for many reasons, but when you look at their...<u>their cognitive skills</u>, they qualify to go to the college. When you look at their performance, they are...the model skills as nurses they are <u>very good nurses</u>, but because they don't have <u>what the college requires</u> for a person to enter which is a particular score. Those people <u>would actual never, they would never go to the college</u> but now they have got opportunity to go to the college because of <u>the experience that they have in nursing</u> which is been recognized, that is why I said I like prior [nursing] because it has removed the obstacle of been disadvantaged there were nurses who were <u>disadvantaged</u> because of that score that they do not have, others yes, they <u>have matric they have passed matric</u> but their results would not allow them even though they are nurses. When they would apply to the college you find that now she may, <u>she is already a staff nurse working for many years</u> but because of her score <u>even though</u> in the ward she is <u>performing well doing patient care, she passed her, maybe she passed her enrolled nursing very well</u> those things <u>they don't recognize the results</u>. They <u>would not</u></p>	<p>Greatest interest Disadvantaged Would never ever, set feet at the college Improved matric Cognitive skills Very good nurses College required Would actual never, would never go to the college Experience, in nursing Disadvantaged Have matric, passed matric Already a staff nurse working for many years Even though performing well,</p>
---	---	---

Achievement	<u>recognize</u> that she passed very well her enrolled nursing that she is doing well in the ward that was not considered. But because of prior learning recognition those people who were disadvantaged are having opportunity the doors opened.	doing patient care, passed enrolled nursing very well Would not recognize
Reasons	R: Ee. I heard you saying that ee...most of them they were [disadvantages], disadvantaged because of so many reasons? P: Ee...	
Repeat	R: Can you say more about this? P: Ok. Ee...sometimes a person <u>pass matric</u> poorly	
Academic development	not because academically she is poor, but there might have been <u>circumstances</u> like maybe she was not well when she was writing the	
Repeat	examinations, or maybe there were other situations that affected her performance in her examinations.	
Experience	And as a result she obtains her matric with poor but that allows her to enter nursing at a lower category. In order for this person to go to the college, she would have to <u>go back</u> and <u>improve her matric</u> but because now there is prior learning which has been put in place instead of going <u>back to matric</u> she simply applies to the college and then the college recognizes <u>the experience that she has in nursing.</u>	Pass matric poorly Circumstances Go back Improve matric
Uninformed		
Experience		
Concerned	R: Ok! So, ee...from whatever you have said do you have any other perception to explore?	Back to matric
Uninformed	P: Eh...what I would like to say is <u>I wonder how</u>	The experience
Experience	<u>many people know</u> about this opportunity, you may find that there are people who don't know that there is the opportunity for them to go to the college to apply even though they don't have matric results that the college recognize, but they are having <u>the</u>	has in nursing Wonder how
Suggestion		
Appreciation		

Experience	<u>experience</u> that is my, it <u>is a worry to me</u> “gore na”	many people know
Beneficial	how many people who would want to apply know about this opportunity. And then. I <u>don't know the package</u> for prior learning. I just know that the learning, the, <u>the experience</u> that a nurse has	The experience is a worry to me
Uninformed	ee...[noise][pause] ee...[noise] allows her to apply to the college because if I know the package of prior learning I would say maybe <u>certain things to be improved</u> , so I cannot comment much on it because I don't know it entails. Another <u>advantage of this prior learning</u> whether a nurse is an assistant nurse or a registered staff nurse when it comes to college entry they are at the same level because	Don't know the package The experience
Suggestion	they are <u>both have experience in nursing</u> , so to me even the lowest nurse the one who have done the nursing auxiliary and the one who have got a registered staff nurse they <u>stand equal chances</u> of applying to the college.	Certain things to be improved Advantage of prior learning
Experience Requirements	R: Ok. I don't know if ever you do have ee...something to add on or maybe we are done for today?	Both have experience in nursing
Ignore	P: Emh... [pause] something that I would like to say	Stand equal chances
Discouraged	I <u>don't know</u> whether it would be part of what I expected to say? Is when nurses are...are...trained during auxiliary training or staff nurse training, I	
Informed	<u>think they should be given an opportunity to know</u>	
Motivated Development Knowledge Uninformed	that after they have qualified as registered auxiliary nurses or assistant nurses or registered staff nurses there is a chance for them to apply to the college after they have gathered a <u>certain experience</u> that <u>the college would require</u> so that	Don't know
Surprised	this would help them to..to..to study because you see if a person did not know that she qualifies to apply to the college, immediately after she has	Think , be given opportunity
Ignore		

Achievements	passed as a staff nurse or she <u>won't be reading books</u> because she will say <u>after all</u> for me to go to become a professional nurse I must <u>wait for the line of the study leave and then not study books</u> , but if	Certain experience College would require
Expression	<u>she knows</u> that <u>I don't have to wait for the line</u> of study leave approval according to the seniority, she would be <u>busy reading books to keep her</u>	Won't be reading books
Development	<u>knowledge up-to-date</u> . To keep her knowledge [flesh] fresh so that when she applies to the college her <u>knowledge</u> would still be fresh. But if she...she <u>did not know</u> that she can apply and somebody comes to her maybe after two years "ari" why don't you apply to the college? And she said <u>oh!</u> can I	After all, wait for the line of study leave, not study books
Achievement	apply to the college? "Ari" yes, you can apply. You find after all these, after she has passed <u>she never</u>	Knows, don't have to wait
Poor intelligence	<u>red some books</u> . But she applies and she has been taken because she has long been out of books <u>her performance might become poor</u> . And is not poor	Busy reading books Keep knowledge up-to-date
Time frame	because her ability is low, is poor because she has been not reading books for a long time. And if this is <u>not corrected</u> it can <u>proof as if</u> prior learning ee...the <u>model of prior learning is wrong</u> .	Knowledge Did not know Oh!
Achievements		Never red some books
Time frame	R: [Amazed] ((Nodding...)) Now I get your point. P: Eee..because if this person has not been, let's say she has been out of practice out of school	Performance becomes poor
Achievements	maybe four years without reading books for nursing <u>to updating her knowledge</u> and all of a sudden she learns about prior learning and she is taken, she is successful she is taken, when she gets [inaudible]	If not corrected, proof as if
Be informed	<u>performs poorly</u> then those who are monitoring the program will say look...look at the products of prior	model of prior learning is poor
Experience	learning they are failing. They are not failing because of the...the <u>poor intelligence</u> , is because this person has been out of school for, <u>out of</u>	

Uninformed	<p><u>school for long time</u>. Like you see with the other courses where maybe a person will have done whether is registered nurse maybe she went to bridging, but she has been out of school for so many years and when she goes to bridging <u>her performance becomes very, very poor</u> because she has been <u>out of school for many years</u> even if maybe you know the student you have taught her when she was doing an enrolled nursing but then when she do bridging her <u>performance becomes poor</u>. You become surprised why? then she says mam because I have been out of school for so many years. It will be a good thing that when people are being trained [noise] for staff nurse or they are trained for assistant nurse, they should be <u>made aware</u> that there is a chance for them to be taken to the college after they have gathered <u>sufficient experience</u> that would be recognized by the college.</p>	Updating knowledge
Suggestion		Performs poorly
Motivation		Poor intelligence
Informed		Out of school for long time
Discouraged		Performance becomes very, very poor
Ignore		Out of school for many years
Motivation	<p>R: Ok!</p> <p>P: [Continues] And to encourage them to, [to study, to study, to study] ((Scratching head)), to study books. And something that I think that could be done. I <u>don't know</u> whether it would be an extra burden for the department, or perhaps if maybe people who, who wish to exit to the college using prior learning <u>maybe if there could be a program</u> for them whether is a private thing maybe run by somebody to be studied privately to, to, <u>to motivate them to read</u>, to study books of some sort because if you tell a person that know you, you can go to the college using your prior learning even if you tell her immediately when she exists she have just passed her enrolled nursing or nursing assistant but</p>	Performance becomes poor
		Made aware
		Sufficient experience
		Don't know

	<p>because there is nothing motivating her, she will say yes, <u>I'm aware</u> that I must keep my knowledge up-to-date, but, but <u>there is nothing formal there is nothing put in place to keep her mind busy</u>, her mind refreshed. She may <u>not do anything even though she knew</u>, but if there is some mechanism that would <u>encourage people to study books</u> so that if when they apply their memories of nursing will still be fresh.</p>	<p>May be if there could be a program Motivate, to read</p>
Outdated	<p>R: Ok. P: Ok.</p> <p>R: Ja, I understand what you are saying, ee...isn't that they ee...enter the college via ee...this ee...system of assessment of ee...recognition of prior learning? They have to apply and they are supposed to be assessed first using the standards which are being set in relation to whatever ee...program they are entering. P: Eee...</p>	<p>Aware Nothing formal in place to keep mind busy Not do anything even though knew Encourage to study books</p>
Suggestion Policing	<p>R: So I heard you giving the example of bridging students who are entering the college to become registered nurses. So meaning that their prior learning for being staff nurses is going to be assessed before they enter the program? R: So did I hear you very well when you said if ever they up date themselves[it will make them], it won't make them seen as if they are poor because of the program of prior learning? P: Eeeee...because...because of the assessment if they don't keep their knowledge up-to-date, they can even fail the assessment and fail to enter. The</p>	

Informed	<p>reason being they would have <u>forgotten a lot of academic issues of a higher standard</u> which is required of them but if they are kept up-to-date it means that it will also help them to pass the assessment.</p>	
Practice	<p>R: Ok. So do you have something more? P: Eee...something that I would like that if these people would know because sometimes if a person does not have enough information she can apply for recognition of prior learning that she is having</p>	
Lack of self - confidence	<p>without knowing exactly what are the type, what type of standards and only to be disappointed, because she did not know the standards. So <u>I think the package or the standards should be...should not be a secret</u> to the prospective applicantsof, for</p>	Forgotten a lot of academic issues of a higher standard
Interaction	<p><u>about Batho-Pele</u> there, there <u>should be openness</u></p>	
Preparedness	<p>about prior learning so that people know, know about prior learning and the, even the <u>standards</u> that are going to be used for assessment not necessary to be shown the questions but to know the type of things that they are expected to be prepared for.</p>	
	<p>R: I, [I'm hearing you saying that]...I heard you very well when you said ee...they have to know the things that they are expected of?</p>	Think, package or standards should not be a secret
	<p>P: Ee...</p>	Talking about Batho-Pele, should be openness, standards
	<p>R: Do you mind to explain more as far as these things are concerned?</p>	
	<p>P: For example, a nurse who is going to be assessed <u>must know</u> whether she is going to do practical skill that know even if she does not know</p>	

	<p>the name of the skill but she must know that know I'm going to be assessed on practical skills so that she <u>polishes all her practical skills</u> in all areas. If she is going to be assessed orally that it means that I must polish even my English. I must polish even my self-concept because if a person have <u>poor self concept</u> sometimes it interferes with speaking in front of a panel of people. She must develop those <u>interpersonal skills, the communication skills</u>. If she knows that when you go there you are going to be assessed orally she must know that for oral examination what skills must I have or I'm going to be assessed in writing and if I'm assessed in writing am I asked about things that I have <u>covered</u>, things that include my <u>scope</u> so that it means that I <u>must know my scope</u>.</p> <p>R: Ok. Mam thank you. If ever you don't have ...something extra to add on this interview. P: Eem... R: Do you have something to add? P:E-e I don't have anything to add.</p> <p>R: Thank you very much for your participation in this study, and I still repeat that your name will not appear in any report of this to maintain anonymity. R: Thank you once more. P: Thank you.</p>	<p>Must know</p> <p>Polishes all practical skills</p> <p>Poor Self concept</p> <p>Interpersonal skills, communication skills</p> <p>Covered scope, must know scope</p>
--	---	--