Factors contributing to attrition of nurse educators at a Gauteng Public Nursing Education Institution

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Dissertation submitted in fulfilment of the requirements for the degree:

Masters in Nursing Science

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University of Venda

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FEBRUARY 2022

DECLARATION

I, Daphney Mihloti Shirinda, hereby declare that the research proposal titled "*Factors contributing to attrition of nurse educators at a Gauteng Public Nursing Education Institution*" submitted by me, has not been submitted previously for any other degree at this or any other university, that it is my original work in design and in execution, and that all reference material contained therein has been duly acknowledged.

Student's signature _____   Date: 07 FEBRUARY 2022

DEDICATION

I thank God the Almighty for giving me the opportunity to demonstrate His righteousness upon my life. This dissertation is proof to declare that I can do anything through MY LORD JESUS CHRIST who give me inner strength. The verse that motivates me to continue pursuing the dreams of my life is Philippians 1 verse 6: "Being confident of this very thing, that He which hath begun a good work in me will perform it until the day of Jesus Christ".

This project is dedicated to my mother Noriah Khubani Ngobeni for being the pillar to my career. She has seen a nurse in me before I could realise that I could be in this profession. Your prayers have pulled me through this far and beyond. It is also dedicated to siblings Ngobeni Tyrone, Girly, Alvinah, Pfumelani and Sasekani, for their prayers and support throughout this project. The project is also dedicated to my beloved husband, Pastor HF Shirinda, for the prayers and words of encouragement, for his presence and support throughout. Lastly, it is dedicated to my children Nhlanhla, Rito, Blessed-Hope and Ukahle and to my only grandson Khalid Mashimbye.

ACKNOWLEDGEMENT

I appreciate you all my family and my in-laws for being there for me. The years of this work was challenged with lots of ordeals which somehow claimed the life of our loved ones. You have shown so much support in me when I was challenged with sickness, your prayers gave me strength, support, and the reason to continue to finish this degree. There is not much I can say to express how I appreciate all your effort. May God continue to bless you all in Jesus' name.

I want to thank all those who assisted me in this project:

Dr Mulondo S.A, my supervisor, my mentor, thank you very much. I appreciate your prayers, guidance and believing that I can make it.

I thank Prof. Shilubane H.N., my co-supervisor, for assisting me to finish this project.

I thank HWSETA for funding my studies.

Thank you to all the nurse educators who as agreed to be participants in this research.

Thank you also to my friends, sisters and colleagues, Koleka Plessie, Peggy Matsebatlela and Philda Mothokho. Your presence in my life made me realise that God always provides us with sisters wherever we go. You have been extremely supportive during challenging times.

I also want to thank the following:

My colleague M Lebete-Sehalahala, for her support and guidance.

Dr Khoza for editing and proofreading my work.

Dr Mothiba for co-coding this work.

The librarian, Bawinile for her support with research articles.

May God bless you all for being there for me, you enabled me to reach my goal. Thank you

LIST OF ACRONYMS AND ABBREVIATIONS

AACN : American Association of Colleges of Nursing

CASN : Canadian Association of Schools of Nursing

CHBNC : Chris Hani Baragwanath Nursing College

DENOSA : Democratic Nursing Organization of South Africa

GDoH : Gauteng Department of Health

GPNEI : Gauteng Public Nursing Education Institution

HOD : Head of Department

NDoH : National Department of Health

NEI's : Nursing Education Institutions

NGO : Non-Government Organisation

NHI : National Health Insurance

OM : Operational Manager

OSD : Occupation Specific Dispensation

PMDS : Performance Management Development System

PNEI : Public Nursing Education Institution

SANC : South African Nursing Council

ABSTRACT

The attrition of nurse educators at South Africa's public nursing education institutions undermines the ability of the country to improve health care outcomes. There is attrition of nurse educators at the selected public nursing education institution in the Gauteng Province. Nurse educators leave the institution within two years of employment and this study explored factors that contribute to this attrition. The study was conducted using an explorative descriptive research design and the study population were all the nurse educators employed at the college. In this qualitative research, a purposive non-probability sampling was used to explore factors contributing to attrition at the public nursing education institution. The target population were all nurse educators employed between January 2014 and April 2019. The sample was drawn from 15 to 25 nurse educators employed by the public nursing education institution from January 2014 to April 2019 who have since resigned. Data was collected through a semi-structured interview to explore and describe the factors that contribute to attrition of nurse educators. Pre-test was conducted using 3 participants who were from the population of nurse educators employed at the selected public nursing education institution from January 2014 to April 2019 who have since resigned. Interviews were conducted at the participants' workplace in their offices to promote confidentiality and privacy. The eight steps of Tesch's method (1995) were used to analyse data. Trustworthiness was determined by adhering to the principle of credibility, dependability, transferability, and conformability. Ethical clearance was obtained from the University of Venda's Research Ethics Committee. Permission to conduct the study was sought from the principal of the selected public nursing education institution. The study findings indicated that there is attrition of nurse educators at the selected public nursing education institution. Factors contributing to attrition are lack of orientation, induction, and mentoring. Nurse educators said the working environment at the public nursing education institution is hostile. Other factors that mentioned as contributing to attrition are poor salaries, lack of support, poor interpersonal relationship, increased workload and lack of recognition of nurse educators' previous clinical experience, level of education and specialities. Thus, the study recommends that the national department of health should review and revise the employment policy of nurse educators and improve salaries and benefits to attract and retain nurse educators.

Keywords: Attraction, attrition, nurse educator, public nursing education institution, retention

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CHAPTER 1

STUDY OVERVIEW

1. Introduction

Nursing education is the basis of nurse training in all countries of the world. The attrition of nurse educators observed all over the world has a negative impact on the health system. Nurse educators train and educate new nurse graduates. However, nursing education institutions are challenged to maintain full employment in faculty positions (Tourangeau, Wong, Saari & Patterson, 2014). The attrition of nurse educators has a negative impact on the training of nursing students. Gutierrez, Candela and Carver (2012) reported that lack of faculty (nurse educators) is a major issue that directly influences the inability to admit and graduate adequate numbers of nurses. The attrition of nurse educators is also experienced at the selected Public Nursing Education Institution (PNEI) in the Gauteng Province.

The South African Nursing Council (SANC) is the regulatory body for nurse training and education in South Africa. It also serves as the quality assurer for both basic, post basic degree and diploma in nursing qualifications. The nursing education and training is the basis for nurse production in South Africa. There are about 14947 registered nurse educators in the roll of SANC (SANC, 2018) but not all are practicing as nurse educators. Nurse education trains nurses so that health care facilities can have adequate nurses. Nurse educators ensure that they teach and support the nursing students to be competent and caring in their practice. This study found the contributory factors to attrition of nurse educators are many and varied.

1.1. Background to the study

The United States of America is also experiencing the challenge of attrition of nurse educators. Shockness (2015) indicates that the current shortage of nurse educators is a growing problem in nursing programmes throughout the United States and is expected to worsen in the next few years (Health Resources and Services Administration, 2010). Nurse educators are already a scarce skill as indicated by Lee, Miller, Kippenbrock, Rosen and Emroy (2017) in their study in USA. The Nursing Education Institutions (NEIs) cannot retain the existing nurse educators and cannot attract new nurse educators Brown (2015) reports that in 2007, 5,400 students were turned away from training in North Carolina due to lack of retention and recruitment of nurse educators. Most nurse educators are near retirement resulting in attrition. There is a difficulty in maintaining qualified experienced nursing

educators in the USA due to an increase in retirement and faculty leaving for higher paying positions in the private sector (Gutierrez et al., 2012). This causes high attrition rate in the NEIs (Brett, Branstetter & Wagner, 2014).

In 2012, the number of vacant Canadian full-time faculty positions was estimated to be 215 but could not be filled due to the struggle to recruit nurse educators (Tourangeau et al., 2014). The continuous vacant positions for nurse educators in U.S. resulted in an inability to increase the training of nursing students (Evans, 2013). The problem of attrition is expected to worsen as two-thirds of the current nursing faculty in U.S. is aged 45–60 years old and expected to leave their positions in the next 20 years (Gutierrez et al., 2012). This makes it difficult for nursing programs to follow the required faculty-to-student ratios, which ranges from 1:10 to 1:12 in the United States (Shockness, 2015). The attrition of nurse educators affects the training of adequate nurses hence other countries like Australia utilise clinicians to take up positions as nurse educators without sufficient training or preparation (Slatyer, Kimberley & Davis, 2017). This The unexperienced and untrained nurse educators compromise the quality of nurse training.

Literature supports the necessity to address the attrition rate via all possible venues, including recruiting and maintaining an adequate number of qualified nurse educators (Brett, et al., 2014). To increase the number of nurses, Nursing Education Institutions (NEIs) should have adequate, qualified and experienced nursing educators to prepare current and future nurses (Hall & Knox, 2015.) The inability to attract and retain new nurse educators disrupts organizational structures and workgroup and result in productivity loss and increased workloads to the remaining employees (Hausknecht & Holwerda, 2013) in Tourangeau, et al., 2014).

The NEIs fail to attract new young nurse educators because salaries in clinical settings attract many young nurses to advanced practice roles instead of nursing education (Brett et al., 2014). Challenging students and increased workloads are some of the issues that force nurse educators back to clinical practice roles (Brett et al., 2014). Bagley, Hoppe, Brenner, Crawford & Weir (2018) report that the academic environment is also discouraging because nurse educators experience physical, emotional and psychological abuse from students and colleagues. In other countries, students feel that their academic fees are used to hire and pay nurse educators. This results in bullying of the nurse educators by students (Kolanko, Clark, Heinrich, Olive, Serembus & Sifford, 2014).

In Africa, there is no specific research which addresses attrition of nurse educators. A study conducted in sub-Saharan Africa by Bvumbwe and Mtshali (2018) addresses the challenges and solutions faced by nursing education. In their research, the issue of attrition of nurse educators in nursing education institutions is not mentioned. Most studies address the attrition of student nurses. This study sought to close this gap in research.

The attrition of nurse educators within South Africa's PNEI undermines the ability of the country to improve health care outcomes (Strategic Plan for Nurse Education, Training and Practice 2012/13 – 2016/17). The SANC has introduced a nursing education and training standards for nurse educators to ensure that Nursing Education Institutions promote quality learning, education, and training of student nurses in the country (SANC, 2012/13 – 2016/17). Most nurse educators in South Africa are within 9 years of retirement and will have to be replaced in the coming years (Mulaudzi, Daniels, Direko and Uys, 2012). The fact that the present Nursing Education Institutions are filled with elderly nurse educators poses a threat that as they retire, institutions will be left with inexperienced nurse educators (Mulaudzi, et al., 2012; Gardner, 2014; Brown, 2015). For continuity in the production of qualified nurses, there is need to get adequate numbers of nurse educators in the training institutions to effectively prepare nurses who will be scientifically responsive to the burden of disease facing South Africa. However, there seems to be a problem in Public Nursing Education Institutions regarding the attraction and retention of qualified nurse educators leading to nurse educators' attrition.

The Democratic Nursing Organisation of South Africa (DENOSA) (2013) points out that there are challenges in nursing education as it is not regarded as a specialty. Matlakala (2016) indicates that compensation that is not competitive with practice settings is one major cause of nurse educator attrition. Nurse educators want to ensure that their graduates (nursing students) have the cultural knowledge and sensitivity to effectively care for an increasingly diverse patient population (Hansen & Beaver, 2012). In order to have competent and caring nurses, the nurse educators should facilitate learning, facilitate the students' development in socialization into the profession, develop assessment and evaluation strategies, participate in curriculum design and development, function as a change agent and a leader, pursue continuous improvement in the nurse educators' role, engage in scholarship and function within the educational environment (Ramsburg & Childress, 2014). All these competencies fall upon the shoulders of nurse educators. These competencies are required from the nurse educator to produce quality nurses to care for the nation. Achieving all these competencies is also a challenge to the new nurse educator. Compared to the demand in the competencies required to the job as nurse educator, salaries are very low. This means that without adequate compensation which correlate with the importance of the work done by these professionals,

the nursing education institutions will continue to experience poor attraction and retention of nurse educators resulting in attrition. Tourangeau et al. (2014) reported that most nurse educators did not perceive their compensation to be fair compared to other academic disciplines. In relation to the number of degrees and years of experience they have in nursing, the nurse educators can earn more money in other nursing roles (Bagley et al., 2018). The PNEI compete with other health institutions for nursing salaries hence this erodes the pool for young nurses to join nursing education (Evans, 2013). Nurse educators earn 25% less than educators in other departments (Tourangeau, et al., 2014).

The work environment within the nursing education institution also contributes to attrition of nurse educators. The PNEI have large number of students because of the demand of the National Health Insurance (NHI) project which is to be implemented in South Africa. The increase in the number of student intake is to try to have enough health professionals to cater for the public (National Department of Health (NDoH), 2019). The number of students was increased by 100% due to political influence (Armstrong & Rispel, 2014). This has brought about a large ratio of nurse educator to student of 1:60 (Mthimunye & Daniels, 2019) whereas it was once 1:16 (Mulaudzi et al., 2012). The large numbers of students estimated at more than 350 students per year and divided into two groups of 175 per class make it difficult to monitor students effectively in class. The large number of students are taught by few nurse educators in the institution because the new nurse educators cannot stand the pressure. Hence, they usually leave the institution within five years of their employment. According Seekoe (2014), thirty percent of newly appointed nurse educators leave the institution within the first five years, which is tremendously costly in terms of both human and economic resources. As the newly appointed educators leave the institution, this results in the remaining staff being overloaded with work. The steady increase in workload for those remaining make it difficult to attract new staff and to retain those already employed, forcing them also to leave the institution. As the nurse educators leave the institution in large numbers, it is difficult for the institution to replace them (DENOSA, 2013).

The large number of student nurses does not pose threat to the nurse educators only, but it affects even the quality of training they receive. The compromise in the quality of training compromises the outcome of the trained nursing students. Nurse educators are unable to address student individual needs (Brown& Sorrell 2017) leading to generalization which negatively impact on the quality of the product. The large number of graduates with poor nursing skills results in problems of litigation against the government. The Nursing Education and Training Standards emphasise that the staff establishment size and composition in the nursing education institution should be enough to provide teaching and guidance to ensure

student progress and practice readiness (SANC, 2012/13 – 2016/17). As the nurse educators focus on educating the students, they do not have time to assist the newly appointed nurse educators hence they feel neglected, and it lowers their morale and increases their stress levels (Brown, 2015). Slatyer et al., (2017) indicates that structured mentoring is effective in supporting nurse educators who are at risk of role stress. Therefore, clear direction about the dimensions of the nurse educator role through skill development, role modelling, and mentorship are necessary to motivate, sustain and retain the new nurse educator (McAllister, Oprescu& Jones, 2014 in Tourangeau et al., 2014) and reduce attrition.

Strategies to facilitate attraction, recruitment and retention of nurse educators are required to prevent shortage of nurses working in health care facilities. New nurse educators can adapt to the role and responsibilities of nursing education if they get support from their colleagues. Organisational support also encourages and builds confidence of new nurse educators and motivates them to stay (Brown, 2015). To reduce attrition, senior nurse educators should improve in the mentoring of newly appointed nurses (Seekoe, 2014). South Africa is also preparing the implementation of the National Health Insurance (NHI). This project will require adequate staffing of all health care practitioners including registered nurses. With the problem of attrition among nurse educators, there are uncertainties about the implementation of this project. DENOSA (2013) is also concerned about NHI project as the country may not produce enough nursing graduates because nursing colleges are struggling to attract and retain nurse educators. This has a negative effect on both the number and quality of nursing students that are produced at the nursing education institutions.

The attrition of nurse educators is a critical problem affecting the health care facilities globally due to lack of retention of nurse educators. Strategies of recruitment and retention should be identified to reduce the cost of recruiting and hiring of new nurse educators to bring about stability in the academic setting (Lee et al., 2017). The Nursing Education Institutions should relook at factors that contribute to attrition so that highly qualified personnel can be trained from well-resourced training institutions. The increased workload experienced by the nurse educators contribute to high stress level and burnout. Pay, task requirement, promotion opportunities and role expectation also push the nurse educator to clinical practice (Brett et al., 2014). There is inadequate research about factors that contribute to the attrition of nurse education and this study aimed to close this knowledge.

1.2. Conceptual framework.

This qualitative explorative research was guided by the Herzberg's motivation hygiene theory (Herzberg, Maunner & Snyderman, 1993). Herzberg's two-factor theory states that there are

certain factors that cause job satisfaction and those that cause job dissatisfaction in the workplace. This study explored the nurse educators' views about factors that contribute to attrition. The study found the motivating factors that lead to nurse educators remaining in their workstations. Herzberg et al. (1993) argues that there is a relationship between job satisfaction and job enhancement in the motivation-hygiene theory. He also identifies the satisfiers that motivate employees to remain in the institutions like achievement, recognition, work itself, promotion and growth. These also include remunerations, company policies, administrative practices, interpersonal relationship and work condition. These factors promote the retention of employees and reduce attrition. Through observation of the achievement of these factors, other nurse educators may be attracted to the institution to work as nurse educators and reduce the attrition rate.

The researcher chose the motivation-hygiene theory to explore factors that contribute to attrition of nurse educators at a PNEI in Gauteng province because of a decline in the attraction of new nurse educators and the nursing education institution is mostly filled with elderly nurse educators. This issue raises concerns about the future of nurse education. Attrition has a negative impact on the training of nurses as identified in many countries where students who met the requirement for training were turned away because of the shortage of nurse educators. The researcher has used the Herzberg's motivation hygiene theory to research on nurse educators who left the institution as to whether their resignations and/or transfers were due to the non-attainment of the satisfiers as identified in this theory.

Figure 1. Herzberg's two factor theory (Herzberg et al., 1993)

1.3. Problem statement

The researcher works at a Gauteng Public Nursing Education Institution (GPNEI). The researcher noticed that nurse educators were leaving the institution without even completing five years in practice. This left the institution with inadequate number of nurse educators. Statistics from the Quality Assurance Officer of the selected public nursing education institution indicate that during April 2017 to April 2019, 8 nurse educators retired, 14 resigned, and only 6 were employed. The remaining nurse educators are faced with the challenge of teaching too many students.

The nurse educator-students' ratio is supposed to be at 1:16 (SANC), or 1:15 to 1:20 as stipulated in Uys and Mulder (2013), but recently the nurse educators-students' ratio is at 1:60 in most GPNEI. Due to the large number of students, the nurse educators are unable to address the needs of individual students (Brown & Sorrell 2017). The inability to address student's individual needs results in generalization leading to poor nursing skills acquisition which results in problems of litigation against the government.

The nursing education institutions are filled by elderly nurse educators who will be retiring within 5-15 years. They will leave with their expertise since young nurse educators are not there to learn from their more experienced seniors. As the nurse educators leave the institution in large numbers it is difficult for the institution to replace them (DENOSA, 2013). The government tried to put nurse educators on Occupation-Specific Dispensation to improve their retention with no success as they still leave the institution (Mahlathi & Dlamini, 2017). Not much research has been conducted to understand the issue of attrition and thus this study sought to investigate factors that contribute to the attrition of nurse educators.

This research hopes to add to the body of knowledge in the formulation of new policies to bridge the gap of attrition in nursing education institutions.

1.4. Rationale of the study

Literature review established that not much research has been done to understand the issue of the attrition of nurse educators. Most research focuses on issues that relate to nurse educators job satisfaction and student nurse attrition. The problem of attrition affected nursing education for a long time throughout world. Thus, nursing education institutions have large numbers of elderly nurse educators and struggle to attract young nurse educators. This research hopes to add to the body of knowledge in the formulation of new policies to bridge the gap of attrition in nursing education institutions.

1.5. Significance of the study

The results of the study may help the Gauteng Department of Health to examine its policies and formulate strategies for recruitment, attraction and retention of nurse educators. Nurse educators may work in an environment that has adequate staff members and improve their job satisfaction. The student nurses may receive quality education from less stressed nurse educators when the institution has enough nurse educators. The community will likely receive high quality nursing care from well-trained student nurses.

1.6. Study Purpose and Objectives

1.6.1. Purpose of the study

The study investigated factors contributing to attrition of nurse educators at a Gauteng public nursing education institution.

1.6.2. Objectives of the study

This study:

● Explores and describes factors contributing to the attrition of nurse educators at a Gauteng public nursing education institution

● Describes the measures to be implemented to attract and retain nurse educators

1.6.3. Research Question

The following research question: "**What do you think are the factors that contribute to attrition of nurse educators and what do you think are the measures to be implemented to attract and retain nurse educators"?** was asked to the participants to explore and describe the problem under study.

1.7. Definition of terms

Attraction

Attraction is the process of attracting the required number of qualified candidates to apply for a job vacancy in an entity at a specific period per institutional needs (Federal Authority for Government Human Resources, 2017).

In this study, attraction means the process whereby the institution attracts potential nurse educators to apply for jobs within the institution as they view and value the institution as a good workplace.

Attrition

Armstrong (2006) in Mahesh, Vara Prabhakar, and Umar (2017) defines attrition as a normal flow of people out of an organization through retirement, career or job change, relocation, illness and so on. According to Dobhal (2015), attrition is a reduction in the number of

employees through retirement, resignation or death. Attrition is a gradual reduction in the number of people who work for an organisation that happens due to the inability to replace those who leave.

In this study, attrition means the resignation, transfer and the retirement of old nurse educators without immediate replacement of these employees at a GPNEI which results in a decrease in the workforce. This results in overworking of the remaining nurse educators and demanding extra effort and working hours to meet the expectations of the institution.

Nurse Educator

A nurse educator is a professional nurse or midwife with an additional qualification in Nursing Education and is registered as such with the SANC and as prescribed by R118 has a bachelor's degree and an academic qualification at least one level higher than the level of the programme he or she is teaching (SANC, Nursing Act 33, 2005). In this study, a nurse educator is a registered nurse who has undergone training from a university who has a degree or a diploma in nursing education and registered with the SANC and working in a public nursing education institution in the Gauteng Province of South Africa who teaches and imparts knowledge and the art of nursing to student nurses.

Public Nursing Education Institution

This is a nursing college where students study after leaving high school to receive formal education and training to become professional nurses. It is an institution of higher education and training where professional nurses are trained (Hornby SA 2014). In this study, it refers to a nursing college that is under the governance of the Gauteng Department of Health which has been accredited and approved by the South African Nursing Council to offer basic or post basic nursing profession in terms of section 15 (2) in the Nursing Act (Act No.33 of 2005).

Retention

According to Hall & Knox (2015), retention is the number of individuals maintained in an employed role. In this study, retention means the ability of an institution to retain employees after being appointed for at least five years.

1.8. Layout of the subsequent chapters.

This study comprises five chapters.

Chapter 1: Study overview

Chapter 2: Research methodology

Chapter 3: Presentation of the research findings

Chapter 4 Discussion of the research findings

Chapter 5: Summary, recommendations, limitations, and conclusion

1.9. Summary

This chapter provided an overview of the study. It also presented the introduction, background, conceptualisation, problem statement research questions, the purpose and objective of the study. The next chapter discusses the research design and methodology of the study.

CHAPTER 2

RESEARCH METHODOLOGY

2.1. Introduction

This chapter discusses the research methodology and design that was used to explore and describe the factors contributing to attrition of nurse educators at a selected public nursing education institution.

2.2. Research design

The research design is a plan or blueprint of conducting a study that maximises control over factors that might interfere with the validity of the research findings (Burns & Grove, 2013). In this study, the insight into the perceptions of individual participants, allowed the opportunity to explore and validate the personal concerns of nurse educators. This research design involved an interaction of the researcher with the participants to gain information for answering the research question. Factors that contribute to attrition were explored using an in-depth semi-structured one-on-one interview and conversation between the researcher and the participants. The researcher identified the individual's perception and unique experiences regarding the phenomenon under study and the provided valuable data to the research topic (Polit & Beck, 2018).

2.2.1. Study approach

The study approach is the identified method for conducting a research. The qualitative research method was used to obtain relevant information from the participants that assisted in achieving the research objectives. The researcher sought to understand the meaning of real-life experiences of nurse educators in their everyday roles (Yin, 2015) at the selected nursing education institution. The study explores and describes factors that contribute to attrition of nurse educators at a public nursing education institution. An explorative and descriptive research approach was used to gain an in-depth understanding of the research phenomenon.

a. **Explorative research design**

Explorative research design was used to explore the reality of the situation or phenomenon and to provide accurate characteristics of the phenomenon (Burns & Grove, 2013). The participants were asked to explain what they thought were factors that contribute to attrition of nurse educators in the public nursing education institution. An in-depth semi-structured interview was conducted to answer the research question. The researcher provides a detailed

description of what each participant said about the phenomenon. Relevant literature was applied to explore factors that contribute to attrition of nurse educators as highlighted by participants.

b. Descriptive research design

Descriptive research design was used to discover facts and describe factors that contribute to attrition of nurse educators at the selected public nursing education institution (Burns & Grove 2013). Explorative descriptive qualitative research design was used because little was known about the problem in the context of the public nursing education institution in Gauteng (De Vos, Strydom, & Delport et al., 2011). Semi-structured interviews were conducted, and participants freely described their experiences at the public nursing education institution.

2.3. Study setting

Burns and Grove (2013) states that a research setting is the location where the research is conducted which may be natural, partially controlled or highly controlled. This study was conducted in a naturally setting since the researcher did not manipulate or change the environment of the participants. The study was conducted at a selected public nursing education institution in Gauteng province, where the researcher works and has observed attrition amongst nurse educators.
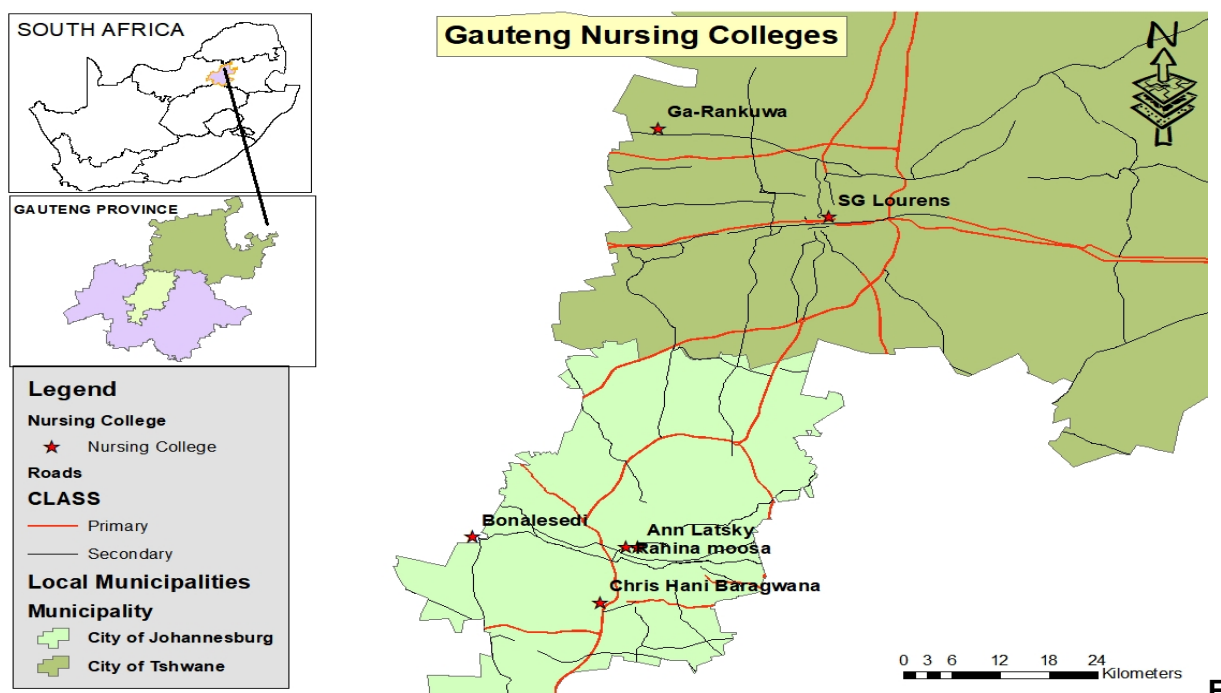
Figure 2: Map of Gauteng nursing education institutions including public and private institutions

There are three public nursing education institutions in Gauteng province namely: SG Laurens North of Johannesburg in Tshwane which has a sub campus in Garankuwa, Ann Latsky in Auckland Park and Chris Hani Baragwanath Nursing College (CHBNC), South of Johannesburg in Soweto with sub campuses in Bonalesedi and Rahimma Moosa. From SG Laurens to Ann Latsky, it is 61.3 km, from SG Lourens to CHBNC it is about 71.6 km and from Ann Latsky to CHBNC it is about 15.4 km. The selected public nursing education institution has the highest attrition rate compared to other public nursing education institutions. Moreover, the selected public nursing education institution struggles to replace nurse educators who leave their positions.

2.4. Study population and sampling

2.4.1. Population

Research population is the total number of units from which data may potentially be collected because they meet the criteria for inclusion in the study (Burns & Grove 2013). It is a set of entities that contain all elements or individuals of interest to the researcher. The total population of this study were all the 73 nurse educators who could potentially participate in the study who are employed by the selected public nursing education institution (Cronin, Coughlan & Smith, 2015). The target population of this study was all the nurse educators at a selected public nursing education institution employed between January 2014 - April 2019 who have resigned or transferred from the institution. The accessible population to the researcher were the nurse educators who were employed between January 2014 and April 2019 who agreed to be participants. The participants were traced with the assistance of the HR department, where phone numbers of some of the participants was given to the researcher. Others were obtained through referrals since they worked with participants that the researcher had already contacted.

2.4.2. Sampling method and the sample

Sampling is the process of selecting a portion of individuals who may participate in a study (Barbbie, 2011). Maree (2012) states that sampling is a process for selecting participants of a study. The purposive non-probability sampling approach was used in this study because only participants that fit the characteristic and are a representative of the desired population were selected (De Vos et al., 2011). Nurse educators employed between January 2014 and April 2019 were sampled. A sample is the portion of the population that is selected for a study that is likely to yield most of the relevant information to answer the study question (Yin, 2016). It is part of the whole or a subset of a large set of the population selected by the researcher (Brink, Van der Walt & Van Rensburg, 2012; Burns & Grove, 2013). Fifteen participants were drawn from all the nurse educators employed by the selected public nursing education institution

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between January 2014 and April 2019. A semi-structured interview was conducted with the participants to describe what they consider to be factors that contribute to attrition of nurse educators.

2.4.3. Sample size

The sample size in qualitative research is determined by data saturation. Data saturation implies that no new information is gained from the participants regarding the topic under study (Cronin et al, 2015). The sample for this study were 15 nurse educators employed between January 2014 and April 2019. A list of nurse educators employed during this period was obtained from the Human Resources Department of the nursing college. Then researcher contacted 25 nurse educators from the list and 15 agreed to be study participants. The sample included both males and females of all racial groups between the ages 30 and 55 years. The sample size was determined by data saturation which was reached at participant 15.

2.4.4. Inclusion and exclusion criteria

De Vos et al. (2011) refer to inclusion criteria as eligibility criteria. In this study, only nurse educators employed between January 2014 and April 2019 at a selected public nursing education institution were part of the sample. The sample included both males and females of all races between the ages of 30 and 55 years. Nurse educators employed before 2014 were excluded.

2.5. Pre-test of the study

A pre-test is a process of simulating a study using a small number of participants to identify practical problems in data collection and to revise the method of data collection and identify the appropriateness of the research question and to refine it. Burns and Grove (2009) says a pre-test is a mini-research study based on the same principles and approach as the main study but conducted on a limited number of participants of the population under investigation to determine the feasibility of the data collection instrument and to establish whether the relevant data can be obtained from the participants of the main study.

In this study, ta pre-test was conducted using the first 3 participants from the population of nurse educators employed at the selected public nursing education institution from January 2014 to April 2019. The research method and the feasibility of the study topic and research question were tested and refined during the pre-test. A purposive non-probability sampling method was used. The research topic and the benefits of the study were explained. Measures to ensure confidentiality and anonymity were explained. Participants who agreed to participate in the study did so voluntarily. Permission was requested from the principal to conduct the pre-test.

2.6. Measures to ensure trustworthiness

In qualitative research, rigour is determined by credibility, dependability, transferability and conformability. Lincoln and Guba (1985) identify the criteria discussed below as means of ensuring trustworthiness of the study. These criteria help to evaluate the quality of qualitative research.

➤ **Credibility -** refers to the confidence in the truth of the data and how this data has been interpreted (Polit & Beck, 2018). The findings of this study are solely the experiences of the participants since only data that the participants gave is recorded and reported. The researcher spent 45-60 minutes collecting data from each participant through a one-on-one interview session until data saturation was reached. All data was recorded on an electronic recorder and transcribed as an original description of the participants' words. The collected data was then verified by the researcher and the participants.

➤ **Dependability** –this refers to the stability of data over time and over conditions (Polit & Beck, 2018). The findings of this study can yield the same results if the study is conducted with the same participants at another time. To ensure dependability, all data was recorded and transcribed and provided to the supervisor and external auditor (www.statisticsolution.com) for verification and accuracy.

➤ **Transferability-** De Vos et al. (2011) states that this is a process where the researcher applies the findings of the study to another context other than the original one. The collected data is applicable to the selected public nursing education institution only as the sample was drawn from that institution. The data is a true description of what the participants said.

➤ **Conformability**-this means that the data is a true reflection of the participants' experience not the researcher's speculations or imaginations (Polit & Beck, 2018). The findings of the research are the product of the focus of the enquiry and not the researcher's biases (Babbie & Mouton, 2018). To ensure this, an electronic recorder was used during the interviews to accurately capture participants' experiences. The researcher followed a systematic methodology to collect data, to manage it until the conclusion was reached.

2.7. Data collection

Burns and Grove (2013) indicates that data collection is a precise, systematic gathering of information relevant to the research purpose or the specific objectives, questions or hypothesis of a study. The following questions were asked: "*What do you think are the factors that contribute to attrition of nurse educators? and, What do you think are the measures that*

should be implemented to attract and retain nurse educators at GPNEI.*".* The researcher conducted semi-structured one-to-one interviews. Recruitment and preparation phases were adhered to in the process of data collection.

➢ **Recruitment** –a list of nurse educators was obtained from the HR department after permission was granted by the principal of the public nursing education institution. An appointment was made to meet with the participants who were employed between January 2014 and April 2019 who had left the institution. Phone calls were made by the researcher with each participant to make appointments to explain the purpose of the research.

➢ **Preparatory** - on the date of the appointment, the purpose of the study was explained to participants. Permission was requested from participants and an informed consent form was signed.

Data collection and management

The research topic and the purpose were explained to the participants. Some participants did not understand the meaning of the word attrition and the researcher explained and defined it for them. A semi-structured interview was conducted with 15 participants.

Data collection was conducted at a suitable and convenient central place chosen by participants. Interviews were conducted at participants' workplace in their offices to ensure confidentiality and privacy. The principles to prevent the spread of Corona Virus was adhered to through wearing of masks, hand washing and sanitising, and social distancing to combat contracting Covid-19. Tables and chairs in the participant's office were sanitised. To ensure safety of the researcher and the participants both wore their masks throughout the interview and social distancing of 1.5 metres was maintained as only the researcher and the participants were the only occupants of the office during the interview. The participants sanitised their hands before and after signing of the consent form.

During the interview, direct observation of gestures and eye contact was maintained to observe the participants' expression as they responded to research questions. Cues of communication were applied like observing nonverbal communication, eye contact and facial expression. Probing, questioning and paraphrasing was doe to get in-depth responses from the participants. Data saturation was reached with participants 15 and the interviews were stopped.

Data was recorded using a tape recorder and field notes were taken. Participants were asked to sign informed consent forms to allow for recording the interview using an electronic recorder. Data was subsequently transcribed as a true reflection of participants' own words.

Participants were given an opportunity to relate experiences that led to their leaving the institution. Various techniques in the form of observation and taking field notes were used to collect data to address the research problem to ensure the accuracy of the research findings (De Vos et al., 2011). All the conversations between the researcher and the participants were in English as it is assumed that all nurse educators can express themselves in this language. Interviews were conducted with 15 nurse educators who were employed between January 2014 and April 2019 who had left the institution. Data collection stopped at participant 15 because it was the point of saturation.

The nurse educators indicated factors that contribute to attrition as they experienced them during their stay at the institution. Each interview lasted for about ± 45-60 minutes. The data collected from the participants was stored electronically with a password to ensure confidentiality (Moule & Goodman, 2009) and only the researcher has access to it.

2.8. Data analysis

Data analysis is a methodological component of scientific inquiry that entails "categorising, ordering, manipulating and summarising the data and describing them in meaningful terms" (Brink et al., 2012). Data analysis is the process of bringing order or sense to all the information supplied by the participants. Data analysis also helps the researcher to analyse information given by the participant to see if it helps to answer the research question. In qualitative research, data analysis is done simultaneously with data collection. The data was collected by writing and recording and was analysed for relevancy to the research topic.

An independent co-coder was given the transcribed data and the tape recorder to assist with data analysis. The researcher and the co-coder agreed on the identified themes and sub-themes. The eight steps of Tesch's method (1995) used to analyse data are described below and the themes and subthemes are described in Chapter 3.

Step 1 – Reading through the data

The researcher got a sense of the whole by carefully reading all the verbatim transcripts and this enabled the researcher to understand the meaning of data segments. The ideas that emerged during reading were written down. The researcher carefully and repeatedly read the transcripts of all the participants. An uninterrupted period to digest and think about the data in totality was created. The researcher engaged in data analysis and wrote notes and impressions as they came to mind.

Step 2 – Reduction of the collected

The researcher scaled-down the data collected to codes based on the existence or frequency of concepts used in the verbatim transcriptions. The researcher then listed all topics that

emerged during the scaling down. The researcher grouped similar topics together, and those that did not have association were clustered separately. Notes were written on margins and the researcher started recording thoughts about the data on the margins of the paper where the verbatim transcripts appear.

Step 3 – Asking questions about the meaning of the collected data

The researcher read through the transcriptions again and analysed them. This time, the researcher asked herself questions about the transcriptions of the interview based on the codes (mental picture codes when reading through) which existed from the frequency of the concepts. The questions were: "Which words describe it?" "What is this about?" and "What is the underlying meaning?"

Step 4 – Abbreviation of topics to codes

The researcher started to abbreviate the topics that emerged as codes. These codes should be written next to the appropriate segments of the transcription. Differentiation of the codes by including all meaningful instances of specific code's data were done. All these codes were written on the margins of the paper against the data they represent with a different pen colour to differentiate them from those in Step 3.

Step 5 – Development of themes and sub-themes

The researcher developed themes and sub-themes from coded data and the associated texts and reduced the total list by grouping topics that relate to one another to create meaning of the themes and sub-themes.

Step 6 – Compare the codes, topics, and themes for duplication

During this step, the researcher reworked from the beginning to check the work for duplication and to refine codes, topics and themes where necessary. Using the list of all codes researcher checked for duplication. The researcher grouped similar codes and recoded others that were necessary so that they fit in the description.

Step 7 – Initial grouping of all themes and sub-themes

The data belonging to each theme were assembled in one column and preliminary analysis was performed. This was followed by the meeting between the researcher and co-coder to reach consensus on themes and sub-themes.

Step 8 – Recording

The summary of the themes and sub-themes were gathered and sent to an independent coder. The identified common themes and sub-themes as agreed by the independent coder

were sent to the supervisor who also made recommendations and the resulting discussion is presented in Chapter 4.

2.9. Ethical considerations

The researcher should consider ethical principles involved in doing research which show respect for persons, beneficence, and justice in conducting research (Grove, Burns & Gray, 2013). Five ethical principles considered in this study are permission to conduct the study, anonymity, confidentiality, autonomy and informed consent. The research involves interacting with humans and this requires the respect of human rights of the participants who must be treated will respect and dignity. The study did not involve invasive procedures but had the potential of evoking some emotions from participants. Therefore, measures were taken to ensure that the researcher did not touch sensitive issues carelessly during interviews.

- **Permission to conduct the study**

The research proposal was presented to the University of Venda, Department of Advanced Nursing Science. The research proposal was approved by the University's Higher Degrees Committee which then issued an Ethical Clearance Certificate, PROJECT NO: SHS/20/PDC/42/3009. The Ethical Clearance Certificate was presented by the researcher to the principal of the selected public nursing education institution who granted permission to conduct the study.

- **Anonymity**

As recommended by Burns & Grove (2013), to ensure anonymity, participants' identities in this study are not linked to their responses, After the sampling and choosing participants, the researcher ensured that participants were only known to the researcher. Participants are identified by numbers such as (P1) for participant 1 to ensure anonymity (Moule & Goodman, 2009). Participants' anonymity was ensured as their names or any form of identification that may link to their identities do not appear in this study. As advised by Du Plooy-Cilliers, Davis & Bezuidenhout (2014), the researcher did not use any form that may link to the identification of the participants' responses.

- **Confidentiality**

Confidentiality means that the participants' information is treated confidentially, and that information can only be disclosed with their consent (Moule & Goodman, 2009). All the information provided to the researcher by the participants remained confidential, although the researcher can match participants' identity with their responses. The information is known only

to the researcher and no one has access to it (Burns & grove, 2013) and the information is only used for this study. The information is stored in an electronic recorder accessible to the researcher only. The collected data is available to the researcher's supervisor and the research team of the University of Venda (Moule & Goodman, 2009). All the collected data is stored electronically with a password to ensure confidentiality (Moule & Goodman, 2009).

- **Autonomy**

Autonomy means that a person has a right to choose whether to participate in a study or not and the researcher has to respect the participant's choice (Cronin et al., 2015). This is the third principle that should be observed. Participants were not coerced to participate in this study.

Informed consent

An informed consent is an agreement reached by the researcher and the participants for the participants to voluntarily agree to take part in a study after an explanation of what the study is all about, including the benefits and dangers of involvement. Participants were informed that participation is voluntary and that they have the right to terminate their agreement without being penalised. The participants partook in the study without any form remuneration. Procedures of the study were explained to the participants and they were given time to ask questions before they signed informed consent forms. An informed consent form is a document which acknowledges that participants' rights will be protected during data collection (Creswell, 2009).

2.10. Summary

This chapter presented the research design and methodology of the study. The study used the qualitative explorative and descriptive design to explore and describe factors that contribute to attrition of nurse educators at a selected public nursing education institution. A purposive sampling was used where 15 nurse educators consented to be participants. An in-depth one-to-one interview was used to collect data and to answer the research question. Data analysis is explained following the eight steps of Tesch's method. Chapter 3 below presents the study findings.

CHAPTER 3

PRESENTATION OF THE RESEARCH FINDINGS

3.1. Introduction

This chapter analyses and presents the research findings. Three themes emerged from the collected data about factors that contribute to the attrition of nurse educators at a selected public nursing education institution in the Gauteng Province. The research explored and described factors contributing to attrition of nurse educators at a selected GPNEI and also described measures that should be implemented to attract and retain nurse educators. A semi-structured one-to-one interview was conducted with 15 participants who resigned or transferred from the selected nursing education institution. Data analysis followed the 8 steps of Tesch's inductive, descriptive open coding technique by Creswell (2014) as presented in Chapter 3.

3.2. Demographic profile of participants

This section presents the demographic information of the study participants. The information comprises the age, gender, race, employer, department, type of employment and the work experience of participants. Most nurse educators who participated in this study were females with only one male nurse participating. The age of the participants ranges from 30-59 years. Participants who are between the ages of 40 and 49 are 7 and make the largest number. This is followed by 5 participants between the ages of 50 and 59 and only 3 participants are between the ages of 30 and 39. This age difference shows that the nurse educators join the nursing education at an elderly age as there are only 3 nurse educators who are in their 30s.

The study participants are all black Africans with only one coloured person. These participants left the selected public nursing education institution and now work in other clinical disciplines like hospitals, clinics, and military nursing education institutions. Most participants said they left the college because of low salaries. Most participants moved to higher positions and better salaries in other health care facilities. Participants who went back to hospitals and clinics, occupy higher posts such as Operational Managers (OM) and Area Managers or work in managerial positions in the Department of Health. Six participants are operational managers, 5 are nurse educators, 1 is a quality assurance officer, 1 is an examination officer, 1 participant was not employed and 1 was self-employed. From the 5 nurse educators, 3 are employed by other nursing colleges including the South Africa Military Health Services (SAMHS), 1 is working in the United Kingdom and 1 is employed by the university.

The years of experience of the participants range from 7-35 years as professional nurses. Their years of experience at the selected nursing education institution ranged from 8 months to 5 years. Six participants left the college within 1 year of employment, 3 participants left after 2 years, 2 after one year, 1 after 8 months, 1 after 9 months, 1 after 4 years and 1 after 5 years of employment. This shows that nurse educators did not stay for too long at the selected GPNEI.

3.3. Presentation of the findings

Three themes that emerged from participants' one-on-one semi-interview with the researcher are 1. Description of the contributory factors to attrition of nurse educators, and 2. Description of on-the-job challenges experienced by nurse educators. One theme emerged from the measures that should be implemented to attract and retain nurse educators. This is 3. The explanation of the strategies or measures used to overcome the problem of attrition and improve attraction and retention. These themes and their sub-themes are presented below. Each theme and sub-themes are described and supported by excerpts from participants. The excerpts are written in italics and their citations are indicated by P1 to P15.

Table 1: Themes and sub-themes reflecting factors contributing to attrition of nurse educators at a GPNEI

Themes	Sub-themes
1. **Description of the contributory factors to attrition of nurse educators**	1.1. Paradoxical experiences causing suffering at multiple levels 1.2. Emotional suffering associated with lack of support 1.3. Unreasonable allocated workload 1.4. Lack of recognition of nurse educators' clinical experience and qualifications
2. **Description of on-the-job challenges experienced by nurse educators**	2.1. Poor interpersonal relationship and communication with other nurse educators 2.2. Shortage of human and material resources

3. **Explanation of the strategies or measures used to overcome the problem of attrition and improve attraction and retention**	3.1. Rescheduling of activities
	3.2. Formal orientation and induction programme
	3.3. Continuous interaction, on the job training and in-service training
	3.4. Attractive salary scales
	3.5. Management support
	3.6. Adequate resources
	3.7. Enrolment targets

THEME 1: Description of the contributory factors to attrition of nurse educators

This theme emerged when the participants were asked the following research question: "What do you think are the factors that contribute to attrition in the public nursing education institution which you left?" Most participants mentioned different difficulties they encountered at the selected public nursing education institution. These included frustration, negative reception and lack of orientation. Four sub-themes emerged from this theme to describe factors that contribute to attrition.

Sub-theme 1.1. Paradoxical experiences causing suffering at multiple levels

Most participants described working in the public nursing education institution as a hostile environment without love, support and compassion. Their experience led to frustration especially when dealing with students in class. Factors associated with paradoxical experiences among nurse educators include frustration, negative initial reception, stagnant job, no growth, no promotion, monotonous and not interesting. Three categories emerged from the experiences of nurse educators as they worked within the public nursing education institution.

● **Category 1: Less prepared educators**

Most participants experienced challenges of unprepared when encountering students. This led to frustration and increased stress. This is supported by the following excerpt from Participant 1.

*"I have to present in class the content which I don't understand as I didn't have enough time to prepare. (*Paused, continued) *Students would ask me questions which I did not have an answer and I would say let me enquire I will come back to you. It was so frustrating" (sobbing).* (P1)

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- **Category 2: Lack of professional growth**

Lack of growth within the public nursing education institution was mentioned as contributing to attrition. Clinics were said to be offering better opportunities for academic and professional growth. Participants also said the college nurse educators' job is less interesting and is stagnant. Below is what some participants said:

> *"Working in the college is not interesting, the job is stagnant, no growth, no promotion, it is such a monotonous job"*. (P3)

> *"There is no growth in the public nursing education institution. It will take you 14 years to become and Head of Department (HOD). There is no promotion to higher level, that's why I had to move out and look for other options that will provide academic growth"*. (P6)*.

Another participant said:

> *"People move from the college to clinical areas where they are employed as managers, and there is opportunity of growth and promotion"* (P9)*.

Participant 14 said:

> *"Advancement within the nursing college is very narrow as all the lecturers within the college look forward to becoming the HOD at one point".* (P14)

- **Category 3: Cultural inertia**

Findings further revealed that the nursing education institution managers do not allow new nurse educators to bring new ideas to improve the teaching strategies. They also pointed out that the public nursing education institution does not allow career path and academic development. Below is what some participants said:

> *"The College was just something like an obstacle to my actualisation, and I couldn't take it. To me the college wasted my time because I could not express myself. I felt like I am in the cage, they couldn't take what I have".* (P13)

Participant 2 said:

> *"There is a spirit of ownership in the management. The manager doesn't take anything from the lecturers.* (Paused), *There is an autocratic leadership style of which the manager's word is final, inputs from the lecturers are not taken"* (P2).

In support of the above view, Participant 8 said:

> *"There was a lot of resistance to change in management and amongst colleagues as to when you try to bring new ideas as a new lecturer, and it was not considered. Most of the lecturers were critical of my different style of teaching, especially incorporating*

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technology. (Pause) "*They did not coach or guide me to say this was unacceptable but complained about it behind my back.* (P8)

Participants also said that the nursing education institution does not allow development. This suggests that the public nursing education institution does not offer many opportunities for career development, growth, and promotion.

Sub-theme 1.2: Emotional suffering associated with lack of support

This sub-theme indicates what new nurse educators' experience. Most nurse educators come to nursing education from the clinical area. They have never been exposed to formal teaching. Most participants expressed their difficulty to familiarised themselves with nursing education activities. This means that during the start of their career as nurse educators, they need to be orientated to teaching activities. However, most participants explained that they received little or no orientation, induction, and mentoring. A few participants received some orientation from colleagues and managers. This is supported by the following responses:

> "*My orientation and induction were fair. I was ushered and supported by all lecturers*".
> (P3)

Another participant expressed similar sentiments saying:

> "*I did get proper orientation from my manager and the staff*" (P4)

These are the only two participants who received proper orientation and induction.

Most participants indicated that they were never given orientation. Responses below support this view:

> "*There was little time to do formal orientation. I did not get proper orientation as to how things are done as I was teaching for the first time. I did not even get mentoring. I started teaching before I got to the induction program* (Pause) *I was replacing someone who left. All her duties and activities were given to me. I was made to be a co-ordinator of clinical on my first term of work* (looking down and sad). (Paused and continued) "*I was asked to create clinical tool for assessment of the rating scale of 1-2. When I asked how it was done, I was told the way I see it right*. (P1)

Participant 2 expressed similar sentiments:

> "*My first day to class I went alone. I was not orientated as to how to do lesson plan and how to teach in class.* (Paused, continued) *There is no formal structure as to how to divide the students for clinical accompaniment, you have to juggle around as the new lecturer as to how to accompany them*". (P2)

Furthermore, the findings reveal that lack of proper orientation resulted in nurse educators feeling lost and stupid. The participants explained that they were just allocated to do activities without being shown how to do the activities. Below is what participants said:

"*I felt very little and stupid. I was not given an opportunity to witness or observe the other lecturer's teaching".* (P5)

Participant 15 also related a similar experience:

"*No orientation on the work itself. No one shows you how to plan your clinical program for accompaniment, so as the new lecturer you have to find your way out. I could only copy from the colleagues what they were doing, no one shows you anything.* (P15)

Another participant commented:

"*The orientation to class and what is expected of, was just given in highlights, the rest of the things I learned as I worked".* (P9)

Participants said that they did not get any support from the HODs as new nurse educators. Almost all participants were given cold shoulders by their HODs. This is supported by the following responses from participants:

"*At this time, you are in dire need of support and mentoring but you are just thrown into the pit and swim by yourself* (shaking her head)*. There is no one to voice out your problems. Instead, they expect you know everything.* (Pause and then continues) *I only had an encounter with my HOD when she moderated my test paper. I was never shown how to set that paper".* (P6)

Participant 12 said:

"*The HODs are not supportive, they don't care that they are losing people because of lack of support and mentoring. They say if you want to go, go because others will come"* (P12)

Participant 1 expressed similar views:

"*Every time I went to the HOD to report that I am not coping, the HOD will say there is nothing she can do. We ended up exchanging words badly and it made me to become aggressive and that is when my issues were attended".* (P1)

Participant 5 supported the above views saying:

"*My manager was busy with the curriculum thing and she didn't have time for me. I went to the HOD to report that I am not coping. She didn't even listen to my frustrations instead she called me "uyi vila"* (meaning you are a lazy person)*. (Paused and then she continued) It was like I don't want to work; she was taking me to her level of understanding* (sobbing)*. I couldn't cope with me.* (Paused and

continued) *I mean I couldn't cope with myself in this work environment. There is no support in the public nursing education institution"* (P5)

 "The HOD came during my presentation and she was just on top of me. Reprimanding me in front of the students that I mustn't do this and that. (Paused, continued) I *remember the other day she came to class, and she treated me like I am an experienced lecturer, she told me that I am a disaster, but I did ask her to come to class and she didn't come".* (P2)

The above sentiments show that new nurse educators need support through orientation and mentoring. The lack of support through mentoring, orientation and induction led to nurse educators resigning and this increases the rate of attrition.

Sub-theme 1.3. Unreasonable workload

Most mentioned how they find it difficult to accomplish the allocated work within the expected 8 hours per day as stipulated in the labour relation policy. Nurse educators have a lot of activities to do. For example, they have to do lesson preparations, teaching, marking of students' assessments - like test and assignment.

This theme shows that nurse educators experience difficulties during their teaching. The study findings are supported by the following excerpts from participants with three categories:

- **Category 1: Abnormal working hours**

Most participants they could not finish their work preparation during the 8-hour work allocation and had to take work home.

One participant said:

"*The preparation of lesson plans, teaching and marking of student's assignments and test was too much to such an extent that I have to take work home.* (P5)

Another participant added:

"*The 8-hour working period is not enough to prepare lessons, to set tests and assignments and marking. Most of the work you do it at home and even on weekends. In our department, we do both theory and clinical. This was not allowing the lecturer to have enough time to prepare, so you must work from home to prepare for the class.* (Paused and continued) *This arrangement resulted in increased workload on my behalf. It was also taking the time to be with my family.* (P7)

Nurse educators indicate that college activities encroach into their family time. Almost all the participants explained how difficult it is to complete the allocated tasks during working hours. This is expressed by Participant 10 below:

"*Running two programs at a time made the nurse educator to have increased workload, to accomplish the preparations, one must work more than average working hours.* (Paused and continued): "*The 8-hour clock on duty does not cover for the work overload that we have.* "*You even work on weekends and even at night so you can finish the work and meet the deadline, especially for marking of assignments and lesson preparation".* (P10)

The extra time nurse educators spend doing work related issues is not compensated. These extra working hours are considered as unfair labour practice as there is no monetary compensation.

- **Category 2: Increased number of student intake**

The fact that the public nursing education institutions have large number of students makes it difficult for the nurse educators to effectively interact with students. Participants indicated that because they were not properly oriented how to manage large group of students brought frustration and increased their stress levels. The responses below support the above study findings:

"*There are so many students in the college to teach, that was another challenge as a new lecturer. There are too many students at the college* (Emphasizing with gestures)*. This high number of students made it difficult for me to control them.* (P5)

Similarly, another participant said:

"*The large number of students made it difficult to have close interaction with most of them and it doesn't allow didactic influence as it also doesn't allow the use of different learning strategies except lecturing.* (P13)

Another participant also raised the same concern and said:

"*The college has many students whom you have to balance your work for Diploma in midwifery (Dip-mid) and Diploma in Nursing, General, Community, Psychiatry and Midwifery Nursing (D4). The number of D4 students is extremely high compared to the number of the lecturers. This makes it difficult to teach in class and to reach all students".* (P10)

Most participants expressed their concern about the large number of students. The teaching strategy appropriate for large groups is the lecture method and this means students are generalised to be all benefiting from the lecture method. Nurse educators indicated that they were unable to properly know their students. Large classes promote lack of accountability among students as some hide behind others. Participants expressed misgivings about the calibre of students who are produced by public nursing colleges. Responses below indicate this:

"*You have 300 students at a time. You are unable to reach all of them. They end up being poorly trained as you missed the individuals with problems due to the high numbers, as the college is focusing on producing large number of nurses who are poorly trained.* (Pause)*It is not easy to monitor their activities because they are many. They look at quantity versus quality. The nurses produced in this instance do not have quality nursing skill".* (P4)*.*

Another participant added:

"When you are busy demonstrating to these large number of students others are playing with their phones only few students will be participating, you cannot reach them all. It was such a large number to such an extent that it was difficult to schedule them and to fully accompany them" (P14)

Participant 10 concurred:

"In this college, *quality training is compromised to the quantity of the outcome"* (P10)

The challenge of having large number of students does not affect theoretical training only but also affect the clinical part. P1 explained that the challenge of large number of students and the work arrangement in her department is caused by that nurse educators must do theory and practical. The participant said:

"*I couldn't have quality of time to prepare for class tomorrow as today you are exhausted by clinical accompaniment".* (P1).

Another participant added:

"With these high intakes of students, it increases the workload of lecturers and making it difficult to advance themselves, fearing to compromise the time for preparations and teaching of the students". (P12)

The large number of students overwhelmed new nurse educators and hence most of them left the institution before 5 years.

Sub-theme 1.4: Lack of recognition of nurse educators clinical experience and qualifications

The participants expressed that their qualifications are not recognise in the nursing education institution. The lack of recognition of nurse educator's qualification is major factor that contributes to attrition because lecturers leave the public nursing education institution and go back to clinical practice and other health facilities for better paying jobs. The following responses support the above views:

"The remuneration is very low, where I am now, I get more salary with instructor's benefit which was not there at the college. Salary is not adequate hence I left". (P7)

Another participant said:

"When I joined the college, my salary went down because I am a Grade 1 nurse educator. The college salary is not competitive to the salary of nurses in the clinical area. (Paused) *"When I came to the college my salary was taken down. When you enter the college, they do not consider your years of experience in clinical nursing.* (P5)*

Another participant expressed similar" views:

"I left the college because I was earning less than what I used to earn in the clinical area as an OM. To be employed in the institution, I resigned from the clinical area and I was employed as Grade1 lecturer earning the salary of entry level which was below the salary that I was getting as an OM" (P11)

Participants explained that the salaries they were getting were not comparable to the number of years in clinical practice. They stated that they were earning better salaries in clinical areas than at the college. The college only considered experience in nursing education and this led to their resignation. Responses below indicate this:

"They didn't consider my years of experience for clinical practice. When I was employed, they started my salary at entry level". (P11)

Another participant said:

"The salary that I was earning was not compatible with the years of my clinical experience as a nurse. I was started at the bottom of the scale as if I was a newly

qualified nurse. I was given a salary of entry level because I don't have experience in nursing education". (P8)

Participant 13 concurred:

"They don't consider your experience. You will earn the same amount of money earned by a newly qualified nurse educator, which is nuisance. I was being underpaid". (P13)

Participant's responses show that public nursing education institutions do not consider the qualifications of lecturers when it comes to remuneration. Some nurse educators have masters and doctorates but are still remunerated as someone with a diploma in nursing education. The fact that qualifications are not recognised led to resignation of nurse educators. The responses below confirm this:

"My experience was not considered including my qualifications. There is no recognition of qualification in the nursing college. The salary doesn't match the skills and the qualifications that I have. (Paused and continued) *"I am a trained advanced Midwifery. I have Masters in midwifery nursing and was classified as a junior lecturer. They started my salary at an entry level which is Grade 1 because I don't have experience in nurse education. "The salary is very low compared to the qualification and the work that you do".* (P6)

Most participants explained how difficult it is to maintain average needs for life with the salary that they were getting in the public nursing education institution. A good salary motivates workers to stay at their jobs. On the contrary, lower salaries contribute to attrition because lecturers leave the nursing education institutions and go back to clinical practice and other health facilities where salaries are higher.

One participant said:

"I must use my savings to be able to come to work. The salary that I was getting at the college couldn't maintain my travelling cost and my family needs". (P2)

Another participant agreed:

"The unit manager earns more than the nurse educator. It was difficult to keep myself financially stable with the salary that I was earning. (Paused and continued) *I had to leave because the salary was too low, and I got a better job as an OM in the hospital near me".* (P4)

Participant 6 said:

"When I came to the college my salary remained the same with some benefits which I used to receive in my previous work being removed. This resulted in a drop in my income and then I must adjust my lifestyle to cope with the salary that I was getting. I couldn't afford most of the high standard life which I used to live when I was still in clinical". (P6)

Another participant angrily said:

"Salary is peanuts, below leaving wage". (P1)

Participants indicated that when they were employed by the public nursing education institution, they experienced a drop in their salaries. This added to their stress as they could no longer provide well to their families. The responses below confirm this:

"The drop in my salary has affected me a lot. My family, my lifestyle and my children were affected. It also added the stress in my broken marriage. (Paused and continued) *I am the one who was looking after the children. My stress level was increased by the work itself and the salary that I was earning".* (P5)

Another participant supported this view saying:

"The most important thing in this life is money. We work for money so if you are not earning enough money you move to greener pastures. So, the money that I was earning couldn't enable me to meet my daily needs. Nursing education institutions don't pay adequate salaries. A nurse educator earns lesser than the OM in the clinical area". (P15)

The participants also purported that the nursing education institution have an increased workload which does not tally with the salary that the nurse educators earn.

This is supported by Participant 1's response below:

"The salary is too small compared to the work that I do as a nurse educator".

Participant 10 added:

"Salary scale at the college is very low compared to the market value of the profession". (P10)

Another participant concurred saying:

"There is too much work pressure at the college which doesn't tally with the amount of salary that you earn as a lecturer". (P13)

Participants reported that there is unfair labour practice when it comes to salaries and qualifications of nurse educators. Most participants expressed that it was difficult for them to make a living due to the lower salaries they were getting., This led to their resignation from the public nursing education institution which then increases attrition rate.

THEME 2: On-the-job challenges experienced by nurse educators

In this theme, participants explained the difficulties they encountered in performing their duties as nurse educators. Factors that contribute to attrition include poor work interpersonal relationship and communication and shortage of human and material resources. This theme has 2 subthemes as explained by participants.

Sub-theme 2.1. Poor interpersonal relationship and communication with other nurse educators

In this sub-theme poor interpersonal relationship amongst the nurse educators was highlighted by participants. Purpora & Blegen (2015) in Crawford (2021) stated that there are negative peer relationships in overall nursing literature which result in increased stress levels and job dissatisfaction amongst new nurse educators. In this study, these factors led to the resignation of nurse educators. The responses below support this view:

"Oh My God, relationship with staff in that college is toxic, you have poor communication skills, there is an element of hate within yourselves. (Paused, continued) *I remember when I came there, tried to introduce secret pal, there were colleagues who didn't want to participate, I was shocked. You need to learn to love and appreciate one another".* (P3)

Another participant said:

"There is also lack of teamwork in the college, there is more than one college in the same college. I felt so unwelcomed and isolated as the group of lecturers will continue to work without even noticing my presence. With my experience, I felt so unwanted in the college". (P7)

Participant 13 added:

"It is like they want to make you feel the pain and suffering. If they don't want you, they make you feel that you are not wanted (stressing the words). The team that you work with gang up against you and talk negatively behind your back. All my expertise was put into the drain and they will gossip about you". (P13)

Participants said experienced nurse educators were hostile towards new staff members at the public nursing education institution. This negatively affected the new nurse educators who felt unwelcome, victimised, bullied, and isolated. The excerpts below represent the sentiments of most participants:

*"There is a spirit of victimization of lecturers at the college where the new lecturers feel they are not welcomed". (*P12)

Another participant commented:

"There is a lot of bullying by colleagues in the nursing college. The *attitude of the lecturers is very bad especially if you are more experienced than them, they feel intimidated.* (Paused and continued) *There is also a spirit of hostility that will make you feel unwelcomed in the area".* (P14)

Sub-theme 2.2. Shortage of human and material resources

The participants pointed out that the public nursing education institution does not have adequate human and material resources to assist them reach the goal of teaching nursing students. They explained that the shortage of human resources increases their workload. Three categories of challenges emerged from this sub-theme:

- **Category 1: Lack of human resources**

Statements below show that the institution has shortage of lecturers:

"The large number of student intakes at a time should be reduced to allow proper learning and practice. They should look at the number of lecturers available to teach the students, not to bombard the lecturers with more students without adequate human resources" (P6)

Participant 7 concurred:

"There is lack of human and material resources hence the environment is not conducive to work because you find yourself doing the work of two or more people because of staff shortages". (P7)

"To teach so many groups of students in large numbers was a problem to me, the lecturer should have one group of students to teach and to accompany. (Paused, continued) *There is shortage of lecturers, I couldn't stay because since I have four group of students it was like I was working for four people, but the salary was not saying the same".* (P10)

When lecturers resign due to increased workload, they are not quickly replaced and this causes attrition.

- **Category 2: Lack of material resources**

The study findings revealed that the public nursing education institution lacks important resources to enable it to run smoothly. The excerpts below show what participants said about this problem:

"I was technologically inclined in my teaching but found there was unavailability of the necessary equipment needed for that". (P8)

Participant 12 concurred:

*"At that college there are not enough computers for the lecturers and no WI-FI for access to internet … There is no data base that will help nurse educators to advance themselves". (*P12)

- **Category 3: Lack of infrastructure**

Participants also raised concern of inadequate infrastructure which result in increased workload because students are then divided into groups to accommodate them in classes. The institution does not have adequate classrooms to accommodate these large numbers for proper teaching. Participant 9 said:

"The infrastructure of the college is not adequate to accommodate all students in one class. The only class with a bigger space is the auditorium. In the auditorium, it is very difficult to monitor student's activities as it doesn't allow free movement between the students". (P9)

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Participants said the large number of students with inadequate infrastructure increased their workload because of inadequate classrooms. Students are divided into 3 groups and the nurse educator must go to 3 different classes teaching the same material. This was energy exhausting and draining for the nurse educators.

One participant said:

> "The students in class were divided into 3 groups, because there is no bigger class to accommodate them. … Some will be in the auditorium because it is the only space which accommodates more students, but it is not easy to monitor their activities because they are too many". (P11)

The institution does not have adequate classrooms to accommodate the large number of students that it enrols. Since students must be divided into groups due lack of big venues, the workload of nurse educators also increases leading to high stress levels in which cause them to resign.

THEME 3: Measures for overcoming attrition and improving attraction and retention of nurse educators

Participants enumerated measures that may be implemented to improve attraction and retention of nurse educators and solve the problem of attrition. Participants said strategies should be put in place to ensure an equal distribution of workload among lecturers. Secondly, lecturers should not teach both clinical and theory modules as this increases their workload and overwhelms them. In this theme, 7 strategies were described and explained by the participants and these are discussed below:

Sub-themes 3.1. Rescheduling of activities

The participant indicated that they have difficulties in running two programs at the same time: a clinical accompaniment and theory. Nurse educators said these two programs should be separated and new nurse educators should be allowed to choose the program they are comfortable teaching. The responses below support that these views:

> "The issue of teaching clinical and theory was more problematic. They do not even ask you which area you are comfortable to teach, you are just thrown into theory and clinical). It seems like no one cares, you are not even given a chance to choose what you can do between theory and practical. Allocation of work should be fair, when I

was there, we had 4 groups of students, it was very difficult to plan around these groups". (P10)

Participant 12 also said:

"Workload analyses need to be done, to have fair distribution of work. Other lecturers in the college are overworked because they have more credits than others. The workload is not equally distributed. No consideration of the credit of each department when lecturers are appointed. Structuring of the department is the problem. These few lecturers will be drowning with the increased workload while others are floating". (P12)

Participant 12 gave the following suggestion:

"Fair and equal distribution of work to be done as in other levels like Level 2 and student affairs, their work is too much, and lecturers will register and drop out from universities because they cannot cope with the studies and preparation of work".

Participants advised that new nurse educators must be given an opportunity to select the area of the program which they feel comfortable to teach. This they claimed would boast educators' morale and help them to find their ground in the new work environment. Participants also recommended that the allocation of nurse educators should match the modules' credits. This requires a workload analysis at the nursing education institution.

Most participants said the rescheduling of activities should include the revision of the organogram.

Participant 10 suggested:

"They need to restructure the organogram in the nursing college".

She elaborated:

"The professional growth is too steep and narrowed to reach the top. They need to identify different levels, like in clinical, for example Nurse, Professional Nurse, OM, Area Manager, and Nursing Service Manager". (P10)

The nursing education institution should restructure the organogram by widening it to allow for growth and promotion. As it currently stands, it is too narrow and contributes to attrition.

Sub-theme 3.2. Formal orientation and induction programme

Participants said there was need to improve the formal orientation and induction of newly appointed nurse educators. Most participants indicated that their orientation was not fair or not done at all. This prevented them from adjusting to the new work environment and subsequently contributed to their leaving the public nursing education institution. Participants advised that the nursing education institution should have adequate time for formal orientation and induction program. They pointed out that this would help nurse educators to know what is expected of them and promote staff retention. Participant 1 said:

"Induction program should be done thoroughly for the whole month. Orientation from the department should be given adequate time, there is too much information given within a short period of time". (P1)

Another participant agreed saying:

"The orientation program should be formalised in each department".
Mentoring program should be formalised to assist the new lecturers to adapt to the new environment of teaching, then they will stay. They should provide a conducive working environment by improving the orientation and mentoring program". (Indicate participant number)

Participants also recommended that there should be specific orientation on the exact work lecturers will be doing. The following statements from the participants indicated the need for orientation to specific job outcomes:

Participant 7 said:

"Proper orientation with adequate time should be done regarding the academic activities and expectations". (P7)

Another participant suggested:

*"The issue of orientation needs to be improved especially about clinical procedures. New lecturers need to be taken through to the procedures done on that level, not to take for granted that you know them, because you might be working in an area where some procedures are not there, so orientation in the form of videos can assist to make lecturers to remember. (*P10)

Participant 8 added:

> *"There were no structures in place where one could read up standard operating procedures. This made it difficult to know what is expected of you and how".* (P8)

Participants recommended improvement to the induction, orientation, and mentoring programs arguing that this would enable the nurse educators to adapt to the new work environment.

Sub-theme 3.3. Continuous interaction, on the job training and in-service training

Participants recommended that there should be continuous interaction between on the job and in-service training to promote attraction and retention of nurse educators. The nursing education institution should have a structured, in-service training to guide nurse educators on about the activities of the nursing education institution.

One participant said:

> "I *was the most favoured, but please include the hospital tour including offices.* She *In-service and couching on good communication skills"* is required in the nursing college" (Name of participant).

Participant 1 said:

> *"The orientation program should take the new lecturer to everything within the college including how to compile a lesson plan".* (P1)

Participant 14 recommended:

> *"The college need to be flexible and apply the use of sabbatical leave to allow the lecturers to study and improve themselves"* (P14)

Sub-theme 3.4. Attractive salary scale

In this sub-theme, participant mentioned and explained another strategy that may attract and retain nurse educators, that is, improving benefits, considering years of experience of nurse educators and the allocation of adequate resources. Giving nurse educator competitive salaries was mentioned by most participants as a major strategy of attracting and retaining nurse educators at the institution. Most participants viewed their salaries as inadequate

compared to those of nurses in the clinical area. Below are three categories highlighted by participants:

- **Category 1: Increase nurse educators' salaries**

"The salaries need to be relooked and consider the years of experience the lecturers have in clinical practice". (P1)

Participant 8 reiterated:

"The college should increase the salaries of nurse educator this can attract more nurse educators to the college". (P8)

Participant 11 concurred saying:

"The college should remunerate the nurse educator accordingly, then they will retain the nurse educators".

- **Category 2: Recognition of nurse educators' years of clinical experience and specialities**

Participants argued that nurse educators require clinical experience to provide live examples during their teaching. Participants pointed out that nurse educators are put entry at entry level when they join the institution irrespective of the years of clinical experience. This leads to discrepancies in salary allocation with nurses in clinical practice. Thus, participants gave the following suggestions:

Participant 8 suggested:

"The previous clinical experience of nurse educators should be recognised to allow for proper salary grading. You can teach because you went to school and because you have the clinical experience. Salaries should be at par to the work and experience of the lecturers". (P8)

Participant 13 also added:

"They should consider the years of experience, as for you to be able to teach it comes from that experience which you have from clinical". (P13)

Participant recommended that the public nursing education institution should improve the entry level salary and consider the years of nursing educators' clinical experience. Participants pointed out that the Occupational Speciality Dispensation (OSD) is not properly done since it does not recognise nursing education as an area of specialization. Below is what participants said about this issue:

"The college need to recognise the specialities which the lecturers have, then they will attract and retain nurse educators". (P11)

Participant 4 added:

"They should regard nurse education as a speciality like Trauma and Primary Health Care". She further suggested*: "They need to improve the entry level salary"* (P4)

Participant 6 said:

"They need to review the salaries of nurse educators because nurses in clinical practice with specialities are earning more than their colleagues in the college. Nurse education is so demanding with lots of work to be done, hence salary needs a relook" (P6)

Participant 11 expressed similar sentiments:

"The entry level should not be generalised because the way it is, lecturers with massive years of experience in clinical areas are treated the same with the newly qualified nurse educator". (P11)

Participant 10 suggested:

"Lecturers who transfer from clinical areas to the college need to keep their salaries as they are". (P10)

Participant 4 agreed, saying:

"They should take the old, experienced nurses with their scale in order to attract nurse educators".

Participants indicated that when nurses become college educators their salaries decrease. Thus, nurse educators with massive clinical experience turn down offers to become nurse educators. Participants also indicated that in clinical facilities nurses earn more than nurse

educators. The entry level of the managerial post is higher than the entry level of the nurse educator. That is why one participant suggested:

"They should increase the entry level salary to be in the managerial or specialist nurse's level at the hospital then they will retain nurse educators". (*P4*)

Participant 9 made similar observations:

"The college need to look and compare the salaries of nurse educators because the OM earns more than the entry level of the nurse educator. There is a big difference that is why lecturers leave the college for better money in clinical area. The college need to review the entry level scale to be competitive to that in clinical practice". (P9)

- **Category 3: Recognition of nurse educators' level of education**

The nurse educators commented that it is not fair for highly qualified lecturers to be given the same salaries as nurse educators who only have first degrees or diplomas in nursing education. Participants 6 said:

"They should recognise the qualifications of people with better salaries according to their level of education, this is an academic institution, but the qualifications of lecturers are not recognised. Recognise the qualifications of lecturers, there are nurse educators with doctoral qualifications but earning at a lower level of entry level salary depending on when you entered the institution". (P6)

Another participant added:

"The college cannot attract people with masters because their level of education is not recognised by the college. Specialities and qualifications of lecturers need to be recognised as these are the core in teaching students". (P10)

Another participant also observed:

"OSD is also a problem in nurse education as it is not considered as a speciality. General Nurse who worked more than 20 years in clinical practice earns more than a lecturer. The nurse educators need to be reimbursed for their qualifications".

Participants also advised that the college Human Resource (HR) department should review the way they grade and remunerate nurse educators by considering the level of nurse educators' qualification. Nurse educators with higher qualifications need to be recognised and remunerated as such. Below are suggestions made by participants:

One participant said:

> *"The HR should get their senses and rate people according to their experience and qualifications. Let them give lecturers money that correspond to their experience and qualifications"*. (Indicate participant number)

Participant 14 concurred saying:

> "*The HR department within the public nursing education institution must benchmark with other institutions of higher education as to how they give salaries to their employees". (*P14)

> *"Nurse educators with masters and PHD cannot be rated the same with people who are not productive. When Performance Management Development System (PMDS) is done, lecturers who are productive in terms of research need to be compensated, then they can be retained. Researchers should be given a 5 in PMDS. There should be difference in grading of nurse educators who are researchers than those who are doing nothing".* (P12)

Most participants recommended that the college HR department should benchmark salary allocation with other institutions of higher education. Clearly, benchmarking salaries with other institutions may improve attraction and retention of nurse educators and reduce attrition.

- **Category 4: Widening of the organogram**

Participants also proposed that widening of the organogram of the nursing education institution may assist with growth and promotions within the organisation. Participant 6 said:

> *"There should be a better way of grading the nurse educators, like junior lecturer, lecturer, senior lecturers this will allow growth and improve the chances of promotion, then more nurses can be attracted to come to college".* (P6)

Sub-theme 3.5. Management support

Most participants reasoned that had they been adequately supported by their managers and their colleagues they would have stayed on. Participants decried how difficult it was for them to adjust and adapt to their new positions without any form of institutional support. Most institutional support would have contributed to their stay at the institution. Responses bellow support the above observations:

Participant 5 said:

"There should be a support system in the college, which can be in the form of a counsellor where new nurse educators can be supported. There should be a mentor to provide guidance to the newly appointed nurse educator to promote retention" (P5)

Participant 13 made a similar recommendation:

"The support system should be improved; this will help the newly appointed lecturer to adapt and remain in the institution". (P13)

Participant 5 added:

"The new lecturers need to be supported and capacitated, because if they are not supported, they feel insufficient to be able to adapt" (P12)

Most participants explained that managers' support is crucial for retention of new nurse educators. Participants expressed their need for someone to tell and listen to their frustration. Below is what some participants said in this regard:

"*The management and HR department should give a listening ear to the complaints of lecturer and support them"* (P13)

Another participant added:

"A good support system to newly employed nurse educators by managers can help to retain the new nurse educators" (P9)

Participant 7 supported this view saying:

"Support system from the management, the HOD and the team should be improved to retain newly employed nurse educators". (P7)

Sub-theme 3.6. Adequate resources

Participants said to enhance working conditions, the public nursing education institution should improve its infrastructure, human and materials resources. The nursing education institution build individual nurse educators' offices, provide WIFI, laptops and printers. The following responses support the above observations:

Participant 6 said:

"They should look at the number of lecturers available to teach the student not to bombard the lecturers with more students without adequate human resource". (P6)

Another participant expressed the same point of view:

"The number of student intake should be aligned to the available resources in the form of number of lecturers". (Participant number)

Administrators in nursing education must attract qualified faculty members by ensuring the availability of adequate material resources in the institution. This is likely to maximize job satisfaction and retaining qualified staff members.

In this regard, participant 7 said:

"They should improve the working conditions of lecturers by ensuring that each lecturer has his or her own office, own computers, and printers. (P7)

Participant 12 added:

"Infrastructure should be improved, the only bigger class to accommodate most of the students is only the auditorium which is one at the college. "The number of student intake should be aligned to the available resources in the form of number of lecturers and the infrastructure. (P12)

Participants view the sharing of offices as an invasion of privacy and confidentiality especially when students are consulting with a specific lecturer. The availability of adequate computers to nurse educators assists them to plan and prepare their lesson plans. This reduces stress and increases job satisfaction and may contribute to nurse educators remaining in the institution and to the reduction attrition.

Sub-theme 3.7. Enrolment targets

Participant advised that the institution should enrol students according to the students: nurse educators' ratio. This will reduce the workload on the nurse educators and improve retention and improve the production of adequately trained nurses.

Participant 7:

"The college should beef up the staff to be in proportion to the number of students trained at the moment". (P7)

Participant 4 also said:

"The nurse education institution should reduce the number of student intake so quality nurses can be produced to provide quality nursing care with proper education and training. They must reduce the number of students to be at the level of a manageable size according to lecturers' number for quality training". (P4)

Participant 15 expressed similar sentiments:

"The nursing colleges need to improve the way they do intake of the students; it should be in proportion to the number of lecturers. (P15)

Participant 12 concurred, saying:

"The number of student intake should be aligned to the available resources in the form of number of lecturers". (P12)

These comments indicate that participants view the disproportion between the student numbers and that of nurse educators as contributing the attrition of nurse educators at the public nursing education institution. Participants said large student numbers decrease the effectiveness of the training offered by the nurse educators. There are limited clinical sites for clinical placement and the large numbers of student nurse led to overloading of the sites. That is why participants suggested that the public nursing education institution should balance student's intake with the number of clinical sites. Below is what participants said regarding this issue.

Participant 12 said:

"The students are not properly accompanied in the clinical area because of the large number, hence lecturer to student's ratio need to be considered. (P12)

Participant 6 also observed*:*

"The large number of students intake at a time should be reduced to allow proper learning and clinical practice. (P6)

3.4. Summary

This chapter presented the study findings about factors contributing to attrition of nurse educators at a GPNEI. The findings revealed three themes with sub-themes that are discussed in Chapter 5.

Lower salaries; lack of orientation, induction and mentoring; poor support system from colleagues and managers; increased workload due to large intake of students are the main factors that lead to attrition of nurse educators. The following chapter discusses the findings of the study.

CHAPTER 4

DISCUSSION OF THE RESEARCH FINDINGS

4.1. Introduction

This chapter discusses the research findings about factors that contribute to attrition of nurse educators at the GPNEI. The factors that contribute to the attrition of nurse educators in the GPNEI were explored and described when participants answered the research question: "What do you think are the factors that contribute to the attrition of nurse educators in the PNEI? All the identified themes are discussed in relation to their sub-themes and supported by literature that relate to the research findings.

THEME 1: Description of the contributory factors to attrition of nurse educators

Four sub-themes emerged as contributory factors to attrition of nurse educator, when participants answered the research question. These are discussed below.

Sub-theme 1.1 Paradoxical experiences causing suffering at multiple levels

The study findings revealed that nurse educators work in a hostile environment that lacks love, support and compassion. This leads to frustrations throughout their time of employment in the NEIs. Therefore, frustration, negative initial reception, job stagnation, lack of growth, lack of promotion opportunities, monotony and unstimulating work are associated with paradoxical experiences of nurse educators. These are discussed under three categories below:

- **Category 1: Less prepared nurse educators**

Most participants reported that they started their facilitation immediately after they were appointed. They expressed that in that setting there is no one who supported and showed them how to prepare the content for class facilitation. Thus, participants struggled to facilitate learning. New nurse educators were overwhelmed with the work because of lack of guidance. Participants indicated that they were not prepared to encounter students, and this led to frustration and stress as they were not prepared to meet students because they had not been given orientation by their colleagues and managers. Thus, participants were unable to plan and prepare for their classes. Msweli (2017) confirms these results commenting that newly employed nurse educators experienced frustration at the beginning of their careers as

nurse educators when they encountered students due to lack of guidance. This resulted in their leaving of the public nursing education institution and their going back to clinical practice.

The findings further showed that students ask inappropriate questions to embarrass the new nurse educators. Students would be testing the lecturers' knowledge about the subject content and if the lecturer does not know the answer this could lead to frustration and reduction of the new nurse educator's enthusiasm. Similarly, Baker (2010) reported that the inability to convey knowledge through orientation can lead to frustration, role strain, and an increased faculty attrition rate of new employees. Msweli (2017) concurs pointing out that new nurse educators feel stupid and frustrated during their initial state of teaching where they must seek assistance from other experienced nurse educators who give them a cold shoulder when approached.

New nurse educators need to be well prepared and guided by experienced nurse educators as to how to prepare lesson plans before going to class. This will reduce anxiety and stress among new nurse educators. Gardner (2014) reported that collegial and supportive work environment by peers and administrators help in the transition of new nurse educators to become seasoned nurse educators and mentors. Schoening (2013) also points out that the lack of preparation for the teaching role result in emotional exhaustion. (Yedidia, Chou, Brownlee, Flynn & Crawford (2021) says that this results in new nurse educators' inability to achieve work-life balance. Schoening (2013) in Brown (2015) supports this view saying that the lack of education and the orientation process left nurse educators feeling disoriented.

- **Category 2: Lack of professional growth**

Most participants said the public nursing education institution does not offer a career path, professional and academic growth since it only has two grades of development; Grade 1 and 2. The narrow organogram of Lecturer Grade 1, Lecturer Grade 2, Head of Department, Vice Principal and Principal caused some nurse educators to go back to clinical practice which offers more opportunities for growth and development. Moving to Grade 2 Level of lecturing takes an individual between 8 and 10 years. It takes a lecturer about 14 years to be a Head of Department (HOD) if there is an opening; otherwise, one remains a lecturer Grade 2 for life. Frisbee, Griffin and Luparell., (2019); Hulton, Sawin, Trimm and Graham (2016); Carlson (2015); Roughton (2013) in (Hoffman (2021) support this view that the inability to advance in one's career, and inadequate support can lead to attrition of nurse educators. Roughton (2013); Carlson, (2015); Hulton et al, (2016); Frisbee, Griffin and Luparell (2019) in Hoffman (2021) also said the inability to advance and lack of career development may lead to nurse

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educators opting to leave for areas that allow for self-development. This reduces retention and increases attrition.

The nursing education institution should focus on developing opportunities for academic growth, staff development, and involvement in research to retain new nurse educators. Since this is an academic institution, nurse educators should have opportunities to academically improve themselves to keep abreast with the new developments in the health system. Lunsford, Baker and Pifer, (2018); Cullen, Shieh, McLennon, Caitlin, Hartman, Taylor and Henna (2017) in Hoffmann (2021) argued that nurse educators will remain employed in the institution if there are chances of professional progression and growth. Professional and personal growth leads to retention, whereas lack of professional and personal growth decreases retention (Allen, 2008; Sangster-Gormley & Staples 2018). Lack of opportunities for promotion and scholarship decreases nurse educators' work satisfaction and retention causing attrition (Gormley, 2003; Gui et al., 2009, Baker, Fitzpatrick & Griffin, (2011;) in Brett et al., (2014). The public nursing education institution should identify means to open channels for academic growth and development. This study established that nurse educators left the institution to clinical areas where there are opportunities for career growth.

- **Category 3: Cultural inertia**

Cultural inertia refers to resistance to change by managers who believe that their way doing things are right, resulting in an uninteresting, monotonous and stagnant work environment. The participants stated that managers and experienced nurse educators do not allow new nurse educators to bring ideas to improve the teaching strategies. New nurse educators' inputs are not considered because of the assumption that nothing good can come out of inexperienced person. One participant said that her attempt to introduce new educational strategies, such as the use of technology, were resisted and condemned by both the managers and colleagues. Msweli (2017) advises that managers of the nursing education institution should practice transformational leadership style that accommodates a participative climate and inclusiveness as measures of empowering the new nurse educators by allowing them to express their ideas without fear.

The experienced nurse educators were not happy about the new lecturer implementing technological activities in class. The unacceptance of the new teaching strategies and the autocratic leadership by managers decreases the new nurse educators' self-actualisation as they are suppressed in the new work environment. The inability of the new nurse educators to express themselves and the gossip by experienced nurse educators resulted in feelings of isolation. This resulted in feelings of loss of belonging which made nurse educators to resign.

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Roughton (2013) reported that lack of educational technology training, and self-directed professional development decreases nurse educators' retention.

The findings of this study revealed that the public nursing education institution does not offer many opportunities for career development, growth and promotion. This is supported by the Herzberg theory of job satisfaction which indicate that a good salary, supportive staff, and conducive work environment improve job satisfaction. So, the nursing education institution seems to lack motivating factors that could make nurse educators remain in the public nursing education institution.

Sub-theme 1.2: Emotional suffering associated with lack of support

The findings of the study show that nurse educators receive minimal or no support from the experienced nurse educators and managers. The lack of support in the new work environment is a critical factor that need to be addressed within the public nursing education institution and in other settings of the health care system. Previous research indicates that the major problem encountered by new employees is lack of support from managers and experienced employees. In this study, participants also said they wanted support through orientation and mentoring on the job to assist them to adapt into their new work environment. The participants also noted that the new nurse educators were not given an opportunity of observing experienced nurse educators teaching in class. This meant that they went to class ill prepared since they did not know what to prepare and how to do the preparations. Cooley and De Gagne (2016) found that lack of orientation is a barrier to developing competence of nurse educators because they have no knowledge about nurse educator's role and academic responsibilities.

The HODs of the public nursing education do not offer support to the new nurse educators. When new nurse educators report their frustrations about the difficulties, they encounter in dealing with the new work environment they do not get help. Most of the nurse educators come to nursing education from the clinical area. They have never been exposed to formal teaching. This could mean that during the start of their career as nurse educators they need to be orientated on activities. However, participants got little or no orientation, induction, and mentoring. New nurse educators felt lost because of the difficulty they experienced in trying to familiarise themselves with nursing education activities. Improved manager support, respectability, relationships, a desire for improved shared leadership, and listening to ideas and concerns make nurse educators feel welcomed in the institution; it improves their morale

hence they stay in the organisation, increasing retention and reducing attrition (Buffington, Zwink, Fink, Devine & Sanders, 2012).

Participants reported that HODs often came to monitor their classes without an appointment. This means they come to check what new educators would be doing without having offered prior support. Some participants complained that at times the HODs embarrassed the new nurse educators by reprimanding them in front of the students. Similarly, Matahela (2016) also found that managers do not support new nurse educators, instead they give a negative attitude and emotionally abuse them by just barging into the class of new educators unannounced. Beckmann, Cannella, & Wantland, (2013) in Wunnenberg (2019) reported that psychosocial bullying has been identified as contributing to lack of retention of qualified nurse educators leading to attrition. Msweli (2017) conducted a study in GPNEI and found that nursing education institution do not have clear guidelines of induction and orientation program.

Support means that there should be somebody who can at a certain time be of value to another individual who needs assistance. The presence of that person is valued by the inexperienced person because it gives hope to the supported individual by showing that the work can be done. In this study, participants said when they report to the HODs that they are not coping, instead of being supported they are told that they are lazy and disasters. Support means the guidance and feedback received from subordinates, co-workers, and middle managers to enhance effective work environment, but when support is lacking nurse educators become frustrated with the new work environment, hence they resign causing attrition (Valdez, Cayaban, Mathews & Doloolat, 2019).

Caring, supportive relationships among nurse educators create an emotionally safe and empowering climate that facilitates open dialogue and work-life balance, and develop a culture of collaboration that supports shared, person-centered decision making. A supportive work environment increases retention of nurse educators (Laurencelle, Scanlan & Brett, 2016) but a non-supportive work environment increases stress levels. Work relationships that support collegiality assist the new nurse educator to develop a work/home-life balance (Bittner & O'Connor, 2012; Chung & Kowalski, 2012; Roughton, 2013; Tourangeau et al., 2012).

The new nurse educators need support through orientation and mentoring on the job. Participants reported that they were ill-treated by their managers and colleagues through

gossip and bullying. This created a hostile work environment and led to nurse educators resigning.

Sub-theme 1.3. Unreasonable workload

Most participants mentioned that they find it difficult to accomplish the allocated work within the expected 8 hours per day as stipulated in the labour relation policy. Nurse educators have to do lesson preparations, teach, mark students' assessments. This theme explained how the participants as nurse educators experienced difficulties when teaching and shows that the preparation for teaching takes its toll since some of the work must be taken home. Public nursing education institutions have too many students which makes it difficult for the nurse educators to effectively interact with all students. This sub-theme is discussed in two categories.

- **Category 1. Abnormal working hours**

Working from home is considered as a concern as nurse educators must complete some of their work at home. Brown (2015) support this view pointing out that the nurse educator's work cannot all be completed at the office and therefore some of it must be taken home. This puts a strain on the families of nurse educators as they try to reach deadlines on expected activities. Crawford (2021) indicates that most nurse educators work every day during the week, resulting in exhaustion which negatively impacts on their personal and family time.

Brady (2010) in Lee, Miller, Kippenbrock, Rosen and Emory (2017) state that full-time nurse educators have additional workload like doing two programs at the time and that this increases the student-to-nurse educator ratio. Most nurse educators work more than 50 hours per week (Candela, Gutierrez, and Keating, 2015 in McQuilkin, Gatewood, Gramkowski, Jay, Kuster, Melino, & Mihaly, 2020). Working at the college made the lecturers feel like their life revolve around work since they no longer had adequate time with their families. Crawford (2021) states that nurse educators must work even during the holidays to catch up with the work demand and to meet deadlines without pay. The extra time which the nurse educators spend at home doing work related issues is not compensated.

The issue of abnormal working hours of the nurse educators has been highlighted by many authors. Problems associated with the difficulty to accomplish college activities within the 8-hour day is an occurring problem in nursing education institutions worldwide. Crawford (2021), in her study on novice nurse educator's transition from clinical experience to teaching, discovered that novice nurse educators work more than 56 hours a week, translating to 7 days a week or 12 to 14 hours a day trying to make ends meet. If the nurse

educator does not work around the clock the burden of unfinished work or responsibilities become unbearable. The long working hours cause newly employed nurse educators to leave the institution, and this increases the rate of attrition.

- **Category 2. Increased number of student intake**

The fact that the public nursing education institution has large number of students makes it difficult for the nurse educators to effectively interact with all students. Participants said that the large number of students and the fact that they were not properly oriented caused them frustration and increased their stress levels. The teaching strategy appropriate for large groups is the lecture method and this means students do not benefit from other methods of teaching. New nurse educator found it difficult to know all the students.

Large classes promote lack of accountability among students as some hide behind other students. Participants expressed anxiety and reservation about the knowledge and skills of these students who are often invisible throughout their 4 years of training. Msweli (2017) also found that overcrowding in the learning environment led to passivity where the learner is not actively engaged in class activities. The challenge of having large number of students does not affect theoretical training only but also affect the clinical part. Placement of these large numbers of students for clinical practice is a challenge as they crowd the wards (Matahela, 2016 in Msweli, 2017).

Msweli (2017) observes that professional nurses in the wards find it difficult to control and manage these large numbers of trainee nurses. Sisters in the wards also reported that large numbers of students placed at the same time for clinical practice result in some hiding, absenting themselves because supervisors are overwhelmed by the numbers. This compromises the quality of their training leading to the production of incompetent nurses.

Rikhotso (2017) argues that this large number of student intakes might be contributing to the increasing litigations against the Department of Health due to negligence and omission. Mohammed and Mohammed (2021) state that nurse educators are the pillar of the nursing profession, necessitating well-preparation for better teaching, training, guiding, mentoring, and supporting students, but the large number of students compromise the nurse educators' role.

The lecturer-to- student ratio, according to SANC (1983), is 1:15 and 1:30 in class and theory respectively. In this PNEI, the student to lecturer ratio is 1: 150 in class and 1:50 in clinical practice. Tshabalala (2016) reported that the increased number of student intakes has been

accelerated by the non-negotiable mandate from the Department of Health to increase the student intake by 25% annually without a corresponding increase of the nurse educators. Similarly, Seekoe (2014) commented that the increase in student numbers has impacted on the number of new nurse educators experiencing difficult to adjust and adapt in the nursing education institution. New nurse educators feel overwhelmed and resign, causing attrition at the selected GPNEI.

Participants also explained that the challenge of large student numbers and that nurse educators must do theory and practical, causes increased workload. Brown (2015) observes that full-time nurse educators have an extensive workload which includes more than one clinical group in addition to teaching classes. Because of the large number of students and lack of proper orientation, new nurse educators also fear that their credibility is challenged (Harlow, 2003 in Crawford, 2021).

Seekoe (2014) notes that student numbers in PNEI is more than their lecturers leading to negative consequences for both nurse educators and the students. This increases the lecturers' workload and hinders the nurse educators to improve themselves academically fearing to compromise students' education. The pressure of wanting to academically improve themselves, make nurse educators to resign and go to areas where they can further their studies. Most nurse educators return to clinical practice because of the attitudes of students and increased workload.

Sub-theme 1.4: Lack of recognition of nurse educators clinical experience and qualifications.

The study findings revealed that there is unfair labour practice when it comes to salaries in relation to the qualifications of nurse educators. Participants also feel that there is unfair salary grading in the PNEI because at entry level nurse educators are on the same salary level irrespective of clinical experience and qualification. Participants claimed that it was difficult to maintain their daily needs after joining the college from clinical practice. Low salaries, and the lack of recognition of nurse educator's qualification contribute to attrition because lecturers leave the public nursing education institution and go back to clinical practice and other health facilities for better salaries.

Due to lack of recognition of nurse educators clinical experience and qualifications, nurse educators experience poor salary grading. Salary is one of the main things that bring about fulfilment in the life of an individual. Poor salaries could increase stress level in a broken marriage where the nurse educator should cater for the children alone. In this study, lecturers were unhappy about their salaries as they were unable to meet the basic needs.

According to Dorasamy and Lethooane (2015), employees who are happy with their work may enjoy greater job satisfaction when their salary levels are raised with other benefit packages. On the other hand, unhappy employees leave organisations to where there are higher salaries and benefits.

Lee, et al.; (2017) reported that colleges and universities salaries are lower than those of clinical settings and that this is a barrier to attracting and retaining nurse educators. Similarly, Cleary, Bevill, Lacey, & Nooney (2007) commented that most salaries in academic areas remain non-competitive compared to those in health care delivery. This results in decreasing the pool of nurse educators and luring them back to clinical areas causing attrition in the nursing education institution.

The fact that nurse educators' salary should be taken down when they join the academic institution because of lack of teaching experience was raised as a concern by the participants. The drop in salary is further caused by some benefits which nurse educators would have been getting from clinical practice but lose when they join the college. Participants who left the PNEI were unhappy with the salaries because they had better salaries and benefits when they were in clinical practice. Lee, et al. (2017) also reported that academic settings have considerably smaller salaries than salaries offered in clinical settings, hence nurse educators leave the academic institution to clinics and other health care settings.

Participants indicated that PNEI does not consider the qualifications of lecturers for remuneration purposes. Some nurse educators have masters and doctorate degrees but are still remunerated the same with diploma holders. Therefore, nurse educators resign causing attrition. The International Labour Organizations (ILO) Convention (C149) states that people should be rewarded according to their qualifications, specialties, experiences, and competencies. Thomas, Bantz and McIntosh (2019) observes that nurse educators are relatively getting lower salaries than masters or doctoral holding nurses who provide direct care in the clinical settings. Lee, et al. (2017) also concurs that non-compatible salaries and non-competitive compensation for nurse educators is a significant factor resulting in nurse educators resigning from the work institution contributing to attrition.

Low pay and lack of recognition of nurse educators' years of clinical experience, specialties, and qualifications, as well as a steadily increasing workload for those remaining, make it difficult to attract new staff and to retain those already employed. Nurse educators are leaving in large numbers and the resultant vacancies are not filled immediately. This affects

nursing education and training on the public nursing education institution. The lack of recognition of nurse educators' qualifications is major factor that contributes to attrition because lecturers leave the public nursing education institution and go back to clinics and other health facilities.

Compared with the clinical setting, an operational manager or nursing administrator with less or no other qualification earns more than the nurse educator with higher qualifications. McQuilkin et al. (2020) recommends that research is needed to identify financial models that can assist to decrease the salary gap between clinicians and clinical faculty to improve attraction and retention of nurse educators and decrease attrition. According to Roughton (2013) a competitive salary increases nursing faculty retention and decreases attrition. Tourangeau, et el; (2015) reported that fair compensation, a hygiene factor (Herzberg, 1987), is important to consider for nurse educators who feel insufficiently compensated for their work are likely to become dissatisfied and leave the job, decreasing retention and causing attrition.

Participants also claimed that the PNEI has an increased workload which does not tally with the salary that the nurse educators earn. Participants pointed out that teaching students, doing research, being a committee member, being a change agent, and managing and monitoring students is far greater work than what the operational manager does who might have ±ten (10) nursing staff to oversee. The nurse educator has ±150 students that need her attention at the same time, but the salary remains low. Kotze (2013) claims that the cause of shortage of nurse educators amongst others include compensation that is not competitive with practice settings.

The study findings indicate that participants' financial status led them to resigning and finding jobs in clinical areas with better financial offers. Morton (2019) reported that nurse educators' salaries are lower than those of clinical nurse salaries and that this causes difficulty in recruiting and retaining nurse educators. Lower salaries in academic areas hinder the attraction of nurse educators to pursue careers in nursing education and increases the attrition of nurse educators. Lee et al. (2017) states that it is difficult for schools of nursing to retain faculty members who are faced with more financially lucrative job options, both within and outside of the nursing profession. Mokoka (2007) also found that salaries provide the means to enjoy the valued interest of work and motivation.

Insufficient compensation is a significant barrier to attracting nurse faculty. Participants said nurses in clinical areas earn more than nurse educators. They argued that they were earning

better salaries in clinical areas than at the college, because the college only considered experience in nursing education.

THEME 2: On-the-job challenges experienced by nurse educators

In this theme, participants explained the difficulties they encountered in performing their duties as nurse educators. These include lower salaries, poor work interpersonal relationship and communication, unreasonable lecturer-students ratio, shortage of human and material resources, and relevant infrastructure. The theme has two subthemes which are discussed as participant explained them.

Sub-theme 2.1. Poor interpersonal relationship and communication with other nurse educators.

Lack interpersonal relationship amongst the nurse educators was identified as an issue of concern by the participants. New nurse educators claimed that they had a negative reception upon joining the college. Nurse educators said they were not shown love and were not properly welcomed at the institution and thus, felt isolated, unwelcome. Moreover, they were occasionally bullied by the experienced nurse educators. Participants claimed that they were victimised when they expressed themselves in meetings and bullied when they expressed knowledge on certain issues. Purpora and Blegen (2015) in Crawford (2021) also revealed that there are negative peer relationships in overall nursing interactions which result in increased stress levels and job dissatisfaction amongst the new nurse educators. Calvert (2018) similarly notes that new nurse educators experience an unsupportive and hostile work environment which make them feel belittled and not supported resulting in feelings of loneliness.

Most participants have trouble because of poor socialisation within the PNEI. Nurse educators claimed that they were not supported by their colleagues but instead they were bullied. New nurse educators were bullied when they asked about how to make an assessment tool. According to Weidman, (2013) in McQuilkin et al. (2020), bullying, belittling, and intentional sabotaging by other nurse educators were experienced by 68% of nurse educators in their study on generation-specific incentives and disincentives for retention in the nurse education role (Tourangeau et al., 2015). The bullying of new nurse educators comes from both the HODs and more experienced lecturers.

McQuilkin et al. (2020) argues that nurse educators who feel autonomous and independent in their role, have supportive relationships with colleagues, and receive recognition for

performance and are less likely to leave the faculty role. Poor interpersonal relationships and lack of teamwork amongst the experienced nurse educators and new nurse educators creates toxic environment in the public nursing education institution. This makes new nurse educators to resign, and it contributes to attrition in the public nursing education institution.

Participants highlighted the lack of unity at the college. There are cliques and groups which gang up against the new nurse educators, especially due to expertise rivalry. New nurse educators were not listened to during meetings and their inputs were not taken. The new nurse educators were isolated and were left to work by themselves while the experienced nurse educators worked without acknowledging their presence. The element of hatred and intimidation was raised as a concern by participants. Participants claimed that experienced nurse educators gossip about their teaching strategies instead of helping them to improve. This reception and conduct of experienced nurse educators made the new nurse educators to feel unwelcomed in the academic institution hence they resign causing attrition.

Sub-theme 2.2: Shortage of resources: human, material and infrastructure
Study findings revealed that the PNEI does not have adequate human and material resources to assist the nurse educators to reach the goal of teaching nursing students. The shortage of human resources increases workload of the nurse educators and causes nurse educators to leave the institution resulting in attrition. When nurses leave, there are not immediately replaced. Three categories emerged from this sub-theme.

- **Category 1. Lack of human resources**
This study found that the PNEI has a shortage of nurse educators. This is attributed to the hostile work environment within the nursing education institution. Participants reported that as nurse educators are pushed back to clinical areas, the public nursing education institution experiences attrition as the institution fails to replace them. This further increases the workload of the remaining nurse educators. The Strategic Plan for Nurse Education, Training, and Practice, (2012/13 & 2016/17:21&22) has revealed that there is always a shortfall in the number of new nurse educators caused by low salaries, elderly nurse educators retiring and the inability of institutions to replace them with younger adequately prepared nurse educators. Hudgins, Layne, Stephens, and Brown (2021) observe that the shortage of nurse educators increases attrition, and this is caused by poor management style within the PNEI (Lee et al. (2017) in Worthy, Dawson &Tavakoli, 2020).

Chipperfield (2016) reported that the African continent, in its move from agrarian to industrial economies, has seen a proliferation of universities with significant shortages of qualified teaching staff, and 50% more students per educator than the international average. South African institutions of nursing education have seen a tremendous increase in student intake to try and curb the shortage of nursing staff. The increase in students intake has not correlated with the number of nurse educators. This study found that nurse educators find themselves having 4 groups of nursing students from different levels whose learning they should facilitate. Participants said they were overwhelmed by this workload.

Bittner and Bechtel, (2017) in Crawford (2021) support the participants' view that the shortage of nurse educators results in increased workload for the remaining nurse educators They also predict that as more nursing faculty reach retirement age the workload will further increase. Msweli (2017) recommends that the growth in the number of student intakes should be equated to the number of nurse educators to ensure quality nursing education and training. Makhuvha, Davhana-Maselesele, and Netshandama (2007) found that the shortage of nurse educators leads to nurse educators teaching both theory and clinical courses.

Shortage of human resources is linked to the increased workload on the remaining nurse educators because as nurse educators leave the institution it is difficult to replace them. South African society with its diverse disease profile need to be nursed by well-groomed nurses moulded by adequate nurse educators. Because lecturers resign due to increased workload and those that are left are not replaced, this causes attrition.

- **Category 2. Lack of material resources**

Regarding shortage of material resources, study findings revealed that there is shortage of classrooms, computers, offices and no Wi-Fi to assist with the internet to facilitate teaching through research and innovative teaching. Mshana and Manyama (2013) found that lack of resources affected institution's ability to retain nurse educators in Malawi and Tanzania. Armstrong and Rispel (2014) pointed out that there is resources constraint in nursing education institutions, particularly the lack of budgets for teaching equipment. Some nurse educators reported that they are technological inclined, so working at the institution which does not have adequate technological equipment puts a strain on them.

The study findings show that the public nursing education institution lacks important resources like data bases to enable participants to work and advance themselves within the

institution. This forced them to resign and seeking for institutions with improved resources. This caused attrition of nurse educators.

- **Category 3: Lack of infrastructure**

The public nursing education institution has an increased number of students intake. These large numbers of students do not correlate to the nursing college's infrastructure. The participants raised concern of inadequate infrastructure which results in increased workload as students should be divided into groups to accommodate them in classes. The institution does not have the adequate classrooms to accommodate the large numbers of students for effective teaching to take place.

The PNEI under study has one auditorium that can accommodate big classes and therefore the competition for its use is intense. Failure to secure the auditorium result in teaching the same content two times as the students will be divided into two groups to fit in the classrooms. The inadequate classrooms to accommodate large number of students increases the workload of nurse educators. This in turn increases educators stress levels resulting in them resigning, causing attrition.

The audit conducted by the Strategic Plan for Nurse Education, Training, and Practice, 2012/13 & 2016/17 revealed that nursing education and training in South Africa is poorly coordinated since it is characterised by considerable inequity regarding human resources and infrastructure. New nurse educators are expected to teach large classes in auditoriums with inadequate resources. Brown (2015) similarly reports that in the USA, lack of infrastructure prevented the acceptance of 5400 students in North Carolina due to lack of adequate classroom and nurse educators to accommodate the students for enrolment.

The sharing of offices was identified as a breach to individual nurse educator's privacy. This also raised concern when students must consult with a specific nurse educator since this hinders the confidentiality of student's concern as the other nurse educator might be listening. The nurse educators do not take it well that they share offices. Moreover, the inadequate infrastructure to accommodate the large number of students increases nurse educators' workload which increases their stress levels resulting in them resigning.

THEME 3: Measures to be implemented to overcome the problem of attrition and improve attraction and retention of nurse educators.

Participants identified measures that may be implemented to improve the attraction and retention of nurse educators to solve the problem of attrition. Work should be distributed fairly among lecturers. For example, some lecturers teach both clinical and theory modules at the same time and this overwhelms the new nurse educators. In this theme, 7 strategies to overcome the problem of attrition and improve attraction and retention of nurse educators were described and explained by participants.

Sub-themes 3.1: Rescheduling of activities

The study findings revealed that nurse educators find it difficult to simultaneously teach clinical nursing and nursing theory. Makhuvha et al., (2007) confirms that tutors find themselves teaching both theory and practice. New nurse educators should be allowed to choose which program are they comfortable teaching. Brown (2015) argues that new nurse educators have challenges teaching content that does not relate to their previous clinical work and that asking a novice nurse educator to teach outside his or her comfort zone can produce stress or discomfort. Participants said they left the institution because of this increased workload and when they left they were not replaced, leading to attrition.

There is unfair distribution of work within the PNEI, as some nurse educators are having more credits with fewer staff members and others have lesser credit with more nurse educators. Participants advised that allocation of nurse educators should be aligned with the module's credits. This calls for workload analysis in the public nursing education institution. Crawford (2021) states that to reduce nurse educators' shortage which lead to attrition, focus should be placed on ensuring equal workload calculations and distribution amongst nurse educators. Crawford also observes that poor workload allocations and support continue to be a barrier to nurse educators' satisfaction and empowerment. Proper allocation of workload should consider other activities which the nurse educator does such as specific teaching, research, and service expectations.

Morton (2019) advises that new models of faculty composition should be developed and the workload expectations of all must be re-visited to promote attraction and retention. The Oregon Center for Nursing (2015) states education and advancement should be promoted among junior faculty by providing workload reduction and this will improve retention and reduce attrition in the nursing education institution. The restructuring of departments will allow work credit to be balanced amongst the nurse educators. Fair and equal distribution of

work will assist in curbing the discrepancy in the institution about unequal workload distribution and will improve the retention of nurse educators and reduce attrition.

Sub-theme 3.2: Formal orientation and induction programme

Participants suggested that the orientation and induction of newly appointed nurse educators should be improved and formalised. There should be a formal document that spells out the induction and orientation process of new nurse educators. Most participants stated that their orientation was not effective or was not done at all. This caused adjustment problems to the new work environment which led to their leaving the institution causing attrition. The PNEI should have adequate time for formal orientation and induction to help new nurse educators to adjust to their new working environment and this is likely to promote retention.

Brown (2015) says the orientation program for new educators should assist the new nurse educator to acclimatize to the new role of teaching in the nursing education institution. Similarly, Cangelosi (2014) purported that adequate time should be provided for effective orientation. Mohammed & Mohammed (2021) argues that proper orientation assists new nurse educators to be competent and comfortable within their educational roles to facilitate the students' learning needs. Wiley and Sons (2019) also point out that nurse educators with adequate support through a long induction process are likely to have reduced stress and feel confident and competent in their new role. Thus, a proper induction and orientation process is likely to improve retention and reduce attrition.

The study findings reveal a need for specific orientation on the exact work the lecturers would do. Orientation on clinical skills in the form of videos would assist new nurse educators to remember clinical procedures. PNEI have a responsibility to ensure a mutually beneficial long-term induction process tailored to the individual nurse educator (King, Roed & Wilson, 2018). Brown (2015) argues that it is imperative to equip new nurse educators with proper tools and skills to help future healthcare providers to flourish. New nurse educators need an intense outline of responsibilities, policies and procedures, and teaching expectations. This means that the PNEI should design a standard operating procedure which will assist every nurse educator to apply it when there is need. The PNEI does not have a standard operating procedure and each department runs its program differently. Brown (2015) notes that a formalized extensive orientation is required to accommodate the unique needs that arise within this profession as nurse educator.

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Mohammed & Mohammed (2021) states that proper orientation clarifies roles, competencies, and meanings as nursing strategies to promote new nurse educators' transition from bedside nurse to the classroom teacher. The process of becoming a confident nurse educator from being a clinical nurse takes a long time, but structured orientation program helps to alleviate cultural shock and disorientation of the new nurse educator (Smith & Boyd, 2012; Schoening, 2013; Murray, Stanley & Wright, 2014; Logan, Gallimore & Jordan, 2016; Chargualaf, Elliot & Patterson, 2017 in McQuilkin et al. 2020).

Formal orientation, induction, and mentoring are key to creating a conducive work environment that may assist in retention of nurse educators and decrease attrition. This includes orientation on how to prepare lesson plans and how to do an accompaniment program. If this is done properly through orientation, then the nurse educator will know what to do and how to do it. This helps them to develop confidence in their work and may contribute to their remaining in the institution and the reduction of attrition.

Sub-theme 3.3: Continuous interaction, on the job training and in-service training

The findings of the study suggest that within the PNEI there should be a continuous interaction and in-service training. The PNEI should have a structured, in-service training which will guide new nurse educators to compile lesson plans and how to draw a clinical accompaniment program (Msweli, 2017). Msweli adds that new nurse educators also need to be engaged in educational activities like in-service training, direct involvement in creation of assessment tools, given opportunities for professional development and growth, to reduce resistance and improve their development in nursing education. Brown (2015) concurs and says that new nurse educators deserve quality training to meet the high demands of academia and healthcare. Role modelling whereby the new nurse educator observes the experienced nurse educator in action can assist the new nurse educator to relate and develop academic identity (Logan et al., 2016) in (John Wiley & Sons, 2019). Brown (2015) states that "teaching is an art that involves special skills and knowledge obtained through educational courses".

Participants also suggested that the PNEI should provide sabbatical leave to support nurse educators. In some departments, new nurse educators cannot study because of the huge teaching load and other responsibilities. Rikhotso (2017) is also of the view that the provision of sabbatical leave, money to develop research proposals and paying tuition fee for the dependants of nurse educators may increase job satisfaction and retention and lead to a reduction in attrition rates. Nurse educators should also be given an opportunity to attend the assessor moderator course to improve their skills on assessment of the students' work.

Sub-theme 3.4: Attractive salary scale

In this sub-theme the participant, said that improving benefits, considering years of experience and allocation of resources is another strategy that may attract and retain nurse educators. Participants said a salary increase is a major factor that for attracting and retaining nurse educators within an institution. Most participants said their salaries as nurse educators were inadequate compared to salaries in clinical areas. Chung and Kowalski (2012); Hulton et al. (2016) and Frisbee et al. (2019) concur with this view stating that increased salaries can maintain work and life balance and collegiality, and this positively impacts recruitment and retention.

Tourangeau et.al. (2015) says that nurse educators are most likely to remain in academia if they have higher salaries, time off, and have balance between work and family life. Higher compensation in clinical and private-sector settings are luring current and potential nurse educators away from teaching (Rosseter, 2014). McQuilkin et al. (2020) suggested that a research is needed to identify financial models to decrease the salary gap between clinicians and clinical faculty to improve recruitment and retention in the faculty. The nursing education institution should improve salary and benefit compensation to improve nurse educators' intent to stay in academia (Carlson, 2015; Hulton et al., 2016; Roughton, 2013).

The Canadian Nurses Association and Canadian Association of Schools of Nursing's (2017) survey showed that nurse educators are earning lower salaries compared to their colleagues in clinical settings. On average, nurse educators earn $20,000 less per year than nurses working in clinical practice settings. Non-competitive compensation for nurse educators is a significant factor for nursing education institutions' inability to attract and retain nurse educators.

According to the findings of this research, the PNEI should recognise the qualifications of nurse educators. Nursing education institution should improve the entry level salary to match that of managerial position in clinical areas. Nurse educators with higher degrees need to be remunerated as such and should not be at the same level as diploma holders at entry level. Compensating lecturers according to their level of qualifications and specialities will promote attraction and retention of nurse educators and decrease the attrition rate. Roughton (2013) and Yedidia et al. (2014) found that compensation and workload were both predictors for nursing faculty turnover and intent to leave (Crawford, 2021).

Category 1: Increase nurse educators' salaries

Most participants said their salaries were incommensurate with their years of clinical experience. Participant claimed that when nurses come to teach at college their salaries are reduced. This leads to nurse educators with a lot of clinical experience turning down the offer of being nurse educators. Lecturers with many years of experience in clinical areas are treated like the newly qualified nurse educators. Foxall, Megel, Grigsby and Billings (2009) in Tourangeau et.al. (2015) note that higher salaries and improved benefit programmes are incentives for nurse educators to remain employed, but insufficient compensation reduce job satisfaction leading to resignation.

Rikhotso (2017) recommended that the department of health should reduce the gap between the income of nurse educators and clinical practitioners to make the nursing education career more attractive to those with academic interest. Gardner (2014) in Hemstreet (2020) observes that effective teachers bring their real-life experiences into the classroom. In the current study, participants further suggested that nurse educators with other specialties should be remunerated for such since doing so can increase retention and decrease the attrition rate.

New nurse educators stated that their salaries are lower than those of their colleagues in the clinical area. DENOSA (2013) also reported that the South African Department of Health did not implement the Occupational Speciality Dispensation (OSD) properly. Thus, the salaries of the nurse educators' counterparts in hospitals and clinics are higher than that of nurse educators. Participants also explained that the Occupational Speciality Dispensation was inappropriately done since it did not recognise nursing education as a speciality.

Participants noted that in clinical facilities, nurses earn more than nurse educators. The entry level of the managerial post is higher than the entry level of the nurse educator, while the work of the nurse educator is more intensive. Improved salary and benefits compensation have a potential to improve nurse educator's retention (Roughton, 2013; Carlson, 2015; Hulton et al., 2016). The PNEI should give salaries that are comparable to those in clinical practice to attract and retain nurse educators. Due to low salaries in nurse education, Hemstreet (2020) points out that many nurse educators have left for better paying organisations.

- **Category 2: Recognition of nurse educators' years of clinical experience and specialities**

The study revealed that at entry level, nurse educators are all graded the same irrespective of years of clinical experience. The discrepancy in salary allocation in the public nursing education institution leads to nurse educators leaving the PNEI for the clinical practice. Participants argued that nurse educators use their clinical experience to provide live examples when they teach. Education and salary were found to be essential factors for recruitment and retention of most faculty members (Salvucci and Lawless, 2016) in McQuilkin et al. (2020). Most participants suggested that the college of nursing should consider clinical experience when grading salaries of nurse educators.

Nurse education should be regarded as a speciality like trauma, theatre, and ICU, to mention but few. The fact that nursing education is not a speciality leads to nurse educators receiving lower salaries than their counterparts in clinical practice. Operational managers in clinical setting are earning higher salaries without a degree since most of them hold diplomas in nursing management. The lecturer with higher qualifications like masters and doctorate degrees earns less than an operational manager in clinical practice. Nurse educators with other specialities should be recognised because they apply their knowledge during their interaction with students.

Rikhotso (2017) indicated that the Occupational Specialty Dispensation recognises nursing education as a speciality, but the nurse educators complained that their entry notch is lower than that of specialty nurses in hospitals and clinics. For many nurse educators, salary inconsistencies are a point of job dissatisfaction. According to Kowalski & Kelley (2013), equivalent clinical careers pay 25%-50% more than academic careers. To be a nurse educator one must have a degree. McDermid, Peters, Jackson and Daly (2012) note that in clinical setting, advancement such as promotions is often based on clinical expertise and the attainment of vocationally based qualifications. As a result, nurses with advanced degrees are more likely to accept higher paying clinical positions. According to Mokoka (2007), people should be rewarded according to their qualifications, specialties, experiences, and competencies.

Participants also argued that to be a nurse educator, you are putting yourself in a high demanding job, which take most of your strength, time, and effort. Salaries of nurse educators need to be reviewed because nurses in clinical with specialities are earning more than their colleagues in the college. Participants suggested that the nurse educators who transfer from clinical practice should keep their salaries since this will attract and retain nurse

educators with a lot of clinical experience. The entry level salary of the nurse educator should be at the managerial post. Nurse educators are faced and tasked with more responsibilities when it comes to management. Most of the nurse educators are degree holders in nurse education and management, hence they have more people i.e., students whom they manage throughout the year.

- **Category 3: Recognition of nurse educators' level of education**

The study findings revealed that the nursing education institution should recognise the qualifications of nurse educators and pay salaries according to their level of education. Since the nursing education institution is an institution for higher learning, it should recognise the qualifications of lecturers. Some nurse educators within the PNEI hold doctoral degrees but earn entry level salaries simply because they are new in the institution. This is stumbling block to recruiting highly qualified nurse educators because nurse educators with high qualifications are not attracted to the nursing education institution. The nurse educators commented that it is not fair for lectures who have higher qualifications to be given the same salaries as nurse educators who only have first degrees or are diploma holders in nursing education. Poor salaries and lack of benefits are some of the barriers to attracting and retaining of nurse educators.

Participants suggested that the Human Resource (HR) department should review the grading and remuneration of nurse educators. The grading of nurse educators' salaries should consider their level of qualification. Nurse educators with higher qualifications should be recognised and remunerated as such. Thomas et al., (2019) points out that nurse educator's remuneration is far lower than masters or doctoral prepared nurses providing direct care. Lee, et al. (2017) states that comparatively low salaries for masters prepared nurse educators compared to clinical nurse clinicians makes nursing education unattractive. Rikhotso (2017) also advises that nursing education institutions should recognise academic qualifications and remunerate nurse educators based on qualifications.

Participants insisted that nurse educators with masters and PhD degrees cannot be rated the same with those who are not productive. The Performance Management Development System (PMDS) is the means of assessing the performance and development of nurse educators within the PNEI. Participants stated that lecturers who are productive in research should be rated five in the PMDS scale and be compensated for that achievement. This will motivate them as they will realise that their effort to study and research to is recognised and appreciated and may retain nurse educators with high expertise to provide quality teaching

and produce adequately trained nurses. Nurse educators should be graded according to their research outputs.

Hassmiller & Reinhard (2009) observes that because nursing education institution does not recognise qualifications of nurse educators, nurse educators with advanced degrees are more likely to accept higher paying clinical positions. Rikhotso (2017) advises that academic qualifications be considered, a nurse educator with a master's degree should have a salary notch higher than the one with an honour's degree. Nursing education should be recognised as a scarce skill which deserves higher incentives and adequate staffing to train competent nurses in the health care settings (Makhuvha et al.; 2007). Rikhotso (2017) also reasons that if the academic qualifications of nurse educators are recognised through higher salaries, then nurse educators are likely to remain in the academic institution and thus reducing the rate of attrition.

The AACN (2017) indicates that masters-prepared Assistant Professors had an annual average salary of $77,022. In contrast, the American Association of Nurse Practitioners (2014) stated that nurse practitioners had an average annual salary of $97,083. This difference in pay may decrease the interest in nursing faculty jobs and increase turnover related to nurse practitioners leaving academia (Yedidia et al., 2014). In South Africa, the nurse educator earns the same salary as the speciality nurse without any degree. Thus, the recognition of nurse educators' level of qualification and fair salary grading can increase attraction and retention of nurse educators and decrease the rate of attrition.

- **Category 4: Widening of the organogram**

The findings of this study revealed that there the organogram of the nursing education institution should be reviewed. Participants recommended that organogram of the nursing education institution should be widened to facilitate growth and promotions within the organisation. The widening of the gap for translation to higher level need to be narrowed allowing career development and growth in the PNEI. This will increase attraction and retention and contribute to reducing the rate of attrition. Participants said nurse educators should be graded according to junior lecturer, lecturer, and senior lecturer scale. This will allow growth and improve chances of promotion, then more qualified nurses would be attracted to college.

DENOSA (2013) indicates that the problem of poor grading in nursing education was caused by OSD as it disadvantaged nurse educators, especially the translation from Grade 1 to Grade 2, which requires 6-8 years of experience. From Grade 2 the lecturer should have

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worked for plus-minus 14 years as a lecturer to become HOD. In between these grades, there are no other avenues and promotion. By the time one has 14 years of experience one is already earning more than the entry level HOD. This does not attract nurse educators to take up teaching as a life career.

The nursing education institution should improve the salary scales of nurse educators, reward them and recognise their clinical experience, specialities and qualifications. This will eliminate the barriers to attraction and retention of nurse educators, reducing the rate of attrition. Bogonko & Kathure (2015) argues that this would make nursing education e professionally attractive to individuals who want to pursue their career as nurse educators. Fawaza, Hamdan-Mansourb and Tassii (2018) found that improved pay, benefits and receiving a raise for obtaining specialty certification would enhance retention.

- **Category 5: Benchmarking for fair salaries**

Participants also recommended that the HR department should benchmark salary allocation with other institutions of higher education. Standardized remuneration and recognition of nurse educators' academic qualifications across the country would improve nurse educators' recruitment and retention (Sangster-Gormley and Staples, 2018). Clearly, benchmarking of salaries with other institutions of higher learning and the implementation of such results may improve attraction and retention of nurse educators and reduce the rate of attrition.

Sub-theme 3.5: Management support

This study revealed that is difficult for nurse educators to adjust and adapt to their new roles without any form of support from the institution. Participant said when they were new in their jobs they felt unwelcomed and unappreciated by their colleagues and managers. Most of them stated that had they received some form of support they would have stayed at the institution.

The new nurse educators should be capacitated about their new work arrangement. Seekoe (2014) advises that nurse educators should be effectively capacitated and supported to reduce the rate of attrition and improve their skills and confidence in their work. Baker 2010, Chung & Kowalski (2012) notes that new nurse educators who are mentored by senior nurse educators were reported to have improved teaching competence, higher job satisfaction and were more likely to remain employed. Goodrich (2014) in Wiley and Sons (2019) supports this view saying that new academics should be made to feel worthy by being supported to

adapt and be successful in their new environment. Collegial support is a major factor in helping new nurse educators to develop their resilience (McDermid, et al., 2012).

Nurse educators recommended that there should be a support system in the college in the form of a counsellor with whom they can discuss their challenges to. The management and HR department should consider the challenges and experiences of lecturers. A mentor in the form of an experienced nurse educator should be allocated to provide guidance to the newly appointed nurse educator. This study indicates that support from the management, the HOD and the team may improve retention and reduce the attrition rate of newly employed nurse educators. McQuilkin et al. (2020) found support is an essential factor for recruitment and retention of new nurse educators. Proper support for new nurse educators gives them confidence and make them competent in their work. This enhances job satisfaction and improves retention and will reduce the attrition rate.

Adequate support would assure new nurse educators that their presence is valued. Support means the supporter recognises that he or she is needed to assist, to protect and to guide the inexperienced individual, aiming to reach the goal of adjustment and adapting to the new environment. Through support, the new nurse educators will recognise that someone cares about their presence in the PNEI.

Sub-theme 3.6: Adequate resources

Most participants emphasised that the PNEI should improve its infrastructure and human and material resources. The nursing education institution should improve the availability of resources like WIFI, laptops and printers. Mohammed and Mohammed (2021) found that a good working environment and good staffing levels were linked to job satisfaction and better quality and safety of care.

Lack of proper infrastructure, practical training sites, learning equipment and materials and, perhaps most importantly, the unavailability of trained and experienced tutors hinders the production of adequately trained nursing students (Armstrong & Rispel, 2014). The Strategic Plan for Nurse Education, Training, and Practice, (2012/13 & 2016/17:21&22) states that the nursing education and training in South Africa is poorly coordinated because it is characterised by inequity regarding human resources and infrastructure. Administrators in nursing education must attract qualified faculty members and maximize job satisfaction to retain them.

Tshabalala (2016) argues that inadequate working space and insufficient equipment can lead the newly employed nurse educators to experience stress and ultimately resign. Msweli (2017) reported that PNEI have inadequate computers for nurse educators and no access to internet and that this put stress on new nurse educators as they cannot effectively prepare their lessons. Provision of a strong educational infrastructure and upskilling of new nurse educators may increase resilience in new nurse educators to remain in the nursing education institution. Matahela (2016) highlights that large classes without adequate infrastructure contributes to the inability of the nurse educators to facilitate learning. This increases their stress levels and job dissatisfaction and may resign leading to an increase in attrition rate.

Most participants noted that the PNEI does not have adequate nurse educators. The limited number of nurse educators are also associated with increased workload. The increased workload relates to the large number of student intake which does not correlate with the number of lecturers and the available infrastructure. This incompatibility between the nurse educators and the available infrastructure means that students are divided of into many groups, and this increases the educators' workload. Participants added that student numbers should be aligned to the available resources. This will improve the working conditions of lecturers and job satisfaction and retention.

The above discussion shows that the PNEI should improve infrastructure, human and materials resources to improve the working condition. The nursing education institution should ensure the availability of resources like offices for individual nurse educators, WIFI, laptops and printers. The sharing of offices reduces privacy and confidentiality when student consult with a specific lecturer. The availability of adequate computers would assist with research and lesson preparation. In turn, this will reduce the nurse educators stress, increase job satisfaction and will remain in the institution and reduce the rate of attrition.

Sub-theme 3.7: Enrolment targets
Most participants recommended that institution should reduce the intake of students to manageable sizes according to the students: nurse educator ratio. This will reduce the nurse educators' workload and improve the retention of adequately trained nurses**.**

Rikhotso (2017) recommends that a more realistic student lecturer ratio, adequate facilities, and equipment as well as reduced administrative responsibilities should be applied to attract and retain nurse educators. A more realistic student to staff ratio, such as 15:1 to 20:1, should be implemented either by reducing student enrolment or redeploying educators and changing teaching strategies (Mulder& Uys, 2013). Seekoe (2014) notes that nursing

colleges in South Africa are characterised by large student numbers, which leads to an increase in the workload of nurse educators Mthimunye and Daniels (2019) call for the implementation of a fair nursing student-nurse educator ratio. A fair distribution of students according the number of available nurse educators will reduce the workload of the nurse educators and increase attraction and retention of nurse educators.

The disproportion of students to nurse educator ratio causes attrition in the PNEI. Participants said the large number of students decreases the effectiveness of proper training of students because there is limited space in the clinical areas where students are placed as trainee nurses. The non-availability of adequate clinical site for clinical placement, result in compromised opportunities for student learning and practice. The PNEI institution should balance student's intake with the number of clinical sites.

Simelane (2017) and Tshabalala (2016) note that the Gauteng Department of Health strategic plan mandated that nursing institutions should increase the intake of nursing students by 25% each year. On the other hand, SANC recommends that the nurse educator ratio should be 1:15 in clinical settings and 1:30 at college (SANC, 1992:3 in Rikhotso, 2017). But this ratio is not applied in the PNEI where the nurse educator student ratio is 1: 60 students in clinics and 1: 150 in class. Participants called for the balancing of the nurse educator-student ratio considering the number of nurse educators and the availability of clinical site for practice.

Participants recommended the reduction of student enrolment at the selected PNEI so that it matches the number of available nurse educators. This will reduce workload, and this will improve production of adequately trained nurses and the retention of educators. Fairly distributing the work in relation to appropriate intake of students-to-nurse educator ratio may create a favourable work environment and can reduce the risk of burnout, improve retention, and reduce attrition (Mthimunye & Daniels, 2019).

4.4. Summary

This chapter discussed factors that contribute to attrition of nurse educators at the selected PNEI. The frustration of new nurse educators and the negative reception that they get from experienced colleagues are some of the factors that lead to attrition. The PNEI should implement formal induction, orientation and mentoring programmes new nursed educators. Salaries of nurse educators should also be improved so that they are not tempted to go back to clinical practice for higher paying jobs.

CHAPTER 5.

SUMMARY, RECOMMENDATIONS, LIMITATIONS AND CONCLUSION

5.1. Introduction

This chapter presents the summary, recommendations, limitation and conclusion of the study.

5.2. Summary

The study explored factors contributing to attrition of nurse educators at the GPNEI. The summary of this study is presented following the order of the chapters.

Chapter 1 provided the study overview and reviewed literature which revealed that the problem of attrition of staff at nursing colleges is worldwide problem. Unfortunately, this problem has a negative impact on the training of future nurses.

Chapter 2 discussed the study's methodology. The study adopted a qualitative research method and used an explorative descriptive research design. A purposive non-probability sampling was used to select 15 participants male and female nurse educators employed between April 2014 and April 2019 and since resigned. Data was collected using semi-structured one-on-one interview and was analysed using Tesch's method (1995) for data analysis. Measures to ensure trustworthiness achieved by adhering to the principles of credibility, dependability, transferability, and conformability. An ethical clearance was obtained from the University of Venda's Research Ethics Committee. Permission to conduct the study was sought from the principal of the selected PNEI and participants signed an informed consent to participate in this study.

Chapter 3 presented the research findings under 3 themes which emerged from the interviews, namely:

1. Description of factors that contribute to the attrition of nurse educators. The subthemes that emerged in this theme are:
    1.1. Paradoxical experiences causing suffering at multiple levels
    1.2. Emotional suffering associated with lack of support
    1.3. Unreasonable allocated workload
    1.4. Lack of recognition of nurse educators clinical experience and qualifications
2. Description of on-the-job challenges experienced by nurse educators

  2.1. Poor interpersonal relationship and communication with other nurse educators

  2.2. Shortage of human and material resources

One theme emerged from the measures to be implemented to attract and retain nurse educators which is:

  3. The explanation of strategies or measures used to overcome the problem of attrition and improve attraction and retention

Chapter 4 discussed the findings of the study. Factors that contribute to attrition which include frustrations, negative reception by colleagues, and many more were discussed. Nurse educators leave the PNEI due to lack of support which encompasses lack of induction, orientation and mentoring. Poor salaries also led to the resignation of nurse educators from the PNEI to clinical areas for higher paying jobs. As nurse educators leave the PNEI, fewer nurse educators remain resulting in increased workload. It was also highlighted that when nurse educators leave the PNEI it is difficult to replace them.

Research findings indicate that attrition in PNEI is caused by the lack of application of relevant programmes like orientation, mentoring and induction. Therefore, the PNEI should have a standardised operational procedure for orientation, induction and mentoring, especially on-the job operational procedures. Proper orientation, induction and mentoring will also improve poor interpersonal relationships that were highlighted as problem by participants. Rapport would be created as experienced nurse educators interact with the newly appointed nurse educators.

The objectives of this study were achieved. The study set out to explore and describe factors that contribute to attrition of nurse educators at a GPNEI. The study also wanted to describe measures to be implemented to attract and retain nurse educators. Poor salaries were identified as one of the factors that contribute to attrition. PNEI fail to attract and retain nurse educators because nurse educators have better opportunities outside the teaching environment. They leave and get employed at a higher rank and salary in the clinical environment like becoming operational managers. The salaries for managerial posts in clinical areas are higher at entry level than that of the nurse educator. This prevents the PNEI from retaining nurse educators and this causes high attrition rates.

Chapter 5 presented the recommendation, limitations, and conclusion of the study.

5.3. Recommendation

The study findings identified the following recommendations that could be applied to improve attraction and retention of nurse educators and reduced the rate of attrition at the selected PNEI.

5.3.1. Recommendation to the nursing education institution

- Formal orientation, induction, and mentoring are keys to create a conducive work environment, hence new nurse educators can undergo the process to retain nurse educators and reduce the rate of attrition.

- There should be a support system at the college in the form of a counsellor who can support new nurse educators with issues relating to adjusting to their new environment.

- Separation of theory and clinical disciplines. It is recommended that nurse educators facilitate only one discipline and should be given an option to choose the programme they are comfortable to teach. This will boast their morale and help them to properly adjust into their new work environment.

- There should also be a workload analysis and restructuring of activities according to the module credits and this may reduce imbalances in work distribution within departments at the PNEI.

- Improve infrastructure including classrooms, and nurse educator should be given individual offices to promote privacy.

- The PNEI should consider providing sabbatical leave to support nurse educators to further their studies.

- Benchmarking of salaries from other institutions of higher learning and the application of such results may improve attraction and retention of nurse educators and reduce the rate of attrition.

5.3.2. Recommendation to the Department of Health

- The Department of Health should review policies especially the application of OSD to close the gap of salary differences between clinical practice and PNEI.

- At entry level, the allocation of nurse educators' salaries should not be generalised. There should be a grading method whereby nurse educators are renumerated according to their level of qualifications.

- The nurse educators coming from clinical practice should keep their salaries when they come to the nursing education institution.

- The nursing education salary should pegged at the salary of management of the clinical areas.

- There should be a difference between the lecturer Grade 2 and HOD entry level. Money can contribute to the happiness of individuals, and the amount one earns improves one's self-esteem.

- Compensation of lecturers should be according to their level of qualifications and specialities because post basic teaching requires a post basic qualification, hence nurse educators with other specialties need to be remunerated for such.

- Nursing education need should recognise as a scarce skill which requires higher incentives, lecturers who are productive in research should be given a 5 in their PMDS rating and be compensated for their achievement.

- The organogram of the PNEI should be widened to allow for progression from junior lecturer, lecturer, senior lecturer, then HOD.

- The enrolment of students should be revised to manageable size according to the student: nurse educator ratio.

5.3.3. Recommendation for further research

The attrition of nurse educators has been researched, but the shortage of nurse educators worries many scholars in the nursing profession. Thus, further research should be conducted based on the following:

- Development of strategies, guidelines, programme for attracting and retaining nurse educators.

- Assessment of knowledge regarding attrition of nurse educators amongst managers in PNEIs.

- Investigations of the level of job satisfaction regarding salaries amongst nurse educators in PNEIs in South Africa.

5.3.4 Recommendations for nurse educators

- Newly appointed nurse educators should be offered guidance on lesson preparation and designing lesson plans before going to class by management and experienced nurse educators.

- Nurse educators should be empowered and given a platform to participate and express their ideas without fear in the development of learning materials and assessment tools.

- The number of lecturers available to facilitate learning should correlate with the number of students to be taught. This will reduce workload and help to prevent resignation of nurse educators which leads to high attrition rates.

- HODs should ensure that new nurse educators are given support, orientation and mentoring to improve nurse educators' self-confidence and self-esteem.
- Workload analysis and restructuring of activities according to module credits will ensure fair and equal distribution of work within the PNEI.

5.4. Limitations of the study

The study findings cannot be generalised as the study was contextualised within a selected PNEI. Therefore, the result cannot be transferred to another setting.

5.5. Conclusion

Low salaries, lack of orientation, induction, and mentoring, poor support system from colleagues and managers, increased workload due to large student intakes are are factors that lead to the high rate of attrition of nurse educators.

This study revealed that most nurse educators who left the PNEI now occupy managerial positions in clinical practice. The identified factors should be addressed so that the nurse education system does not continue to experience staff shortages due to the high rate of attrition.

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Annexure A: Ethical Clearance

ETHICS APPROVAL CERTIFICATE

RESEARCH AND INNOVATION
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:

Mrs DM Shirinda

STUDENT NO:
11571660

PROJECT TITLE: **Factors contributing to attrition of nurse educators at a Gauteng Public Nursing Institution.**

PROJECT NO: SHS/20/PDC/42/3009

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Dr SA Mulondo	University of Venda	Supervisor
Prof. NH Shilubane	University of Venda	Co - Supervisor
Mrs. DM Shirinda	University of Venda	Investigator – Student

Type: **Masters Research**

Risk: **Risk to humans, animals, environment, or a sensitive research area**

Approval Period: **September 2020 – September 2022**

The Human and Clinical Trials Research Ethics Committee (HCTREC) hereby approves your project as indicated above.

General Conditions

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

- The project leader (principal investigator) must report in the prescribed format to the REC
  - Annually (or as otherwise requested) on the progress of the project, and upon completion of the project.
  - Within days in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.
  - Annually a number of projects may be randomly selected for an external audit.
- The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the REC. Would there be deviated from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.
- The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date, a new application must be made to the REC and new approval received before or on the expiry date.
- In the interest of ethical responsibility, the REC retains the right to:
  - Request access to any information or data at any time during the course or after completion of the project.
  - To ask further questions; seek additional information; require further modification or monitor the conduct of your research or the informed consent process.
  - withdraw or postpone approval if:
  - Any unethical principles or practices of the project are revealed or suspected.
  - It becomes apparent that any relevant information was withheld from the REC or that information has been false or misrepresented.
  - The required annual report and reporting of adverse events was not done timely and accurately.
  - New institutional rules, national legislation or international conventions deem it necessary

ISSUED BY:
UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE
Date Considered: August 2020

Name of the HCTREC Chairperson of the Committee: Prof MS Maputle

Signature: _____

Director Research and Innovation

Signature: _____

UNIVERSITY OF VENDA
OFFICE OF THE DIRECTOR
RESEARCH AND INNOVATION
2020 -10- 0 3
Private Bag X5050
Thohoyandou 0950

Annexure B: Application Letter of request for permission

77 Sunningdale Street

Kibler Park

Johannesburg South

2091

Chris Hani Baragwanath Nursing College

Private Bag X 05

Bertsham

2013

Tel: (011) 983-3000

Fax: (011) 983-3091

Enquiries: Mrs DM Shirinda

Telephone: 011 983 3067

The Principal

Chris Hani Baragwanath Nursing College

Dear Madam

Re-request to conduct research at Chris Hani Baragwanath Nursing College

Research topic: **Factors contributing to attrition of nurse educators at a Gauteng Public Nursing Education Institution**

Throughout the research

➢ I will ensure that confidentiality of the information of the participants maintained.

➢ My study will not interfere with the working hours of the college.

➢ I will obtain informed consent from the participants.

Yours sincerely

Mrs DM Shirinda

The Researcher

GAUTENG PROVINCE
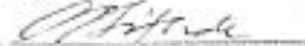
REF. NO.: 2/2/2

Enquiries: Ms P.C. Sithole
Tel: 011 983 3002
Email Address: cordial.a.sithole@gauteng.gov.za
09 December 2020

TO: MS. D. M. SHIRINDA

FROM: MS P.C. SITHOLE – CAMPUS HEAD

           CHRIS HANI BARAGWANATH CAMPUS

SUBJECT: PERMISSION TO CONDUCT RESEARCH AT CHRIS HANI BARAGWANATH CAMPUS

You are hereby granted permission to conduct the study at Chris Hani Baragwanath Campus on Factors contributing to attrition of Nurse Educators at a Gauteng public NEI.

Kind Regards

Mrs P.C. Sithole
CAMPUS HEAD (CHBC)

09/10/2020
Date

CHRIS HANI BARAGWANATH NURSING COLLEGE
Private Bag X 05, Bertsham 2013. TEL: (011) 983 3000, FAX: (011) 983-3091

ANNEXURE D: Information Sheet for Prospective Participants

RESEARCH ETHICS COMMITTEE

UNIVEN Informed Consent

LETTER OF INFORMATION

Title of the Research Study: *Factors contributing to attrition of nurse educators at a Gauteng public nursing education Institution*

Principal Investigator/s/ researcher: *Shirinda Daphney Mihloti, BCUR HON*

Supervisor/s: *Dr SA. Mulondo and Prof. NH. Shilubane*

Brief Introduction and Purpose of the Study: *There is high attrition of nurse educators at the selected public nursing college in Gauteng Province. Nurse educators have left the institution within two years of employment. This study seeks to explore and describe factors that contribute to attrition at the selected public nursing education institution in Gauteng Province.*

Outline of the Procedures: *Participants should understand the purpose of the study. Once the purpose, benefits and the risks of the study are explained, participants signed an informed consent form. It is the responsibility of participants to participate on their own without coercion. A semi-structured interview was conducted at the participant's offices in their new work environment to ensure privacy and confidentiality. cess is research are implemented.*

Reason/s why Participants May Withdraw from the Study: *Participants participate voluntarily and should they feel uncomfortable they are free to stop participation without fear of punishment.*

Remuneration: *There is no remuneration for participating in this study.*

Costs of the Study: *Meeting with participants who left the institution will cost them transport money to come to the interview venue.*

Confidentiality: *Data given by the participants will be known only by the researcher and the information will only be used for this research. The data collected from participants has been stored electronically with a password and the password is only known by the researcher.*

You move between the past and future tense in this form. If the form was filled before the study, I suggest you consistently use the future tense.

Annexure E: Consent form

CONSENT

Statement of Agreement to Participate in the Research Study:

I hereby confirm that I have been informed by the researcher, (*Daphney Mhloti Shinnda*), about the nature, conduct, benefits and risks of this study - Research Ethics   Clearance Number: SHS/20/PDC/42/3009

- I have also received, read and understood the above written information (*Participant Letter of Information*) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, and initials will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerized system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.

I understand that significant new findings developed during this research which may relate to my participation will be made available to me.

Full Name of Participant	Date	Time	Signature
I Jacqueline Ngidi	02/03/2021	13h00	*(signature)*

(*Name of researcher*) herewith confirm that the above participant has been fully

Informed about the nature, conduct and risks of the above study.

Full Name of Researcher

D. Shinnda   Date 02. 03. 2021   Signature _____

Full Name of Witness (If applicable)

_____   Date _____   Signature _____

Full Name of Legal Guardian (If applicable)

_____   Date_____   Signature_____

Annexure F: Transcripts

Data transcription

Key : R – Researcher

P- Participant

Participants 1

R: Good day ma'am. How are you? As I have I will interview you on the study topic that I have indicated. This interview will take ± 45-60minutes of your time. You are free to express your feelings anyhow in this interview as confidentiality will be maintained on all information regarding what we will discuss in this meeting. Again, thank you for agreeing to be part of this study. To start with, please tell me about yourself.

P: I am 45 years old, working at the Mpumalanga nursing college. Coming to Bara was a plan to go back to the public sector. I was working in Mpumalanga for a Non-Government Organisation (NGO). There is no job security there. I wanted to come back to the Department of Health. There were posts advertised for Bara nursing college. I applied, then came for an interview and I was employed from November 2017 to October 2018.

R: Oh, that was great news, I hope.

P: Yes, it was. I took the risks of leaving my kids and my husband at home.

R: Hmm, so what do you think are factors that contribute to attrition of nurse educators at this public nursing education institution?

P: It is very tough to work in this college. It was for the first time I worked as a nurse educator. There was little time to do formal orientation. Though I did get support from my colleagues and my manager. I didn't get proper orientation as to how things are done as I was teaching for the first time. The lecturer assigned to assist me was also new and was also leaving the college. I had to start on my own with class and clinical accompaniment of 15 students.

R: Tell me more.

P: The first 2-3 months it were hectic (*Sighing and shacking her heard*). In my department, we do both clinical and theory. The theory block and the clinical block run concurrently as you have students from D4 (Four-Year Diploma in Nursing: General, Psychiatry, Community and Midwifery Nursing) and the bridging course. So, if the bridging course students are in

clinical practice, the D4-3 students are in class. You will have content to teach in class and you have student allocated to you to accompany while you have content in class.

R: Please elaborate on what you mean by teaching theory and clinical.

P: I mean Madam, I have 15 students to fiddle between class and clinical. I have a portion of students to accompany, and I also have content assigned to me to teach the other group of students. So, I must present in class the content which I don't understand as I didn't have enough time to prepare. Students would ask me questions which I didn't have an answer and I would say let me do research, I will come back to you. It was so frustrating (*sobbing*). If I had a class the following day, I wouldn't accompany the students so I can have time to prepare, this was depriving the other students time to be accompanied for clinical practice.

R: Hmmm, I understand.

P: The only time I would accompany the students was only on Friday, and it was said Friday is the day for admin but that was the only day I would go to the students because no class on Saturday then I would prepare for my Monday class.

R: What could have been done for you to ease you into this new experience?

P: I didn't even get mentoring. I started teaching before I got to the induction program. I was replacing someone who left, and all her duties and activities were given to me. I was made to be a co-ordinator of clinical on my first term of work *(looking down and sad)*. I was asked to create clinical tool for assessment of the rating scale of 1-2. When I asked how it was done, I was told the way I see it right. I called a meeting to get inputs from the lecturers, I was agreeing on everything they were saying as I didn't know what was right and wrong.

R: So, you were all by yourself.

P: Yes, every time I went to the Head of Department (HOD) to report that I am not coping, the HOD would say there is nothing she could do. We ended up exchanging words badly and I became aggressive and that is when my issues were attended. And I'm fearing that as I am leaving the same treatment will be done to those who are coming.

R: You think so?

R: Yes, there is no proper mentoring here. The lecturer assigned to me was unable to help me, maybe she didn't know what to do. When I came to the college, I knew the type of work I'm going to do, that is teaching students. I worked for 20 years as a nurse. My experience was not considered.

R: Ok, what do you mean about your experience not considered?

P: I mean when I came here, I was told that my salary will start at entry level as I didn't have experience in nursing education. I didn't get the relocation allowance; I was told everyone is moving. I needed a place to stay as I was coming from Mpumalanga. They told me they do not cater for accommodation. Where I came from there are cottages where lecturers stay. I stay somewhere where the rent is expensive. The money that I'm getting is not adequate to keep me leaving the best of my life. The salary is too small compared to the work that I do as a nurse educator. They do not consider your level of experience as a nurse. The other thing is that in other provinces, there is rural allowance which boost your salary. Nurse education has a lot of work to be done, and if you love what you are doing you continue irrespective of the money that you get.

R: I hear you. That brings us to the next research question: What do you think the public nursing education institution can do to attract and retain nurse educators?

P: The managers have to take lecturers seriously. Induction program should be done thoroughly for the whole month. Orientation from the department should be given adequate time, there is too much information given within a short period of time. The orientation program should take the new lecturer to everything within the college including how to compile a lesson plan. Mentoring should be done effectively by someone senior and experienced. The salaries need to be relooked and consider the years of experience the lecturers have in clinical practice; this is not considered here. OSD is also a problem in nurse education as it is not considered as a speciality. A general nurse who has worked more than 20 years in clinical practice earns more than a lecturer. The nurse educators need to be reimbursed for their qualifications.

R: Why did you leave the college?

P: Now they have posts in Mpumalanga, and they have taken me there I'm taking a transfer back home.

R: Thank you so much. I hope this study will assist to ease the fears that you have as you said that you fear new educators may experience what you went through.

Participant 2

R: Good day mam. How are you? As I have explained, I will interview you on the study topic that I mentioned to you. This interview will take ± 45-60minutes of your time. You are free to express your feelings anyhow in this interview as confidentiality will be maintained on all

information regarding what we will discuss in this meeting. Again, thank you for agreeing to be part of this study. To start with, please tell me about yourself.

P: I am a 40-year-old working at a military hospital. I have 8 years work experience in clinical nursing. I worked mostly in the primary health care centres, and municipal clinics as a professional nurse. I wanted to pursue my career in nursing education that is why when I saw the advertisement for lecturer at CHBNC I applied and was employed in January 2018 until October 2018 when I resigned.

R: What do you think are factors that contribute to attrition of nurse educators at this public nursing education institution?

P: My first day to class I went alone. I was not orientated as to how to do lesson plans and how to teach in class. I was not given time to observe a lecturer teaching in class. Students asked me questions and I couldn't answer them. The HOD came in the middle of my presentation and she was just on top of me. Reprimanding me in front of the students that I mustn't do this and that. But I wasn't shown anything in the beginning. It felt very bad. I was not given support at all. I felt like I'm not being welcomed and accommodated in this field. My first exposure in class was too bad.

R: I understand, what more can you say?

P: There is a spirit of ownership in the management. The manager doesn't take anything from the lecturers. There is an autocratic leadership style of which the manager's word is final, inputs from the lecturers are not taken. I didn't get support from my manager. I remember one day she came to class, and she treated me like I am an experienced lecturer.

R: Oh, what do you mean by that?

P: Because she told me that I am a disaster, but I did ask her to come to class and she didn't come. And another thing is that these managers are all old, most of them they are above 50 years. They will leave the institution any time soon leaving the college without sharing their expertise with the young ones. And ma'am, the way the post is advertised is so misleading because it will say for Level 1 you need 4 years of clinical experience and for Level 2 you need 10 years of clinical experience. Then you apply and you get the job hoping you will be considered as Level 2 due to the years of experience that you have. Only to find that your salary is of entry level when you have more than 10 years of experience. You apply because of what you have seen in the advert, then you are shocked when your salary must be taken down because you don't have experience in nurse education.

R: Oh, I understand.

P: The salary is not fair for nurse educators, you produce a nurse, and you get the same salary as the student that you have taught when they complete. The child gets the money that equals to the mother. And here ma'am (shaking her head), there is a lot that a nurse educator does, for example lesson preparation, presentation or lecturing students, setting of test and examination, and marking. The college has a large number of students which makes it difficult to reach them. Individualised teaching cannot happen. You will only know a few students who participate in class.

R: Ok Ma'am. **What do you think can be done by the institution to attract and retain nurse educators?**

P: Let the managers improve support to the newly employed nurse educators. The salaries are very low compared to the work the lecturers do. The institution needs to recognise the years of experienced of nurse educators.

R: Why did you leave the college?

P: The distance that I travelled from Tembisa to CHBNC was long. I struggled to keep up with the finances. I had to use my savings to be able to come to work. The salary that I was getting at the college couldn't maintain my travelling cost and my family needs, so I left and where I am, I earn a better salary in a conducive work environment.

R: Thank you very much. I hope this study will bring change in the nursing education institution.

Participant 3

R: Good day mam. How are you? As I have explained to you, I will interview you on the study topic that I mentioned to you. This interview will take ± 45-60minutes of your time. You are free to express your feelings anyhow in this interview as confidentiality will be maintained on all information regarding what we will discuss in this meeting. Again, thank you for agreeing to be part of this study. To start with, please tell me about yourself.

P: I'm a female of 50 years of age, employed by CHBNC on first February 2018 to October 2019. I've been in nursing for 30 years, nurse education for 20 years, worked in hospitals like Ngwelezane Hospital, Nkonjeni Hospital, Eshowe Hospital, St Mary's Hospital, Netcare, Mediclinic, Arwyp Hospital, Life Heath Care.

R: What do you think are factors that contribute to attrition of nurse educators at the public nursing education institution?

P: Salary is peanuts, below leaving wage, I didn't see myself retiring in that institution. Acknowledgments, incentives for good work is not there. Your uniform is very expensive, please find the other affordable provider. With the salary that I earned, it was difficult to buy the uniform which is up to standard. I got a better job from home with much better salary than yours.

R: Oh, Ok ma'am what else can you say?

P: My orientation and induction were fair. I was ushered and supported by all lecturers, I was the most favoured, but please include the hospital tour including offices, Bara is huge, accommodation not bad, in service training and development should be done. Mind your language, in-service and couching on good communication skills.

R: Please, tell me more about what you have just said.

P: Ok ma'am. I mean positive attitude, hello, thank you, sorry, and respect. Regular meetings, to share experiences, not to have 1 meeting in 6 months with no minutes. Well-furnished offices for individual lecturer, not sharing. I was so comfortable until I have shared the office with someone, confidentiality and privacy are very important. The sharing of office compromised my respect and dignity.

R: OH, I understand.

P: Then relationship ma, am…… Oh My God, relationship with staff in that college is toxic, you have poor communication skills, there is an element of hate within yourselves, I remember when I came there, tried to introduce secret pal, there were colleagues who didn't want to participate, and I was shocked. You need to learn to love and appreciate one another.

R: Why did you leave the college?

P: I'm leaving you guys because I feel I can't continue pretending that everything is normal when it's not. I'm not good in pretending, you didn't even give me exit interview. And this job is stagnant, no growth, no promotion, monotonous, not interesting. The selection criteria for students are frustrating and draining, you take any Tom, Dick and Harry to training, these students can't even understand English, you need to employ English teacher, it's stressing for lecturer. I don't know if they even have matric certificates. You need to invite motivational speakers to help you.

R: Thank you very much. I hope this study will bring change in the nursing education institution.

Participant 4

R: Good day mam. How are you. As I have explained to you, that I will interview you on the study topic that I mentioned. This interview will take ± 45-60minutes of your time. You are free to express your feelings anyhow in this interview as confidentiality will be maintained on all information regarding what we will discuss in this meeting. Again, thank you for agreeing to be part of this study. To start with please tell me about yourself.

I am 32 years old and joined the college in May 2016 and transferred to Sebokeng hospital in June 2019. In my first days of work, it was very scary, but I adapted as time went on. I did get proper orientation from my manager and the staff. I love working with the students. It brings a mood of satisfaction when you see them growing into the profession. I was never overworked at the college as I could plan and execute my work according to my pace. I loved my work because I worked independently without someone putting pressure on me. I was a clinical lecturer, so I had ample time to plan my accompaniment program. It was so satisfying to see the results of your work at the end of the year and your students have pass. That was the moments I will miss in the college.

R: What do you think are factors that contribute to attrition of nurse educators at the public nursing education institution?

P: The unit manager earns more than the nurse educator. The work environment was not conducive for me. I spent a lot of my money for petrol as I'm lived far from the college. It was difficult to keep myself financially stable with the salary that I was earning. I had to leave because the salary was too low, and I got a better job as an Operational Manager (OM) in the hospital near me.

P: To answer your question properly ma'am, they need to improve the entry level salary. They should regard nurse education as a speciality like trauma and PHC. Most nurse educators have specialities and a lot of experience, but the experience and the qualifications are not recognised. The OSD has been poorly implemented and it prevents the nursing education institution from having quality lecturers. In clinical practice, your scale goes hand in hand with your experience. You study a lot for you to become a nurse educator.

R: I hear you. What do you mean by studying a lot?

P: I mean you study 4 years for basic Diploma then 3 years for BCUR degree, you also study for a speciality course. All these years of your education you are not remunerated accordingly. And the ratio of student to lecturer is very high. You have 300 students at a time. You are unable to reach all of them. They end up being poorly trained as you missed the individuals with problems due to the high numbers, the college is focusing on producing large number of nurses who are poorly trained. They look at quantity versus quality. The nurses produced in this instance, do not have quality nursing skill. They cannot stand on their own hence there are lot of litigation in the Health Department.

R: Ok tell me more about this litigation, any sort of personal experience in that regard?

P: Where I'm working now there is poor record keeping and these nurses, they don't know the importance of recording. If they feed the patients, they don't record what they fed the patient and when was the patient fed. They record on medication chart that they did administer the medication, but you will find the medication next to the patient. The nurse education institution should reduce the number of student intake so quality nursing can be produced with proper education and training. The curriculum of the D4 training is so packed with modules. I think the training should be based on general nursing which will maybe improve quality nursing care.

R: Hmm, I understand.

P: In the college, there is no movement to higher post whereas in the hospital you can be an OM, Deputy Director, Assistant Director and a Chief Executive Officer (OM) of the hospital. Your profile grows when in the hospital than in the college which is so stagnant. In the hospital your experience as a nurse is considered for an upward movement into the hierarchy whereas in the college, for you to be an HOD, it can take you the entire 20 years and you might retire without getting there. Nursing is broad but the college doesn't offer adequate chances of growth and promotion.

P: Another thing is that my years of experience as a clinical nurse were not considered. They said I should start at entry level because I don't have experience in nurse education. They take your scale down if you come with a higher salary. Experienced nurse educators who are in clinical practice will not come to the college to teach because of the salary. And for the nurse educator to be effective in his or her teaching, the clinical practice is the one that equip them to be able to teach.

R: I see. So, **what do you think can be done by the public nursing education institution to attract and retain nurse educators?**

P: They should take the old experienced nurses with their scale in order to attract nurse educators. They should increase the entry level salary to be in the managerial or specialist nurse's level at the hospital then they will retain nurse educators. They must reduce the number of students to be at the level of a manageable size according to lecturer's number for quality training.

R: Thank you ma'am. We have reached the end of our conversation. Hope the study will help to address issues regarding nursing education.

Participant 5

R: Good day mam. How are you? As I have explained to you, I will interview you on the study topic that I mentioned. This interview will take ± 45-60minutes of your time. You are free to express your feelings anyhow in this interview as confidentiality will be maintained on all information regarding what we will discuss in this meeting. Again, thank you for agreeing to be part of this study. To start with, please tell me about yourself.

I am 49-year-old trained in Ann Latsky. I qualified to be a professional nurse in 2009. I worked in the labour ward of Coronation Hospital now known as Rahima Moosa. I have a BCUR degree, and I wanted to pursue my career as a nurse educator. I applied at the nursing college and I was employed in 2019 February and I resigned in November 2019. I only worked for 9 months.

R: What do you think are factors that contribute to attrition of nurse educators at the public nursing education institution?

P: Eish to me ma'am, the college was very stressful to me. I am an old-fashioned person. I couldn't understand technology. I couldn't cope and couldn't learn quickly, and no one understood my challenge. I started to be sick, I developed hypertension and I have marriage problems which increased my stress level.

R: Oh ma'am, I'm so sorry about that.

P: To make lesson plans, I was assisted by one of the lecturers and my son. And there are so many students in the college to teach, that was another challenge as a new lecturer. The preparation of lesson plans, teaching and marking of students' assignments and tests was too much to such an extent that I had to take work home. This was too much for me.

P: Furthermore, ma'am, I wasn't orientated as to how things are done at the college. No one took me to class. I was by myself on the first day of my teaching. I felt very little and stupid. I

wasn't given an opportunity to witness or observe the other lecturers teaching. I didn't get support and I was also ashamed to ask.

R: I hear you Ma'am.

P: One lecturer came the following day and only stayed for 15 minutes then she left. My manager was busy with the curriculum thing and she didn't have time for me. I went to the HOD to report that I am not coping. She didn't even listen to my frustrations instead she called me "**uyi vila"** (meaning you are a lazy person). It was like I didn't want to work, she was taking me to her level of understanding (sobbing). I couldn't cope with me.

R: Explain further what you mean when you say you could not cope with yourself.

P: I mean I was like so overwhelmed, and like I did not understand what I was doing. There was no counsellor to help me and to look at people's problem as an individual. No one asked me how my day was. There is no proper orientation, one lecturer had to put her work down at a time just to show me some few things.

R: Hmm.

P: There is no support in the public nursing education institution. You just come to college and you are thrown straight to class. You don't even get direct mentoring to assist you to adapt in the situation. You are coming from the hospital you are used to nursing patients and writing reports, this is a different environment altogether but there is no support. At this time, you are in dire need of support and mentoring but you are just thrown into the pit and swim by yourself *(shaking her head).* There is no one to voice out your problems. Instead, they expect you to know everything.

R: I hear you ma'am

P: There are too many students at the college. This high number of students made it difficult for me to control them. I couldn't give them what they wanted. I sometimes lost memory of the things I had to teach. BNS and midwifery are my best subjects, but I couldn't cope because of the stress of marriage and the work itself.

P: The other thing which made my situation worse ma'am is that there is a lot of work to be done as a nurse educator, but the salary is very low. When I joined the college, my salary went down because I am a Level 1 nurse educator. The drop in my salary affected me a lot. My family, my lifestyle and my children were affected. It also added the stress in my broken marriage. I am the one who was looking after the children. My stress level was increased by the work itself and the salary that I was earning.

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R: Our second question ma'am, **what do you think can be done by the public nursing education institution to attract and retain nurse educators**?

P: There should be a support system in the college, in the form of a counsellor where new nurse educators can be supported. There should be an assistant for technology to assist with the program. There should be a mentor to provide guidance to the newly appointed nurse educators in order to retain them. The college should improve the entry level of nurse educators, this can attract nurse educators.

R: Thank you, ma'am. I hope this study will bring about the difference in what you experienced at the nursing college. This is the end of our conversation.

Participants 6

R: Good day mam. How are you. As I have explained to you, that I will interview you on the study topic that I mentioned. This interview will take ± 45-60minutes of your time. You are free to express your feelings anyhow in this interview as confidentiality will be maintained on all information regarding what we will discuss in this meeting. Again, thank you for agreeing to be part of this study. To start with, please tell me about yourself.

P: I am 32-year-old nurse trained at North West University. Now I'm working in Sefako Makgatho Health Sciences University under the department of School Health Sciences as a lecturer. I have 7 years of clinical practice. I was employed at the college in January 2018 and left the college in November 2020.

R: What do you think are factors that contribute to attrition of nurse educators at the public nursing education institution?

P: Oh, that ma'am, (laughing). There is no recognition of qualification in the nursing college. I am a trained advanced Midwifery. I have Masters in midwifery nursing and was classified as a junior lecturer. The skills that I acquired during my 7 years of clinical practice are the ones that I applied in my teaching. I was teaching midwifery which is my speciality and I enjoyed being with the students.

R: I'm listening.

P: Yes ma'am, my experience was not considered including my qualifications. They started my salary at entry level which is Level 1 because I didn't have experience in nurse education. Nursing is more practical and for you to be able to teach students you need the skill which you acquire during your nursing care practice.

R: Hmm.

P: When I came to the college my salary remained the same with some benefits which I used to receive in my previous work being removed. This resulted in a drop in my income and then I had to adjust my lifestyle in order to cope with the salary that I was getting. I couldn't afford most of the high standard life which I used to live when I was still in clinical practice. And I love the college and working with the students was amazing and I was placed on my speciality which is midwifery. Yes ma'am…The large number of students made it difficult to have close interaction with most of them and it doesn't allow didactic influence as it also doesn't allow the use of different learning strategies except lecturing. Students are different and they need individualised attention. There are more than 300 students in class. Imagine their marking, it was very difficult. You wouldn't finish marking their scripts within the 8-hour period of duty. So, you have to take them home. You work 7 days a week. I wasn't orientated on how to make lesson plans, I had to hit the ground hard. It was fortunate that my experience during training and after completion and working in labour ward has assisted me a lot in teaching. Otherwise, I was put on the pool to swim by myself.

R: Oh, I understand, how did the lack of orientation affect you?

P: When I was given students to accompany, I wasn't even shown where Stretford Clinic is. I had to find the place by myself. Only during the second week of clinical accompaniment when I was given document to follow when teaching clinical procedures then I was able to emphasize to my students. I just applied my experience in order to find my way at the college. I did get support from the BNS site. Midwifery nothing was done to support me. I only had and an encounter with my HOD when she had to moderate my test paper. I was never shown how to set that paper. And my manager was just there to fill the post. She didn't even ask me how I was coping. I realised most of them (managers) have not much to say as managers in the college. They are unable make decisions and act on them. Everything falls in the hands of Human Resource. They cannot motivate for better salaries. The salaries don't match the skills and the qualifications that I have.

R: Hmmm, I get you.

P: To add more on that ma'am, there is no growth in the public nursing education institution. It will take you 14 years to become an HOD. There is no promotion to higher level, that's why I had to move out and look for other options that will provide academic growth. Where I am now, I am a lecturer, I will move to senior lecturer as I grow in my studies, I will be a professor and earn big (laughing).

R: I see. So, **what do you think can be done by the nursing education institution to attract and retain nurse educators**?

P: They need to review the salaries of nurse educators because nurses in clinical practice with specialities are earning more than their colleagues in the college. Nurse education is so demanding with lots of work to be done, hence salary need a relook. There should be a better way of grading the nurse educators, like junior lecturer, lecturer, senior lecturers. This will allow growth and improve the chances of promotion, then more nurses can be attracted to come to college.

P: And again ma'am, they should recognise the qualifications of people with better salaries according to their level of education, this is an academic institution, but the qualifications of lecturers are not recognised. The large intake of students at a time should be reduced to allow proper learning and clinical practice. They should look at the number of lecturers available to teach the students not to bombard the lecturers with more students without adequate human resources. The large number of more than 300 students results in poorly trained nurses with poor clinical judgement. The nursing education institution should adapt to the strategy of having a manageable number of students who will be competent in their work. But in this situation, quantity override quality.

R: Explain more about the quantity overriding the quality.

P: I mean more nurses are produced but they are not adequately trained. Let the management occupy some place in their sit of power and be change driven to move nurse education forward with proper training. Infrastructure should be improved, the only bigger class to accommodate most of the students is only the auditorium which is one at the college. With this large number of students, you need to break them into two groups which now increases the workload of the lecturer to teach one content at 2 venues at different times. This is so exhausting and draining to the few lecturers in the college. The learner management information system should be actively used to reach the students with ease. Most of all, recognise the qualifications of lecturers, there are nurse educators with doctoral qualifications but earning at a lower level of entry level salary depending on when you entered the institution. Nurse educators have passion to teach students, but passion doesn't pay the bills (laughing).

R: Thank you. This marks the end of our interview. Hoping the study will help address these issues and maybe changes can take place.

Participant 7

R: Good day mam. How are you? As I have explained to you, I will interview you on the study topic that I mentioned. This interview will take ± 45-60 minutes of your time. You are free to express your feelings anyhow in this interview as confidentiality will be maintained on

all information regarding what we will discuss in this meeting. Again, thank you for agreeing to be part of this study. To start with, please tell me about yourself.

P: I am 50 years old and started working as an Enrolled Nursing Assistance in 1991. I have 29 years of experience as a nurse. I started working as a professional nurse in January 1998. I wanted to pursue my career in nursing education then I applied to the college. I was employed in November 2013. I worked there for 4 years and resigned to join the South African Military Health Services (SAMHS) in October 2018.

R: What do you think are factors that contribute to attrition of nurse educators at the public nursing education institution?

P: Ok ma'am Mmm…. the factors that contribute to attrition in public nursing education institution is because there is lack of academic development and motivation to remain there. The environment in the nursing education institution is not conducive to work there instead it demotivates and demoralises the lecturers. The managers do not motivate the nurse educators to stay, hence the lecturers leave the institution, and this increases the attrition of nurse educators because as they leave there is no replacement. There is lack of human and material resources hence the environment is not conducive to work. There is also lack of teamwork in the college, there are more than one college in the college.

R: Ok, my dear. What do you mean by having more than one college in one institution?

P: This is because each HOD has her own way of doing things like how to prepare lesson plans and Power Point. This makes the lecturers to always start from the scratch and it increases the workload of the lecturers. There is favouritism in the college, it increases the pressure to other lecturers who are not favoured. There is lack of development and auditing in the college which can reveal the professional profile for the lecturers. The college does not give a chance of professional growth and promotion. When posts are advertised, they should start with internal staff before they move to external candidate. Instead, more of the higher posts are given to external candidates while in the institution there are lecturers who have the same qualifications and experience.

R: I understand what you are saying.

P: Yes, (nodding her head). The work environment is not conducive to work. There is no teamwork amongst the lecturers, they do not work together everyone pulls in their own direction. There is no regular interdepartmental meeting, whereby lecturers can share ideas. The sharing of offices is also a problem as it invades the privacy of each lecturer.

P: And in my department, we used to do both clinical and theory. This was a very stressful situation for me. Today you are in class tomorrow you are in clinical practice. Accompaniment was done at different hospitals. All the activities were requiring mind of adapting to changing environment of class and clinical practice from one hospital to another, this was really draining one's energy (raising the eyebrows). This working condition was so unfavourable, and it led to unnecessary increase in the workload with the large number of students which we have. Our D4-3 students were more than 300 and there was confusion as to how to divide them in order to fully accompany them today and to be in class for the Bridging Course the following day. I couldn't have quality of time to prepare for class tomorrow as today you are exhausted by clinical accompaniment. Most of the clinical accompaniment was compromised and clinical practice is crucial in nursing in order to produce quality nurses. I just fear that the product of our nurses might be incompetent leading to medico-legal hazards due to poor nursing care.

R: Oh, in this situation, what made the matters worse during your stay at the college?

P: My first day in the college was so unbearable. I felt so unwelcomed and isolated as the group of lecturers will continue to work without even noticing my presence. The induction program was so poorly planned. We were bombarded with lots of information within a period of one week. In my department, I felt like a stranger. There was no support from all angles, HOD or lecturers. No one showed me how to do a lesson plan or how to draw an accompaniment program, to create and send an email or how to make a class attendance register. The way things were so bad, I felt like going back to clinical practice where I know what to do and how to do it. With my experience, I felt so unwanted at the college.

R: I understand, is there anything else, you can expand on?

P: Yes, my dear. When I accepted the appointment at the college, they wanted to take down my salary. I had to fight using the union to say somebody's salary cannot be taken down. I was told my salary has reached the grandfathers claws as I came as a transfer. Should I have resigned and came as a new employee my salary would have started from entry Level 1 which was very low compared to the salary I was earning as a Chief Professional Nurse (CPN) in the clinic.

And again, the management are there for themselves, they don't care about their junior lecturers. They will never ask you how your first day in class was, are you ok, do you love what you are doing. It seems like no one cares, you are not even given a chance to choose what you can do between theory and practical. I only manage to survive because of my clinical experience and my HOD commented on my teaching after a week when she come to class.

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R: I hope you had good comments from the HOD.

P: Yes, but the workload in this college is so unbearable because of the large number of students. The number of students range to plus minus 300. It was so difficult to control them when teaching in class. The 8-hour working period is not enough to prepare lessons, to set test and assignment and also marking. Most of the work you do it at home and even on weekends. As a lecturer at that college, you no longer had life. Your life is mostly crowded by your work whereby you can work until 12h00 midnight sometimes studying the content for tomorrow. The lack of good rest and sleep also increases your stress level.

There is also a spirit of favouritism at the college whereby managers favour some lecturers over others. If you are not favoured, you will be bombarded with lots of responsibilities while others are idling on duty and have nothing to do. I remember one day we had a meeting about who will go to another hospital to accompany the students. No lecturer from the senior once wanted to go there. I was compelled to go instead of accompanying them to a hospital nearer to where I lived.

R: Hmm I hear you. So, **what do you think can be done by the nursing education institution to attract and retain nurse educators**?

P: The college has to improve the remuneration of entry level nurse educators. The clinical experience of lecturers should be considered. They should improve the working conditions of lecturers by ensuring that each lecturer has his or her own office, own computer and printer. The college should beef up the staff to be in proportion to the number of students trained at any given moment. Support system from the management, the HOD and the team should be improved to retain newly employed nurse educators. Proper orientation with adequate time should be done regarding the academic activities and expectations. Nursing education is a speciality and should be recognised as such in remuneration to attract and retain nurse educators.

R: Why did you leave the college?

P: I left because of the poor working conditions and sharing of offices which was invading my privacy. Lack of human resources and material whereby you find yourself doing the work of two or more people because of shortage. The remuneration is very low, where I am now, I get more salary with instructor's benefit which was not there at the college. Salary is not adequate hence I left.

Participant 8

R: Good day ma'am. How are you? As I have explained to you, I will interview you on the study topic that I mentioned. This interview will take ± 45-60minutes of your time. You are free to express your feelings anyhow in this interview as confidentiality will be maintained on all information regarding what we will discuss in this meeting. Again, thank you for agreeing to be part of this study. To start with, please tell me about yourself.

P: I am 47 years old with 24 years of experience as a nurse. I have 5 years of experience as a nurse educator. I worked for Life Healthcare before joining this institution on the 31st of March 2016 to 28 February 2018.

R: What do you think are factors that contribute to attrition of nurse educators at the public nursing education institution?

P: There is lack of recognition of previous experience prior to formal lecturing. I was given a salary of entry level because I don't have experience in nursing education. The salaries are very low as compared to those in clinical practice. There are slow or no career progression in the nursing education institution.

R: I hear you ma'am.

P: During my first days at the college, I attended a weeklong general induction which was valuable as I was orientated to the job by my colleague that I shared an office with. I had to ask a lot of questions from different colleagues and often given different responses to my queries. There were no structures in place where one could read up standard operating procedures. This made it difficult to know what is expected of you and how. I learnt by being given more responsibility to coordinate. There is no proper or formal mentoring structure. I was mentored by default by the lecturer who orientated me.

R: How was this experience to you?

P: Working with the students was as fulfilling as it felt like I was making a difference to the learners. I was technologically inclined in my teaching but found there was unavailability the necessary equipment needed for that. In my department, we were doing both clinical and theory. The fact that one had to teach theory and do clinical accompaniments was strenuous and impractical, especially when you were short staffed and had different groups to support.

P: Within the college I enjoyed the support that I received to fulfil my studies although I had to use some of my annual leave to attend lectures. Some colleagues were supportive, but the majority were not. There was a lot of resistance to change in management and amongst colleagues as to when you try to bring new ideas as a new lecturer, and it was not

considered. Most of the lecturers were critical of my different style of teaching, especially incorporating technology. They did not coach or guide me to say this was unacceptable but complained about it behind my back. There were poor communication skills in my department as most of the issues were never directly discussed but mostly wrapped in gossip.

R: I can imagine your situation.

P: Yes, ma'am. At the college, there is no recognition of years of clinical experience and your level of education. The salary that I was earning was not compatible with the years of my clinical experience as a nurse. I was started at the bottom of the scale as if I was a newly qualified nurse. Even when I obtained my masters, there were no prospects of my salary increasing.

R: I get you. Then, **what do you think are measures to be implemented to attract and retain nurse educators**?

P: The college should increase the salaries of nurse educators; this can attract more nurse educators to the college. The previous clinical experience of nurse educators should be recognised to allow for proper salary grading. The college should keep up with the latest technology and innovative teaching.

R: Why did you leave the college?
P: I left for better career progression and better salary.

Participant 9
R: Good day ma'am. How are you? As I have explained to you, I will interview you on the study topic that I mentioned. This interview will take ± 45-60 minutes of your time. You are free to express your feelings anyhow in this interview as confidentiality will be maintained on all information regarding what we will discuss in this meeting. Again, thank you for agreeing to be part of this study. To start with, please tell me about yourself

P: I am 53-year-old who was trained in CHBNC and worked in CHBAH for 22 years. I was employed by the college from January 2014 to February 2019.

R: What do you think are factors that contribute to attrition of nurse educators at the public nursing education institution?

P: The problem in the college is salary. The salary is very low compared to the clinical area. Shortage of staff leads to increased workload to the remaining staff. There is no sufficient effective mentoring strategy in the college whereby you will be mentored until you find a stand in the college. The management doesn't even motivate the staff in the form of incentives for the hard work which they do. When you work, you work for two people not one, but you are not appreciated for that. The 8-hour clock on duty does not cover for the work overload that we have. You even work on weekends and even at night so you can finish the work and meet the deadline, especially for marking of assignments and lesson preparation.

R: I hear you my dear. Explain more.

P: The college salary is not competitive to the salary of nurses in the clinical area. I have a colleague who works in the clinical area with midwifery as speciality earning more money than me. When I came to the college my salary was taken down. When you enter the college, they do not consider your years of experience in clinical nursing. When you are in clinical practice, you teach students as one of the core functions of the professional nurse. But when you come to the college to pursue your zeal of teaching students you are told you do not have formal experience in teaching. The grading of scales in the nursing college differs from the one in clinical setting which allows nurses in clinical setting to higher notches of which the college doesn't have such structure. People move from the college to clinical areas where they are employed as managers, and there is opportunity of growth and promotion.

R: I understand. What other factors can you identify?

P: During my first day at the college, I underwent the induction and orientation program for one week. During this one-week program I was bombarded with a lot of information that I couldn't remember afterwards. The orientation to class and what is expected of me, I was just given highlights, the rest of the things I learned as I worked. For me to be able to stand, the clinical experience has assisted me a lot because nursing is more practical than theory, but my experience was not rewarded. I wasn't supported on my early days at the college. There was no one to listen to your frustrations. When I experienced challenges, there was no one to tell you whether you are wrong or right.

R: Hmmm, I get you ma'am.

P: Furthermore, ma'am, I love teaching the students and I enjoyed it because midwifery is my passion. I also love orientating people to this midwifery subject, because it is my passion, but the college has a large number of students whom you have to balance your work for Dip-

mid and D4. The number of D4 students is extremely high and makes it difficult to control them. These pluses or minus 300 students have to be divided into two groups and you have to teach the same content to these two groups at different times. This was a very stressful and tiring exercise which was also time consuming. The infrastructure of the college is not adequate to accommodate them in one class. The only class with a bigger space is the auditorium. In the auditorium, it is very difficult to monitor students' activities as it doesn't allow free movement between the students. This makes it difficult to reach them. Only one method or teaching strategy was accommodative to this group of students which is lecturing.

R: Ok ma'am, this brings us to our next question: **What do you think are measures to be implemented to attract and retain nurse educators?**

P: The college needs to review the entry level scale to be competitive to that in clinical practice. They should provide a conducive working environment by improving the orientation and mentoring program. A good support system to newly employed nurse educators by managers can help to retain the new nurse educators. There should be enough equipment like laptops, printers, internet and Wi-Fi which is operational.

R: Why did you leave the college?

P: I need more money to survive. I was overworked at the college because of the shortage of staff. The head office doesn't appreciate the hard work that we do in the form of incentives.

Participant 10

R: Good day ma'am. How are you? As I have explained to you, I will interview you on the study topic that I mentioned. This interview will take ± 45-60 minutes of your time. You are free to express your feelings anyhow in this interview as confidentiality will be maintained on all information regarding what we will discuss in this meeting. Again, thank you for agreeing to be part of this study. To start with, please tell me about yourself.

P: I am 45 years old employed by the Gauteng Department of Health working in Edenvale Hospital as an Area Manager. I worked as a professional nurse in Helen Joseph Hospital from 2001-2005. From 2005 to 2010 I worked in Euro as an Assistant Health Adviser. From 2011- 2014 I worked in City of Joburg as a Registered Nurse. From June 2015 to June 2016, I was employed by the college.

R: What do you think are factors that contribute to attrition of nurse educators at the public nursing education institution?

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P: Oh, ma'am money is the problem. The salary scale at the college is very low compared to the market value of the profession. The workload is the same everywhere. Most of the nurses have experience in clinical practice but not in nursing education. Some nurse educators have speciality and clinical experience, but when they come to the college their speciality and experience is not considered. There are limited chances of growth at the college than in the clinical area. I left the college in July 2016 as a clinical co-ordinator now I am an Area Manager.

R: That is good news to hear.

P: Yes, indeed. My first days at the college I was orientated to the environment. My induction and orientation were for 3 days; from there, we were allocated to the department where we are supposed to teach. I was allocated to do Bridging Course. The content was not challenging because I applied my clinical experience. To prepare the lesson plans I was helped by my HOD and other lecturers. My education and experience helped me as to what to do when I'm in the classroom. The students were adults, and they were very participative, so I adapted very quickly. In my level, we were doing both theory and clinical. Since I was teaching bridging course level one, I also have to accompany Bridging Course level 2 and D4-3 for management. This arrangement of work was fairly done because when you are not in class today, you have students that need to be accompanied. We were having a reasonable number of students for clinical accompaniment, but for class, the ratio of lecturer to students was very high because we had 100 students to three lectures.

R: how did this work arrangement affect you?

P: It was a bit hectic when you have to go to class after clinical accompaniment with regard to preparation of content for tomorrow. The 8-hour working period was not adequate to accompany students and prepare for the class of tomorrow. It was a challenge because most of the time the clinical of one group was running concurrently with the theory class of the other group. This was not allowing the lecturer enough time to prepare, so you have to work from home in order to prepare for class. This arrangement resulted in increased workload on me. It was also taking the time to be with my family. The marking of examination for the D4-3 was a problem because the examinations were written when you have the clinical accompaniment of the Bridging 1 and it is their first clinical placement and you have to be there for them. This was very hectic and exhausting, I couldn't cope with this plan.

P: To make matters worse, I didn't get orientation on hospital layout where I was allocated. The senior lecturer who was orientating me was also having her own students. I was only shown the tool that this is what you will do. I must check on the tool and ask the senior

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lecturer for clarity, that was for two days and on the third day I have to take my students on. During summative assessment, you must assess students in different hospitals where you must drive to go there. The thing is, there is no formal structure as to how to divide the students for clinical accompaniment, you must juggle around as the lecturer as to how to accompany them. You must find your own way as to how to manage your students.

R: I hear your experience. Then, **what do you think are the measures to be implemented to attract and retain nurse educators**?

P: The nursing college need to recognise the experience of clinical practice of the nurse educators. Professional nurses have an obligation to teach in the clinical area as one of their core functions, and they are doing that but when they come to the college you are told we need formal teaching. Specialities and qualifications of lecturers need to be recognised as this is the core in teaching students. You are able to teach because you went to school and because you have the clinical experience. Salaries should be at par to the work and experience of the lecturers. Salaries are dropped when you don't have teaching experience, this is not right. Lecturers who transfer from clinical areas to the college need to keep their salaries as they are. The college cannot attract people with masters because their level of education is not recognised by the college.

R: I understand, is there anything else to add.

P: Yes, there is ma'am. As for professional growth and the organogram of the college, it is too steep and narrowed to reach the top level. Different levels need to be identified, like in the clinical area a Nurse, Professional Nurse, Operational Manager, Area Manager, and the Nursing Service Manager. The issue of orientation need to be improved especially with regard to clinical procedures. New lecturers need to be taken through to the procedures done on that level, not to take for granted that you know them because you might be working in an area where some procedures are not there, so orientation in the form of videos can assist to make lecturers to remember.

Furthermore, allocation of work should be fair, when I was there, we had 4 groups of students, it was very difficult to plan around these groups. The issue of clinical practice and theory was more problematic. The group of students is so large to such an extent that teaching follows one strategy of lecture method and generalisation. Quality training is compromised to the quantity of the outcome. When you are busy demonstrating to these large number of students, others are playing with their phones only a few students will be participating you cannot reach them all.

There is no support so as to ask you how class was or how do you feel about all this set up. They do not even ask you which area you are comfortable to teach you are just thrown into theory and clinical practice. So, they do not consider your strength and weakness which is very important if you have to teach because you will excel in an area which you are comfortable to teach.

R: I get you. Then, **why did you leave the college**?

P: The work environment at the college is not conducive at all, and when you are not happy you leave. My salary scale went down when I joined the college, and I couldn't cope with my financial demands. I got a transfer to clinical area as a co-ordinator and within 3 years I'm now an Area Manager. You teach students and when they complete, they earn more than you earn. There is no professional growth in the college, all the lecturers wait for one position to be the HOD at some time, that didn't work for me. They need to restructure the organogram in the nursing college. The college need to improve the salary of nurse educators to attract and retain the nurse educators, I left because my salary was too low to maintain my lifestyle compared to the clinical area. To teach so many groups of students in large numbers was a problem for me; a lecturer should have at least one group of students to teach and accompany. There is a shortage of lecturers, I couldn't stay because since I have four groups of students, it was like I was working for four people, but the salary was not saying the same. The lecturer-student ratio was too high for me, I am happy where I am.

R: Thank you ma'am. Hoping that the study may bring about the change you anticipate. This brings us to the end of our interview.

Participant 11

R: Good day ma'am. How are you? As I have explained to you, I will interview you on the study topic that I mentioned. This interview will take ± 45-60 minutes of your time. You are free to express your feelings anyhow in this interview as confidentiality will be maintained on all information regarding what we will discuss in this meeting. Again, thank you for agreeing to be part of this study. To start with, please tell me about yourself.

P: I am 49 years old employed by the Department of Health working at Zola Community Health Centre. I worked as a professional nurse at Helen Joseph Hospital from 1995-2000. From 2000-2014 I worked at Lillian Ngoyi as an advance Midwife. From 2014-2017 I was the OM at Lillian Ngoyi. I resigned when I was employed by the college in January 2018. I transferred back to the clinical area at Zola CHC in January 2019.

R: What do you think are factors that contribute to attrition of nurse educators at the public nursing education institution?

P: I left the college because I was earning less than what I used to earn in the clinical area as an OM. When I was employed, they started my salary at entry level. They didn't consider my experience for clinical practice. I am a nurse educator but at the end I am a nurse. I looked elsewhere for a better salary and I got it now where I am working. The college only considers experience as a nurse educator, for that experienced nurses with knowledge of nursing education will not come to the college, only those who just qualified will apply and stay in the college.

R: I understand you ma'am.

P: My orientation and induction program were fine as I was also orientated by my team. The induction was done by the Human Resource Department and the head office. I didn't have many challenges to work at the college, but you work very hard and I had to take work home. I enjoyed interacting with the students and I was teaching the subject that I was a specialist in, the Midwifery subject. The exposure of working at the college was very good, but money is the problem. To be employed at the college I had to resign from the clinical area and I was employed as Level 1 lecturer earning the salary of entry level which was below the salary that I was getting as an OM. My clinical experience was not recognised, only when you have done formal teaching that is when your salary can be better.

R: How did the change in your salary affect you?

P: The drop in my salary put my life under a lot of stress. The whole two years that I worked at the college was just a nightmare. I had to adjust my lifestyle, the money I earned was below my budget. I couldn't maintain myself financially, I could even run out of petrol money to go to work as it is a bit far from Vaal to college. I was only happy when the students were in clinical areas because it was nearer to where I stayed. You will get paid today and tomorrow you don't have a cent.

R: Was it that bad, getting paid today and tomorrow no cent?

P: It was ma'am. I was allocated to teach Midwifery 200 theory, but I also had to accompany both midwifery 100 and midwifery 200. There wasn't enough time to plan your work evenly within the eight hours. You had to take work home in order to meet the deadline. The trackers (document used to track student's clinical hours) you will consolidate them, check absenteeism and their registers at home. All this work had to be done in order to identify if the student meet the requirement and quality of SANC. It was so hectic.

And the teaching of both theory and clinical practice was a challenge although the students couldn't come to the college at the same time. We have 300 students to teach, it was a large number as compared to the number of lecturers. When one group is in clinical practice, others are in class. In 2019, it was very hectic. The students in class were divided into 3 groups, because there is no bigger class to accommodate them. Some will be in the auditorium because it is the only space which accommodates more students, but it is not easy to monitor their activities because they are many. Students were encouraged to consult if they didn't understand the content. They were a large group with few lecturers. You teach one content three times, it can be two classes today and tomorrow the third one, repeating the same content, it was very hectic. When it comes to marking the 300 scripts, it was too much, marking has to be continued at home after hours. You are always swamped with work and there is no time for family.

R: Hmm, I'm listening ma'am.

P: For clinical practice, I had three groups to accompany 2 groups in Kopanong Hospital and 1 to Sebokeng Hospital. In Kopanong, I had 32 students divided into two groups, at Sebokeng I had 17 students. It was such a large number to such an extent that it was difficult to schedule them and to fully accompany them, because one day I'm in Kopanong then tomorrow I am in Sebokeng. It wasn't easy as you also have to follow them to the clinics alone.

R: What do you think are measures to be implemented to attract and retain nurse educators?

P: The OSD was wrongly implemented in the colleges. I think justice was not done to the nursing colleges. In hospitals and clinics, nurses are being paid for their specialities. I came with my speciality and it was not considered, the college need to recognise the specialities which the lecturers have, then they will attract and retain nurse educators. The entry level should not be generalised because the way it is, lecturers with massive years of experience in clinical areas are treated the same with the newly qualified nurse educator. Professional nurses have a core function of teaching in clinical area, but when they come to college it's not considered. The rating of the experienced nurse educator in the clinical area cannot be the same with the newly qualified nurse educator. The college need to recognise the teaching in clinical area and take it as a formal teaching to reimburse the nurse educator accordingly. The college need to look and compare the salaries of nurse educators because the operational manager earns more than the entry level of the nurse educator, there is a big difference that is why lecturers leave the college for better money in clinical areas. The

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college should remunerate the nurse educators accordingly, then they will retain the nurse educators.

R: Why did you leave the college?

P: Better salary. Good working environment. When you knock off you are off, you don't have to take work home. I am happy where I am. I will never go back to college.

Participant 12

R: Good day ma'am. How are you? As I have explained to you that I will interview you on the study topic that I mentioned. This interview will take ± 45-60 minutes of your time. You are free to express your feelings anyhow in this interview as confidentiality will be maintained on all information regarding what we will discuss in this meeting. Again, thank you for agreeing to be part of this study. To start with, please tell me about yourself.

P: I am 47 years old employed by the Gauteng Department of Health working at Rahimma Moosa Nursing College as a quality assurance officer. I worked as a professional nurse at SANTA which was a TB hospital from 1998- 2003. I resigned in 2003 to work in Standerton as a lecturer teaching pupil enrolled nurses and Bridging Course until 2004. I was employed by the college in 2004 until 2013. In 2014 I worked in Bonalesedi Nursing College to 2015. 2015 to 2016 I worked in SANC as a professional adviser, then I returned to the college as a clinical placement co-ordinator until May 2018. 2019 I was appointed as an HOD of student affairs until April 2019, then I transfer to Rahimma Moosa as a Quality Assurance Officer now.

R: What do you think are factors that contribute to attrition of nurse educators at the public nursing education institution?

P: Career path in the nursing education institution is a problem. The OSD packages does not allow career path and growth within the nursing college. The only growth a nursing college allows is movement within two levels, which is Level 1-Level 2. The college does not support academics and research. The nurse educators are only there to teach students to progress and that's it. Nurse educators' qualifications are not recognised. They may study and publish their studies but cannot be awarded for that. At the college, you find yourself managed by a person who has lesser qualifications than yours, just because they only recognise experience in teaching only. The better way you can manage and monitor the next person is when you have a better knowledge than your subordinate. The effort taken by the nurse educators is not appraised by the college.

R: That's too deep ma'am and interesting.

P: Its true ma'am. There are no adequate resources at the college which include human resources and material resources. This time technology has become widespread, the use of internet makes life easy for lecturers and the students. At that college, there are not enough computers for the lecturers and no WI-FI to access the internet. There is no data base that will help nurse educators to advance themselves. They talk of using blended teaching; how can you practice it without the internet and Wi-Fi for easy access to students and the lecturers. Young nurse educators will not stay at the college because of lack of resources.

P: In addition, structuring of the department is problem. The workload is not fairly distributed. No consideration of the credit of each department when lecturers are appointed. Other departments have a lot of work while others have less workload according to the credit, but with few lecturers. These lecturers will be drowning with the increased workload while others are floating. On the other hand, the workload is further increased by the number of students. The intake of students is very high compared to the number of the lecturers. This makes it difficult to teach in class and to reach all students. With this high intake of students, it increases the workload of lecturers and making it difficult to advance themselves, fearing to compromise the time for preparations and teaching of the students. At least there can be sabbatical leave which can assist the lecturers to study further. Since this is not applicable in nursing education institution, lecturers move to where they can get this kind of leave and improve themselves. Academic growth is difficult at the college.

R: Any additional observations?

P: Another thing is that mentoring is not effectively done at the college. There is no formal mentoring for newly appointed nurse educators. Mentoring assists in imparting the fundamental knowledge necessary to make the new person adapt at a new workplace. The orientation program should formalise in each department. The organisational structure is so diluted, because HODs always bring something new in the institution, hence there is dilution of policies within the college. Then as a lecturer, you end up not knowing what is right and what is wrong.

R: I hear you ma'am.

P: The clinical experience of nurse educators is not recognised in the college. The college treat the lecturer with post basic training the same with those teaching undergraduate diploma. The lecturer teaching post graduate qualifications teach the students which when they complete, they will earn the same salary as their teacher. The OSD system does not recognise research as the core function of nurse educators but only recognise the years of experience. In the nursing college, we talk about research but people who study and obtain higher qualifications like masters and doctorate y are not remunerated differently from those

who don't have the qualification. The salaries are the same because only years of experience are recognised. When it comes to the Performance Management and Development System (PMDS) you find people who didn't produce an article obtaining a rating of 5, just because they are managers. This discourages the nurse educators who are academics, and they decide to leave to areas where their qualification will be recognised.

P: Moreover, other lecturers leave because of the attitude of other lecturers and lack of support. There is a spirit of victimization of lecturers at the college where the new lecturers feel they are not welcomed. The HODs are not supportive, they don't care that they are losing people because of lack of support and mentoring. They say if you want to go, go because others will come.

R: What do you think are measures to be implemented to attract and retain nurse educators?

P: The new lecturers need to be supported and capacitated because if they are not supported, they feel insufficient to be able to adapt. Lecturers who study and publish their research, need to be compensated. Career paths need to be broadened as it is too steep and narrow in the nursing college. Lecturers who are productive in terms of research need to be compensated then they can be retained. Researchers should be given a 5 in PMDS. Lecturers with masters and PhD degrees cannot be rated the same with people who are not productive. Mentoring program should be formalised in order to assist the new lecturers to adapt to the new environment of teaching then they will stay. The clinical experience of lecturers need to be recognised; this will attract more nurse educators in the clinical area to come to college and they will be retained.

P: Furthermore, with regard to workload; workload analysis need to be done, in order to have fair distribution of work. Other lecturers in the college are overworked because they have more credits than others. This work arrangement is so overwhelming, and lecturers do not have time to upgrade themselves because of the increased workload in their department. The burnout syndrome comes from the increased workload. The college need to make room for lecturers to study. They need to improve resources in the library for easy access of books for them to study.

R: I understand, and I do get what you mean.
P: Yes, my dear. Most of the college moneys are channelled to renovations and buying furniture but not to improve the resources which can improve the teaching and learning of

the students and the lecturers. The number of student intake should be aligned to the available resources in the form of number of lecturers and the infrastructure. The students are not properly accompanied in the clinical area because of the large numbers, hence lecturer to students ratio need to be considered. The PMDS need to be restructured. Lecturers need to be given time for studying because lectures resign to areas where they can be given an opportunity to study. Fair and equal distribution of work should be done as in other levels like Level 2 and student affairs, their work is too much, and lecturers will register and drop out from universities because they cannot cope with the studies and preparation of work.

R: Why did you leave the college?

P: I left because of change in career path and gaining new experience. To improve my key performance as a quality assurance officer. Work at that college is too much and not structured well. Workload is too high as an HOD. HODs are found to be heading more than one committee which she has to make sure that that committee is active and productive, and they have their quota of work which they have to complete. No growth in the college even in the managerial position.

Participant 13

R: Good day ma'am. How are you? As I have explained to you I will interview you on the study topic that I mentioned. This interview will take ± 45-60 minutes of your time. You are free to express your feelings anyhow in this interview as confidentiality will be maintained on all information regarding what we will discuss in this meeting. Again, thank you for agreeing to be part of this study. To start with, please tell me about yourself.

P: I am 57-year-old who is self-employed where I do multiple task like construction, network marketing and events organiser. I trained as a general nurse and midwife in Groot Hoek Hospital from 1984-1987. I started working as a professional nurse in Mokopane Hospital from 1987-1989. Worked at Garankuwa Hospital as a personnel officer capturing data for nursing staff. I've worked in different place like Sebokeng Hospital where I worked in ICU and Garden City Hospital. I trained for ICU while I was doing my BCUR and passed them at the same time. I resigned from Garden City because it was very far from where I stayed. I was employed by Midvaal Private Hospital. The company got liquidated then I applied to the college in 2005-2007. 2008 I went to work in Limpopo because of the ill-health of my father. I wanted a transfer but couldn't progress because of different provinces, then I resigned from the college. I was employed by Polokwane Hospital for 1 year 6 months then was employed

by SOVENGA College as an ICU lecturer. I was replacing a retiring lecturer, and my first ICU students all passed with distinction because teaching is in my blood.

When in Limpopo my daughter got pregnant then I took her with me to Limpopo. My son I hope couldn't take the pressure of being alone then he became sick, then I had to make means to come back to Gauteng. Then I applied back to college and got a post in 2014 and resigned in 2017. I didn't want to come back to college, but the situation was not good then I had to take any job.

R: What do you think are factors that contribute to attrition of nurse educators at the public nursing education institution?

P: The problem in the college is finance. Their salary is very low. The Human Resource personnel of that college they don't place people according to their qualifications. They don't consider your experience. With the amount of clinical nursing and experience in nursing education I was placed in Level 1, that is the entry level of the nurse educator. You will earn the same amount of money earned by a newly qualified nurse educator, which is nonsense. I was being underpaid. At this college, there is no one to talk to or whoever listen to you about the salary. It is like they want to make you feel the pain and suffering. The Human Resource Management is the worse department at the college. Lecturers are not placed according to their experience and qualifications.

R: What more can you say about your experience as you have just mentioned earlier?

P: There is too much work pressure at the college which doesn't tally with the amount of salary that you earn as a lecturer. The 8-hour day at the college doesn't work as you have to take work home, and you are not compensated for that. There is lack of recognition of capabilities, they rather press you down if they see you are capable of making things happen. When at the college I was a member of the Special Event Committee it was running well and effective. But you won't be praised or recognised for the good work.

R: What do you think is the cause of this lack of recognition?

P: There is favouritism at the college, the HODs and the principal have their own people, if they don't want you, they make you feel that you are not wanted. The team that you work with, they gang up against you and talk negatively behind your back.

P: Another thing is the long hours that don't tally with the money that you get. The Department of Health doesn't care about what is happening. There is no support at the college from the principal, HODs and the lecturers. You may report something to the principal nothing is going to be done except for those people who are favoured. The college

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was just something like an obstacle to my actualisation, and I couldn't take it. To me the college wasted my time because I couldn't express myself. I felt like I am in a cage, they couldn't take what I have.

R: I hear you ma'am.

P: My salary was not adequate, they put me down to Level 1, I was traumatised and emotionally affected. My experience was not taken into consideration, it just fell on useless unqualified HR department people. Imagine my years of experience from 1984 to 2014 (30 years), it was just a waste of time. The college also has an increased workload. I was teaching the Bridging 1 and 2. You have to set tests and assignments and mark them. On the other hand, you have to accompany the D4-3. It was very hectic. The structure of working in this department was not ok. When it comes to accompaniment you have students in Bara, Sebokeng and Leratong hospital. You have to run around all these clinical areas with the class in between. It was very traumatic. You have to make sure that students are accompanied, you also have to prepare for class, and this working arrangement drained my effort and made me to hate teaching. Accompaniment was horrible because of all sort of travelling to different hospitals. I am a good lecturer, but I couldn't take that pressure. There comes another pressure of studying because of the new curriculum. We were asked to register and study; how can you study under such pressure. It was so unrealistic.

R: To what extent did this work arrangement affect you?

P: The accompaniment of students and teaching theory was a problem because you don't have adequate time to prepare for class. The sisters in the wards which you may think they need to support the students; they don't assist or help them. When students are left in the care of the sisters to assist them when you are in class, they teach students wrong things, and you are not there. When you happen to be in the ward you see students holding drugs in their pockets, there is so much confusion, they don't do things right.

P: What makes things worse is that there is no support in the college from the HOD and the principal. The team always gossip about you. When you excel in a particular setting, they gossip about you, they are full of jealous. You come to college with your experience, but they don't consider it, when you ask you are just given a paper to read. All my expertise was put into the drain and they will gossip about you.

R: What do you think are measures to be implemented to attract and retain nurse educators?

P: Out of the problems that I indicated let them find the solution. They should give lecturers good salaries. They should consider the years of experience, as for you to be able to teach it

comes from that experience which you have from clinical practice. The support system should be improved, this will help the newly appointed lecturer to adapt and remain in the institution. The management and HR department should give a listening ear to the complaints of lecturers and support them. The HR should get their senses and rate people according to their experience and qualifications. Stop gossiping and appreciate lecturers with expertise, you will attract and retain them. Let them give lecturers money that correspond to their experience and qualifications.

Participant no 14

R: Good day ma'am. How are you? As I have explained to you, I will interview you on the study topic that I mentioned. This interview will take ± 45-60 minutes of your time. You are free to express your feelings anyhow in this interview as confidentiality will be maintained on all information regarding what we will discuss in this meeting. Again, thank you for agreeing to be part of this study. To start with, please tell me about yourself.

P: I am 46 years old and work for the Department of Health at the Gauteng College of Nursing (GCON). I have 21 years of experience in the nursing profession. I started working as a nurse educator in Kwazulu-Natal nursing college in 2005 to 2008. Worked in the college from 2008-2014. 2014-2016 I worked at the South African Nursing Council, then I was employed by another Nursing College for 6 month. I resigned, then employed again by this college in November 2017-2019. Now I am working at GCON head office as a means of career advancement and a better salary.

R: **What do you think are factors that contribute to attrition of nurse educators are the public nursing education institution?**

P: There is a lot of bullying by colleagues in the nursing college. As a professional you are not allowed to use your own discretion, you are treated as a minor. The attitude of the lecturers is very bad especially if you are more experienced than them, they feel intimidated. There is also a spirit of hostility that will make you feel unwelcomed in the area. The salary is very low compared to the qualification and the work that you do. When I returned to college in 2017 I was started at the salary Level 1 which is the starting salary of nurse educators. I tried to enquire about why I was started at Level 1 because I had more than 10 years' experience in nursing education. My salary problem was not resolved up until I transfer to GCON where my experience as a professional nurse and nurse educator was recognised and my salary was adjusted accordingly.

R: How was your last experience at the college before you left for GCON?

P: My first days at the college were good as I did get enough orientation and mentoring from my colleagues. The HOD also took time to orientate me within departmental matters and I had a chance to practice what I was orientated on. I enjoyed working with the students. It was a very interesting encounter to work with the students, their numbers were extremely high, but you get used to them. I did get adequate support from my colleagues, so it was very easy to adjust. My HOD was at time showing lack of understanding to the subject which I was teaching, I was not even sure if there is any experience of clinical practice that relate to the subject. You are only able to practice and teach well if you have adequate clinical exposure to the subject that you are teaching. Otherwise, you became that defensive person who doesn't want to listen and approve of your subordinate's inputs.

P: Another area of concern was the large number of students in class. It was difficult to identify them and to reach out to them. You will only know those who are actively participating. During clinical practice you will have to divide them, but still the demonstrations was a bit challenging as only those in front would see what you are doing. You will notice the discrepancy in attainment of the skill when you have to assess them. Other students will come out and consult for clarity. In class, it was difficult to use other teaching strategies, the lecture method was mostly used as you were able to present to this large number of students. Most of the lecturing was done in the auditorium where it was not easy to see all the students. Marking of their script was also a challenge until we came to the strategy of sharing the scripts amongst all the lecturers in our department.

R: What do you think are measures to be implemented to attract and retain nurse educators?

P: The HR department within the nursing education institution must benchmark with other institutions of higher education as to how they give salaries to their employees. Where you are not paid enough you leave for better paying jobs. Advancement within the nursing college is very narrow as all the lecturers within the college look forward to becoming the HOD at one point. Managers should take to managerial training to improve their skills. The college need to be flexible and apply the use of sabbatical leave to allow the lecturers to study and improve themselves. Bursaries that are issued by the department of health need to be made known to lecturers and transparency should be practiced as to how to apply for these bursaries.

R: I get you ma'am.

P: The other thing is that the number of student intake is politically influenced, so negotiations need to be done to address the challenges faced by the college with regard to shortage of staff and infrastructure to accommodate these large numbers. Teaching in two

different setting or classes and repeating the same content is so exhausting and strenuous to the few nurse educators within the college at that time. There is need for flexibility in the nursing education institution as it is a higher level of education and it should be treated as such and allow for self-directed learning.

R: Why did you leave the college?

P: For me, career advancement, new challenges and a better salary made me to leave for a different level of life.

Participant 15

R: Good day ma'am. How are you? As I have explained to you, I will interview you on the study topic that I mentioned. This interview will take ± 45-60 minutes of your time. You are free to express your feelings anyhow in this interview as confidentiality will be maintained on all information regarding what we will discuss in this meeting. Again, thank you for agreeing to be part of this study. To start with, please tell me about yourself.

P: I am 38-year-old African working for the Department of Health at Bonalesedi Nursing College. I worked in Leratong Hospital from 2005-2013 March as a professional nurse. I resigned and worked in Tshepo-Themba Private Hospital from April 2013 to December 2013. I was employed by the college from January 2014- May 2016, I was then transferred to Bonalesedi Nursing College as a preceptor.

 R: **What do you think are factors that contribute to attrition of nurse educators at the public nursing education institution?**

P: The most important thing in this life is money. We work for money so if you are not earning enough money you move to greener pastures. The money that you earn should enable you to live a comfortable life, meaning you should be able to buy a house, buy a car and enable you to pay school fees for your children. So, the money that I was earning couldn't enable me to meet my daily needs. I was using R2500-R3000 petrol a month to travel from my home to the college. It was too much for me, it was like I was working for petrol.

P: To directly answer your question ma'am, is that all of us as lecturers are heading towards one position which is the HOD. There is no growth in the nursing college. The HODs are the ones who gain more experience and exposure to most of the things in the nursing education. They are the ones who go for curriculum design, we are only called to implement things which they give to us. If you try to ask something or you give input, they don't take anything. Not being actively involved in decision making regarding nurse education is also frustrating

and not all of us can be HODs. As they attend this meeting frequently, they are more knowledgeable about nursing education and their leadership skills is improved and they grow personally.

R: I do get your point. Anything else to add?

P: Yes, there is. Nursing education institutions don't pay adequate salaries. A nurse educator earns lesser than the OM in the clinical area. So, most lecturers' leave for better paying jobs in the clinical area. The first year in the college was very bad. I didn't know where to start and where to end. You are expected to make lesson plans and facilitate in class, but you are not shown how to do these things.

R: How did that affect you as a lecturer?

P: You know ma'am, at the college, we had 300 students which was a large number compared to the number of lecturers in the college. It was difficult to manage and to reach them all in class. You will not be able to individualise your teaching, only one strategy was appropriate for them. The students which you will know are those who are actively participating in class. When it comes to clinical accompaniment, you have 30 students to accompany. You have to accompany them and format them. The weeks for clinical exposure are limited to 2-3 weeks and you must format them within these weeks. It makes you work under pressure. Summative assessment you have 3 hospitals where the students are allocated. You have to drive to those hospitals; it was so tiring and frustrating.

P: There is no proper mentoring in the college, you have to find your way out. You are given an induction program with things that relate to labour relation, but the exact work orientation was not done. The HR people are happy that you have filled the post, when it comes to work itself you are on your own, no one cares to ask you how your day was. No orientation on the work itself. No one shows you how to plan your clinical program for accompaniment. During my first year, I made a lot of mistakes it was the grace of God that I survived. I could only copy from the colleagues what they were doing, no one shows you anything. In the hospital, you will be running around with the students the whole day not knowing which wards have what, you will spend the whole day there without achieving anything for the day with your students.

R: I can just imagine your experience.

P: Oh, ma'am it was so hectic. I started to co-ordinate in the team. When you try to propose something, which might be needed to change in the way things are done you won't be supported because you are new. This also pushes lecturers who are innovative to move out of the college, because things are stagnant, and change is difficult. I taught the pupil

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enrolled nurses in 2015-2016. The students were 105 plus 80 RPLs. The total number of students were 185 and were taught by 3 lecturers. These numbers were very high especially during clinical practice, and they were allocated in different hospitals. When you try to tell your HOD about the challenges that you have, you are not supported. Communication is very poor with the managers. You will only be praised when your students pass apart from that, there is no support. When it comes to marking, you mark the D4-2 students who are 300 in number. You are supposed to mark within 2 weeks, it was too much for me.

R: What do you think are measures to be implemented to attract and retain nurse educators?

P: What need to be done here is one important thing which makes life easy, money. The nursing colleges need to improve the way they do intake of the students; it should be in proportion to the number of lecturers. Lecturers with speciality need to be recognised and be remunerated as such, because in clinical areas, nurses with specialities earn more than a lecturer.

R: Why did you leave the college?

I left for better working conditions. The college is also nearer to home, so it's more conducive and convenient for me regarding travelling cost.

Annexure G: Proof of editing

Qualitative data analysis

MASTER OF NURSING

OF

Ms Daphney Shirinda

THIS IS TO CERTIFY THAT:

Professor Tebogo M. Mothiba has co-coded the following Semi-Structured Qualitative Data:

Unstructured one-to-one interviews

For the study:

Factors contributing to attrition of nurse educators at a

Gauteng Public Nursing Education Institution

I declare that the candidate and I have reached consensus on the major themes reflected by the data. I further declare that adequate data saturation was achieved as evidenced by repeating themes.

Prof TM Mothiba

APRIL 2021

TM Mothiba (PhD)