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Perceptions of Nurse Educators Regarding Continuing Formal Education in Mopani and Vhembe Districts, Limpopo Province

by

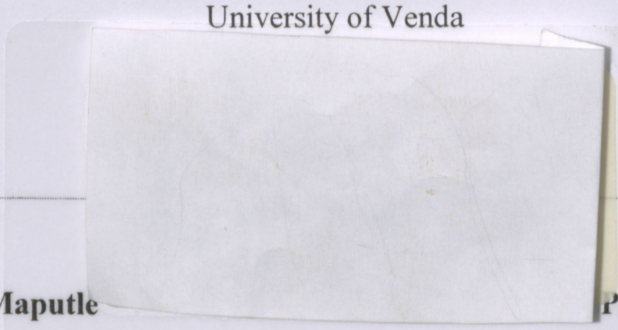
Katekani Joyce Shirindza

Student Number: **14014821**

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Masters of Nursing (MCur)

Department of Advanced Nursing Science
School of Health Sciences
University of Venda



Promoter

Professor M.S. Maputle

Co-Promoters

Professor R.T. Lebese

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DECLARATION

I, **Katekani Joyce Shirindza**, hereby declare that the dissertation titled **"Perceptions of Nurse Educators Regarding Continuing Formal Education in Mopani and Vhembe Districts, Limpopo Province"** is my own work, that all sources that I have used or quoted have been indicated and acknowledged by means of complete references, and that this work has not been submitted for any degree at this or any other institution.

Katekani Joyce Shirindza : .....
Student Number: **14014821**

Date Signed : 01/09/2017

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DEDICATION

I dedicate this dissertation to the following fearful people of God:

- My late father, Khazamula Sam Shirindza, who passed away during the course of this work, for supporting me throughout until he passed away.

- My mother, Lovhisa Mphephu Shirindza, who supported me throughout my study.

- My younger brothers, Hangalakani Stanley and Vongani Victor Shirindza, for their understanding by taking care of my children while I had to complete my study.

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ABSTRACT

Introduction: Understanding the necessity of continuing formal education amongst nurse educators is fundamental to high quality nursing education. This investigation determined nurse educators' perceptions of continuing formal education, the benefits, motivations and encouragement for continuing formal education as well as challenges related to continuing formal education.

Methods: The study was conducted to determine the perceptions of nurse educators regarding continuing formal education. A qualitative research design was used. An in-depth unstructured interviews undertaken over a two month period. Ten nurse educators were selected through purposive sampling from the selected nursing training institutions in both Mopani and Vhembe districts of Limpopo Province. Eligibility to participate in the study was a professional registration as a nurse educator and a minimum of three years experience working within the training nursing institutions at the selected nursing campuses and satellite campuses of Mopani and Vhembe districts, Limpopo Province. Formal ethical approval for the study was obtained from the university ethics committee and all participants were sent a letter outlining the purpose of the study before giving informed consent. Data was gathered using open ended interviews guide. The interviews were complemented with a review of relevant literature and policy documents as well as Knowles' theoretical framework. Interview transcripts were coded using Tesch's open coding method.

Results and discussions: Open coding led to the identification of four themes and ten sub-themes illustrating the benefits, motivations and encouragement to continuing formal education, methods to obtain continuing formal education as well as challenges related to continuing formal education. Among 10 nurse educators, benefits to continuing formal education varied. The learning needs included promotions and leadership issues. The costs to continuing formal education programs, time away from work and travelling was a challenge to continuing formal education.

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Conclusion: Continuing formal education participation is necessary for nurse educators as the profession is governed by the personal, professional and organizational factors. Policy changes are needed to promote continuous development in the nursing profession as well as to overcome challenges to participation.

Keywords: Continuing Formal Education, Mopani District, Nurse educators, Limpopo Province, Perceptions, Vhembe District.

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LIST OF ABBREVIATIONS

AIDS	Acquired Immuno Deficiency Syndrome
ARV	Antiretroviral
CHE	Council for Higher Education
CPD	Continuing Professional Development
CPE	Continuing Professional Education
DG	Director General
DHET	Department of Higher Education and Training
DoH	Department of Health
ETQA	Education and Training Quality Assurance
HEI(s)	Higher Education Institution(s)
HEQF	Higher Education Qualifications Framework
HIV	Human Immuno Virus
HRH	Human Resources for Health
HRD	Human Resource Development
HRDS	Human Resource Development Strategy
HWSETA	Health and Welfare Sector Education and Training Authority
NQF	National Qualifications Framework
LP	Limpopo Province
MoH	Ministry of Health
NDoH	National Department of Health
NEI	Nursing Education Institution
SANC	South African Nursing Council
SANQF	South African National Qualifications Framework
SAQA	South African Qualifications Authority
SETA(s)	Sector Education and Training Authoritie(s)

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UNIVEN	University of Venda
UODL	Unit for Open Distance Learning

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CHAPTER 1

ORIENTATION TO THE STUDY

1.1 Introduction

Global society has generated opportunities for mobility among nursing professionals through continuing formal education. Nurse educators need orientation to the new context of education (Bruce, Klopper & Mellish, 2016:338). Hence, the demands of nursing education practice are always changing as influenced by the changes in legislation, regulation amendments as well as changing disease profiles that demand curricula changes and student profiles. The nursing strategy is a critical component of addressing the serious challenges faced by the nursing profession. These challenges have also prompted the government to introduce legislation, policies and programmes related to continuing formal education. The change in government, together with the changes in health and education policies, brought in specific challenges to the nursing profession as a regulatory profession (Poggenpoel & Muller, 1999:10).

Nurse educators are faced with a new educational environment as a result of the merging of the Higher Education Institutions (HEIs) (Le Grange, 2005:25). It is often difficult to convince qualified nurses that they are in need of Human Resource Development (HRD) to improve or update their skills set. The National Qualification Framework (NQF) set boundaries regarding the principles and guidelines for the new qualifications system. This resulted in a unified structure of recognized qualifications for all races and ethnic groups. Therefore, special effort should be made to reach nurse educators and attract them to the HRD that will motivate them so that they are able to derive benefit from continuing formal programmes (Bruce *et al*; 2016:339). It is important to convince nurse

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educators that there is a need of continuing formal education in order to improve or update their skills. Nurse educators are, therefore, responsible for their continuing formal education.

As a result they are responsible to adjust themselves to the changes regarding their qualifications as they should also comply with the objectives of the NQF and the South African Qualifications Authority (SAQA, 2000:5). According to Bruce *et al* (2016:343), continuing formal education is an ongoing, self-directed, structured, outcomes-focused cycle of learning and personal and professional improvement.

Continuing formal education assists nurse educators to reflect on their practice and assess their knowledge and skills, identify learning needs and thereafter create their personal learning plan to engage in the programme to be followed. It forms part of the management at the workplace, therefore, it is the responsibility of each and every individual nurse educator to organize continuing formal education to develop and broaden the knowledge and skills to ensure professional competence.

Continuing formal education is important to all members of the nursing profession. It enables all categories of nursing to function more effectively in their chosen field; hence, it is comprised of 18 clinical nursing specializations. Nurse educators design and implement new courses as the existing courses are phased out, therefore, it is the duty of nurse educators to keep up to date with whatever is happening in all the programmes of continuing formal education. The continuing formal education is offered by the nursing schools, nursing colleges and private nursing education providers that met the South African Nursing Council (SANC) requirements for the recognition of the competencies for registration SANC (3rd South African Nurses' Conference, 2016, 24 February).

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The Council for Higher Education (CHE) offered the institutions approval to run such courses. Some courses are offered on a part-time basis such as nursing education and nursing administration. The universities also offered post-registration courses as a continuing formal programmes. Short course are undertaken to meet the specific needs at a particular time offered at a recognized institution. Currently, nurse educators are not at all continuing formal education due to some challenges at the workplace as well as their family situations. Nevertheless, continuing formal education is necessary for every nurse educator as they should be capable of creative thinking, imagination, resourcefulness and inventiveness to present the required knowledge to students and enable them to function more effectively in the competitive world (Bruce *et al;*2016:344).

1.2 Background and Rationale

The first point of departure is the clarification of the concept "continuing formal education." Continuing formal education is an ongoing process of self-directed learning that should be followed by employed persons. The courses are available and the employers are responsible to point out to the nurse educators programmes that suit their requirements. Unfortunately, the employed persons do not necessarily receive or follow it (Kramer, Neugebauer, Magenheim & Huppertz, 2015:967).

The National Nursing Strategy is also responsible for addressing the serious challenges faced by the nursing profession. The strategy addressed several aspects such as new qualifications and the revised scopes of practice as developed by the SANC. The strategic focus area for education and training focused on the improvement of quality education to nurse educators, ensure harmonization of education and training, integrate practice and theoretical knowledge, increase the production of nursing professionals, skill improvement and promotion of professional development of nurses (Bruce *et al.,*

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2016:341).

The employer is accountable for human resource development to improve the quality of work. Therefore, it is the employer's responsibility to ensure that the employee is comfortable and given special leave for formal learning. The employee should be given financial assistance for attending conferences and symposia as a part of the employment policy. Nursing is a dynamic profession that must continuously adjust and adapt to changing health needs. The SANC implemented new qualifications for implementation in 2012, and for nurse educators, challenges arose as they have to update their skills and competencies in order to offer the course content. SANC also put a structured system in place to ensure effective management and record keeping for nursing professionals' Continuing Professional Development (CPD), Denosa Nursing Update (2012:23). It is therefore recommended that each professional nurse has the personal responsibility to update, develop and maintain his/her knowledge and skills to ensure competence throughout his/her career.

However, nurse educators who participated in continuing formal education were found to be confident with being a role model in the education sector, especially where the choice of courses taken were relevant to the workplace. It was also noted that management and leadership skills were manifested in different situations such as managing nursing students and programmes. This will orientate the reader and depict a clear picture of the educational world of nurse educators. In 1995, the government established the South African National Qualifications Framework (SANQF) to move from the old to the new. The departments of nursing based at universities need to meet the criteria set by the CHE and SANC, whereas nursing colleges need to meet the criteria set by SANC and thus will enable nurse educators to continuing formal education,

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SANC (3rd South African Nurses' Conference, 2016, 24 February).

Nurse educators are responsible for competent nursing care as they have to master specific skills besides knowing how to care. There is evidence that nurse educators are reluctant to continuing formal education due to a number of adverse effects. Nurses get frustrated because they are denied the opportunity to engage in formal education with the excuse that there is a shortage of staff. The lack of encouragement from management and colleagues also posed a challenge to nurse educators as evidenced by lack of discussion to their learning needs. Nurse educators were not remunerated for the post-registration and postgraduate qualifications obtained and thus it created negativity regarding the value of continuing formal education. In his study, Richards (2007:106) described how nurse educators who had obtained a post-basic qualification viewed continuing formal education. Nurse educators did not contribute positively to the work environment through sharing their knowledge, but did so to obtain scarce skills allowance or to be able to work overseas. In contrast, reluctance in continuing formal education has also led to the shortage of experienced nurse educators as well as the improper training of novices (Dattilo, Brewer & Streit, 2009:367). There is evidence that the challenge to continuing formal education operate both prior to and throughout the lifelong learning process of a human life. In South Africa, nurse educators had different perceptions regarding continuing formal education. Some had positive perceptions while others had negative perspectives. The negativity was as a result of the lack of learning situation in rural areas. This was a matter of concern especially because of the difficulties in achieving the credits as stipulated in the nursing education policy for nurse educators (Xiao, 2006:218).

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Globally it is estimated that many of the nurses are unable to avail themselves of continuing formal education programmes due to fees and transport problems (Nsemo, John, Mgbekem, & Oyira, 2013:329). Some countries had a problem towards the implementation of continuing formal education due to lack of time to attain hours as required by the programme (Gitonga & Muriuki, 2014:250). The researcher identified inconvenient work schedules that resulted in the decrease in the number of nurse educators to engage in continuing formal education. Similar findings were reported by Gitonga and Muriuki (2014:250) in the rural areas as they had no collegial support during the course of their study.

The decrease in the number of nurse educators in the continuing formal education programme was also attributed to the fact that the institutional governance and leadership of the nursing sector in the country had a crisis with regard to continuing formal education (Blaauw, Ditlopo, & Rispel, 2014:9). In the study conducted by Chaffi and Maddux (2004:653), it was indicated that nurse educators had technology in place, but the internet and computer skills and knowledge did not influence the continuing formal education in the changing and developing health system. It was reflected that nurse educators had a feeling of being too old as well as lack of continuing formal education frequently. In South Africa, it is indicated that nurse educators are faced with a huge challenge, especially in the Limpopo Province as the nursing profession requires nurse educators who are well developed and creative thinkers towards the performance of their skills (Chabeli, 2010:6). At the same time, the majority of the clinical training departments are no longer in existence in the majority of nursing education institutions and the nursing education and training in South Africa is poorly coordinated and integrated due to shortage of staff and infrastructures. Nurse educators are insufficient in numbers, especially in rural and underserved areas. Nurse educators are more frustrated

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as a result of inadequate professional development, lack of orientation and induction programmes as well as a lack of strategy to acquire new knowledge and skills (Badu-Nyarko, 2015:94).

The SANC introduced a circular for the implementation of New Qualifications since 2008, but the new qualifications system has not yet started (SANC Circular 3/2009). However, in the Mopani and Vhembe Districts of Limpopo Province, nurse educators are uncomfortable with the incoming system as they are to move to higher education institutions for university based education system (SANC Circular 8/2013). The above information indicates the extent of the problem within our districts and highlights the need to promote continuing formal education amongst nurse educators so that they can update their knowledge and skills continuously.

1.3 Problem Statement

The Education White Paper 3: A Programme for the Transformation of Higher Education (Department of Education, 1997) is a broad framework that articulates the vision for the transformation of higher education in South Africa (Bruce *et al.*, 2016:64). Nursing education was accessible to the wealthiest and privileged groups some years back and since the transformation of tertiary education over the past five decades, there was a growth of students enrollment of 68 million globally since 1991 (Bruce *et al.*, 2016:63). The impact of the growth pushed the nursing education in South Africa to compete with the available options in the tertiary sector in order to attract nursing students in the nursing profession. The SANC made provision for education and training of all categories of nurses in Nursing Act (Act No.33 of 2005). The National Department of Health (NDoH) and its provincial structures determined the different categories and numbers of nurses on the basis of the Human Resources for Health (HRH) Plan and

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Service Transformation Plans (Bruce *et al.*, 2016:69). The decisions to education and training needs are applicable to public sectors, so universities, nursing colleges and nursing schools get funding from the provincial DoH. The higher education system is faced with a challenge of greater demands with limited resources; hence, the whole world's economy is expected to produce products that will benefit it in terms of research and economy. Despite the challenge that the higher education system is faced with, nurse educators are unable to continuing formal education as they are parents and workers. The higher education institutions pose a serious threat to nurse educators who do not have the required qualifications as reflected in the level descriptors.

However, in the Mopani and Vhembe Districts of Limpopo Province, there are a total of 66 nurse educators and very few (24) are continuing with formal education and many are reluctant to learn. Few nurse educators have masters degrees and many are unenthusiastic to undergo formal education due to a number of issues. The small number of nurses with continuing formal education indicates that there are challenges regarding continuing formal education. There are different learning programmes in which nurse educators can update themselves, but nurse educators are reluctant to undergo development. It is therefore necessary in this study to determine the perceptions of nurse educators regarding continuing formal education in the Mopani and Vhembe Districts as this will assist nurse educators to make informed decisions to continue with their formal education, thus improving the competency levels of nurse educators

1.4 Purpose of the Study

The purpose of the study was to determine perceptions of nurse educators regarding continuing formal education in the Mopani and Vhembe Districts, Limpopo Province.

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1.5 Research Questions

The study sought to address the following research questions:

- What are the perceptions of nurse educators regarding continuing formal education in the Mopani and Vhembe Districts, Limpopo Province?

- What are the challenges of nurse educators regarding continuing formal education in the Mopani and Vhembe Districts?

1.6 Objectives of the Study

The objectives of the study were to:

- Explore and describe the perceptions of nurse educators regarding continuing formal education in the Mopani and Vhembe Districts, Limpopo Province.

- Determine the challenges of nurse educators regarding continuing formal education in the Mopani and Vhembe Districts, Limpopo Province.

1.7 Significance of the Study

The results of the study may contribute to the development of methods to obtain continuing formal education within the Mopani and Vhembe Districts, Limpopo Province. Challenges associated with continuing formal education will be revealed and recommendations for its improvement will be made. It is hoped that the research will inform policy makers to consider methods that can improve access continuing formal education. The results of the study might contribute to upgrading of educational

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programmes for nurse educators. Information provided by nurse educators would lead to better understanding of continuing formal education within the educational and practical contexts. The developed guidelines would influence the expansion of new qualifications to advance nursing students professionally. The results of the study can also translate into successes the key policy goals according to the Higher Education Act (Act 101 of 1997, as amended).

1.8 Paradigmatic Perspectives

A paradigm is a framework for organizing our organizing and reasoning (Babbie & Mouton, 2001:31-32). It is also defined as a set of beliefs that constitutes the researcher's perceptions regarding the nature of reality of the world as well as the researcher's perceptions of where s/he stands in the reality of the world (De Vos, Schurink & Strydom, 2001:12). These assumptions are divided into meta-theoretical, theoretical and methodological assumptions.

1.8.1 Meta-Theoretical Assumptions

Meta-theoretical assumptions refer to the researcher's beliefs regarding humans and the world they live in (Babbie & Mouton, 2001:13; Botes, 1995:9). The researcher's assumptions were that nurse educators are human beings with educational needs which must be fulfilled. They are human beings who can decide for themselves for self-actualization. Continuing formal education of nurse educators is of importance to assist them to make informed decisions about their continuing formal learning. The researcher believes that primary socialization of nurse educators starts at the primary school level where teachers have the role of educating their students about the issues of continuing formal education. Nurse educators then internalize what they have been taught and this determines the decisions that they make about continuing formal education.

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1.8.2 Theoretical Assumptions

Theoretical assumptions are described by Botes (1995:10) as the testable statements that provide epistemic findings about the research domain. The acts, regulations, policies and guidelines and Knowles theory represent as a theoretical framework throughout this study.

1.8.2.1 Theoretical Framework

The conceptual framework for this study impacts directly on the continuing formal education in South Africa and is briefly discussed below.

- **The Constitution of the Republic of South Africa Act (Act No. 108 of 1996)**

The Constitution of the Republic of South Africa Act (Act No. 108 of 1995) under section 29-32 under the constitution subsection 1a states that every South African has a right to continue formal education. This Act takes into consideration all South African individuals and groups to continue with formal learning. The goal of this Act is to provide lifelong learning to all people, irrespective of age, colour and creed.

- **The Higher Education Laws Amendment Act (Act No. 26 of 2010)**

This Act provides an institutional framework to devise and implement the national, sectoral and workplace strategies to develop and improve the skills of the South African workforce. Through the use of the Act, the researcher could discover meanings attached to how competency levels could be improved with continuing formal education.

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❖ **The Nursing Act (Act No. 33 of 2005)**

According to the Act, the SANC was granted ETQA to proceed with continuing formal education in South Africa. The researcher contends that from the client's world view, the rules, policies and criteria can positively transform the educational system in South Africa when continuing with formal education.

❖ **SAQA (SAQA Act, No. 58 of 1995)**

The SAQA Act oversees programmes as implemented by the NQF. The researcher affirms that SAQA highlighted the issue of recognition of prior learning to facilitate the accessibility and continuity with training and career paths (SAQA, 2002b:8). The researcher sustains that matter of recognition of prior learning will promote continuing formal education by nurse educators as there will be credits applied.

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❖ **The Department of Labour, Through the Skills Development Act (Act No. 97 of 1998) and Skills Levies Act (Act No.9 of 1999)**

The Department of Labour, through the Skills Development Act (Act No. 97 of 1998) and Skills Levies Act (Act No. 9 of 1999) established the Sector Education and Training Authorities (SETAs) to identify the goals of this Act. The researcher noted that the providers of quality education need to be accredited in order to provide quality of learning. The quality of learning will promote the competency level of nurse educators in the training institutions.

❖ **National Qualifications Framework (NQF) Act (Act No. 67 of 2008)**

The NQF Act enhances the quality of education and training for the full personal

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development of the learner both socially and economically for the development of the nation at large (NQF Act, 2008:6). The researcher contends that the use of the Act can bring about a single qualification framework for the higher education system.

1.8.2.2 Malcolm Knowles' Andragogical Theory

Knowles' theory (1970) of adult learning is based on different assumptions about the learner based on six dimensions (Klopper 2009:37). The dimensions are identified as follows:

- **Self-Concept**

Adult learners move from dependence to independence during learning as they mature. Knowles indicated that it is a normal process that a person's self-concept changes from dependence to increased self-direction during the process of maturity (Klopper, 2009:37). The researcher identified that adult learners take responsibility for their own learning and take control of their own decisions.

- **Adult Learners are Responsible for Their Learning**

In this study, nurse educators should deliberately make their own choices and decisions in order to achieve their goals and in this study nurse educators should be able to organize their learning environment.

- **Learners' Readiness to Learn**

Learners need to know why they must learn something. The researcher identified that

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adults are ready for learning when achieving a particular goal becomes important to them. They show learning readiness when they experience a need to learn something in order to be able to handle real-life tasks. An adult is ready to learn when he is ill-equipped in his profession. In this study nurse educators shows readiness when there is a need at the workplace (Klopper, 2009:38).

- **Role of Learner's Experience**

Adults have greater and much more varied experience which serves as a resource for learning. The researcher contends that an adult learner learns better as experience is the best teacher. They are able to construct knowledge based on their existing knowledge.

- **Student's Orientation to Learning**

Adults' orientation to learning is life-centred, involving their immediate application of what they have learnt. The researcher revealed that adult learners adopt a problem-solving and task-centred approach when learning.

- **Student's Motivation**

An adult's motivation is largely internal as self-esteem, quality of life and satisfaction. The researcher identified that adult learners are motivated to learn internally through the use of valuable contributions such as opportunities for learning, success and providing a variety of learning activities (Bruce *et al.*, 2016:119).

Through the use of Knowles' adult learning theory, the researcher could discover meanings attached to how continuing formal education could be encouraged within nurse educators.

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1.8.3 Methodological Assumptions

A methodological assumption of this study is based on Botes' research model (Botes, 1995:6). It is concerned with the structure of the science of research and includes the preferences and assumptions of the research (Mouton, 1996:124). The purpose, methods and criteria for trustworthiness of the research are included. Methodological assumptions are made to direct the chosen design (Botes, 1995:5). Botes' research model is divided into three interconnected levels of activities that function in a specific relationship with each other (Botes, 1995:14).

- **The first level** represents the nursing practice, focusing on the nurse practitioner's interaction with the patient and the nursing activities performed to promote, maintain and restore the health of the patients. In this study, the first level includes nursing education conducted by nurse educators at a satellite campus or nursing college and the continuing formal education by nurse educators.

- **The second level** deals with nursing research and theory development. The researcher uses the research process by making research decisions within the framework of assumptions by the researcher, the research problem, the research objectives and the research context. The methodology of this study is described in detail in Chapter 3.

- **The third level** is the researcher's paradigmatic perspective of nursing education. This consists of the theoretical assumptions of the researcher, which directly influence the nursing practice, the research methodology and the interpretation of data (Botes, 1995:7).

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The researcher's theoretical framework of applicable legislation and the relevant documents are positioned within the third level. The involvement of nurse educators in continuing formal education would assist nurse educators to make informed decisions about continuing formal education. This would increase the competency levels of nurse educators, update the skills development plan of the staff as well as advancement of nurses professionally.

1.9 Definitions of Concepts

The following concepts are repeatedly used in the study and therefore the theoretical as well as conceptual definitions were provided as follows:

1.9.1 Perceptions

A perception is defined as an organized process in which the individual selects cues from the environment and draws inferences from these in order to make sense of his/her experience. In this study, perceptions refer to the adult learners' need to know why they must learn something, their self-concept towards learning, their preparations, knowledge and understandings that nurse educators should possess regarding continuing formal education. In this study, perceptions will consider the ability to understand the true nature of how nurse educators see or understand continuing formal education in selected satellite campuses and nursing colleges in Mopani and Vhembe Districts, Limpopo Province.

1.9.2 Nurse Educator

A nurse educator is seen as a nurse who helps learners to learn in a nursing environment and prepares licensed nurses and registered nurses for entry into the practice positions . In this study, the nurse educator refers to a male/female person who is registered with the

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SANC as a nurse educator/tutor or lecturer under the Nursing Act, 2005 (Act 33 of 2005) with expert knowledge in teaching and assessment, both theoretically and practically (Chabeli & Muller, 2004:59).

1.9.3 Continuing Formal Education

Continuing formal education refers to all learning activities undertaken throughout one's life with the aim of improving knowledge, skills and compete. In this study, it refers to a programme of study undertaken after registration as a general nurse leading to the registration of an additional qualification with the SANC or a higher degree in a health-related field programme following an Honours and Masters degree by nurse educators.

1.10 Research Methodology

1.10.1 Research Design

The research design for this study was qualitative, explorative, descriptive and contextual in nature.

1.10.1.1 Qualitative Design

A qualitative research design was an appropriate design to achieve the envisaged objectives. The perceptions of nurse educators regarding continuing formal education in selected satellites and nursing campuses in both Mopani and Vhembe Districts in the Limpopo Province were explored and described.

1.10.1.2 Exploratory Design

Exploratory research means deep investigation with the intention to find more about the phenomenon under study. This study was exploratory because the dimensions of the new knowledge, new insight, new understanding and meaning about the perceptions of

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continuing formal education were explored by identifying the nature of the phenomenon and the factors related to it. The perceptions of nurse educators regarding continuing formal education was explored using in-depth individual interviews and observations.

1.10.1.3 Descriptive Design

Description involves identifying and understanding the nature and attributes of the phenomenon under study to depict new information and the meaning attached to the phenomenon (Burns & Grove, 2009:25). This study was a descriptive, in-depth description of the perceptions of nurse educators regarding continuing formal education in both Mopani and Vhembe Districts, Limpopo Province.

1.10.1.4 Contextual Design

According to Motaung (2009:80), qualitative inquiry shows concern for a context. Context is the body, world and concerns that are unique to each person within which the person can be understood (Blanche, Durrheim & Painter, 2014:287)). It assumes that human experience extracts its meanings from the social, historical, and political and cultural influences and no behaviour can be separated from these contexts. This study was contextual because the data were gathered directly from nurse educators in their natural setting in a non-manipulative and non-controlling manner (Motaung, 2009:80).

1.10.2 Research Method

Research method is a strategic framework for action that serves as a bridge between research questions and the implementation of the research (Blanche *et al.*, 2014:34). These are plans that guide the arrangement of conditions for collection and analysis of data. It includes the setting, population, sampling, sample and sample size, data

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collection and data analysis applied in this study.

1.10.2.1 Research Setting

Setting refers to the physical location where a study is conducted (Burns & Grove, 2005:359). In this study, the setting was the Limpopo College of Nursing's selected campuses and satellite campuses in Mopani and Vhembe Districts.

1.10.2.2 Population

Population refers to all elements such as individuals, objects, events or substances that are of interest to the researcher and meet the criteria for inclusion in a given universe (Brink, 2015:131). The population for the study was all nurse educators who worked at the selected nursing campuses and satellite campuses in both Mopani and Vhembe Districts of Limpopo Province.

1.10.2.3 Sampling

Sampling involves selection of the specific research participants from the entire population and is conducted in different ways according to the type of study (Blanche *et al.*, 2014:49). A sample is a part or fraction of the whole selected by the researcher to participate in the study. A sample consists of a selected group of elements or units from a defined population (Brink, 2015:132). The sampling process in this study was twofold, namely, sampling of campuses/satellite campuses and participants.

- **Sampling of Campuses and Satellite Campuses**

The purposive sampling method was used to select nursing campuses and satellite campuses to form part of this study. Two nursing campuses and three satellite campuses were purposively selected in both Mopani and Vhembe Districts. The sampling of

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different nursing campuses and satellite campuses enhanced the richness of the data because of the cultural differences of the participants.

❖ Sampling of Participants

The non-probability purposive sampling method was used to select nurse educators to participate in the study. The sampling method used involves the conscious selection by the researcher of certain participants who fit the inclusion criteria (Burns & Grove, 2009:716). The purposive sampling method was selected based on the judgement of the researcher regarding subjects or objects that are representative of the topic being studied or who are especially knowledgeable about the question at hand (Brink, 2015:141). The inclusion and exclusion criteria utilized in this were selected based on the criteria set out in Chapter 3 (Table 3.1).

❖ Sample Size

A guiding principle in the sample size in this study was data saturation, which entails sampling to the point where no new information was obtained and redundancy was achieved (Brink, 2015:143). In this study, the sample size of 10 nurse educators was determined by data saturation and the repetitive patterns of data where there was no new information provided by additional sampling, but only the redundancy of previously collected data (Burns & Grove, 2011:317).

1.10.3 Data Collection

Data collection is a process of collecting information which is needed in the study (Brink, 2011:141). In this study, data were collected by means of individual interviews. An in-depth, unstructured interview was conducted with nurse educators. The purpose of

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the interview was to elicit the perceptions of nurse educators regarding continuing formal education in both Mopani and Vhembe Districts, Limpopo Province. The interviews started with one open question, namely: "*What are your perceptions regarding continuing formal education in Mopani and Vhembe Districts in Limpopo Province?*" Additional data were collected based on the observation of non-verbal cues and was captured as field notes (Creswell, 2014:185).

1.10.4 Data Analysis

Qualitative data analysis involves working with a wealth of rich descriptive data (Mouton, 1996:169). Analysis means breaking something down into parts, using evidence wherever available as well as through form of reasoning (Bruce *et al.*, 2016:37). The data in qualitative research is non-numerical and usually in the form of written words or videotapes and photographs (Brink, 2015:193). In qualitative research, data were usually in the form of written words obtained from the record of the communication by which data were collected from the participants (Creswell, 2014:190). The records of data collection which include the verbatim transcriptions of the individual unstructured interviews and field notes were analyzed by using Tesch's eight-step method (Creswell, 2014:198). Data analysis was done by the researcher and an independent co-coder for consensus decision about the themes and sub-themes that emerged from the written text.

1.11 Trustworthiness

Trustworthiness refers to measures taken by the researcher to ensure that the findings of the study reflect the true data that were collected from the study participants. Guba & Lincoln's (1985:216-217) and Klopper & Knobloch's (2010:318) models for ensuring and assessing trustworthiness were used for this study. The four criteria that were used to

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ensure trustworthiness as identified by Guba were the following:

1.11.1 Truth Value (Credibility)

Truth value asks whether the researcher has established the truth of the findings for the participants and the context in which the study is undertaken. It explains how the researcher can establish confidence in the truth of a particular inquiry. The researcher has used the strategy of credibility in order to ensure truth value. Credibility has been ensured by prolonged engagement by investing enough time to achieve or building trust with the participants. The researcher delivered the letters to request participation and spent more time with the participants to establish rapport. Data triangulation (Brink, 2015:172) was ensured by using different data collecting methods such as the observational notes, personal notes and in-depth individual interviews with participants. Note taking, voice recording and verbal cues were done with each participant during the interview process.

Peer-debriefing was also done by seeking advice from the researcher's peers and experienced researchers who debated with the researcher on any aspect of the research process (Polit & Beck, 2007:332). Member checking was ensured because the researcher revealed research materials to the participants so that they could confirm whether the researcher had accurately translated the participants' points of view and this decreased the chances of misrepresentation. The researcher also discussed the research process and findings with colleagues who had experience in the interview process as well as in qualitative research. A voice recorder was used to capture the truth for literature control (Brink, 2015:172).

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1.11.2 Applicability (Transferability)

Applicability refers to the degree to which the results of a qualitative research can be generalized or transferred to other contexts or settings (Guba & Lincoln, 2005:256). The researcher noted the specifics of the research situation and compared it with the features of the environment that are common to it. The similarities of the two situations are taken that even the results of the study would be the same in a similar situation (Guba & Lincoln, 2005:256). The actions taken to ensure transferability of data included using a nominated sample and dense description. The sampling method was purposive and volunteering participants were requested to voluntarily consent to participate. The dense description was ensured by describing the background information of the participants.

1.11.3 Consistency (Dependability)

Consistency is concerned with whether the same results will be obtained if the same phenomenon is being observed for the second time. The researcher ensured dependability by allowing the step-by-step replication of the collected data to see if the same findings were obtained. The data were audited by the researcher's supervisor and the data confirmed the same findings. A detailed description of the methodology was done to ensure consistency. The methods of data gathering, analysis and interpretation were fully described. Data were collected systematically to ensure similar findings when an independent auditor conducts an audit. Coding checks were made and they revealed adequate agreement (Guba & Lincoln, 1985:216).

1.11.4 Neutrality (Confirmability)

Confirmability refers to the potential for congruency of data in terms of accuracy, relevance and meaning (Guba & Lincoln, 1985:216-217). Confirmability was ensured through the establishment of the data that represented the information that was provided

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by the participants together with the evidence that the data did not represent the researcher's imagination. The researcher provided a dense description of the research methodology, the background of the participants and the contexts of the research. Data were collected systematically to ensure similar findings when an independent auditor conducts an audit.

1.12 Ethical Considerations

The researcher ensured that human, humane, humanistic and moral rationales were upheld. Ethics in research also enhance the credibility and trustworthiness of data. The researcher ensured that the following aspects were observed:

1.12.1 Permission to Conduct the Study

Permission to conduct the study has been sought from all relevant authorities to protect participants. The researcher obtained the ethical clearance certificate from the Ethics Committee of the University of Venda and was allocated the ethical number Project No: SHS/16/PDC/03/1306 before the study was commenced (Annexure A). The researcher also obtained the permission to access to nurse educators from the Limpopo Province Department of Health (Annexures B and C). Thereafter, the researcher requested and obtained permission to conduct the study from the Limpopo College of Nursing, at both Mopani and Vhembe District campuses as well as the selected campuses at Vhembe District where the study was conducted (Annexures D to K). Finally, the researcher requested permission from participants themselves (Annexures N and O). The researcher explained in the covering letter the purpose of the study as well as the participants' rights to withdraw from the study anytime should they wish to do so. The letter also indicated the request for the use of an audiotape and field notes during the interviews. The participants were required to give informed consent by signing the letters. The

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participants were provided with the researcher's contact details such as the telephone numbers and e-mail address. The following principles were upheld throughout the study: justice, respect for human dignity and beneficence.

1.12.2 Principle of Respect for Human Dignity

The principle of respect for human dignity includes the right to self-determination. The participants were treated as autonomous agents, who have the freedom to conduct their lives as they chose without external forces (Burns & Grove, 2005:181). The right to self-determination means that the participants had the right to voluntarily participate or not to participate in the study. They had the right to withdraw from the study at any time without being punished (Burns & Grove, 2005:181). The researcher described fully the nature of the study, the researcher's responsibilities as well as the possible risks and benefits (Polit & Beck, 2008:172). The participants then voluntarily gave consent, which was in a written form (Annexure O).

1.12.3 Principle of Justice

The principle of justice implied that each participant should be treated fairly without any discrimination of race, colour, nationality or religion (Brink, 2015:36). Participants were treated fairly before, during and after the study. Participants were selected based on the eligibility criteria prescribed by the study. In this study the participants were only nurse educators working in Limpopo College of Nursing in Mopani and Vhembe Districts campuses and the selected satellite campuses who voluntarily agreed to participate were interviewed.

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1.12.4 Principle of Beneficence

The researcher maintained the greatest possible balance of benefits to the participants through the description of the benefits to the participants. The researcher assured participants that the knowledge gained will promote their understanding of continuing formal education in the future. The knowledge also will benefit them as it will be included in the design and development of educational policies.

1.12.5 Confidentiality

The researcher did not allow unauthorized persons who may be health professionals to have access to the raw data of the study. Information was not attached to the names of participants or institutions. Records were kept locked at all times (Brink, 2015:37).

1.12.6 The Right to Privacy

The participants' private information was not shared without their knowledge or against their will. The researcher ensured that participants did not loose their dignity, friendship or suffer embarrassment or shame by participating in the study. Participants were made aware of the use of the audiotape. Participants were also informed that their names will not be used with regard to their participation in the study. Participants were informed that if the results of the study are to be published, the researcher would ensure that their identities will not be mentioned.

1.12.7 The Right to Self-Determination

The participants were assured of the right to withdraw from the study at any time should they feel no longer comfortable. Participants were also shown a stop button on the voice recorder so that they can stop the tape if they do not want particular information to be recorded.

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1.12.8 The Right to Fair Treatment

The researcher ensured that participants were treated fairly. The participants were fairly selected for reasons directly related to the problem being studied. The researcher also discussed the role of participants and self in the study. Participants with different ages and different ethnic background were selected (Burns & Grove, 2005:191).

1.13 Chapter Divisions

This study structure and scope of each chapter in the research thesis are indicated in Table 1.4.

Table 1.4: Division of thesis chapters

Chapter 1	Overview of the study
Chapter 2	Includes a review of previous research findings in the field of continuing formal education for nurse educators.
Chapter 3	Focuses on the methodology and design of the research, and includes the selection of the sample of participants, data collection methods and a plan to organize and analyse the data.
Chapter 4	Presents an analysis and interpretations of the findings of the study.
Chapter 5	Centers on further discussion of the findings of the research, and the conclusions, limitations and recommendations with regard to the continuing formal education of nurse educators

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1.14 Summary

This chapter dealt with an overview of the study, which included the introduction, background of the study, problem statement, research questions and objectives. The significance and purpose of the study were also described to afford an understanding of the outcome expected in this study. The definitions of all concepts were also explained. It explained the research design and method followed to attain these objectives as well as trustworthiness and ethical considerations. The next chapter encompasses with the literature review.

In this study, a qualitative, explorative, descriptive and contextual study was conducted. Chapter 1 provides an orientation to the study, the background and rationale, problem statement, purpose and methodology of the study.

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CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

Chapter 1 dealt with an overview of the study, which included the introduction, background of the study, problem statement, research questions and objectives. The significance and purpose of the study were also described to afford an understanding of the outcome expected in this study. The definition of all concepts was also explained. It explained the research design and method followed to attain these objectives as well as trustworthiness and ethical considerations.

The objective of this chapter was to review relevant literature. The literature refers to the sources that are effective in providing the in-depth knowledge that the researcher needs to study the selected problem (Brink *et al.,* 2015:70). A "Literature Review" is a rational method of bringing readers up to date with previous research conducted in the field. Blanche *et al* (2014:560) refer to it as the identification and analysis or review of the literature and information related to what is intended to be, or has been studied.

The purpose of a literature review is to demonstrate familiarity with a body of knowledge and to show path of prior research, to bring together the findings and summarze what is known in a specific area, to learn from others and stimulate new ideas with regard to the research problem (Neuman, 1997:89). The literature review has been discussed based on two parts which is data based and theoretical based. The discussion under data the based literature review is about the findings from the previous research conducted by other researchers which may either support or oppose the findings of the

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study. The other part of the review is discussed based on the theory that supports the research topic and gives a better understanding of the research topic.

2.2 Data-Based Literature

Data-base literature is the information obtained from different authors. It was indicated that continuing formal education has been regarded as relevant as it uplifted the effort of nurses at the workplace environment

2.2.1 Continuing Formal Education

Continuing formal education has been described by various authors depending on the type of educational programme. A study conducted in Embu County, Kenya by Gitonga and Muriuki (2014:250) described continuing formal education as a process outside both the formal undergraduate and postgraduate training in which individual learners improves their competency level in their assigned roles and Richard (2007:12) refers to continuing formal education as a programme of study undertaken after registration as a general nurse leading to the registration of an additional qualification with the SANC or a higher degree in a health-related field. Gitonga and Muriuki (2014:250) affirmed that continuing formal education is a lifelong process of becoming something more than what the individual has been previously through with respect to the development of knowledge, skills, attitudes and behaviour.

In the United Kingdom, it was noted that in order to develop both professionally and individually, the individual needs to undergo further training and development of health care programmes for competency (Kemp & Baker, 2013:542). The statement is

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acknowledged by Ng, Tuckett, Fox-Young and Kain (2014:162) who reflected that continuing formal education in nursing is very important as it prepares nurses to maintain and develop competence in a changing health context. Tame (2011:482) affirmed continuing formal education as a formal post-registration programme that improves the development of knowledge and skills of a particular nurse practitioner. In Calabar, Cross River State, Nigeria, it has been observed that continuing formal education is very important because it provides professionals with new theories and evidence of what does and does not work in their practice (Nsemo, John, Etifit, Mgbekem & Oyira, 2013:328).

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A study conducted in Northern Nigeria by Adamu, Adeleke, Aliyu and Mahmud (2015:68) showed that the World Health Organization (WHO) has mandated nurses to embrace evidence-based nursing practice to be competent practitioners hence nurse educators have been propelled to improve their knowledge, sharpen their clinical competency, be more independent and be autonomous in clinical judgment. Therefore, in this study, nurse educators should reflect on their practice, their knowledge and skills, identify their learning needs and should be aware of opportunities for continuing formal education in order to update themselves on current issues.

2.2.2 Importance of Continuing Formal Education

Continuing formal education has been established in the United Kingdom for the accumulation of Continuous Professional Development (CPD) points. The study conducted by Nalle, Wyatt & Myers (2010:108) indicated that continuing formal education helps to eliminate gaps between formal preparation and practice, enhance clinical skills and promote the development of knowledge and skills necessary for continued professional competence. The study conducted by Bennets, Elliston and Maconachie (2012:542) revealed that the broad aim of continuing formal education is to assist learners on self-directed learning and also encourage them to identify their ability to change people's lives. According to Richards (2007:29), continuing formal education empowers nurse educators to perform their jobs with confidence and with good effect. Continuing formal education was done in different countries for different reasons. A study conducted in France, Iceland, Sweden and Netherlands by Scheerens (2010:552) indicated that continuing formal education was done only for smooth running of the job, but not for salary increases. The participation in the programme was also optional, which means that the individual had to volunteer to participate in the programme.

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In some countries like England, continuing formal education was done by each and every health care practitioner for the renewal of the annual license with the statutory body. It was indicated that failure to accumulate the required CPD points led to removal from the roll (Baxter, Dicenso, Donald & Martin-Misener, 2013:355). In the United Kingdom, continuing formal education was done for the maintenance of lifelong learning, the improvement of competency levels as well as the mobility role that increase the person's employability (Richards, 2007:25). In Nigeria, continuing formal education was done for the development of new competencies to enable nurses to render quality patient care as well as job security (Nsemo *et al.,* 2013:329). According t Richards (2007:25), it has been estimated that the knowledge gained in a vocational degree improved the competence level that also keeps an individual up to date with the changing technology, legislation and operational procedures. A study conducted by Kennie and Enemark (1996:3), as reflected in Richards (2007:28), emphasized that continuing formal education assists in competitiveness whether in the private sector or public sector.

The response to competitiveness demands a high investment in developing people skills for effectiveness. The studies referred to reflect the importance of continuing formal education. The reviewed literature indicate a strong correlation between continuing formal education, the increased level of motivation, clinical, managerial and research competency experienced by nurse educators.

In South Africa, the study conducted by Petersen (2004:110) revealed that the SANC established a draft system for continuing formal education by health care practitioners in order to renew the annual practicing license as well as the maintenance of competency. It was indicated that the health care practitioner should reflect in her portfolio of evidence

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the 15 CPD points acquired during the accrual cycle. The evidence in the portfolio of the service includes the ethical and legal framework, the scope of practice, the management or leadership skills as well as the teaching or research skills (CPD Draft). The draft for continuing formal education affirmed that the nursing professions are increasingly at much higher risk from claims of negligence than in the past, therefore continuing formal education will assist nurses to respond to the array of problems that they encountered (Davee & McHugh 1995), cited in Richards, 2007:27).

Furthermore, continuing formal education safeguards the standards of competence that ensures the compliance of nurses with specified procedures. Continuing formal education by nurse educators assist health care practitioners to undertake a sound decision making during the implementation of evidence and research-based practice (van Wyk, 2006:45).

2.2.3 Barriers to Continuing Formal Education

Continuing formal education helps nurses to remain competent with the changing health care needs of the society, yet nurse educators are still faced with barriers to continue with post-registration programmes (Schweitzer & Krassa, 2010:441). Literature reviewed reflected on the barriers to continuing formal education which are classified as individual factors, governing bodies, organizational factors and financial factors.

2.2.3.1 Situational Barriers

Situational barriers are the factors that prohibit a person to get something from the situation in which an individual is exposed to. In this study the situational barriers were

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the individual characteristics that hold nurse educators responsible for not continuing with formal education (Richards, 2007:35). Various factors have been identified as affecting nurse educators on continuing formal education. In Turkey, the high schools and license degree schools were closed as a result of offering different diploma degrees resulting in low quality education. The lack of nursing schools and academic personnel in the all cities caused difficulties in continuing formal education by distance programmes (Seven *et al.,* 2014:653).

Results of studies conducted by Seven *et al (*2014:653) and Nalle *et al* (2010:112) on the evaluation of the continuing formal education showed that nurse educators had some concerns about the quality of education. In some circumstances many nurses have difficulty in requesting time off from work as they were to graduate by means of distance education (Schweitzer & Krassa, 201:441; Gitonga & Muriuki, 2014:45). The study was supported by Baxter (2013:354) in that more nurse educators had difficulty in following continuing formal education due to lack of time to leave the work setting, time associated with travelling to the centre for learning. The lack of time also contributed to fatigue due to workloads and staffing levels.

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In the same study, it was reflected that in Queensland, Australia, nurse educators were not supported by the service providers for continuing formal education. Some nurse educators had lack of available course to follow on personal interest (De Vito, 2005:5). The nurse managers and colleagues who were not studying demonstrated poor support to those with interest in continuing formal education (Smeltzer, 2014:269; MacAllister *et al.,* 2014:270*).* Family members also reflected lack of motivation and support that lowered their self-esteem (Richards, 2007:37). Those with lack of educational experience and the negative past experience showed that continuing formal education

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was impaired as they failed to support those on the programme (Tame, 2011:482).

Results of a study conducted by Baxter (2013:356) showed that the family and child care responsibilities was a barrier in completing full courses as the family needed to be catered for as well as the programme. In the same study it was reported that nurse educators had a challenge with the payment of fees as a result of financial constraints. Also, lack of funds contributed to the limited access to distance education technology requirements such as internet, teleconferencing, webcam and virtual classrooms. Besides the accessibility to technology, they also had a challenge in accessing the educational resources such as library.

2.2.3.2 Governing Bodies

These are the contributing factors emanating from the statutory bodies in the proffessional level. The governing bodies in nursing education sectors brought a negative impact on the issue of continuing formal education that resulted in closure of nursing education institutions (Seven *et al.* (2014:632). A study conducted by MacAllister *et al*. (2011:6) showed the high demands of academic bodies that put more pressure on nurse educators to balance the work and thus posed a serious challenge to continuing formal education. The same study also reflected inconsistencies regarding the national requirements for entry into the additional qualification in nursing education. The barriers regarding governing bodies were related to the practice, policies and procedures at the workplace.

The study conducted in Nigeria indicated that continuing formal education by nurse educators was done only by those with a general nurse and midwifery certificate. Secondly, nurse educators were restricted to undergo formal education unless if they

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renewed their license after a specified period, thereafter they will gain entrance into the continuing formal education. In contrast to attendance of formal education, some areas such as the clinical skills and the maternity skills were not covered and it resulted in shortage of CPD points (Nsemo *et al.*, 2013:331).

Research conducted in the Western Cape Province, South Africa, indicated that nurse educators were unable to attend continuing formal education as a result of the Department that failed to recognize nurse educators with granted study leave, and secondly, nurse educators have no staff development plans within their respective institutions and it was difficult for them to undergo continuing formal education (Richards, 2007:37). The study concurs with that reported by De Vito (2009) in that both the accessibility and affordability contributed in failure to continue with formal education.

2.2.3.3 Organizational Factors

These are the factors emanating from the workplace. Organizational factors are some of the serious concerns in continuing formal education by nurse educators as some nurse educators were reluctant to continue with their programmes (Nalle *et al.*, 2010:112). The employer failed to address all the learning needs and opportunities to nurse educators to continue with formal education. Secondly, nurse educators were not funded to attend clinical conferences, hence they paid for themselves. Besides the fact that they did pay for themselves, managers without academic qualifications felt threatened by staff members who were busy with their studies and it resulted in tension, conflict and resentment (Nolan *et al.*, 2000). He study conducted by Richards (2007:37) indicated that some organizations and institutions were not trustworthy for the services rendered and thus nurse educators were reluctant to pursue continuing formal education as they

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did not want to forfeit their money.

2.2.3.4 Financial Constraints

Continuing formal education was hindered by financial issues which posed a serious problem to nurse educators who were mostly from poverty-stricken families (Schweitzer & Krassa, 2010:443). The financial constraints to continuing formal education included the cost of attending formal education programmes, the distance to pay when travelling to the specified area as well as the money for the purchase of learning resources such as computers for the search of information (MacAllister *et al.*, 2011:6). The study conducted by De Vito (2009:114) revealed that most financial aid programmes were designed for full-time students only and it was difficult for part-time to continue with formal education. Scheitzer and Krassa (2010:443) further indicated that the financial aid was given only to regular students who were working towards a degree in the form of a loan.

2.3 Theoretical-Based Literature Review: Knowles' Adult Learning Theory

Knowles' Adult Learning Theory (1973:52) as cited in Onyango (2012:8) is a tool that scientists use to predict learning styles. The theory distinguishes between pedagogy and andragogy, recognizing that adults and children differ in their ability to learn. The theory identifies three main concepts that guide the design and implementation of adult learning programmes, namely, the goals and purpose of learning, the individual and situational differences and the six principles of adult learning.

2.3.1 Goals and Purpose of Learning

The basic assumptions of Knowles' adult learning theory are that learners need to know why they must learn something. They must also be self-directed to their learning and

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nobody should supervise them. Adult educators have the responsibility of helping themselves to satisfy their needs and achieve their set goals (Nafukho, Amutabi & Otunga, 2005:8). The same study indicated that the overall development of society requires programmes to equip adults with core competencies and skills to enable them to function in uncertain work environments.

2.3.2 Individual and Situational Differences

The study conducted by Onyanga (2012:10) indicated that adult learners learn differently depending on their learning style, learning environment, interests, background, goals and experiences. The abovementioned factors result in coping skills for adult learners as well as barriers to their participation. In this study, nurse educators should take responsibility of their learning, the context in which learning takes place should be considered, should know the reason for engagement in continuing formal education and should have a varied rich resource of learning in order to benefit from continuing formal education (Quinn & Hughes, 2013:23).

2.3.3 Six Principles of Adult Learning

Adults will not change their learning styles unless they believe in the learning principles. Adult learning will only be effective if they use a guide for designing and implementing continuing formal education programmes (Knowles, Holton & Swanson, 2005) as cited in Onyanga (2012:10). The principles are that learners need to know why they must learn something. They should be self-directed to their learning. Experience is the best teacher, so learners should have greater and varied experiences which serve as a rich sources for learning. Adult learners should also display readiness to learn.

An adult learner needs internal motivation such as self-esteem for good quality life and

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also to be satisfied with the job performed (Hughes & Quinn, 2013:23). The facilitators of the programme should also assist adult learners by taking into account their situational differences (Onyanga, 2012:8). In this study, nurse educators should be fully prepared to undergo formal education, should have a prior knowledge to formal education, should also know the reason to engage in formal education and should diplay individual responsibility towards learning.

2.3.3.1 Learners' Need to Know

People will not pay attention to learning if there is no reason for learning. Learners need to know why are they learning, what to learn and how are they going to learn (Knowles *et al.*, 2005:4). They need to know such questions before undertaking the learning programme. The CPD providers should display the course contents and the benefits to the programme that will uplift the adult learners' spirit of learning. In this study, nurse educators need readiness to know and correlate theory and practice after qualifications from a formal programme. Nurse educators are ready to learn when achieving a particular goal becomes important to them especially at the workplace.

2.3.3.2 Self-Concept

Maturity plays an important role in an adult learner. Adult learners move from dependence to independence during learning. The adult learner is not only a student, but has got numerous roles as a parent, a worker, a spouse and a citizen. The adult learner has got rights to be respected and should be treated as unique individuals. Adult learners should be given more freedom on their learning needs and should only be guided on how to engage them in learning. They must be involved during the decision-making process as well as planning their learning programme (Onyanga, 2012:11). Nurse educators

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should have a learning environment that enables self-assessment and the collection of evidence that informs them about their progress.

2.3.3.3 Experience

Experience being the best teacher, adult learners need to be recognized for their level of experience as it creates a foundation for the new material to be learned. (Knowles, 1970:44). The continuing formal education programme should include issues such as group discussions, case methods, role play and simulations in order to unfreeze their minds. In this study, nurse educators' experiences have great value in their process of learning. Experience will help nurse educators with the critical reflection or knowledge application during the period of their study and will make them more competent.

2.3.3.4 Readiness to Learn

Adult learners need to adjust themselves to learning in order to climb up a ladder to the next level. They need to undergo phases of personal growth, professional growth by reaching developmental tasks (Knowles, 1970:46) as cited in Onyango (2012:13). In this study, nurse educators should identify their learning needs at the workplace so that they can update themselves and become competent in their skill performance.

2.3.3.5 Orientation to Learning

Adult learners need to be orientated in order to know what is required from the programme as well as what is expected from them as learners. They need to be accustomed to the rules and regulations as well as policies that govern the programme. The rationale is that adults are problem- and task-oriented based and they show a need to apply the study content immediately (Klopper, 2009:40). The continuing formal education programme providers need to orientate adult learners on the course to be

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followed as well as the programme objectives, thus continuing formal education problem should be problem-based. In this study, nurse educators should be well orientated to the relevant rules and regulation pertaining to continuing formal education as stipulated in the Nursing Act (Act 33 of 2005) as well as all relevant policies and guidelines pertaining to development of an adult learner.

2.3.3.6 Motivation

Internal and external motivations play an important role in adult education. An adult gets motivated internally through job satisfaction and the quality of life. If there is dissatisfaction in the workplace, an adult learner won't show readiness to learn and thus can leave the job. External motivators include factors such as better jobs, higher salaries and vertical promotions (Onyanga, 2012:14), as cited in Knowles (1970:63). Adult learners get motivated if continuing formal education creates opportunities to meet their needs. They also continue their learning if they are provided the opportunities for success. They get motivated if they are presented with a variety of learning activities and if their interests are incorporated into their learning activities (Bruce *et al.*, 2016:119).

2.4 Summary

This chapter reviewed the literature relevant to this study. The issues discussed were concepts related to perceptions of nurse educators regarding continuing formal education, including the importance of continuing formal education and barriers to continuing formal education. Knowles' adult learning theory, rules and regulations as well as policies were also described. The next chapter describes the methodology of the study.

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CHAPTER 3

RESEARCH DESIGN AND METHOD

3.1 Introduction

The previous chapter gave a detailed literature review of the study. This chapter deals with the description of the methodology, the purpose, the research design, the methods applied regarding the population, sampling, sample size, data collection and analysis, the measures to ensure the ethical principles as well as the trustworthiness of data.

3.2 Research Design

The research design is the pattern within which the study was put into action. It is the overall plan for collecting data in a research study (Brink, 2015:217). It is a strategic framework or plan that guides research activity to ensure that sound conclusions are reached (Blanche *et al.*, 2014:563). A qualitative, explorative, descriptive, contextual research design was used as it was an effective design for providing an understanding on the perceptions of nurse educators regarding continuing formal education in Mopani and Vhembe Districts in Limpopo Province.

3.2.1 Qualitative Research Design

Qualitative research design as defined in Chapter 1 is interested in exploring the depth and richness of the phenomena under study. It focuses on the qualitative aspects of meaning, experiences and understanding of the phenomena as a whole (Brink, 2015:121). The main goal of qualitative research is to enable the researcher to draw a clear picture in order to analyze the in-depth embodiment of the relationships within and among the various aspects relevant to the problem. The aim of the study was to explore

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the depth, richness and complexity inherent in the perceptions of continuing formal education by nurse educators. The researcher wanted to develop a richer understanding of how nurse educators view continuing formal education in the selected nursing and satellite campuses of Mopani and Vhembe Districts and how it could be facilitated. This research was conducted in the participants' offices because it enabled them to actively participate in social actions (Brink, 2015:121). The researcher also used the main question as her point of departure as more questions emanated from the discussion.

3.2.2 Exploratory Research

The aim of a qualitative design is to explore areas in which there is no information existing (Lebese, 2009:39). The researcher considered the participants as experts about their perceptions and listened to them attentively while at the same time inviting them to share their stories with her. The dimensions of the meaning of continuing formal education were explored in order to gain insight into nurse educators' perceptions regarding continuing formal education in Mopani and Vhembe Districts in Limpopo Province. This approach was necessary as it assisted the researcher to fully investigate the nature of the phenomenon of interest.

3.2.3 Descriptive Research

Descriptive research implies that a phenomenon of interest is observed directly in the real situation as it gives complete and accurate information of the phenomenon (Polit & Beck, 2008:274). The information was gained through in-depth individual interviews

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and observations. The information obtained from the participants was documented, analyzed and classified to get new insight into it. In this study, the perceptions of nurse educators regarding continuing formal education in Mopani and Vhembe Districts in Limpopo Province were explored and described.

3.2.4 Contextual Research

Contextual research is an ideographic research in which the researcher can try as far as possible to study participants in their natural setting in order to understand dynamic meanings to the social, historical, political as well as cultural influences which are inseparable from these contexts (Creswell, 2014:185). Qualitative researchers collect data in the field where participants experience the issue or problem under study. In this study, participants were interviewed at their nursing campuses and satellite campuses regarding their perceptions on continuing formal education. This study was conducted in Mopani and Vhembe Districts of Limpopo Province. Nurse educators outside the selected study area were not included in this study.

3.3 Study Setting

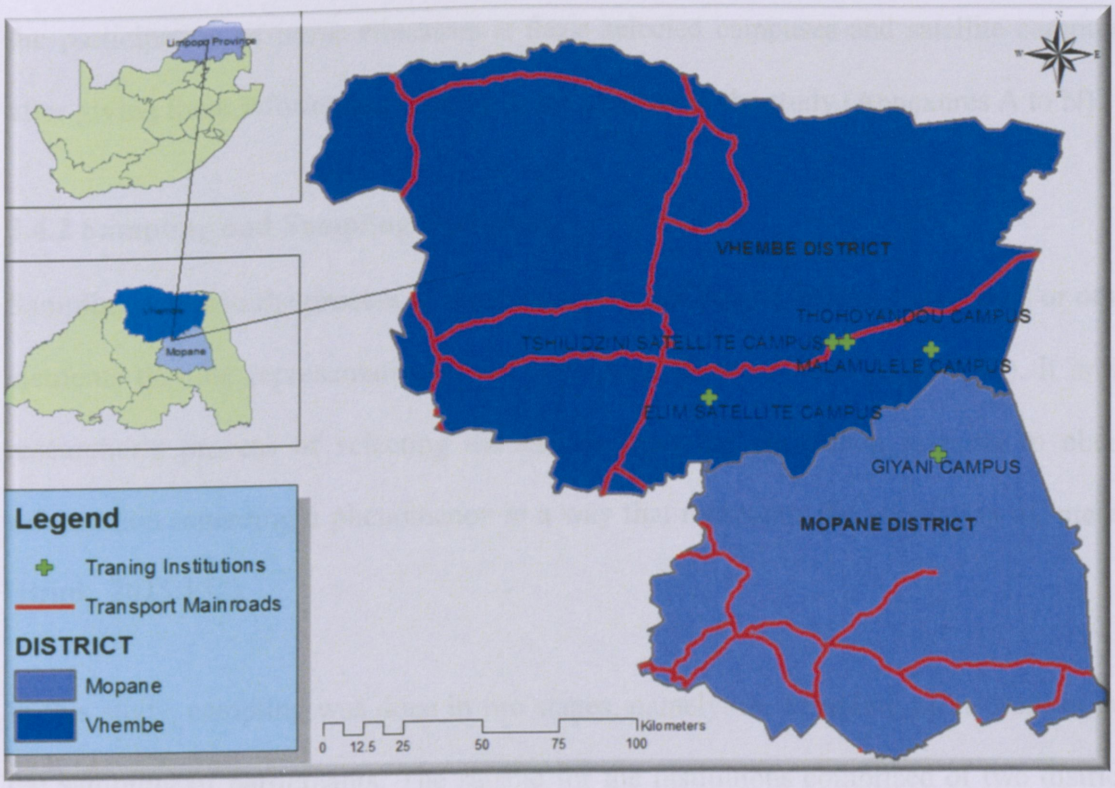
Setting refers to the geographical location where the study is conducted (Burns & Grove, 2014:373). It is the located area for conducting research such as a natural, partially controlled, or highly controlled setting (Burns & Grove, 2014:751). Qualitative researchers collect data in the field where participants experience the issue or problem under study (Creswell, 2014:185). In this study, the setting was the Limpopo College of

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Nursing campuses and satellite campuses where nurse educators teach student nurses in the Mopani and Vhembe Districts of Limpopo Province (Figure 3.1). The health structure of the Department of Health in Limpopo Province include the Nursing Education Directorate with five districts. Each district had five nursing campuses and satellite campuses. Mopani district had one nursing campus with five satellite campuses. Vhembe district had one nursing campus and five satellite campuses. Sovenga campus had three satellite campuses, Sekhukhune had three satellite campuses and Waterberg had five satellite campuses. Mopani campus is situated in the North-Eastern part of Limpopo Province. It is approximately 70 km from Polokwane. It is bordered in the east by Mozambique, in the north by Vhembe District and Zimbabwe and in the south by Mpumalanga Province.

Vhembe is one of the five districts of Limpopo Province of South Africa. It is the northern most district of the Limpopo Province, sharing its northern border with Beitbridge in Matabeleland South, Zimbabwe and Mozambique on the northeastern side. Limpopo Province has a central college with a campus per district. Each campus has satellite campuses. Vhembe District has Thohoyandou campus and satellite campuses and Mopani has Giyani campus and its satellite campuses. In this study, the setting comprised of two campuses of Limpopo College of Nursing both Mopani and Vhembe Districts and three satellite campuses of the Limpopo College of Nursing in Vhembe District where nurse educators taught their student nurses.

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Source: ArcMap, 2015

Figure 3.1: Map of the Mopani and Vhembe Districts in Limpopo Province

3.4 Research Methods

3.4.1 Population

Population refers to the complete set of persons that possess some common characteristics that are of interest to the researcher (Brink, 2015:131).

The study population included all nurse educators who currently work at two selected nursing campuses and three selected satellite campuses in Mopani and Vhembe Districts, Limpopo Province because they were considered the most relevant people who had knowledge about perceptions of continuing formal education. The researcher requested

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the participation of nurse educators at these selected campuses and satellite campuses after giving them information relating to the purpose of the study (Annexures A to N).

3.4.2 Sampling and Sampling Technique

Sampling refers to the process of selecting a group of people, events, behaviours or other elements that are representative of the population (Burns & Grove, 2014:44). It is the researcher's process of selecting the sample from the population in order to obtain information regarding a phenomenon in a way that represents the population of interest (Brink, 2015:132).

In this study, sampling was done in two stages, namely: the sampling of institutions and the sampling of participants. The sample for the institutions comprised of two districts (Mopani and Vhembe) of Limpopo Province. The institutions were purposely selected based on the high statistics of nurse educators, that is;, two nursing campuses and three satellite campuses. The campuses were Giyani Nursing Campus in Mopani and Thohoyandou Nursing Campus in Vhembe, and three satellite campuses in Vhembe District, namely Elim, Tshilidzini and Malamulele satellites campuses. This was done to identify whether there were any similarities and differences between the ways in which the nursing campuses and satellite campuses perceived continuous formal education. The sampling of institutions enhanced richness of data because of the perceptual differences of the participants.The sample of participants was selected from the selected campuses and satellite campuses based on the inclusion criteria.

3.4.3 Exclusion Criteria

Nursing institutions excluded were the satellite campuses with nurse educators without continuing formal education in Mopani and Vhembe Districts, Limpopo Province. The

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reason for exclusion was that they did not have any data regarding continuing formal education.

3.4.4 Inclusion and Exclusion Criteria of Participants

The inclusion criterion was willingness to participate in the study. The inclusion and exclusion criteria are listed in Table 3.1.

3.4.4 Sample Size

The sample size was determined by data saturation of information when the information started to repeat itself. In this study, the sample size was governed by data saturation reached after 10 interviews. Different cultural groups were represented during the selection of the sample.

3.5 Data Collection

Data collection is a series of interrelated activities aimed at gathering appropriate information to answer emerging research questions (Cresswell, 2014:189). The data gathering method of choice was an in-depth, unstructured, individual interviews and observations in the form of field notes. The data collection steps included setting the boundaries for the study, collecting information through semi-structured or unstructured individual observations and interviews, documents, and visual materials as well as establishing the protocol for recording information. The researcher collected data in the participants offices during their lunch time as agreed.

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Table 3.1: Inclusion and exclusion criteria

Criterion	Included	Excluded
Work setting	Nurse educators working in Mopani and Vhembe districts selected nursing campuses (with specific reference to Giyani Campus and Thohoyandou Campus and satellite campuses (Elim, Malamulele and Tshilidzini). This being the nearest and most accessible areas to the researcher	Nurse educators less than two years' experience in education and training. Nurse educators not willing to participate in the study.
Gender	Both male and female	
Age	25 to 60 years	
Languages	Xitsonga, Tshivhenda, English and Sepedi are the languages which make it easy to communicate and participants are able to express themselves better.	
Working experience	More than two years as the participants might have been exposed to the competency level in the training of students.	
Professional qualification	Registered with the South African Nursing Council as a nurse educator and currently registered for post graduate qualifications and those who completed a post graduate programme	Professional nurses without post graduate qualifications are excluded as well as those who are not enrolled for a post graduate programme.

3.5.1 Preparatoin for the Interview

The participants were ten (n=10) representing Tsonga and Venda. The heads of department gave permission to conduct interviews as well as the management of the selected nursing campuses and selected satellite campuses (Annexures C to M). The

researcher arranged with the participants regarding the date, time and place convenient to each participant for data collection. The basic principles of communication were adhered to. The interviewer projected herself in a way that evoked the least resistance in the interviewee. The interviewer was very frank so as to overcome problems of interviewees giving false answers or ending an interview at any stage. The researcher gave her credentials to reassure the interviewees. The participants were made aware of the proposed investigation and how the results would be utilized. The researcher obtained permission from the Department of Health (Annexures A and B), the hospital manager and the principals of the nursing institutions (Annexures D to M). Interviews with nurse educators were conducted at their offices. In-depth individual interviews were conducted as it was assumed that it would participants to describe their perceptions without feeling inadequate and this also guarded nurse educators against repeating the same perceptions. The environment was made comfortable and conducive without any disturbance. The environment was non-evaluative and non-threatening with comfortable chairs placed face-to-face. Written permission was requested from the participants before the beginning of the unstructured in-depth individual interview (Annexures N and O). A voice recorder was used with the participants' permission.

The participants and the researcher established ground rules to facilitate the smooth running of the interview. The researcher and the participants agreed to switch off their cell phones to avoid any interruptions during the interview. The use of a voice recorder, taking of field notes, the interview venue, time and date were also discussed. The researcher strove to establish a cordial atmosphere during the interview so that the interviewees could speak freely. The researcher developed mutual trust that ensured cooperation with the participants and that also improved data quality. The researcher responded in a manner that did not condemn the participants. The researcher terminated

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the interview when it was realized that the participants did not have anything more to say. The participants were made aware of the information captured during the interview through play back of the audiotape.

3.5.2 In-Depth Individual Interviews

This was a one-to-one interview between the researcher and the participants. The researcher asked them one broad question: *"What are the nurse educators' perceptions regarding continuing formal education in Mopani and Vhembe Districts, Limpopo Province?"* The participants answered questions in their own words, focusing on the research study. Confirmation of appointments was done telephonically by the researcher to strengthen the relationship with participants. Participants were given enough time to verbalize their perceptions regarding continuing formal education and the participants also gave sensitive information. The researcher used numerous interviews which took about 30 to 45 minutes. Non-verbal cues, such as facial expressions were recorded in a notebook (Lincoln & Guba, 2005:304). Participants were interviewed at different times, days and in different settings which were at home and participants' offices and this enabled the researcher to sample all targeted participants.

The audiotape recorder was used to record the verbatim interviews with the permission of the participants. Data were collected in English as it was the language that the participants preferred and it was easier for the participants to express themselves. The participants were encouraged to clarify certain aspects during the interview. Probing (Brink, 2015:158) was used to encourage participants to elaborate on the detailed information and to allow them to talk openly about their perceptions regarding continuing formal education in the selected Mopani and Vhembe District nursing campuses and satellite campuses in Limpopo Province. Data were then translated

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verbatim within 24 hours of data collection (De Vos, 2001:300).

The researcher used the "SOLAR" technique during the interview. This implies that the researcher adopted a position that demonstrated that she is there with the participants, facing them with an open posture, leaning forward, listening actively with less verbal phrasing and in a relaxed state. The participants were allowed to stand or adopt any position when they wished to emphasize something.

3.5.3 Field Notes

Field research involves immersing oneself in the actual set of events in order to gain first-hand knowledge of the situation (Blanche *et al*., 2014:559). Field notes were taken about the observations made in the field during the course of this study. Field notes describe the physical setting, the people present and the interaction itself. The researcher used field notes and the verbatim transcripts of the interviews during data analysis. The field notes consisted of observational notes, personal notes, theoretical notes as well as methodological notes (De Vos *et al*, 2011:409-410).

3.5.3.1 Observational Notes

These are the who, what, when, where and how of human activity (De Vos *et al*, 2011:409-410). Observations were noted regarding facial expressions in relation to certain experiences and this evidence was used to emphasize why dialogue was not present or how it was initiated. The researcher observed the complete descriptions of what the nurse educators said or did at the time of interview.

3.5.3.2 Methodological Notes

These notes are reminders, instructions and critical comments for the researcher (De Vos

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et al, 2011:409-410). They are the instructions to oneself, critiques of one's tactics and reminders about the methodological approaches that may be fruitful (Polit & Beck, 2008:406). They are the detailed notes on circumstances relevant to understanding the data. The data included what happened and what was heard, seen and experienced. The researcher also made notes where certain procedures were not followed or adjusted. In this study, the researcher reflected that senior nurse educators who are about to retire need to be interviewed next time to improve the quality of the interviews.

3.5.3.3 Personal Notes

These are the notes that were made by the researcher on the perceptions that were made on the behaviours that may have changed the interaction, including the impact of the researcher on the setting, if any (De Vos *et al*, 2011:410). These notes commented on the researcher's own feelings while in the field. The field experiences gave rise to personal emotions and challenged the researcher's assumptions (Polit & Beck, 2008:407). In this study, the researcher identified that the participants were so emotional while giving the information regarding continuing formal education as they had a need to continuing formal education, but indicated that there were challenges experienced.

3.5.3.4 Theoretical Notes

Theoretical field notes are self-conscious, systematic attempts by the researcher to derive meaning from observational notes (De Vos *et al*, 2011:410). The researcher thought about what she had experienced and made whatever private declaration of meaning she felt would bear fruit. Patterns repeatedly found were identified and new meanings were inferred and conjectured from interactions with the participants and new interpretations and definitions formulated from field observations (Polit & Beck, 2008:406-407). In this study, the researcher reflected that nurse educators had some challenges regarding

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continuing formal education. In this study, the researcher identified that the data collected revealed that most of them had an experience on issues regarding continuing formal education.

3.6 Data Analysis

The researcher used qualitative data analysis methods to evaluate the data. The voice-recorded interviews were transcribed and analyzed together with the field notes. Data analysis was conducted according to the process of Tesch's eight-step method (Cresswell, 2014:195). Tesch's method of open coding is described in the following paragraphs:

- **Get the sense of the whole:** The researcher read all the transcriptions carefully and jotted down ideas that came to mind.
- **Pick one document:** The researcher picked one transcript and go through it to see what it is all about. The researcher highlighted meaning and wrote her thoughts down in the margin.
- **List the topics:** When the researcher had completed the second steps, the researcher clustered similar topics together, and then arranged these groups in columns under major, unique topics and leftovers.
- **Go back to the data:** The researcher abbreviated the topics as coded and wrote the coders next to the appropriate segments of text to see whether new categories and codes emerge.
- **Describe the topics:** The researcher found the most descriptive word for each

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topic and turned them into categories. Topics that related to each other were grouped in order to reduce the number of categories.

- **Abbreviate categories:** The researcher made a final decision about the abbreviations for each category and alphabetized the codes.

- **Assemble the data:** The researcher gathered data belonging to each category and did a preliminary analysis.

- **Recording:** The researcher recorded existing data using Tesch's method. After data analysis the researcher and the independent co-coder met and reached consensus on themes.

3.7 Summary

This chapter discussed the research design and method, including the data collection methods, data analyisis, measures for ensuring trustworthiness and ethical considerations. Chapter 4 presents the research results and the literature integration.

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CHAPTER 4

RESULTS AND DISCUSSION

4.1 Introduction

The previous chapter discussed the research design and methods, including the data collection strategy, measures for ensuring trustworthiness and ethical considerations. The objectives of this chapter were to analyze the raw data and reduce it into themes and sub-themes to reflect participants' views on perceptions of nurse educators regarding continuing formal education in the selected nursing campuses in Mopani and Vhembe Districts, Limpopo Province. Nurse educators who participated in this study were attached to facilities that were targeted by the researcher to determine their perceptions regarding continuing formal education. These results also reflect opinions of nurse educators who had been continuing with formal education and were continuing with formal education at the selected facilities. Relevant literature was used against the findings whilst incorporating Knowles' Adult Learning Theory.

4.2 Demography of the Participants

Data were collected from 10 nurse educators working at the selected satellites and nursing campuses at Mopani and Vhembe Districts, Limpopo Province. Data collection was saturated at 10 nurse educators because no new information was forthcoming from the rest of the nurse educators. Nurse educators were 3 males and 7 females. The age of nurse educators ranged from 43 to 58 years. Four nurse educators were employed at nursing campuses and six were selected from satellite campuses. The participants' work experience at both the nursing campuses and satellite campuses were between 4 and 14 years with the majority of participants with more than four years' experience. The

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participants' qualifications indicated a variety of specialties' which matched the inclusion criteria. The majority of participants were Tsonga speaking. However, interviews were conducted in English (Table 4.1).

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Table 4.1: Participants' demographic details

P	Gender	Age	Professional Qualifications	Experience	Teaching Field	Home Language
1	Female	51	Diploma in general nursing; midwifery; ophthalmic nursing, baccalaureus degree in nursing education and administration	4 years	Ophthalmic Nursing	Tsonga
2	Female	49	Diploma in general nursing; midwifery; ophthalmic nursing, baccalaureus degree in nursing education and administration	5 years	Ophthalmic Nursing	Tsonga
3	Female	43	Diploma in general nursing; midwifery; community, psychiatry nursing, baccalaureus degree in nursing education and administration; Master in Health Science	10 years	Biological Nursing Science	Tsonga
4	Female	52	Diploma in general nursing; midwifery; community, psychiatry nursing, baccalaureus degree in nursing education and administration; Master in Health Science	14 years	Biological Nursing Science	Tsonga
5	Female	56	Diploma in general nursing; midwifery; community, psychiatry nursing, baccalaureus degree in nursing education and administration; Master in Health Science	12 years	Integrated General Nursing Science	Tsonga
6	Female	43	Diploma in general nursing; midwifery; community, psychiatry nursing, baccalaureus degree in nursing education and administration; Honours degree in nursing	10 years	Biological Nursing Science	Venda
7	Female	52	Diploma in general nursing; midwifery; community, psychiatry nursing, baccalaureus degree in nursing education and administration; Honours degree in nursing	4 years	Biological Nursing Science	Venda
8	Male	52	Diploma in general nursing; midwifery; community, psychiatry nursing, baccalaureus degree in nursing education and administration; Honours degree in nursing	4 years	Integrated General Nursing Science	Tsonga

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9	Male	56	Diploma in general nursing; midwifery; community, psychiatry nursing, baccalaureus degree in nursing education and administration; Honours degree in nursing	5 years	Integrated General Nursing Science Orthopedic Nursing Science	Tsonga
10	Male	58	Diploma in general nursing; midwifery; community, psychiatry nursing, baccalaureus degree in nursing education and administration; Honours degree in nursing	14 years	Integrated General Nursing Science Operating Theatre Technique	Tsonga

P=participant; n=10.

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It was easier for the researcher to enter the research setting as the researcher met the participants in their respective offices suitable to them. The written permission was granted by the authorities. The participants welcomed the researcher as agreed before participation in the study. The researcher obtained an informed consent from the participants to voluntarily participate in the study. The in-depth, individual unstructured interviews were conducted over a period of one month. The participants were interviewed in their offices during their free periods as it was the right time to participate. The researcher travelled to each participant's physical site as indicated by each participant.

The researcher developed a log to keep a record of documents collected for analysis in the study. The log helped the researcher to identify whether the information was directly from the participants or the situation under study (Cresswell, 2014:194). The researcher applied various skills for communication such as probing, reflecting, clarifying and summarizing during the interviews (De vos *et al.*, 2011:404). The interviews were transcribed verbatim from the voice recorder. Data analysis was done according to Tesch's coding system. In this study, the researcher conducted interviews with selected nurse educators and set boundaries during the interviews. Data were collected through unstructured observations and interviews and was documented in the logbook and established the protocol for recording information obtained through interview.

4.3 Presentation of the Findings

The themes and sub-themes identified from the nurse educators are illustrated in Table 4.2. Participants expressed different views about their perceptions regarding continuing formal education. During interviews, nurse educators indicated the necessity of continuing formal education as well as the challenges regarding continuing formal

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education. The challenges expressed were related to internal and external motivations. The data reflected benefits of continuing formal education, motivation and encouragement for continuing formal education, methods to obtain continuing formal education as well as challenges related to continuing formal education. Appropriate quotations drawn from the raw data are contextualized with the relevant literature to substantiate the themes. A detailed description of the themes and sub-themes with direct quotations are integrated with the relevant national and international literature.

Table 4.2: Perceptions of Nurse Educators Regarding Continuing Formal Education: Themes and Sub-themes

Themes	Sub-Themes
1. An outline of the benefits of continuing formal education	1.1 A view that continuing formal education empowers with knowledge
	1.2 A view that continuing formal education facilitates change
	1.3 Development of health/nursing science/care outlined
2. Motivation and encouragement for continuing formal education	2.1 External motivation
	2.1.1 Existence of encouragement to continuing formal education
	2.1.2 Existing incentives for continuing formal education
	2.1.3 Existing enforcement of continuing formal education
	2.2 Existence of internal motivation
3. Methods to obtain continuing formal education	3.1 Existence of formal qualifications
	3.2 Existence of formal programmes with educational support
	3.3 Experiential learning
4. Challenges related to continuing formal education	4.1 Lack of internal motivation/resources
	4.2 Lack of external motivation

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4.3.1 Theme 1: An Outline of the Benefits of Continuing Formal Education.

During interviews, nurse educators indicated the importance of continuing formal education. Participants mentioned that continuing formal education helps them to get new relevant information and transfer it to the recipients. They expressed that continuing formal education makes them to become wiser as they know how things are done in a technical way. The new technology helps them to communicate with outsiders within the very short period without driving to the distant area. They reflected that they become updated with recent health issues as they are able to identify dreadful conditions and the management thereof. Nurse educators also indicated that the knowledge obtained from Honours and Masters degrees helped them to facilitate students focusing on research. It was also said that continuing formal education enables them to get hired at the higher education institutions (HEIs) as they met the requirements. They also reflected that through continuing formal education they become inquisitive to learn in order to apply the knowledge gained in similar situations globally.

This was reflected by female P2 who said:

> *It is good because ... new information will be there so a nurse educator will always kept abreast with new development, gaining more knowledge, senior degrees as being ahead of students. Knowledge will be ahead than that of students. Educators can feel undermined or threatened, students can feel more educated ... educators will be threatened and students can make educators not well equipped.*

Female P1 said:

> *This is the ever changing world as everything eeh ..is changing and as an educator you need to change like the changes are happening*

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> *because if you don't continue educating yourself you end up having information which is no more relevant to the situation, so we need to continue educating yourself so that you have new information ... is relevant at that particular time to you and that will help you to transfer this information to students as you are an educator.*

Female P3 said:

> *My perception regarding continuing formal education is that is good because things are changing when you continue to be educated I think that is where you will be educated with current issues which we are no longer sure about how to to do this or that because things are changing here at the college we might not be aware about the how part of doing things.*

P3 also said:

> *The current issues I can give an example of maybe ARV programmes because here we are not dealing directly with a patient, so things, this are the example of things that we are to be updated.*

Nel (2015:648) indicated that continuing formal education was a benefit to nursing knowledge as there is relevance connected with reality. The nursing knowledge gained through continuing formal education enables participants to transfer it to the real practice environment. This was supported by Cannerts and Gastmans de Castele (2014:860) as nurse educators had critical thinking skills through continuing formal education and the skills transferred to students during facilitation enabled nurse educators to develop and deliver nursing education programmes in preparing nursing students to work. (Albutt *et al.*, 2013:42).

Gitonga and Muriuki (2014:251) supported that continuing formal education improved

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the standard of practice. The improved standard of practice enabled them to teach with social media; hence, they were able to use interactive classrooms practices. The literature in Sogunro (2015:29) corroborated that the instructional devices used during formal education aroused motivation in adult learners, especially with the use of technology. Considering the above, it is clear that continuing formal education updates nurse educators with current information that equip them with good nursing care to the recipients.

The data reflected that continuing formal education helps with knowledge empowerment, facilitation of change as well as development of health, nursing science and nursing care. The following sub-themes were identified from the theme: benefits of continuing formal education:

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4.3.1.1 Sub-Theme 1.1: A View that Continuing Formal Education Empowers with Knowledge

Nurse educators said in interviews that continuing formal education empowered them with knowledge. The participants mentioned that continuing formal education improved their attitudes, their knowledge and skills have increased as well as changes in behaviours. The data indicated that continuing formal education helped them with the transfer of information to students, hence students are competent. They indicated that they got new strategies in the facilitation of students and it became easier for students to get the information clearly. They also reflected that continuing formal education helped them with the updates related to the current health issues such as Antiretroviral (ARV) programmes and thus they are able to take comprehend and transfer the information to clients affected with dreadful diseases. The knowledge gained through ARV

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programmes assisted them to empower students during the facilitation. The knowledge obtained through postgraduate qualifications encouraged them to undertake research studies and they were able to challenge any situation relevant to nursing as they got the information through research. They also reflected that they were able to get higher posts in HEIs as a result of continuing formal education.

According to Knowles' Adult Learning Theory, nurse educators are able to use the information gained through continuing formal education as they are self-directed in their learning as well as goal-directed. In this study, it is clear that nurse educators are ready to learn if they know the reason of continuing formal education. The employment at HEIs motivated them to continue with formal education so that they remain updated with information related to facilitation.

The following are the quotes from participants:

Female P7 indicated:

> *... so that we teach recent information to students relevant information and not to leave them behind.*

Female P5 responded:

> *For us nurse educators ... hmmm ... with me what I see is that to continue is a need because to us nurse educators we are people who are providing , have more information to students ... meaning that we must continue, if we are not continuing we will produce nurses who are not competent or who are also not well educated.*

Female P4 replied:

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I recommend that all lectures should have masters in order to can facilitate students on research.

Nurse educators expressed their views that continuing formal education is very much important as an educator because if you do not continue with education you will be lagging behind with outdated information. New information makes people to be wiser educationally. The study in MacMahon *et al.* (2015:164) reflected that continuing formal education is now a prerequisite for permanent employment as a nurse educator in South Africa. The strategy is to improve the quality of beginning teachers. According to the study conducted by Sahlberg (2010:2), continuing formal education empowered nurse educators to attain higher qualifications as an entry requirement to teach at university level.

Similar to South Africa, the Council for Higher Education (CHE) empowers all nurse educators to undergo formal education in order to update students with current information relevant to the context. The Masters degree is the entry requirement to improve the quality of education. Study by Ng *et al.* (2014:165) reflected that nurse educators felt that post graduate education expanded their outlook on nursing education. This is a clear indication that there is a demand for continuing formal education by nurse educators for the improvement of knowledge in the nursing profession.

Continuing formal education increased awareness of nursing and complexity of ethical issues in the caring practice (Cannerrts, Gastmans & de Casterle, 2014:860). The statement concurs with Gitonga and Muriuki (2014:251) in that continuing formal learning enables individual health workers to maintain and improve the standards of medical practice through the development of knowledge, skills, attitudes and behavior. Continuing formal education enables nurses to develop critical analysis and problem-

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solving skills when dealing with critical issues in nursing. These result in nurse educators gaining knowledge and improving patient care. According to Abushaikha, Mahadeen, AbdelKader and Nabolsi, (2014:266), continuing formal education empowers nurse educators with knowledge as they acquire new nursing skills and gain health related knowledge. Such knowledge helps them to becoming productive members of society. Nurse educators are able to care and help others as they view nursing as vital to society. They view continuing formal education as very much important as every home in the society needs a nurse who can help patients with the management of chronic conditions (Fleming, 2014:168). Through continuing formal education, nurse educators develop an increase in the awareness of personal qualities and limitations; hence, they are able to make use of the analytical and reflective skills, develops their personal and professional values and could also state their thoughts positively (Cannerts *et al.,* 2014:871).

The increased confidence influenced nurse educators' ability to perform satisfactorily at work as they have a much wider view of the whole picture in nursing education. They felt more confident with the use of graduate knowledge and are able to accept challenges in the practice area. Nurse educators alluded that continuing formal education increased advancement in their career and also increased the credibility in the employment setting (Ng *et al.,* 2014:166). The study concurs with Ng *et al.* (2014:166) in that nurses with higher educational preparations had a higher incidence of corrective decisions as a result of continuing formal education. This is a clear indication that continuing formal education improved their level of understanding and knowledge to their professional contributions.

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4.3.1.2 Sub-Theme 1.2: A View that Continuing Formal Education Facilitates Change

Of particular concern was the realization that previously nurse educators were not updating their knowledge and skills; hence, it was found that nurse educators expressed that they wanted to see changes with continuing formal education. Nurse educators expressed that they wanted to make changes through continuing formal education as there were continuous changes throughout the life cycle. They indicated that they needed to be the best people with relevant information as presently they facilitated through research and not the old teaching style. They indicated that continuing formal education helps to remain active with everyday events as the nursing profession is always affected by health crises. Therefore, nurse educators should be able to effect changes with the knowledge gained through continuing education. This was confirmed by the following statements:

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Female P3 explained:

> *Continuing education is a necessity to educators as long as you are willing to stay working in the nursing profession and helping with changes in a good way and motivational way as will be serving an ever changing community or you update yourself at that particular time.*

Female P6 reasoned:

> *In order for us to see changes and I think this is very much important and each and every one of us was supposed to educate himself or herself continuously so that you could be the best person on whatever is being done.*

Female P2 indicated:

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> *It is good because ... new information will be there so a nurse educator will always kept abreast with new development, gaining more knowledge, senior degrees as being ahead of students.*

Female P5 said:

> *Research previously students were facilitated without research but nowadays we are facilitating with knowledge obtained from Honours and Masters degrees.*

Nurse educators indicated that continuing formal education assisted them with the challenges that are happening within the community as things are always changing. They also highlighted that continuing formal education helped them to apply recent information to the current situation. In the nursing education training institutions, they now facilitate students through research whereas previously they were using old-teaching strategies. Continuing formal education helps nurse educators to conduct research in challenges facing the societies, thus helping with changes in those societies. Being a researcher, changes in the society can make the researcher a consultant as there will be lot of changes through research. Savah and Shah (2015:559) supported this notion in their study that the government in Europe had seen it vital to implement a national system regarding continuous education for adult people for improving the quality of training and thus effecting changes. Similar to South Africa, the implementation of new curricula is in place in the South African Education System. The goal of the system is to facilitate changes through the production of appropriately educated nurse professionals to meet the needs of all South Africans (Bruce *et al*., 2016:340).

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There is a growing body of literature that buttresses the potential of continuing formal education to support the statements. The study conducted by Graves, Tomlinson, Handley and Oliver (2013:4) indicated that qualified nursing faculties effect changes through continuing formal education. It was also reflected that the qualified nurses were the source of information to the society. Today, nursing education sector is in need of educators with in-depth nursing knowledge who are competent as nurse educators and researchers (Benner, Sutphen, Leonard & Day, 2010) who were knowledgeable about research to effect changes. The study concurs with OECD (2015:43) in that the Director General for Higher Education deemed it important for nurse educators to upgrade their qualifications as a lecturer to Masters and PhD levels so that they can make changes in the society, thus improving the global health imperatives.

Nurse educators are goal-directed if they know the reason for continuing formal education. The findings of this study also demonstrated willingness to continuing formal education as there are regulatory bodies such as NQF that sets boundaries in the construction of a new qualifications system. (North-West University: Study Guide for Health Science Education, Erasmus, 2016:2). They are therefore motivated by the regulatory bodies and the societal demands to undergo continuing formal education to effect changes. Participants indicated their views on the importance of continuing formal education regarding change. They expressed that continuing formal education effects changes in the human mind, therefore the updates on everyday events becomes active. Continuing formal education enables nurses to develop critical analysis and problem-solving skills when dealing with critical issues in nursing. The changes through continuing formal education as reflected in (Adamu *et al.,* 2015:71) indicate a change in attitudes, a change in the acquisition in knowledge and skills as well as the changes in behavior. The literature in Ng *et al.* (2014:165) reflected that continuing formal

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education expanded their outlook on nursing education. Nurse educators are able to deal with any challenge related to nursing through the knowledge gained in research. The study by Cannerrts, Gastmans and de Casterle (2014:860), supported that continuing formal education facilitate change as reflected by an increased awareness of nursing and complexity of ethical issues in the caring practice. The statement concurs with Gitonga and Muriuki (2014:251) in that continuing formal learning enables individual health workers to maintain and improve the standards of practice gained through research.

Findings in a study by Abushaikha, Mahadeen, AbdelKader and Nabolsi (2014:266) also go along with the principle that continuing formal education facilitates change as they come with better ways to manage the chronic conditions in the society (Fleming, 2014:168). Through continuing formal education, nurse educators develop an increased awareness of personal qualities and limitations. Therefore, they are able to make use of the analytical and reflective skills, develop their personal and professional values and could also state their thoughts positively (Cannerts *et al.,* 2014:871).

However, Sava and Shah (2013:6) reflected that the changes through continuing formal education increased stress to adult learners. It was reflected that there is an increased workload in adult learning as a result of curriculum changes—thus nurse educators are unable to continue with formal education as they are aging with increased responsibilities (Sava & Shah, 2013:6). Arnason and Valgeirsdottir (2015:247) showed in their study that nurse educators did not believe that they could effect a change through continuing formal education as they had a bad experience at school that demotivated them. Another study by Zeng (2016:285) suggested that the training received in formal education are irrelevant to their needs as they perceived that there was no change at the workplace. In this study, the researcher identified that most nurse educators got

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motivated once they know the outcomes of their learning. According to Knowles (2014) it shows that adult learners are self-directed towards learning and are goal directed. They are therefore able to effect changes through the application of knowledge and skills learnt through continuing formal education at the workplace.

4.3.1.3 Sub-Theme 1.3: Development of Health/Nursing Science/Care Outlined.

Nurse educators indicated their positive concern towards continuing formal education. They implied that through continuing formal education they were able to do restructuring of nursing issues. They expressed that they were better able to identify challenges related to nursing and address it systematically. They indicated in their interviews that inputs gained through problem identification could be sent to the regulatory bodies to develop health care programmes. They also suggested that the strategies to solve problems could help to compose strategies for implementation. They expressed that the information gained outside the nursing profession could be applied to the nursing field and develop guidelines relevant to the nursing profession. This was reflected in the following statements:

Female P5 indicated:

> *We need to restructure the nursing areas. Restructuring nursing is that we need to ... after we have done research we can give input to the SANC ... or we do or compose strategies on how to approach problems in nursing.*

Female P5 also said:

> *Eehh ... new strategies and plans will be developed so as to improve the areas ... the areas that are deficient ... The strategies ...*

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Female P6 expressed this view:

> *Because some of the things you find that maybe when you acquire them even if they are outside nursing you take them and fit them in our our nursing profession.*

Nurse educators revealed that continuing formal education helped them in restructuring nursing. They restructured the conditions for study such as time to learn and articulate what to do and the reason thereof. They also indicated that continuing formal education benefited them as they facilitated their programmes through research-based strategies. They also pointed out that continuing formal education helped them with the necessary information to be sent to the regulatory body (SANC) for update purposes. The updates help the regulatory body to effect changes to the health organizations. They indicated that through restructuring nursing practices they were able to provide perfect nursing care to clients. The restructuring helped them to put new strategies in areas with deficiency and fit it in the right situation. They further indicated that the inputs for the research done on the restructuring of nursing areas will be sent to the SANC as inputs to promote the competency level of nurses.

This was confirmed by MacMahon *et al.* (2015:158) who stated that the high standard of nursing care was achieved through restructuring. The literature in Abushaikha, Mahadeen, AbdelKader and Nabolsi (2014:266) further reflected that continuing formal education was restructured for both males and females nursing to accommodate more males in the nursing profession. It was restructured in order to increase manpower in the nursing profession. Nursing was traditionally the career for females only and then through continuing formal education it was identified that males should be included in the profession in order to address the global nursing shortages. The findings in White

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Paper (2013:37) substantiate that academic staff in South Africa needed restitution in order to improve the employment conditions for academics, thus mentoring them up until the doctoral studies.

Gitonga and Muriuki (2014:251) acknowledged that continuing formal education helps with the updates of current research knowledge. The standards of practice are improved through restructuring research knowledge. The restructured knowledge helped nurse educators to use experiential learning or self-directed learning that led to the development of good nursing care to patients.

The DHET indicated that all employers should restructure their training in order to expand the workplace training opportunities (White Paper, 2013:15). The new curriculum that will be in force for the new qualifications for nurses will also come up with the competencies needed to meet the challenges of the 21st century (SANC Circular 14 of 2014). This shows that continuing formal education also assist with restructuring of health care in order to accommodate the future nurses. Knowles' adult learning theory indicates that the learning readiness encourage an attitude of questioning to nurse educators that contribute to a meaningful debate. Nurse educators are able to facilitate learning through research and are therefore able to develops theories through meaningful debate. They are able to formulate nursing diagnosis to different conditions related to the workplace, thus bringing an improvement in the caring aspects.

4.3.2 Theme 2: Motivation and Encouragement for Continuing Formal Education

Nurse educators expressed both the external and internal motivations regarding continuing formal education. Motivation is an internal process that guides, activates and maintains behaviour over time (Slavin, 2014:306). They expressed motivation as what

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you get going, keeps you going and determines where you are trying to go. According to Klopper (2009:9), motivation is the creation of dissonance that causes a human being to constantly search for new experiences that are pleasant, fulfilling, interesting, challenging and meaningful. The study reflected both the external and internal motivation that create their willingness to continuing formal education.

Adults are motivated to keep growing and developing in relation to their career and the more they grow, the motivation to learn also increases. The internal motivation includes the increased in job satisfaction, self-esteem and the quality of life (Onyango, 2012:14). Nurse educators indicated that job satisfaction is increased when invited to workshops, whereby their problems can be identified. They also indicated that they should be in-serviced on programmes that are pipeline so that they can have recent knowledge. The in-service programmes increased their self-esteem as they developed competent knowledge. They also expressed that the gaps at the workplace can be identified as it would enable them to go for formal training; hence, their quality of life is improved. They also reflected that short courses can be done regularly so that they can all get current updates. They also signalled that nurse educators should have a Masters' degree as an entry requirement to get hired. They also reflected that the training institutions should be available in the nearby areas so that it would be easier to go for training. They also stated that the department should pay half price of the total fees as they are demotivated when paying full amount. The following are the themes that were identified in their interviews:

Female P2 said:

Programmes for in service education training can be done ... gaps

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should be identified, by the government and a programmes should be drawn, so that every person entitled to go for such education it will improve.

Female P3 stated:

I think short courses can be done regularly, changing programmes such as regime.

Female P2 said:

I think the department should also pay half amount or full study.

Male P9 said:

And also decentralising the training institutions to avoid travelling to places far away from people. The electrical resources should be made available, ensuring that people could have access to can do the searching of recent information such as the use of internet through whiteboard.

The study by Yfantis *et al.* (2010) reflected that nurses were unable to attend programmes at the workplace for development due to heavy workload. The literature suggests that qualified nurses experienced difficulties in accessing opportunities for professional development. It was verbalized that the low staffing levels, difficulty in obtaining study leave, lack of support from managers, lack of funding and late advertisements of CPD programmes are all obstacles to continuing formal education. The staff were not released to attend the learning programmes and thus they were demotivated to continue learning.

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The findings in Arnason and Valgeirsdottir (2015:247) revealed that student gaps were identified, but the students could not learn or finish a learning programme due to the bad experience from school. They did not believe that they were capable of completing the course. Findings in Gitonga and Muriuki (2015:251) indicated that the continuing formal education has been recognized nationally and nurses were compelled to undergo continuing formal education to increase the accountability to the whole country. The findings in White Paper (2013:17) also acknowledge the expansion of continuing formal programmes for full time staff so that they can be updated on recent information. This shows that nurse educators need motivation in order to continue with professional development to maintain the competency level throughout their life span.

The literature in Gitonga and Muriuki (2015:255) indicated that in Kenya strategies were developed to ensure that all staff participates in continuing formal education. They reflected that scholarships were even paid for short courses as well as specialised workshops. The staff was also paid study leaves. Findings in OECD (2015:43) confirmed that in Indonesia, funding was done only to students at HEIs whereas those from poor background were disadvantaged. The study suggested a greater flexibility for bursaries to accommodate also learners from poor backgrounds. Similar findings in Badu-Nyarko (2015:94) indicated that nurses in Ghana were given study leave with full pay.

However, findings in Coventry *et al.* (2015:2715) indicated that nurses were prevented from attending short courses because they were not paid study leave. This made them to not to attend continuing professional development. Throughout the literature motivation to engage in continuing formal education is linked to increased job competence and increasing professionalization of nursing, but in this study, nurse educators were

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inhibited to access continuing formal education.

4.3.2.1 Sub-Theme 2.1: External Motivation

All adults are motivated to keep growing and developing in relation to their career. It is therefore important to note that as adults mature, the motivation to learn is more from within rather than outside. External motivation includes better jobs, promotions and higher salaries (Knowles, 1970:63). In this study, external motivation was indicated by participants as being one of the motives to continuing formal education. Nurse educators reflected that they will continue with formal education once their qualifications or their programmes are recognized by employers and educational institutions in the form of higher salaries.

They expressed that they are motivated to continue with formal education as their qualifications will enable them to be accommodated at the university level. They reflected that senior nurse educators should be the first to continue with formal education so that they can be their role models. It was also indicated that continuing formal education should be advertised by the relevant department as well as the professional bodies so that they can be motivated to continue learning. External motivation was discussed fully under encouragement to continuing formal education, incentives and enforcement of continuing formal education.

The following are the quotes from the participants:

Female P2 said:

> *Study leaves also can be effective as adults and kids are studying and the fees are expensive as they cannot afford.*

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Female P3 asserted:

> *I think the college management should liase with managers in the nursing service and make them aware so that we get updated.*

Female P4 said:

> *I think is important to go for in-service, workshops ... each and every lecture must have a postgraduate degree ... each and every lecturer to have it.*

Female P7 pointed out:

> *I think the government must try by all means to give scholarships to the people who want to continue formal education.*

Female P5 said:

> *At least ... eeeh ... we must be given enough time to attend to our studies.*

Male P10 responded:

> *Incentives, as it is expensive to learn such as books, internet, gadgets, unless if a person need it for personal gain. Giving her more chance to learn as there will be remuneration attached to her learning.*

Participants indicated that the issue of study leave extension will motivate them to continue educating themselves. They expressed in their interviews that the college management should communicate and plan the method of continuing formal education to nurse educators so that they can get motivated. They also reflected that the government should accommodate them with scholarships so that they can continue with

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education. Furthermore, they indicated that qualifications should be followed by remunerations that will motivate them to learn.

The literature in Cannerts *et al.* (2014:873) affirmed in the study that nurse managers created a conducive learning environment in the form of study leaves for nurse educators to produce good results. However, nurse educators indicated a serious challenge with study leaves, hence they reflected that more time was needed for classroom discussions. They also indicated that they were taught at a superficial level as the content was not fully covered. Sava and Shah (2013:7) supported that the issue of study leave will be beneficial, although female nurse educators do not get enough time to study due to a lot of roles. Albutt *et al.* (2013:42) supported that enough time should be given to nurse educators to bridge the gap between theory and practice so that they can be competent. Nurse educators also proposed that the inservice training programme should be implemented so that they can be motivated to continue formal education. The study conducted by Sogunro (2014:32) supported that in-service training programme promoted the will power to study as it was compulsory. In countries such as Kenya, failure to continuing formal education was a penalty to the regulatory body.

Similar to South Africa, the draft for CPD Framework supported the CPD points in order to remain competent. In-service training is beneficial to accumulate points for the renewal of licence to practice annually. This indicates that the training programmes should be implemented to motivate nurse educators to continuing formal education. Nurse educators demonstrated that formal qualifications should be followed by rewards. Sogunro (2014:32) supported that those who continue with formal education were offered paid study leave and that motivated them to continue with formal education.

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According to Knowles' Adult Learning Theory, it brings us to the point that nurse educators are able to continue with formal education once they are motivated with extrinsic and intrinsic motivators. The extrinsic motivators are the funding of educational programmes, granting of study leaves and incentives after a formal qualifications. The intrinsic motivations includes job satisfaction at the workplace as nurse educators indicated the ability to develop the ability to correlate theory and practice, develop critical-evaluating thinking and critical self-reflection. through discussion methods with relevant stakeholders.

4.3.2.1.1 Sub-Theme 2.1.1: Existence of Encouragement to Continuing Formal Education

Nurse educators expressed their views on encouragement towards continuing formal education. They indicated that they will continue with formal education if their qualifications or the programmes are recognised by the recognised educational institutions and the employers. They also reflected that the invitations to workshops and conferences by the relevant department such as universities will also encourage them to continue with formal education. They indicated that the colleagues who have higher qualifications can also motivate them through conferences so that they can get motivated. They expressed that the awareness campaign should be brought to the attention of nurse educators so that they can plan the training of the programme advertised. They also reflected that the HEIs such as universities should accommodate them in their curriculum so that they can get motivated.

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The following are the quotations from the participants:

Female P7 said:

> *The university need to accommodate us in such a way that they adjust our programme with theirs.*

Female P6 indicated:

> *If nurse educators are involved ... maybe by what the ... who are ... what do we call ... structures in Polokwane ... I forgotten their whatever ... if maybe they can involve us ... maybe we are invited and go there ... maybe you go there and attend and gain knowledge.*

Female P7 said:

> *I think the next ... I think something called ... eeeh ... I forgot the real name ... the people who are more educated, to come to our college to encourage us, maybe we do something like conferences, just like university conference next to us.*

Nurse educators expressed their views that the training institutions should accommodate them in the formal continuing programmes by making them aware about it. They indicated that even the HEIs should accommodate them by adjusting their programme to the university programmes. Literature in White Paper (2013:9) acknowledges that employers should be brought to the education and training institutions to get updated on training issues in order to accommodate the nurse educators on training. All universities in South Africa expanded accommodation to adult learners through distance programmes, offering programmes that are beneficial to the workplace (North West University, Potchefstroom Campus: Information Guide, 2017:5). These institutions have

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the responsibility of helping individuals to satisfy their individual needs and achieve their set goals. Institutions offering adult education programmes have a need to improve their ability to improve adult learner understanding and involvement (Onyango, 2012:10). According to Knowles' theory, it shows that nurse educators are ready to learn if they can be informed about the organizational goals.

Nurse educators also expressed their views that they get motivated if the senior managers invite them to the conferences to gain knowledge. They also reflected that they get impressed if their seniors are continuing with formal education. Study conducted by McMahon *et al.* (2015:178) reflected that adult learners get motivated through right conditions and assistance to learning. The study was supported by Sogunro (2015:29) in that HEIs understand and accommodate the complexities of adult learner. The findings concur with Kramer, Neugebauer, Magenheim and Huppertz (2015:965) as nurse educators got support from the institutions.

However, nurse educators demonstrated a concern that their managers discouraged them to continue formal education. Studies conducted by Coventry, Maslin-Prothero and Smith (2015:2715) affirmed that the organizational culture and the leadership demotivated nurse educators to continuing formal education. The study by Ng *et al.* (2014:165) affirmed that nurse educators were discouraged as they are denied the opportunity to continuing formal education, reason being that there is no time to study due to heavy workloads. Some nurse educators had a challenge by senior educators who do not want to lose their seniority through studying with junior nurse educators (Ng *et al.,* 2014:165).

According to Knowles' adult learning theory, nurse educators value learning orientation

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as they want to apply the knowledge and skills learnt today in tomorrow's practice. Nurse educators are encouraged to move from the known to an unknown situation in order to know the techniques of problem solving when faced with critical incidents.

4.3.2.1.2 Sub-Theme 2.1.2: Existing Incentives for Continuing Formal Education

Nurse educators expressed that incentives are the motivational factors to continuing formal education. They also indicated the issue of remuneration after they have obtained formal qualifications. They demonstrated that the department should also budget for educational programmes for nurse educators to make it easier to study. They indicated in their interviews that there must be a salary increase after formal qualifications so that they could continue with formal education. Nurse educators indicated that the qualifications should be followed by job creation so that they can be motivated. They also suggested that the government should offer scholarships that will help them to learn as they are faced with financial constraints. The information was reflected in the following quotes:

Female P1 said:

> *Incentives, as it is expensive to learn such as books, internet, gadgets, unless if a person need it for her personal gain. Giving her more chance to learn as there will be remuneration attached to her learning.*

Female P5 said:

> *Remunerations ... moneywise can be given to motivate us for learning.*

Female P7 exclaimed:

> *Government must try by all means to give loan or scholarships to those*

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who want to continue formal education.

Nurse educators illustrated that they would go for continuing formal education if they were remunerated immediately after a formal qualifications. Study conducted by Anderson, Kopsen, Larson and Milana (2013:114) supported that employers motivated adult learners with finance immediately after a formal qualifications. The findings were also confirmed by Onuabo, Phillip, Richardson and Ezenwaka (2013:2154). The findings insinuated that the employment contracts reflected incentives after the formal qualifications from formal programmes.

McMahon also concurred with the findings and alluded that nurse educators produced better results after the salary increase immediately after formal qualifications. The study by Gitonga and Muriuki (2015:255) also confirmed that the paid study leave for most nurse educators increased the full participation in continuing formal education. Therefore, findings in this study supported Knowles' theory of continuing formal education with both internal and external motivations. In his theory external motivators encouraged continuing formal education such as better jobs, promotions and higher salaries.

In his theory, Knowles demonstrated that adult learners continue learning if they get motivated. External motivations included study materials for effective learning. The study conducted by Lipczynska and Crowley (2015:249) indicated that the use of technology both within classes supports students while studying independently through the use of tools such as video, poll everywhere and online tutorials. They further indicated that a good use of technology within the information literacy skills sessions has proved better methods in motivating adult learning.

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The study conducted by Sogunro (2015:29) illustrated the use of interactive classrooms as a motivational factor. The use of interactive classroom through the use of effective instructional devices has aroused motivation in adult learners as they are able to share teaching ideas and also breaching the social distance. Study by McMahon *et al.* (2015:644) argued that the more the students are given the information through the use of a social media, the less they want to do for themselves. However, study conducted by Kramer *et al.* (2015:965) advocated that social media is of benefit especially to distance student who are unable to regularly attend on-campus classes because of personal limitations; hence they depend on the institutional support in the form of whiteboard sessions and as they are self directed, they are able to follow the learning programme. Similar techniques are currently used at the North-West University on Unit for Open Distance Learning (UODL) Programmes to part time adult learners and students benefit a lot as they are communicating with fellow students and getting feedback simultaneously. The DHET alluded that it works towards creating a post-school distance education landscape based on open learning principles that requires the availability of high quality national resources for open distance learning (White Paper, 2013:16). The study revealed various incentives that can motivate nurse educators to continuing formal education as adults are self-directed learners.

4.3.2.1.3 Sub-Theme 2.1.3: Existing Enforcement of Continuing Formal Education

Nurse educators expressed their views regarding the enforcement of continuing formal education. They indicated that study materials as well as remuneration for personal gain should be attached after the qualification in whatever the programme. They also illustrated that the government should also comply with the rules and regulations for continuing formal education as they are fearful of registering with unreliable training

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institutions. They indicated in their expressions that the government should take full responsibility in assisting adult learners in the form of bursaries to enable them to continue formal education as they have a lot of responsibilities in the family. They even suggested that the government should either pay half the price of the programme undertaken and the adult learners can pay the other half.

However, the participants expressed their concerns regarding continuing formal education. They indicated that they were not remunerated even though they were studying. They also expressed that there is no change in salary level as a nurse educator still earns the same salary. They suggested that the continuing formal education should work together with salary level and the qualifications should be taken into account. They also intimated that there should be a higher post after a formal programme of continuing learning. Nurse educators indicated the need for bursaries by the government for nurse educators on continuing formal programmes. They also referred to the availability of posts immediately after the attainment of a formal programme. Job creation was also mentioned as a motivating factor to continuing formal education. Furthermore, nurse educators declared their concern on salary increases. They also said that after a formal qualification there should be job enrichment. However, nurse educators displayed their apprehension regarding continuing formal education as they were not even paid after obtaining a formal qualification. They also expressed a need for flexible study time as they were working students. This showed that as adult learners they have a self-direction towards their learning and they were also ready to learn.

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The following were reflected in their quotes:

Female P 2 said:

> *Study leaves also can be effective as adults and kids are studying and the fees are expensive as they can't afford. They can also be assisted to pay half price even if is a private study or full time study.*

Male P10 articulated:

> *I recommend that strategies could be sought and implemented by the government to such an extent that the material resources can attract those who are eager to learn. The government should also increase the salaries of those who are learning because you cannot continue learning and since then you are still earning R2000.00 (laughing). The government should create jobs for motivating people to continue learning. Employees should get extended study leaves...thus the government should come up with such a strategy.*

Female P2 verbalized:

> *I think study leaves that the government is giving to us ... is they should extend the days for research for us. The days should be extended.*

Female P2 said:

> *I think the department can plan budgeting for nurse educators to continue formal education.*

Nurse educators reflected on the issue of remuneration after a formal learning programme. The study was acknowledged in Onuabo, Phillip, Richardson and Ezenwaka (2013:2154) whereby the employment contracts endorsed incentives from continuing

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professional development to encourage the development of nursing profession. McMahon *et al.* (2015:173) alluded that nurse educators can teach to high standards provided they are given the right conditions and assistance in the form of salary. The study concurs with Adamu *et al.* (2015:71) in that the employment contracts included incentives for continuing formal education to encourage the future development of nursing profession. The study by Gitonga and Muriuki (2015:255) affirmed that those who were continuing formal education were given paid study leave to ensure full participation in continuing formal education. This showed that adult learners continue with formal education once they were orientated towards learning and this made them to be self-directed towards their learning as they understood the reason why they were learning.

In the majority of countries, HEIs are free to decide whether they offer higher education programmes and courses under flexible arrangements, for example, part-time studies. Consequently, the availability of alternative modes of study often varies from one institution to another. Nevertheless, there is evidence of some national level initiatives to improve the availability of flexible modes of study. In South Africa, some universities are offering distance learning to nurse educators who are full-time employed, such as North-West University to accommodate them. The need for a flexible schedule is to accommodate the full-time employees and to avoid staff shortages. However, participants indicated personal and work situations that denied them the opportunity to continuing formal education. The findings are reflected in Cannerts *et al.* (2014:873) where managers were compelled to create a safe learning environment to promote nurse educators' participation and interaction and be able to create a positive group atmosphere. Sava and Shah (2013:7) indicated that there was a need for study leave because female nurse educators have multidimensional roles as educators, parents and

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housekeepers. However, in the same study, the findings showed that nurse educators had a serious challenge with study leave as they had no time to study and more time was needed for discussions in a classroom setting as they were taught at a superficial level and the material was not fully covered. Albutt *et al.* (2013:42) concurred with the findings that nurse educators need to spend adequate time in the classroom as well as in practice placements to bridge the gap between theory and practice.

According to Klopper (1998:136), nurse educators need orientation towards their learning programmes so that they can have a positive attitudes towards learning. The adult learners should be taught at an aspirational level that need more time, hence they should be offered time to continue with their studies. In this study, nurse educators expressed their views that the availability of study time and the funds will motivate them to learn as they are faced with family responsibilities as a spouse, parent and a worker. Knowles' theory accepts that nurse educators need orientation to their learning in order to prepare themselves before embarking on the programme.

4.3.2.2 Sub-Theme 2.2: Existence of Internal Motivation

Motivation is an internal process that guides, activates and maintains behaviour over time (Slavin, 2014:306). In plain language, motivation is what you get going, keeps you going and determines where you are trying to go. According to Klopper (2009:9), motivation is the creation of dissonance that causes a human being to constantly search for new experiences that are pleasant, fulfilling, interesting, challenging and meaningful. They indicated that they will continue with formal education once their qualifications or their programmes are recognized by the educational institutions and the employers.

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Extrinsic rewards might take the form of praise to grades to recognition to prizes or other rewards (Slavin, 2014:321). Nurse educators indicated that there should be implementation processes for future nurse educators to continue formal education so that they can boost their self-concept with the achieved status. This is reflected in Knowles' learning theory where adult learners are to be independent in their learning to get the learning and organisational goals. Nurse educators reflected that if they can get higher posts, they can be ready to continuing formal education. They indicated that they become internally motivated more specially when they are involved on the programme designed. They also stipulated that if the college and hospital management could have good communication regarding continuing formal education, they can be motivated to study. They also indicated that the use of technology, decentralizing the training institutions could motivate them to continuing formal education. The following are the quotes from participants:

Female P7 exclaimed:

> *I think the next ... I think something called ... I forgot the real name ... the people who are more educated, to come to our college to encourage us, maybe we do something like conference, just like university conference just like Univen next to us and to encourage us on benefits to continue formal education that can motivate them on how do they benefit on continuing formal education, but not to tell them on their thesis and that will encourage those who are heading the campuses.*

Male P8 replied:

> *New generation should be forced to continue in order to get the positions but not through ascribed status.*

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Female P6 indicated:

> *Participation is whe...n ... hmmm ... there are some courses being conducted at that particular time you become part of it and when you have information concerning the part to be taught you become part of the teaching.*

Female P1 said:

> *... invitations, programmes to be published to those who are interested with education. Programmes for in service education training can be done ... gaps should be identified, by the government and a programmes should be drawn, so that every person entitled to go ... for such education it will improve.*

Female P7 stated:

> *I think all nurse educators can be included for workshops such as problem-based education. If they can do it quarterly and not once ... and to include all nurse educators because like in our department we were left out for problem based ... hmmm I think the short courses can be done regularly, changing programmes such as regimens they should also update us and they organise courses or workshops so that they can be updated".*

Female P6 said:

> *I think the college management should liase with managers the ... the nursing service for the current issues that when they are being workshopped with regard to patient ,I think is necessary to continue with education especially for new nursing lectures, as they need to be given information by workshops ... we need to be workshopped, in service education ... like the workshops, conferences, you understand*

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... like nowadays they normally do the nurse educator's day ... eehm, sharing topics amongst ourselves.

Male P9 expressed this view:

... eehm ... and also decentralising the training institutions to avoid travelling to places far away from people. The electrical resources should be made available , ensuring that people could have access to can do the searching of recent information such as the use of internet through whiteboard.

Female P7 said:

Yes, since we are working, the university need to accommodate us in such a way that they adjust our programme with theirs.

Female P6 also said:

Encouragements and motivation ... Method ... if nurse educators are involved maybe they are also encouraged, but those who are ... maybe by what the...who are...what do we call ... structures in Polokwane like what do we call Vho- Mrs/Dr Molepo, nurse educators ... I forgotten their whatever ... if maybe they can involve us ... may be we are invited and go there, maybe you go there and attend and gain knowledge ... I think what I can recommend, the ... the ... the principal is the first person who is to continue with formal education, the principal I don't think it will be fine for the new lecturer who is continuing with formal education.

Another direct quote from P6:

They make us aware so that we can get trained or updated.

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Male P9 articulated:

> *I think the best thing is to encourage all nurses to go for continuing education and all educational institutions should advertise the programmes for continuing education and the professional organisations should assist with advertisement.*

Motivation is an internal process that guides, activates and maintains behaviour over time (Slavin, 2014:306). In plain language, motivation is what you get going, keeps you going and determines where you are trying to go. According to Klopper (2009:9), motivation is the creation of dissonance that causes a human being to constantly search for new experiences that are pleasant, fulfilling, interesting, challenging and meaningful. Participants expressed their views on how continuing formal education can benefit them. Knowles' theory reflects that an adult learner has readiness to learn once they know the reason for learning. In this study, nurse educators need to know exactly what they are supposed to do, how they will be evaluated and what the consequences of success will be. They reflected that extrinsic motivation helped them to make choices and set their own goals. They indicated that some nearby institutions can prevent amotivation to adult learners by organising conferences that will stimulates and sustain them towards accomplishing educational goals overtime. The findings were supported in the study conducted by Sogunro (2015:29), who affirmed that the higher the adult learner get motivated, the higher the potential for learning. He further illustrated that there are motivational factors that can be addressed to the group of student at conferences such as the quality of instructions, quality of curriculum, relevancy and pragmatism, interactive classrooms and effective management practices, progressive assessment and timely feedback, self-directedness, conducive learning environment and the effective academic advising practices. Slavin (2014:324) also displayed that nurse educators' interest is

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maintained by using films, guest speakers, demonstrations with the use of computers. The study conducted in Sweden and Denmark by Anderson, Kopsen, Larson and Milana, (2013:114) also affirms that the employers displayed qualification paths for adult learners in order to motivate them. The employers also require the formal teacher qualifications for those already working so that the new generation can wish to engage and develop their teacher education and strengthen their teacher identity.

The findings indicate that nurse educators got motivated when senior managers in nursing education encouraged them to engage in continuing formal education by invitation to meetings, workshops and conferences so that they can be updated on new information. They also urged that their seniors should be the first to get updated so that they can be encouraged by their supervisors. The study conducted by McMahon, Forde and Dickson (2015:163) indicated that adult learners can get encouraged and motivated if they get right conditions and assistance to learning. Sogunro (2015:29) agreed with the study by indicating that the instructors of higher education programmes are those who understand the complexities of adult life so that they can be able to motivate them.

Study conducted by Coventry, Maslin-Prothero and Smith (2015:2715) asserted that organizational culture and leadership issues are the constraining issues on the implementation of continuing formal education. However, findings in Kramer, Neugebauer, Magenheim and Huppertz (2015:965) argued that the institutional support in Fern University assisted adult learners to regularly attend on- campus classes to update their knowledge without any barrier.

The findings were acknowledged in The White Paper (2013: 9) which stated that employers should be drawn closer to the education and training process in order to

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promote the expansion of workplace training opportunities to all people concerned. The White Paper (2013:9) also recognized the importance of partnerships between the educational institutions and employers to strengthen the training opportunities of employees. The DHET, according to Dr. Nzimande, the Minister of HET, indicated that it will work towards creating a post-school distance education landscape based on open-learning principles. It encouraged all the universities to expand online and blended learning as a way of offering specific focused courses and workshops to address specific educational needs, especially to learners who are fully employed but far away from the training institutions. (Potchefsroom Campus, Information Guide, 2017:5). The North-West University at Potchefstroom Campus has long introduced Unit for Open Distance Learning (UODL), which is a mode of delivery and a teaching and learning approach focused on increased access to education and training whereby possible obstacles in terms of time, place and learning tempo are removed (Potchefstroom Campus, Information Guide 2017:9).

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Participants indicated that all nurses should go for continuing formal education that has been recommended by all educational training institutions that has also been approved by relevant authorities or organisational bodies. The findings in this study was supported by The Minister of Higher Education and Training, Dr. Nzimande, who affirmed that the Department of Higher Education and Training created a post-school distance education landscape that is based on open-learning principles that requires the high quality national learning resources for open distance learning. These indicate that the institutions should be guided by the framework (White Paper, 2013:16). The SANC (Circular No. 8 of 2014) also supported that all institutions for training should be recognised by the relevant body and if not, the SANC will not be able to allow any person to practise nursing inside and outside South Africa, if such an institution is not accredited by

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SANC. According to Knowles theory, it is reflected that nurse educators are self-directed to continuing formal education if they are orientated about the course to followed at the training institutions that are legally authorized.

4.3.3 Theme 3: Methods to Obtain Continuing Formal Education

Nurse educators expressed different methods that could assist with the acquiring of continuing formal education.

4.3.3.1 Sub-Theme 3.1: Existence of Formal Qualifications

They indicated that the postgraduate qualifications such as Masters degree are the essentials in postgraduate studies. They expressed that the degree need exploration of more books. Nurse educators revealed that in their nursing education sector, they need experts in nursing education so that they can mentor the novice students. They expressed that continuing formal education can be obtained through formal qualifications, formal programmes with educational support and experiential learning. The following are the quotations from participants:

Female P4 said:

> *... each and every lecturer to have a postgraduate degree, masters students ... is important for each and every lecture to have Masters degree.*

Female P6 enunciated:

> *... they must have degree, honours, masters then PhD, because eeh ... in order to be effective, somebody must be explored a lot of books or a lot of information concerning continuing education and go to other people and ask and they will teach you how do they manage to pass PhD or Masters.*

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Female P4 said:

> *In nursing we need nurses who are motivated through better nurses with masters, PhD. etc.*

Nurse educators reflected that the nurse educator should have a postgraduate degree such as masters degree at a recognised training institutions. Similar findings are reflected in Denosa update by Illife, May (2012:32) in which he stated that undergraduate or postgraduate education at a school of nursing, college or university (either face-to-face, distance or online) is one method to obtain continuing formal education. This could lead to the award of a certificate, diploma, advanced diploma, degree, postgraduate certificate, post graduate diploma, masters or PhD. The nurse educator will obtain the transcripts of subjects undertaken and successfully completed or any other relevant documentation which verifies the number of hours of active learning, including the clinical learning.

The study conducted by Sava and Shah (2015:559) indicated that the same is done in Europe, whereby formal qualifications are arranged at governmental institutions through continuing formal education. The findings in (White Paper, 2013:17) reflected that the DHET encouraged all universities to expand online and blended learning as a way to offer niche programmes, especially for students who live or work far from the appropriate training institution so that they can continue with formal education. In this study, the researcher reflected that nurse educators are motivated to continuing formal education once they recognised the institutions that offer the formal qualifications. This reflected that nurse educators are goal directed towards their continuing formal education as they are motivated when continuing formal learning in a recognised training institutions.

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4.3.3.2 Sub-Theme 3.2: Existence of Formal Programmes with Educational Support

Nurse educators expressed that continuing formal education could be obtained through active participation in the workplace, but not reading books alone. They also indicated in their interviews that specific courses could also support nurse educators if they are done specifically for workplace support. They also expressed that short courses could also increase continuing formal education if done regularly. They reflected that the continuing formal education could be effective if the invitations and programmes can be published in advance so that nurse educators can attend the short courses being prepared. They outlined that the formal programmes should be scheduled in order to accommodate all nurse educators without leaving some behind. The following are the direct quotes from the participants:

Female P5 said:

> *I think continuing education does not mean to read books only you have to participate actively in the ward so that you are acquainted with the new way of doing things.*

Female P6 said:

> *Participation is whe ... n ... hmmm ... there are some courses being conducted at that particular time you become part of it and when you have information concerning the part to be taught you become part of the teaching. According to me particip..kuri..participation means you to learn more because you practise because practise is more than memorising a thing without doing it ... the actual doing like in nursing you cannot imagine doing a procedure you need to do the procedure so*

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that you become competent and we need first people because life need active people who participate in each and everything, we participate in decision making, participate in the actual doing , you participate in the observation if we need to observe this will enhance our information and make our information so rich in such a way that when you have participated you know exactly what is happening, you feel it and according to what I observed those who have participated they are more competent than those who have heard about it.

Male P10 indicated:

Invitations, programmes to be published to those who are interested with education.

Female P6 added:

I think the college management should liase with managers ... the nursing service for the current issues that when they are being workshopped with regard to patient, I think is necessary to continue with education especially for new lectures, as they need to be given information by workshops ... we need to be workshopped.

Nurse educators made it clearl that continuing formal education does not rule out participation in clinical activities. They illustrated that continuing formal education embraces the short courses that can be done face-to-face within the period of months, days or hours. The short courses included workshops, in-service training and seminars. Nurse educators indicated different views regarding the methods to continue formal education as reflected in their quotes. Their expressions concurs with Gitonga and Muriuki (2014:255) who affirmed that continuing formal education is enhanced by partnering with staff to promote professional accountability through periodic self-evaluation and inviting staff to share what they have learnt at the continuing education

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activities. In contrast, findings in Gitonga and Muriuki (2015:251) demonstrated that nurse educators are given a chance to select the time of attending such programmes so that they could be accommodated. Adult workers practice their formal learning through reading professional journals and attending seminars and workshops.

It is therefore the responsibility of the organization to identify the skills gaps of all staff members in order to identify the deficiency in personal and professional growth. The college management should also communicate with the nursing service managers regarding the update of the nurse educators on continuing formal education. Nurse educators indicated that the formal programmes influenced their practice through improved knowledge and practice (Nalle *et al.,* 2010:111). However, it was indicated that the workplace environment was identified as an important source of continuing formal education including clinically focused in-service educational programmes.

In this study, the researcher acknowledges Knowle's theory in that continuing formal education requires enough motivation than personal interest. Nurse educators need job satisfaction and self development through regular in service training that will equip them with up to date knowledge. This shows the nurse educators' readiness to learn.

4.3.3.3 Sub-Theme 3.3: Existence of Experiential Learning

Nurse educators expressed different methods related to obtaining continuing formal education. Experiential learning refers to the learning that occurs by active participation in a practical activity either in or outside the workplace and which is not part of the usual job description (Bruce *et al.,* 2016:197). Participants indicated that in experiential learning they are able to conduct in-service training or being the observer in the in-service training programme and were able to take a decision or to take part in decision making skills. They also indicated that in experiential learning they observed how things

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are done and it make improvement in the real area when demonstrating back to others. They reflected that participation within the activity was very important as experiential learning dealt with the knowledge gained through experience. They expressed that the experiential learning can be done through invitations and programmes to nurse educators in advance so that they can attend to gain information from the seminar or workshop invited. The following was reflected in their responses:

Male P10 said:

> *The knowledge to acquire from someone experienced.*

Male P8 said:

> *... or be inquisitive to know but if you want to ... let say ... to remain dormant or passive and you don't want to take some initiatives, to know those things you just remain the way you are, so we need to explore them.*

Female P7 verbalized:

> *I think the next I think something called ... I forgot the real name ... the people who are more educated, to come to our college to encourage us, maybe we do something like conference, just like university conference just like Univen next to us and to encourage us on benefits to continue formal education that can motivate them on how do they benefit on continuing formal education, but not to tell them on their thesis and that will encourage those who are heading the campuses.*

Findings are reflected in Denosa Nursing Update (May, 2012:32) which stated all forms of self-directed learning. Some other methods for continuing formal education includes the following: Writing or reviewing educational materials, journal articles or books,

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keeping a self-reflection journal, presentations at conferences, seminars or workshops, active involvement in professional groups and committees, project work or project management, lecturing or teaching if it is not part of your job description, being an examiner in a health related field, organizing journal clubs or other specialist groups as well as voluntary work if it is relevant to scope of practice. Participants indicated that experts should come and do a presentation so that they can learn from it.

The findings in Crafford *et al* (2013:7) corroborated that support programmes done at the workplace assisted with the upgrading skills. Cannerts *et al.* (2014:874) also supported the findings that experiential learning contributed to the awareness and reasoning competencies as they are updated in every term. The access to technology also contributed to experiential learning. The increased access to digital technologies as reflected in Denosa Nursing Update (May, 2012:70) resulted in substantial growth in self-directed learning. Universities such as Unisa and North-West have already started with open distance learning, including new Universities in Mpumalanga and Northern Cape and this makes it better for full-time staff to utilize experiential learning distance including online learning and course design using open education resources Denosa Nursing Update (May, 2012:70).

In this study, it was substantiated that learners are self-directed once they experienced the need for formal programmes at the workplace. It was reflected that nurse educators need time to assimilate what they have learnt during te formal programmes need to continuing formal education.

4.3.4 Theme 4: Challenges Related to Continuing Formal Education

Nurse educators expressed challenges related to continuing formal education. This was

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related to lack of internal and external motivations. Motivation is defined as an internal process that activates, guides and maintains behavior over time (Slavin, 2014:306). It is the influential status of needs and desires on the intensity and direction of behavior. In this study, nurse educators expressed their views on challenges that demotivated their continuing formal education. This was highlighted in both the lack of internal motivations and external motivations. Nurse educators indicated that they were denied accessibility to continuing formal education due to workloads. They also expressed that the top managers had an inferiority complex as the juniors were continuing with their studies whereas they were not studying. The issue of technology was identified as a barrier towards continuing formal education. They also reflected that the issue of remuneration after studying was of great concern as they are not considered whether educated or not. This was expressed in the following quotes:

Female P7 said:

> *... person who is in front of me will disadvantage as they will tell you that you will be owing hours meanwhile you are using only four hours. The person will hinder you and tell you that you are owing hours ... because I think the SANC has to motivate nurse educators to continue with education to can motivate new lecturers.*

Female P7 communicated:

> *Ohh! ... When you ... you ... don't know about the new or the recent information, for example, students can ask you a question like in sociology, asking you about culture, you find that the only thing that you now is about "clothes," whereas in the google there are some of the information that you don't know and instead of answering you will feel like living the class.*

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Female P6 said:

> *"In nursing you studying and at the end of the day you are not getting any remuneration of the qualification that you acquire and people feel is better to remain with my midwifery or maybe my GNS and will still earn a salary that is being earned by a person with Masters or Doctoral degree ... you understand.*

Nurse educators reflected in their views that the issue of time is a challenge as they were denied to go for formal education. The findings in Bardu-Nyarko (2015:88) revealed that nurses had a barrier in continuing formal education as they had inconvenient work schedules. It was documented that the nurse managers were uncooperative, hence fearing nurses who were continuing formal education. Coventry *et al.* (2015:2721) upheld the findings that managers withheld accessibility to continuing formal education for nurse educators as they feared that they will be ahead with knowledge. Cannerts *et al.* (2014:873) argued that managers need to create a safe learning environment to promote participation and interaction in continuing formal education.

The findings in Adamu *et al.* (2015:71) reflected that there is a large number of nurses with only a diploma certificate due to the fact that they are not funded after qualifications. It was indicated that the employment contracts should include incentives in order to motivate them for continuing formal education. The findings in White Paper (2013:68) also indicated that open learning programmes helped them with the use of cost effective methods and technology that enabled them to study even at home. The DHET also supported that the use of technology through the use of network providers enabled nurses to continuing formal education at times appropriate to their contexts. This shows that nurse educators can learn better if they are supported at the training institutions with

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internet enabled devices.

According to Knowles' theory, the researcher indicated that nurse educators are ready to learn for various reasons and they are ready to learn if the environment is conducive to them. Such environments includes aspects such as the use of technologies, incentives can motivate them to continuing formal education.

4.3.4.1 Sub-Theme 4.1: Lack of Internal Motivation/Resources

During interviews, nurse educators indicated the lack of interest towards continuing formal education. They highlighted that people felt it better to remain with the qualifications in basic programmes. Nurse educators indicated the lack of money after formal qualifications. They revealed that the salary remains the same whether you were qualified or not. It was also revealed that nurse educators felt that continuing formal education is useless because the more the person engaged himself in continuing formal education, the more the person remained in the same position irrespective of his qualifications. It was noted that in some of the higher qualifications, the professional person is still stationed at the clinic or the hospital level irrespective of the qualifications obtained after furthering their studies. This had a negative impact on nurse educators because their morale was not boosted through continuing formal education. Some nurse educators expressed the challenge of resources such as the internet and books. They reflected in their interviews that the employer support is lacking and they are not informed of the relevant courses to be followed to get necessary qualifications. The study conducted by Pool *et al.* (2015:941).reported that workers' needs also vary with growth and developments in their careers. It was reported that nurses who were more than 50 years of age were generally less likely to participate in continuing formal education. Participants had a feeling of powerlessness as they were unable to recognize

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the problems that led to poor access to formal education. Research studies also indicated a lack of trust in the formal institutions regarding the contents of the curriculum as they doubted the value of continuing formal development with such institutions.

The literature in Hughes and Quinn (2013:23) indicated that people who continue with the formal education has the internal motivation such as self- esteem in order to have a good quality life and be satisfied with the job performed. Secondly, the adult learner should have goals and purpose and be responsible to his learning and the learner should design own principles to adhere to during his scheduled programme. Nurse educators expressed their concern about the treatment received after continuing formal education. It was revealed that nurse educators were not placed in the relevant area of practice immediately after having obtained a qualification. These led them to recognised that there was no fair treatment regarding placement.

The following are some quotes from the nurse educators who participated in this study:

Female P6 said:

> *There are some nurses with Masters and PhD degrees who are working in hospitals and clinics who still get the same salary with no increment after qualifications...then at the end there is no remuneration ... For now !, is just like now ... I'm getting like a ... emotional as far as this thing is concerned because we are studying and there is nothing that encourage us to study further.*

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Male P8 said:

> *So many nurses are not continuing with their studies due to many reasons. They have a fear of unknown ... not knowing what to expect after studying...they want to remain in the comfort zone, especially where money is involved.*

Female P6 enunciated:

> *It is that people were not having interest in studying previously of this ... thing in nursing ... you studying and at the end of the day you are not getting any remuneration of the qualification that you acquire.*

Female P8 asserted:

> *Some of them you find that they don't want to use money for their benefit as there is money involved at the same time that is why you that there is a problem with continuing formal education. They want to remain passive ... they want to remain in the comfort zone.*

> *Finance also is a challenge as well as time management ... Yamm ... obviously a very very serious challenge to be ... is a personal ... financial status of an individual ... a human being.as continual formal education is expensive. The other things could be organisational where people were not given enough time because of an experience, no posts, no time they don't have enough time because of the requirements, no time, not necessary to do it ... ehhh ... yaa ... basically, having little time, personal barriers such as commitments. Other elaborations are the social ones, the ... the family commitments in the sense of finances, being present in the family ... looking at the family members, spouse, kids and extended family.*

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Female p7 said:

> *The person who is in front of you will disadvantage you as they will tell you that you will be owing hours.*

The literature suggested that nurse educators who did not participate continuing formal education were not supported by the nurse managers and the employer. The employer failed to address all the learning needs and opportunities to nurse educators to continue with formal education. Study conducted by Covetry (2015:2721) supported that clinical managers responsible for nursing staff rostering withhold access to continuing formal education and the managers also deny access because they feel threatened by nurse educators gaining superior knowledge. Ng *et al.* 2014:165) agreed that some nurse managers deny access due to fear of losing seniority status when studying with junior staff. Managers without academic qualifications felt threatened by staff members who were busy with their studies and it resulted in tension, conflict and resentment (Nolan *et al.,* 2000).

Research conducted by Schweitzer (2010:443) reported that continuing formal education was deterred by lack of information about continuing education opportunities; hence they found it difficult to undergo continuing formal education.. Secondly, nurse educators were not funded to attend clinical conferences; hence they were supposed to pay for themselves. Nurse educators found it difficult to request time for attendance of continuing formal education programme as it was difficult to request time off from work as they were almost understaffed (Cooper:1997). The results were due to the workloads that made it difficult to organize learning and release staff to attend programmes.

The study conducted by Richards (2007:37) indicated that some organizations and

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institutions were not trustworthy for the services rendered and thus nurse educators were reluctant to pursue continuing formal education as they did not want to forfeit their money. The formal education institutions did not give a clear picture of what is expected of the learner regarding the orientation programme and it made the nurse educators to doubt even the product of the qualification obtained. It was indicated that the adult learners need information about the learning programme including the quality of instruction, quality of curriculum as well as the policies and practices regarding the continuing formal programme. Nurse educators described the lack of level and salary progression as a barrier in continuing formal education. It was indicated that nurse educators were not remunerated on the qualifications obtained after the formal qualifications and these resulted in nurse educators not interested in furthering their studies. In this study, level and salary progression has been identified as a factor that can prevent nurse educators from furthering their studies because it is difficult to undergo training when you know that the qualification won't upgrade your current position. Thus lack of level and salary progression is a barrier to nurse educators seeking continuing formal education. Nurse educators identified that continuing formal education was affected by the lack of level and salary progression.

The findings in Adamu *et al* (2015:68) reflected that the government and the management of healthcare organizations need to provide motivations such as funding in order to facilitate continuing formal education by nurses. Findings in OECD (2015:46) alluded that remuneration plays an important role in continuing formal education, hence the Director General for Higher Education deemed it necessary to augment its programme of upgrading lecturers' qualifications to Masters and PhD levels and considering the incentives that will reward and disseminate good practice. Studies conducted by Covetry (2015:2727) also revealed that nurse educators were reluctant to

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undergo continuing formal education due to lack of paid study leave and no personal benefit. Sava and Shah (2015:559) indicated in their study that some nurse educators did not continue with formal education due to inadequate salaries and they embarked on second jobs. Some female educators had a high level of stress because of their multidimensional roles as educators, parents and housekeeper and the salary was inadequate to support the family and the educational materials (Crafford *et al*, 2013:7).

Participants made it clear that nurse educators should be remunerated on the qualifications obtained after the formal qualifications. They highlighted that denying nurse educator these benefits add to their disadvantage. The above findings affirmed that adult learners continue formal education in response to the motivations provided after completion of the programme.

4.3.4.2 Sub-Theme 4.2: Lack of External Motivation

Participants reflected that there are external factors that prevent them to continue formal education, hence they are not ready to learn because of such barriers. The barriers stemmed from the organizational institutions. Participants appeared despondent as they explained this issue. They indicated how difficult it was for them to continue formal education. They indicated that in most of the institutions they were engaged in many activities such as the workplace activities and the family activities. They also indicated that they were not granted enough days for study leave, hence the time was insufficient. They felt that perhaps it would be better if one nurse educator could be granted an extension on the study leave period to increase the effectiveness of continuing formal education. Participants also expressed how difficult it was to get enough periods to continue with formal education. They explained how difficult it was to get approval from the senior managers especially if that person was not studying. They said that this

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exercise also frustrated them as it hindered their progress with studies. This showed that even the people in authority did not regard continuing formal education as important. Participants also reflected that resources are a challenge as they don't access to them. The following responses from participants illustrate thus:

Male P8 said:

> *Hmmm ... challenge of time ... find that one feel there is no enough time to engage themselves, to commit themselves ... as when you are working you are engaged in many things, the social activities, family life at the same time you need to be involved in the work life ...*

Female P1 verbalized:

> *Government must try by all means to give loans or scholarship to those people who want to continue formal education as this will be another point of encouraging people to continue formal education because some people might be having a lot of children or kids or do have a lot of responsibility and do not have fees to pay at the university.*

Female P5 said:

> *I think study leave is important as they should extend the days for research for us. Extension of the days should be extended at least eeh! ... we must give enough time to attend our studies.*

Female P7 stated:

> *I don't think it will be fine for the person who is infront of me ... will disadvantage as they will tell you that you will be owing hours meanwhile you are using only four hours. The person will hinder you and tell you that you are owing hours.*

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Nurse educators revealed the lack of employer support for continuing formal education. The literature in Covetry (2015:2721) supported that some clinical managers and nurse managers denied access to continuing formal education because they feel threatened by those continuing formal learning . The study conducted by Abushaikha (2014:265) also indicated the issue of time related to academic difficulties. Nurse educators had an academic difficulty as they cannot manage classes and courses while working full time. Kramer *et al* (2015:971) envisaged in the study that the best solution to full time students is distance learning and the support from managers that will give access to continuing formal learning.

Nurse educators indicated that employer support is insufficient. This is supported by Richards (2007:36) in that the human resource development did not want to finance the staff for the continuing formal education with the mindset that it is the responsibility of the employee to manage his finance. Phillips *et al;* (2012:391) supported that funding had a greatest impact on the uptake of continuing formal education. It has previously been reported that adult learners had a challenge on accessing formal education programmes as they were to travel a long distance to the workshops from own pocket. Research confirms that when continuing education programmes are organized outside the health care institutions, the employer also did not support employees (Nsemo *et al.,* 2013:333).

Participants also weighed in on the lack of resources that posed a threat to nurse educators. They complained that internet access was a challenge to them. It was indicated that the inadequate access to computer hardware, IT support and lack of computer competencies limited the undertaking of continuing formal education. Considering the above, it was clear that lack of internet posed a barrier in continuing

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formal education (Nsemo *et al.,* 2013:333). Lipczynska *et al.* (2015:249) maintained that the use of technology both within classes supported students while studying independently. The study concurred with Schweitzer (2010:443) as it reflected that nurse educators participated in committees that plan educational opportunities that also assist them in distance learning through presentations from the whiteboard from the main institutions to different centers displaying the same lesson plan. The same is done presently with the University of North-West through distance learning programmes where students access their training materials through e-Fundi, including assignments as well as the previously audio taped presentations. The presentations also assist especially if the learner didn't get the information clearly or else the student was absent during the presented session.

In this study, nurse educators articulated that challenges related to continuing formal education were from both internal and external sources. Data reflected that nurse educators view continuing formal education as helpful if the employer or colleges' relevant courses can be made available. The findings acknowledges Knowles' adult learning theory that nurse educators are ready to learn if they are motivated with the organizational goals and personal goals both at the workplace and the home situations.

4.4 Summary

This chapter analyzed data collected from nurse educators selected for the study. Four themes were identified, namely, benefits of continuing formal education, motivation and encouragement for continuing formal education, methods to obtain continuing formal education, challenges to obtain continuing formal education. The next chapter will discuss the recommendations, limitations and conclusions of the study.

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CHAPTER 5

RECOMMENDATIONS, LIMITATIONS AND CONCLUSIONS

5.1 Introduction

Chapter 4 discussed the analysis of data from 10 nurse educators. Data were presented according to the nurse educators' perceptions using Tesch s open-coding system. The following themes and sub-themes emerged from the relevant literature on perceptions of nurse educators regarding continuing formal education in Mopani and Vhembe Districts, Limpopo Province. The themes were benefits to continuing formal education, motivations and encouragement to continuing formal education, methods to obtain continuing formal education and challenges related to continuing formal education. This chapter will focus on the recommendations, limitations and conclusions in alignment with the purpose and objectives set out for the study. Recommendations based on findings that might influence policy with regard to implementation of continuing formal education will be described. Conclusions based on the findings of the study will also be outlined. This chapter includes an appraisal of whether the objectives of the study were met.

5.2 Overview of the Study

The purpose of the study was to explore and to describe the perceptions of nurse educators regarding continuing formal education in Mopani and Vhembe Districts, Limpopo Province. The following objectives were met, namely to:

- Explore and describe the perceptions of nurse educators regarding continuing formal education in Mopani and Vhembe Districts, Limpopo Province;

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- Determine the challenges of nurse educators regarding continuing formal education in Mopani and Vhembe Districts, Limpopo Province.

The objectives of the study were met during data collection which was conducted through the use of individual,, face-to-face unstructured interviews with participants, followed by data analysis. The research design used in this study was qualitative, exploratory, descriptive and contextual in nature. In this study, the population consisted of 10 nurse educators working in nursing campuses and satellite campuses of the selected Mopani and Vhembe Districts, Limpopo Province.

Data saturation occurred at 10th participant because it became apparent that no new information was forthcoming from the remainder of the nurse educators. Three of the participants were males and seven females. The age of nurse educators ranged from 43 to 56 years. Tesch's open-coding system was used to analyze the data in this study. Data analysis of the verbal descriptions from nurse educators during interviews revealed the following themes and sub-themes: An outline of the benefits of continuing formal education, motivation and encouragement of continuing formal education, methods to obtain continuing formal education, challenges regarding continuing formal education.

5.3. Summary of Results.

5.3.1 An Outline of the Benefits of Continuing Formal Education

The vision of the new South African government is to have a rational, seamless Higher Education System that will embrace the intellectual and professional challenges faced in this century, nurse educators should be well-equipped to face those challenges (Le Grange, 2005:1). The researcher concludes that during this rapid transformation in nursing education, nurse educators deserve support from nursing education management

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in order to provide quality teaching and education to learners.

It is recommended that nurse educators should undergo continuing formal education, either at a recognized nursing education institution or attend to the workplace activities in the form of in-service training, workshops or attending conferences outside workplace environments to keep them well updated with relevant information in order to transfer it to the relevant recipients. This will promote the ongoing learning that nurse educators need to undertake throughout their career in order to maintain, enhance and broaden their professional competence. Nursing education institutions should embrace hye concept of continuing formal education programmes in their curricula to include all nurse educators to equip them with necessary information.

CPD providers, employers and nurse educators should be jointly involved in identifying needs from the onset of training programmes. The learning needs should be guided by the organizational needs as well as the current educational practice to ensure that the continuing formal education remain relevant to practice and nurse educators are able to apply what they have learnt in formal learning programmes.

5.3.2 Motivation and Encouragement for Nurse Educators Continuing Formal Education

Based on the findings of the study, the following recommendations are made for curriculum development and continuing formal education.

5.3.2.1 Curriculum Development

An area needing attention is the role of the programme planner and the curriculum developer for further education in nursing. There is a need for the Human Resource Development section of the department to fully identify the needs of nurse educators in

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relation to the needs of the organization before programmes for in-service and further education are drawn up. This is because nurse educators are interested in courses that would promote their future security in terms of practice and professional growth.

It is recommended that the employers from both the private and government sectors must ensure that policies pertaining to continuing formal education are made known to all nurse educators in order to make informed decisions about their studies. The employer must be ready to offer the professional information regarding continuing formal education. According to Knowles' theory, it is recommended that adult learners be ready to learn once they are given information about what to study and it makes it easier for them to be goal-directed. As indicated in the study, the interest of nurse educators is in full-time study and so the courses and programmes should be based on full-time and longer duration. The lessons should be made adult friendly with group discussions since nurse educators were interested in group discussions. Nurse educators as adult learners must be considered when designing programmes and the course content should be worthy and of short duration too as adult learners are self-directed towards learning.

5.3.2.2 Financing

Financing adult education is a difficult task. It is recommended that both the employer and the employee must provide support, however, the employer must take up the greater share of the cost since adult educators have multiple family responsibilities. Paid study leave must be instituted as a policy in the workplace for adult educators. Nursing education institutions should include salary progression after completion of the continuing formal education programmes to motivate them to undergo continuing formal education and equip themselves with the necessary information to assist them to remain

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competent with the ever-changing health needs in communities.

Continuing formal education should be a requirement in the facilitation of learners for competency levels of skills and knowledge. Nurse educators should be motivated to continue formal education and the funds for the programmes should be budgeted for. Continuing formal education at the workplace must be promoted and encouraged in nursing education since it is a dynamic profession requiring constant knowledge. Nurse educators must be encouraged and be motivated to undertake formal education if they are to perform adequately and efficiently for the century. Specific areas in health need to be addressed such as HIV and AIDS education to address the challenges in the forthcoming century. Teamwork among colleges, universities and professional organizations should be established to provide nurse educators with lifelong learning opportunities.

Scheduling of programmes should be considered so that nurse educators can prepare themselves in advance to avoid time pressures. Knowles believes that it is normal for a person's self-concept to change from dependence to increased self-direction during the process of maturing. Self-directed learning means deliberately making decisions and choices based on knowledge and experience, with the aim of achieving goals. The adult nurse educator needs motivation from both intrinsic and extrinsic factors. Extrinsic motivation refers to motivation prompted by outside or external factors. In a work environment, extrinsic motivation is applicable when the employer uses motivators such as awards for tasks well done and higher salaries to encourage employees.

An adult nurse educator needs both the intrinsic and external motivations for continuing formal education. The extrinsic motivations are controlled by the employer and

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supervisors. The intrinsic factors for an adult nurse educators are linked to the individual needs, aspirations and values, achievement, responsibility and recognition. In this study, the researcher recommend that nurse educators should be given rewards for outstanding services. The researcher identified that salary increases could motivate adult nurse educators when received according to qualifications. Financing adult education is also a difficult task in adult education.

The researcher recommends that nurse educators should be financed by both the employer and the employee and in this case the employer must take up the greater share of the cost. Nurse educators should be given paid study leave as an incentive regarding continuing formal education. The needs for adult learners needs job satisfaction and self development. This could be done through regular inservice training at the workplace. Nurse educators should be given given time off to participate in the training programmes at the workplace. It is recommended that managers should give nurse educators more time to develop themselves since it is wrong for employees to prevent them from developing themselves on the grounds of shortage of staff to replace them.

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Adult nurse educators need time to learn and understand and assimilate what had been delivered. However, adult learners need less time than young learners, therefore nurse educators should be given time to learn and grasp the content delivered at the workplace. According to Knowles' theory, adult nurse educators experience to learning also correlates to their learning styles as they are ready to learn what they are supposed to learn.

5.3.3 Methods to Obtain Continuing Formal Education

According to Knowles' theory, adult learners have the potential to create a reservoir of

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experience that will galvanize them to become a rich source of learning. In nursing education, there should be role models or mentors to equip the future generation of young nurses. In this study, the researcher recommends that the department should consider opportunities for part-time studies for those who are working through open and distance education programmes. The department should formulate course schedules in consultation with the training institutions and suggest the better ways to accommodate the potential learners.

The health care service managers and nurse educators should be aware of the need to adjust the flexible work schedules and course schedules to accommodate the potential learners. Nurses undertaking formal undergraduate or post graduate education at any tertiary institution should go for formal learning, formal programmes with educational support including also self-directed learning and experiential learning. The newly developed study programmes and the existing offerings should be modified to align more closely with the attributes required of future graduates.

5.3.4 Challenges Related to Continuing Formal Education

Nurse educators reflected numerous challenges related to continuing formal education. The challenges emerged from both the internal and external factors. These include lack of resources, lack of peer support, inconvenience work schedule, relevant courses and employer support. The department should make bursaries available to the nurse educators who wish to continue with formal education. Most nurse educators are moving from nursing education to the nursing service due to the transformation to HEIs. There is a need for incentives to retain them in the form of promotions and remunerations for nurse educators as nursing education is a scarce skill (Mavhandu-Mudzusi *et al*., 2007). Effective resource management is needed to promote professional development. There

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should be regular programmes for in-service training to update nurse educators. CPD frameworks should be implemented as displayed by SANC for competency level attainment of nurse educators. Nurse educators should be given flexible time to commence with continuing formal education programme without any barrier. Nurse educators are motivated to participate in the CPD programmes to retain their job and to develop skills for practice (Nsemo *et al.,* 2013:333). In nursing education, policy makers should include guidelines to support nurse educators who continue with formal education in all districts.

5.4 Recommendations for Nursing Education, Nursing Research and Nursing Practice

The study revealed that there is a lack of support from the nursing education management regarding continuing formal education. Therefore, it is recommended that nurse educators be supported in order to provide quality teaching and education to learners through continuing formal education. This will assist nurse educators to acquire requisite knowledge of continuing formal education and be able to transfer the knowledge learnt to the recipients and to be an asset in the nursing education sector.

Nurse educators are still reluctant to continue formal education despite the available legislation and policies that are formulated in the nursing education sector. This study explored the perceptions of nurse educators regarding the continuing formal education in Mopani and Vhembe Districts, Limpopo Province. This study focused on nurse educators in selected Mopani and Vhembe District nursing campuses and satellites campuses. Further research could be conducted at other nursing campuses and satellite campuses under Capricorn, Sekhukhune and Waterberg District nursing campuses and

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satellite campuses in Limpopo Province to establish if they perceive continuing formal education the same as nurse educators of the selected nursing education institutions under this study.

Further research could also be conducted involving other professional nurses in order to provide them with the opportunity to bring forth their perceptions as candidates whose competency level should be recognized. The researcher also suggests that studies that focus on factors contributing to non-participation in continuing formal education should be conducted. The researcher also proposes that there should be an update on the competency levels of staff. It is suggested that nurse educators should interact with HEIs in order to benchmark on their learning styles and programmes. The training institutions should involve nurse educators on different committees so that they can remain competent on matters pertaining to the workplace environment. They should be involved in designing tools for the different skills and also be involved in preparing instruments for OSCE. They must also be exposed to auditing in the workplace so that they can assist with problem identification and solving. Nurse educators should also register themselves with HEIs in order to have current and relevant knowledge regarding the issues at hand.

Nurse educators should also do a pilot study at the workplace in order to identify the outcomes of the project so that it can be implemented at a larger scale. Nurse educators should be exposed to different committees in order to develop policies at the workplace. They should also be exposed to the development of guidelines during policy formulations and this will results in reduction in misconducts at the working environments.

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5.5 Justification of the Study

This study is the first to be conducted related to perceptions of nurse educators regarding continuing formal education at the selected nursing campuses and satellite campuses at Mopani and Vhembe Districts, Limpopo Province. The findings cannot be generalized to all nursing campuses and satellite campuses in other districts falling under Limpopo Province. The knowledge gained through this study is important for nursing education, nursing education institutions and nurse educators involved with the facilitation of learners. The methodology used was suitable for the qualitative, explorative, descriptive and contextual study. Purposive sampling was used for the unstructured individual interviews. Data collection was done until data saturation. Data analysis was done using Tesch's eight-step method (Cresswell, 2014:198). Main and sub-themes were formulated and a conclusion statement was developed and recommendations were formulated to motivate nurse educators in continuing formal education.

The conclusions that follow are discussed in relation to the objectives of the study. Nurse educators in this study expressed an outline of benefits to continuing formal education, the motivations and methods to continuing formal education as well as the challenges related to continuing formal education. However, challenges are still being experienced by nurse educators. It was established that nurse educators were interested more in full-time than part-time studies. Most of the nurse educators want to study outside their workplace in order to avoid the pressures of their family situations. Participating in continuing formal education requires enough motivation than personal interest.

According to Knowles' theory, adult learners need motivation to learn as they are goal-directed towards learning. The motivations could be both intrinsic and external, therefore, in this study it was indicated that nurse educators need both the internal and

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external factors to continuing formal education. The needs for nurse educators were based on technological advancement, employer support and encouragement. Nurse educators need job satisfaction and self-development through regular in-service training. Nurse educators had an opinion that people who qualify for further training or in-service activity should be given time off to participate in the training programme. However, adult learners bring to the learning environment a diversified range of individual differences related to their experiences, interests, background, goals and the preferred learning styles. The principles for adult learning are guided by the learner's need to know; self-concept, prior experience; readiness to learn; orientation to learning and motivation to learn.

5.5.1 Learners' Readiness to Know

Adult learners would like to know the reason why they should learn something before undertaking to learn it. According to Knowles' adult learning theory, the first task of the programme designers is to help nurse educators to become aware of the necessity to know the programme. In this study, the researcher indicated that the facilitator of the programme to be undertaken should help nurse educators to understand the reason to undertake the programme.

5.5.2 Self-Concept

As people grow, they attain a new status as an adult such as being a worker, a spouse, parent or a citizen. In this change of status, they are then able to make informed decisions. In this phase, they are able to take own decisions. They are to be treated with respect as they are autonomous human beings. They are to be treated differently from

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children in the learning environment. In this study, the researcher concluded that nurse educators should be given a conducive learning environment so that they can explore their uniqueness in learning. They should be given comfortable furnishing equipment with proper ventilation and lighting. The psychological environment should also make them feel comfortable with freedom of expression without fear of punishment. Nurse educators should feel part and parcel on the developed of tools in the practice environment to gain their self-concept.

5.5.3 Experience

Experience involves learning which occurs from direct participation in the events of life with involvement of reflections on a daily basis. Adult learners enter the learning environment with different experiences from previous knowledge. The previous experience forms the basic knowledge regarding the current situation. The past experiences will assist the programme designers and the providers to use experiential techniques during the facilitation of programmes. In this study, nurse educators can be facilitated through group discussions, case studies, simulations and role playing in the continuing formal learning programmes and, in this case, they reflect and learn from the everyday events that they go through during their daily practice.

5.5.4 Readiness to Learn

Nurse educators are ready to learn in relation to their preparation and how they are prepared for attending programmes in the workplace. Nurse educators may be ready to learn because they want to stay current or understand new processes, ideas, strategies or maybe a requirement in the curriculum developed.

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5.5.5 Orientation to Learning

According to Knowles' theory, orientation to learning refers to adults wishing to apply learned information and skills immediately. In this study, the researcher recommends that the managers, training institutions and organisations involved in training programmes should incorporate practical activities in their training programmes.

5.5.6 Motivation

Intrinsic and extrinsic motivators play an important role in continuing formal education. It improves knowledge gained, career advancement and professional competence as well as qualifications and licensure requirement. The government and the management of health care organizations need to provide motivations such as funding, encouragement and the increase in manpower that can facilitate continuing formal education by nurse educators.

5.5.7 Views of Nurse Educators Concerning An Outline of Benefits of Continuing Formal Education

The nurse educators described their benefits of continuing formal education. Continuing formal education is perceived as a tool for quality service delivery. Continuing formal education is extremely important to the practitioners, the practice setting and the patients. Findings indicate that continuing formal education assist nurse educators to be in line with changes occurring in the world. It also makes nurse educators to be knowledgeable and have the ability to transfer skills to the recipients. Nurse educators are regarded as assets in the education sector as they are more knowledgeable. They are also able to apply the knowledge learnt in a real setting.

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5.5.8 Views of Nurse Educators Concerning Motivation and Encouragement for Continuing Formal Education

The study revealed that there are challenges regarding continuing formal education. Lack of accessibility to continuing formal education is a disadvantage to working adults. Barriers relating to accessibility include time, funds, lack of level and salary progression, poor focus on clinical specialities, lack of interest as well as fear of unknown. Nurse educators with low education and income do not want to participate in continuing formal education because of dispositional barriers. Nurse educators with lower education and those receiving low income find it difficult to pay for education or training as the employers too are less keen to invest in terms of training in employees at both lower and higher positions. Due to lower income also covering the distance to training facility poses more financial pressures.

Nursing education institutions should include salary progression after completion of the continuing formal education programmes to motivate them to undergo continuing formal education to equip themselves with the necessary information to assist them to remain competent within the ever-changing health community. Continuing formal education should be a requirement in the facilitation of learners for competency levels of skills and knowledge. Nurse educators should be motivated to continue formal education and the funds for the programmes should be budgeted for. Teamwork among colleges, universities and professional organizations should be established to provide nurse educators with lifelong learning opportunities. Scheduling of programmes should be considered so that nurse educators can prepare themselves in advance to avoid time pressures.

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5.6 Recommendations for Continuing Formal Education in Mopani and Vhembe Districts, Limpopo Province

This chapter covered the recommendations, limitations and conclusions based on the objectives of the study. Recommendations based on the themes and sub-themes that emerged from the data analysis have been presented in previous sections. The following are the recommendations for practice and future directions by the researcher:

- It is recommended that the training institutions, the employers, the governing bodies and nurse educators should meet and agree from the beginning of the programme in identifying the learning needs of nurse educators. Learning needs should be guided by the gaps identified by nurse educators regarding patients and nursing students.

- The providers of the training programmes should prepare nurse educators in advance by giving learning objectives, preparatory materials, course contents or even providing them with web addresses to acces the information regarding the topics that are included in the programme to attend.

- The organizational and individual factors play a major role in preventing nurse educators from continuing formal education and these should be identified and addressed by both the organizations and nurse educators to promote continuing formal education by nurse educators.

- Briefly, these include: availability of bursaries for nurse educators, availability of learning resources, salary progression after completion of a programme, the availability of regular programme of in-service training, the identification of nurse educators 'needs by the government, the implementation of CPD

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framework as regulated by the SANC and the extension of study leave.

- The study revealed that there is a major oversight in the promotion of continuing formal education to nurse educators. It was also noted that there are no bursaries available for continuing formal education and there are no learning resources. Furthermore, nurse educators are not given incentives after completion of the programme. If ever there can be bursaries for nurse educators, salary progression after completion of the programme, availability of learning materials, study leave extension, implementation of CPD framework, regular programme of in-service training as well as the identification of employee's gaps at the workplace and further research, nurse educators can continue with formal education to remain competent in the ever-changing community.

5.7 Limitations of the Study

The following were the limitations of this study.

- This study was restricted to nursing campuses and satellite campuses in Mopani and Vhembe Districts only out of the five districts of Limpopo Province.

- The study was conducted at two nursing campuses, one at Mopani District and one at Vhembe District and three satellite campuses in Vhembe District.

- The study data do not represent all nursing campuses and satellite campuses in Limpopo.

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5.8 Summary

This chapter summarized the study findings, discussed the limitations and made recommendations for practice and further research. The findings and recommendations of this study should assist nurse educators, employers, organizations and training institutions in enhancing continuing formal education. This will help alleviate the workload of nurse educators, encourage and motivate them to continuing formal education as well as improving quality service delivery.

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ANNEXURE A

ETHICAL CLEARANCE - UNIVERSITY OF VENDA

RESEARCH AND INNOVATION
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:
Ms KJ Shirindza

Student No:
14014821

PROJECT TITLE: **Perceptions of nurses educators regarding continuing formal education in Mopani and Vhembe districts, Limpopo Province.**

PROJECT NO: SHS/16/PDC/03/1306

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Prof S Maputle	University of Venda	Supervisor
Prof RT Lebese	University of Venda	Co-Supervisor
Ms KJ Shirindza	University of Venda	Investigator - Student

ISSUED BY:
UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE

Date Considered: June 2016
Decision by Ethical Clearance Committee Granted
Signature of Chairperson of the Committee: .....
Name of the Chairperson of the Committee: Prof. G.E. Ekosse

UNIVERSITY OF VENDA
DIRECTOR
RESEARCH AND INNOVATION
2016 -06- 30
Private Bag X5050
Thohoyandou 0950

University of Venda
PRIVATE BAG X5050, THOHOYANDOU, 0950, LIMPOPO PROVINCE, SOUTH AFRICA
TELEPHONE (015) 962 8504/8313 FAX (015) 962 9060
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ANNEXURE B

Application to Limpopo Province Department of Health

P.O. Box 2224
Elim Hospital
0960
2016.07.27

Department of Health
Private Bag x9302
Pietersburg
0700

Dear Sir/Madam

Re: Permission to conduct research

I hereby request for permission to conduct research at selected nursing campuses of Mopani and Vhembe Districts, Limpopo Province.

I am a student at the University of Venda doing my Master's degree in nursing science. As one of the requirements for a Master's degree in Nursing, I am required to conduct research and submit a dissertation for my study.

The purpose of this study is to explore and describe the perceptions of nurse educators on continuing formal education. Nurse educators will be interviewed about their perceptions regarding continuing formal education. During this interview , a recorder will be used but information will be treated confidentiality.

The final report containing anonymous quotations will be available to all at the end of the study. There may be no direct benefit to the participants of the study but when exploring the perceptions of nurse educators regarding continuing formal education, guidelines will be implemented to improve the situation.

Yours Faithfully
K.J. Shirindza (Ms)

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ANNEXURE C

PERMISSION FROM THE LIMPOPO PROVINCE DEPARTMENT OF HEALTH

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

Enquiries: Latif Shamila (015 293 6650) Ref:4/2/2

Shirindza KJ
University of Venda
Private Bag X5050
Thohoyandou
0950

Greetings,

RE: **Perceptions of nurses educators regarding continuing formal education in Mopani and Vhembe district, Limpopo Province**

The above matter refers.

1. Permission to conduct the above mentioned study is hereby granted.
2. Kindly be informed that:-
   - Research must be loaded on the NHRD site (http://nhrd.hst.org.za) by the researcher.
   - Further arrangement should be made with the targeted institutions, after consultation with the District Executive Manager.
   - In the course of your study there should be no action that disrupts the services.
   - After completion of the study, it is mandatory that the findings should be submitted to the Department to serve as a resource.
   - The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
   - The above approval is valid for a 3 year period.
   - If the proposal has been amended, a new approval should be sought from the Department of Health.
   - Kindly note, that the Department can withdraw the approval at any time.

Your cooperation will be highly appreciated.

Head of Department

15/09/2016
Date

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

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ANNEXURE D

LETTER TO GIYANI NURSING CAMPUS

P.O. Box 2224
Elim Hospital
0960
01.10.2016

The Giyani Nursing Campus
Private Bag X9658
Giyani
0826

Dear Sir/Madam

Re: Permission to conduct research

I hereby request for permission to conduct research at selected nursing campuses of Mopani and Vhembe Districts, Limpopo Province.

I am a student at the University of Venda doing my Master's degree in nursing science. As one of the requirements for a Masters' degree, I am required to conduct research and submit a dissertation for my study.

The purpose of this study is to explore and describe the perceptions of nurse educators on continuing formal education. Nurse educators will be interviewed about their perceptions regarding continuing formal education. During this interview, a recorder will be used but information will be treated confidentiality. The final report containing anonymous quotations will be available to all at the end of the study. There may be no direct benefit to the participants of the study but when exploring the perceptions of

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nurse educators regarding continuing formal education, guidelines will be implemented to improve the situation.

Yours Faithfully

K.J.Shirindza (Ms)

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ANNEXURE E

PERMISSION FROM GIYANI NURSING CAMPUS

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH
LIMPOPO COLLEGE OF NURSING: GIYANI CAMPUS

23-02-2017

MS. KJ SHIRINDZA
P.O BOX 2224
GIYANI
0960

PERMISSION TO CONDUCT RESEARCH - YOURSELF

Permission is hereby granted to you for conduction of your research study.

Please adhere to ethical considerations and make arrangements before hand to avoid interruption of service delivery.

Vice Principal

E.T Rikhotso

Private Bag X9658 GIYANI, 0826
Tel: (015) 812 0330/1/2 or (015) 812 0123/0213 Fax: (015) 812 0123
Website; http/www.limpopo.gov.za

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ANNEXURE F

LETTER TO ELIM HOSPITAL

P.O. Box 2224
Elim Hospital
0960
2016.10.27

The Chief Executive Officer
Elim Hospital
Private Bag X312
Elim Hospital
0960

Dear Sir/Madam

Re: Permission to conduct research

I hereby request for permission to conduct research at selected nursing campuses of Mopani and Vhembe Districts, Limpopo Province.

I am a student at the University of Venda doing my Master's degree in nursing science. As one of the requirements for a Masters' degree, I am required to conduct research and submit a dissertation for my study.

The purpose of this study is to explore and describe the perceptions of nurse educators on continuing formal education. Nurse educators will be interviewed about their perceptions regarding continuing formal education. During this interview, a recorder will be used but information will be treated confidentiality. The final report containing anonymous quotations will be available to all at the end of the study. There may be no direct benefit to the participants of the study but when exploring the perceptions of nurse educators regarding continuing formal education, guidelines will be implemented

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to improve the situation.

Yours Faithfully

K.J.Shirindza (Ms)

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ANNEXURE G

PERMISSION FROM ELIM HOSPITAL

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH
ELIM HOSPITAL

LIMPOPO PROVINCE
HUMAN RESOURCES PRACTICE & ADMINISTRATION
04 -11- 2016
P/BAG X312 ELIM HOSPITAL 0960
DEPT. OF HEALTH & SOCIAL DEVELOPMENT

Ref: S5/3/1/2
Enq: Mnisi H.T
Date: 2016.10.28

To: Nursing services

From: Human Resource Planning

SUBJECT: PERMISSION TO CONDUCT RESEARCH: "PERSEPTION OF NURSES EDUCATORS REGARDING CONTINUING FORMAL EDUCATION IN MOPANI AND VHEMBE DISTRICT.

1. The above stated matter bears reference.

2. Kindly be informed that Ms Shirindza K.J has been granted permission by the HOD health and the CEO of Elim Hospital to conduct research on the mentioned above.

3. She will resume the project research in our institution as soon as possible. See attached approvals.

Deputy Director: Corporate Services

28/10/2016
Date

P/Bag X312, Elim Hospital, 0960
Tel (015)556 3201/2/3/4/5, Fax (015)556 3160.
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ANNEXURE H

LETTER TO TSHILIDZINI HOSPITAL

P.O. Box 2224
Elim Hospital
0960
2016.10.27

The Chief Executive Officer
Tshilidzini Hospital
Private Bag X294
Shayandima
0945

Dear Sir/Madam

Re: Permission to conduct research

I hereby request for permission to conduct research at selected nursing campuses of Mopani and Vhembe Districts, Limpopo Province.

I am a student at the University of Venda doing my Master's degree in nursing science. As one of the requirements for a Masters' degree, I am required to conduct research and submit a dissertation for my study.

The purpose of this study is to explore and describe the perceptions of nurse educators on continuing formal education. Nurse educators will be interviewed about their perceptions regarding continuing formal education. During this interview , a recorder will be used but information will be treated confidentiality. The final report containing anonymous quotations will be available to all at the end of the study. There may be no direct benefit to the participants of the study but when exploring the perceptions of nurse educators regarding continuing formal education, guidelines will be implemented

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to improve the situation.

Yours Faithfully

K.J.Shirindza (Ms)

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ANNEXURE I

PERMISSION FROM TSHILIDZINI HOSPITAL

TSHILIDZINI HOSPITAL ETHICS COMMITTEE

Memorandum of understanding

Tshilidzini Hospital Ethics Committee with Shirinobra ...at their meeting resolved to sign a Memorandum of Understanding after the two parties have agreed on the following information:

1. Reasons for making a research at Tshilidzini hospital

To improve continuing formal education by the nurse educators

2. What will be the benefit of the entire hospital community out of your findings?

It will assist policy makers to include the research results when planning continuing learning to adults

3. Who to meet in conducting your research

Nurse educators at the training institutions

4. What do you do with your findings

The findings will assist with the exploration of perceptions towards continuing formal education

5. We will require the hard copy of your research

The copy will be sent to your institution as soon as the document is approved

6. We do not anticipate any information to be divulged to all types of media without the knowledge of the Ethics Committee and Hospital Board.

7. Memorandum of understanding should be signed by both parties.

Signed by: .....

01/03/2017
Date:

Researcher

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ANNEXURE J

LETTER TO MALAMULELE HOSPITAL

P.O. Box 2224
Elim Hospital
0960
2016.10.27

The Chief Executive Officer
Malamulele Hospital
Private Bag X9245
Malamulele
0982

Dear Sir/Madam

Re: Permission to conduct research

I hereby request for permission to conduct research at selected nursing campuses of Mopani and Vhembe Districts, Limpopo Province.

I am a student at the University of Venda doing my Master's degree in nursing science. As one of the requirements for a Masters' degree, I am required to conduct research and submit a dissertation for my study.

The purpose of this study is to explore and describe the perceptions of nurse educators on continuing formal education. Nurse educators will be interviewed about their perceptions regarding continuing formal education. During this interview, a recorder will be used but information will be treated confidentiality. The final report containing anonymous quotations will be available to all at the end of the study. There may be no direct benefit to the participants of the study but when exploring the perceptions of nurse educators regarding continuing formal education, guidelines will be implemented

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to improve the situation.

Yours Faithfully

K.J.Shirindza (Ms)

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ANNEXURE K

PERMISSION FROM MALAMULELE HOSPITAL

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH
MALAMULELE HOSPITAL

REF : S 4/5
ENQ : Siwela T.S
DATE : 27/01/2017

TO WHOM IT MAY CONCERN

SUBJECT: PERMISSION TO CONDUCT A RESEARCH: MS SHIRINDZA K.J

1. This is to certify that the above mentioned has been granted permission to conduct a research at Malamulele hospital.
2. The research topic is on the **"Perceptions of nurses educators regarding continuing formal education in Mopani and Vhembe district of Limpopo Province"**.
3. Attached hereto is the applicant's letter, research proposal, Training institutions Ethics committee clearance, Provincial department approval and the research study checklist of which all the requirements were met.
4. Hopping for an effective cooperation between the participants of this research

Thank you

.....
ACTING CHIEF EXECUTIVE OFFICER
MALAMULELE HOSPITAL

27/01/2017
DATE

CONFIDENTIAL

LIMPOPO PROVINCE
DEPARTMENT OF HEALTH
MALAMULELE HOSPITAL
2017 -01- 27
REGISTRY
P/BAG 9245 MALAMULELE 0982
TEL: 015 851 0026/FAX 015 851 0620

Malamulele Hospital Private Bag x9245 Malamulele 0982
Tel: (015) 851 0026/1020/1017/1019 Fax: (015) 851 0620

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ANNEXURE L

LETTER TO THOHOYANDOU NURSING CAMPUS

P.O. Box 2224
Elim Hospital
0960
2016.10.27

The Vice-Principal
Thohoyandou Nursing Campus
Private Bag x 5050
Thohoyandou
0950

Dear Sir/Madam

Re: Permission to conduct research

I hereby request for permission to conduct research at selected nursing campuses of Mopani and Vhembe Districts, Limpopo Province.

I am a student at the University of Venda doing my Master's degree in nursing science. As one of the requirements for a Masters' degree, I am required to conduct research and submit a dissertation for my study.

The purpose of this study is to explore and describe the perceptions of nurse educators on continuing formal education. Nurse educators will be interviewed about their perceptions regarding continuing formal education. During this interview, a recorder will be used but information will be treated confidentiality. The final report containing anonymous quotations will be available to all at the end of the study. There may be no direct benefit to the participants of the study but when exploring the perceptions of nurse educators regarding continuing formal education, guidelines will be implemented

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to improve the situation.

Yours Faithfully

K.J.Shirindza (Ms)

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ANNEXURE M

PERMISSION FROM THOHOYANDOU NURSING CAMPUS

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH
LIMPOPO COLLEGE OF NURSING: THOHOYANDOU CAMPUS

Enquiries: Tshiswaise MI

Tel No.:015 9641567

Date: 2017.02.23

Ms Shirindza KJ

RE: PERMISSION TO COLLECT DATA ON PERCEPTION OF NURSE EDUCATORS REGARDING CONTINUING FORMAL EDUCATION IN MOPANI AND VHEMBE DISTRICTS, IN LIMPOPO PROVINCE

The above matter refers:

The above matter refers:

1. Permission to collect data on the above mention study has been granted as it has been permitted by the Provincial Ethics committee.
2. You are also requested arrange on when to collect data.
3. Hoping that you will find this in order.

Thank you

LIMPOPO COLLEGE OF NURSING
THOHOYANDOU CAMPUS
2017 -03- 01
PRIVATE BAG X919
SHAYANDIMA 0945
[illegible]TH

Acting Vice Principal (Thohoyandou Campus)

Private Bag X919, SHAYANDIMA, 0945, Vhembe District
Next to Tshilidzini Hospital along Punda Maria Road
Tel: (015) 964 1516/8 . Fax: (015) 964 1517
Website; http/www.limpopo.gov.za

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ANNEXURE N

Information Letter to and Consent from Participants

Project title: Perceptions of nurse educators regarding continuing formal education in Mopani and Vhembe Districts, Limpopo Province

Dear Mr/Mrs/Ms

Hereby I would like to request you to participate in this research study on "Perception of nurse educators regarding continuing formal education in Mopani and Vhembe Districts, Limpopo Province". I am a Master's student at the School of Health Science at the University of Venda.

The purpose of the study is to explore and describe the perceptions of nurse educators on continuing formal education. When your perceptions are known, guidelines for continuing formal education will be implemented to improve the situation. The study will be approved by the Department of the Limpopo Province and the Research Committee of the University of Venda.

Your participation will include a semi-structured interview which will be recorded on a voice recorder and will last for 45 to 60 minutes. The interview will take place in a private, comfortable room. No names will be used during the interview as you will not be allowed to address each other by names. Data will be kept in a safe place by the researcher for confidentiality, only the researcher will have access to raw data. Your names will not be on the voice recorder or in the research report or publication. Your participation in this study is totally voluntary. You will be allowed to withdraw your participation at any stage without any harm to you.

It will be highly appreciated if you participate for the duration of the study. If you have questions concerning the study or on your participation, feel free to ask because your input will be valuable to my research and contribute to a change in the perceptions of nurse educators on continuing formal education.

You are kindly requested to sign the attached to confirm that you are willing to participate in this study.

Participant's signature: .....

Researcher's signature: .....

Contact details: 083 762 1658
Office details: 015 556 3201 ext 2104

© University of Venda

Date: ..... **Date:** 01/09/2017

Place: ..... **Place:** .....

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ANNEXURE O

SAMPLE OF CONSENT TO PARTICIPANTS

Project title: Perceptions of nurse educators regarding continuing formal education in Mopani and Vhembe Districts, Limpopo Province.

As part of my study, I need to gather information from key informants regarding what is required for the continuing formal education by nurse educators in Mopani and Vhembe Districts, Limpopo Province of South Africa. You were chosen as one of the key stakeholders due to your experience and involvement in the continuing formal education in Limpopo Province.

I hope to use this information to help to get a better understanding of the continuing formal education in Mopani and Vhembe Districts, Limpopo Province and what lessons we can learn regarding requirements to engage in continuing formal education. The information will be used to develop a guide for an operational plan of how to use the strategies so that more nurse educators can continue with the formal education for better knowledge and skills in the nursing field.

As a participant you have the following rights: Your identity remains anonymous as the transcription of the interview will not mention your name. Information from this interview will be kept confidential and will only be shared with your approval. You may withdraw to participate in the study at any time. The interview will be audio taped for transcription and the analysis purposes. The duration for the interview will be 30 minutes. Do you have any questions at this moment?

I am aware that participation in this study involves semi structured interview and also understand that the researcher cannot inform participants on data analyzed.

Thank You

By signing below, you are agreeing that: (1) you have read and understood the Participant Information Sheet, (2) questions about your participation in this study have been answered satisfactorily, (3) you are aware of the potential risks (if any), and (4) you are taking part in this research study voluntarily (without coercion).

Contact me at: 083 762 1658

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Researcher's name:	**K.J. Shirindza**	**Date:**	01.05.2015
		Researcher's signature:	.....
Participant's name:	.....	**Participant's signature:**	.....
		Date:	.....

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ANNEXURE P

SAMPLE OF THE INTERVIEW GUIDE

I. Opening

A. (Establish Rapport) My name is Katekani Joyce Shirindza. I am a Masters student at the School of Health Science, University of Venda.

B. (Purpose) As part of my study, I need to gather information from key informants regarding what is required for the continuing formal education by nurse educators in South Africa. You were chosen as one of the key stakeholders due to your experience and involvement in the continuing formal education in Limpopo Province.

C. (Motivation) I hope to use this information to help to get a better understanding of the continuing formal education in Limpopo Province and what lessons we can learn regarding requirements to engage in continuing formal education. The information will be used to develop a guide for an operational plan of how to use the strategies so that more nurse educators can continue with the formal education for better knowledge and skills in the nursing field.

D. (Participants Rights and Timeline) As a participant you have the following rights: Your identity remains anonymous as the transcription of the interview will not mention your name. Information from this interview will be kept confidential and will only be shared with your approval. You may withdraw to participate in the study at any time. The interview will be audio taped for transcription and the analysis purposes. The duration for the interview will be 30 minutes. Do you have any questions at this moment?

II. Body

A. (Topic: Introductory Question)

- What is your perception regarding continuing formal education by nurse educators in Vhembe District, Limpopo Province?
- Probe, briefly summarize and transition to the next question.

B. What, according to your perception can be effective for continuing formal education by nurse educators in Vhembe District, Limpopo Province?

C. What could have been done better? Could you give any recommendations for improvement for the continuing of formal education for the future?

- (Probe, briefly summarise and transition to the next question).

D. How do you see continuing formal education in the future?

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E. (Summary and Transition) It has been a pleasure finding out more information about you. Let me briefly summarise the information that I have recorded during our interview. Is there anything you would like to add?

III. Closing

A. (Maintain Rapport) I appreciate the time you took for this interview. Is there anything else you think would be helpful for me to know?

B. (Action to be Taken) I should have all the information I need. Would it be alright with you to contact you if I have any more questions? Thanks again, I really appreciate the time you took to answer my questions.

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ANNEXURE Q

INTERVIEW TRANSCRIPT

Interview key

R: Researcher/Interviewer

P: Participant

PARTICIPANT 6

R: Good afternoon

P: Good afternoon

R: Introduction

P: I….I..perceive it as ..a something very important very imperative or very much important ..as a nurse educator you need to ...to…to… always get new information, acquire new knowledge as far as our profession is concerned. I perceive it as very much important in our …our profession as it will help us to renew our mind…not to be redundant., you remain active.

R: What do you mean by remaining active?

P: When you are studying further your brain is always active. Our mind will be always active. You will have this eagerness to want to know of new things that are happening around academic-wise even in general, because some of the things you find that maybe when you acquire them…even if they are outside nursing you take them and fit them in our…our…nursing profession…is like you are always active having this enquiring mind you want to know more you don't sleep you want to know what is happening in order to know them in our profession.

R: What are new things as mentioned previously?

P: New things…sometimes you find that in teaching there are different teaching styles that can be used sometimes there is another method that is being used that if you don't go there to find new method, at the end of the day you find that other lectures are using it and you have little information or you didn't go to class, at the end of the day you are behind with other lectures

R: Focusing on what is being done and what was done previously, what do you think can be effective for continuing formal education?

P: Method…if nurse educators are involved maybe they are also encouraged, but those who are ……maybe by what the...who are…what do we call…structures in Polokwane like what do we call Vho- Mrs/Dr Molepo, nurse educators…I forgotten their whatever…if maybe they can involve us like the workshops, conferences, you understand…like nowadays they normally do the nurse educator's day…eehm, sharing topics amongst ourselves and that is where we find new knowledge and teaching strategies maybe or whatever you find that I

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know nothing about the strategy that is being presented you find that maybe I then I gain information from there using of workshops and conferences may be we are invited and go there, maybe you go there and attend and gain knowledge.

R: What could have been done better previously for continuing formal education?

P: It is that previously like people...people were not having interest in studying previously because of this ... this...thing in nursing you studying and at the end of the day you are not getting any remuneration of the qualification that you acquire and people feel is better to remain with my midwifery or maybe my GNS and will still earn a salary that is being earned by a person with Masters or Doctoral degree...you understand...and I think previously people use not to study cos there was nothing that was like encouraging them, reinforcing them like a package or you are given something or whatever ...

Then presently still we are ...we are studying because... we are studying just we can see that there is light in the tunnel somewhere because somewhere you are able to be employed at a higher post though is not yet enough as we see some nurses with Masters and PHD who are working in hospitals and clinics who still get the same salary with no increment after acquiring qualifications, then at the end of the day there is no remuneration and I cant say we are really encouraged, we are just studying like for our own sake or acquire knowledge for our own sake but you find that if Im working at the clinic Im not using my skills or knowledge acquired ..you understand? Because Im looking at the patient but not imparting knowledge to others.

R: What do you think can be of help in the near future:

P: I think in future people need to consider the qualifications.. recognise those with higher qualifications, ...need to be recognised as for we are having those with a diploma in education or a degree in education but earning the same with somebody with PHD or Masters. I'm getting like emotional as far as this is concerned as there is no remuneration but we are not getting encouraged as far as remuneration is concerned....because we will be learning that after study more further and further, we will be learning that after studying hard you get something.

R: Ok , thank you. And then It has been a pleasure finding out more information about you then I will briefly summarise the information letter. Is there anything that you will like to add?

P: For now !, is just like now...I 'm getting like a... emotional as far as this thing is concerned. because we are studying and there is nothing that encourage us to study further.

R: I appreciate the time we have been together.

P: Thanks again, I really appreciate the time.

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ANNEXURE R

RESEARCH DATA ANALYSIS REPORT

FOR: Katekani Joyce Shirindza, student no: 14014821

DATE: 1 February 2017

STUDY: PERCEPTIONS OF NURSE EDUCATORS REGARDING CONTINUING FORMAL EDUCATION IN MOPANI AND VHEMBE DISTRICTS, LIMPOPO PROVINCE

INDEPENDENT CODER: Annatjie van der Wath

- Method: Tesch's open coding which comprises of eight steps of data analysis (Brink, 2014:193) method was used to guide in developing main categories, categories and subcategories. The eight steps are:
- The researcher carefully read through all the transcriptions, making notes of ideas that came to the researcher's mind
- The researcher selected one interview and read it to get meaning in the information, writing down thoughts coming to mind.
- After going through the transcripts, the researcher arranged the similar topics in groups by forming columns labelled major topics, unique topics and left overs.
- The researcher then abbreviated the topics as codes and wrote the codes next to the appropriate segment of the text. The researcher then observed the organisation of data to check if new categories or codes emerged.
- The researcher found the most descriptive wording for the topics and converted them into categories. The aim was to reduce the total list of categories by grouping topics together that related to each other. Lines were drawn between categories indicating interrelationship of categories.

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- A final decision was made on the abbreviation of each category and the codes were arranged alphabetically.
- Different codes were used such as descriptive codes, interpretive codes and explanatory codes (Brink, 2014:194).
- The data material belonging to each category were put together in one place and preliminary analysis was performed.
- The developed categories were facilitated through the use of computer activity (Brink, 2014:194).
- Saturation of data was achieved related to the major themes – The researcher conducted 10 interviews.

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Dr Annatjie van der Wath (M Cur, Ph D) annavdw@mweb.co.za

Qualitative Data Analysis

This serves to confirm that Annatjie van der Wath has co-coded the following qualitative data: 10 interviews for the study:

STUDY: PERCEPTIONS OF NURSE EDUCATORS REGARDING CONTINUING FORMAL EDUCATION IN MOPANI AND VHEMBE DISTRICTS, LIMPOPO PROVINCE

I declare that the candidate and I have reached consensus on the major themes and sub/ categories as reflected in the findings during a consensus discussion.

Annatjie van der Wath (M Cur, Ph D) annavdw@mweb.co.za

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ANNEXURE S

CONFIRMATION BY LANGUAGE EDITOR

UNIVERSITY of the WESTERN CAPE

FACULTY OF NATURAL SCIENCES

DEPARTMENT OF MEDICAL BIOSCIENCES

Donavon C. Hiss | University of the Western Cape | Private Bag X17 | Bellville 7535 | South Africa

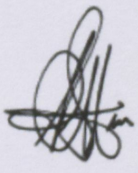
Tel: 021 959 2334 | Cell: 072 200 1086 | Fax: 021 959 3215 | E-mail: dhiss@uwc.ac.za or hiss@gmx.us

17 April 2017

To Whom it May Concern

This serves to confirm that I have edited the language, spelling, grammar and style of the MCur thesis by **Katekani Joyce Shirindza**, titled: "**Perceptions of Nurse Educators Regarding Continuing Formal Education in Mopani and Vhembe Districts, Limpopo Province**" The manuscript was also professionally typeset by me.

Sincerely Yours



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

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