

A CRITICAL ANALYSIS OF THE FACTORS INFLUENCING ACHIEVEMENT OF NURSE EDUCATOR COMPETENCIES AT SELECTED UNIVERSITIES IN KWAZULU-NATAL

Ms Hazel Thokozani Mahlanze

21242583

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Supervisor: Professor T. S. P. Ngxongo

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Declaration

This is to certify that the submitted work is entirely my own and not of any other person, unless explicitly acknowledged (including citation of published and unpublished sources). The work has not been previously submitted in any form to the Durban University of Technology or to any other institution for assessment or for any other purpose.

30 September 2024

Signature of student

Date

Approved for final submission

30 September 2024

Prof T.S.P. Ngxongo
RN, RM, D Nursing

Date

Dedication

I dedicate this dissertation to God who never gives up, who opens doors, whose grace is sufficient for me amidst all kinds of storms.

Nomfundo, Prince, Ayanda, Mlondi...never give up!

To God be the Glory!!!!

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I would like to express my sincere gratitude to the following:

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- Mpume and Norah, thanking God for bringing us together to hold hands and cry together.

God Bless you all!!!!!!

Abstract

Introduction and background: Nurse educators are vital role players in the training of nursing students to produce competent future nursing professionals who can respond to the everchanging health needs of the public. Nurse educators are expected to achieve the complex competencies stipulated by the South African Nursing Council (SANC) (2014), while meeting the academic demands of HEIs, which includes teaching and learning, research, community engagement and administrative duties. Inexperience, lack of facilitation skills, research, and curriculum incompetence are some of the challenges that nurse educators face. These necessitate academic support such as structured orientation, mentoring and staff development programmes.

Aim of the study: The aim of this study was to conduct a critical analysis of the factors influencing achievement of nurse educator competencies at selected universities in KwaZulu-Natal (KZN) with the ultimate aim of developing guidelines for effective achievement of nurse competencies.

Objectives of the study: The study objectives were: to explore the experiences of nurse educators in executing their expected competencies; explore the role of heads of department (HoD) in enhancing and supporting nurse educators to achieve competencies; critically analysing the factors that influence achievement of nurse educator competencies; exploring intervention strategies for effective achievement of nurse educators' competencies, and; developing guidelines to promote achievement of nurse educators by HoDs and nurse educators.

Method: This study used an exploratory-descriptive qualitative design, to obtain adequate information and insight into the factors influencing nurse educator competencies. Three universities situated in KZN, South Africa were selected and included as research site as they have nursing programmes. The target population were nurse educators and HoDs. A non-probability, purposive sampling method was used to select participants, with a final sample size of 23. Once ethical clearance and institutional gatekeeper permissions were obtained from the relevant authorities, study participants were reached through their heads

of departments. They were approached by email. Research information was shared with those who consented, who were then invited to participate in the study. Individual interviews of three HoDs were conducted via face-to-face and online methods. Nurse educators participated in focus group discussions conducted face-to-face and online. An unstructured research guide was used to guide the main question and probing questions. Data was thematically analysed using Braun and Clarke's (2006) six-step thematic analysis.

Findings: The seven main themes that emerged from the data analysis were grouped into three categories; organisational factors, HoD related factors, and nurse educators related factors. Organisational factors influencing nurse educators included quality issues, inadequate resources and insufficient and unstructured staff support programmes. HoDs were found lacking in transformational leadership qualities and managerial skills of staff support, policy implementation and supervision skills. Nurse educators were found to be lacking in self-development and self-leadership skills required to attain their competencies.

Conclusion: Nurse educator achievements can be promoted through various intervention strategies by the higher education institutions (HEIs) and the nurse educators. The enhancement of nurse educator competencies will improve student outcomes and ultimately lead to the production of competent nursing graduates and future professionals who are ready to serve the public.

Recommendations: HEIs must strengthen their quality monitoring, ensure policy implementation, place quality and capable leaders in their management positions, provide structured support programmes and align these with nurse educator competencies. Nurse educators and HoDs must engage in self-development programmes to improve their skills, identify mentors to address individual needs and competencies where weaknesses are identified.

The developed guidelines can be utilised by HEI managers, nurse educators and academic development departments to support and improve the achievement of nurse educator competencies.

Table of Contents

Declaration	i
Dedication.....	ii
Acknowledgements.....	iii
Abstract	iv
Table of Contents	vii
List of Tables	xiii
List of Figures	xiv
List of Appendices	xv
Glossary of Terms	xvi
List of Acronyms	xvii
Chapter Outline.....	xviii
CHAPTER 1: OVERVIEW OF THE STUDY.....	1
1.1 INTRODUCTION AND BACKGROUND OF THE STUDY	1
1.2 NURSE EDUCATOR COMPETENCIES	2
1.3 CHALLENGES FACING NURSE EDUCATORS	3
1.4 RESEARCH PROBLEM	4
1.5 RESEARCH AIM	8
1.6 RESEARCH OBJECTIVES	8
1.7 RESEARCH QUESTIONS.....	8
1.8 SIGNIFICANCE OF THE STUDY	9
1.9 OVERVIEW OF RESEARCH METHODS.....	10
1.10 OVERVIEW OF THEORETICAL FRAMEWORK.....	11
1.11 CHAPTER SUMMARY	12
CHAPTER 2: LITERATURE REVIEW	13
2.1 INTRODUCTION	13
2.2 LITERATURE SOURCES.....	13

2.3 CURRENT TRENDS IN NURSING EDUCATION	13
2.3.1 Global trends in nursing education	14
2.3.2 Trends in nursing education in South Africa	18
2.4 OVERVIEW OF COMPETENCIES EXPECTED OF NURSE EDUCATORS	21
2.4.1 COMPETENCE DEFINITIONS.....	22
2.4.2 OVERVIEW OF SPECIFIC NURSE EDUCATOR COMPETENCIES	24
2.5 INFLUENCE OF SELECTED NURSE EDUCATOR COMPETENCIES 27	
2.5.1 Teaching and learning	27
2.5.1.1 Facilitating teaching and learning	27
2.5.2 Research competence.....	30
2.5.3 Curriculum competence.....	32
2.5.4 Nurse educator personal development	33
2.5.5 Professional and ethical practice	34
2.6 CHAPTER SUMMARY	35
CHAPTER 3: FRAMEWORK GUIDING THE STUDY.....	36
3.1 INTRODUCTION	36
3.2 USE OF FRAMEWORKS IN RESEARCH	36
3.3 THE FRAMEWORK GUIDING THE STUDY: ROOT CAUSE ANALYSIS ..	37
3.3.1 Purpose of root cause analysis.....	38
3.4 PROCESS OF ROOT CAUSE ANALYSIS	39
3.4.1 Step one: Data collection	40
3.4.2 Step two: Causal factor charting	40
3.4.3 Step three: Root cause identification	41
3.4.4 Step four: Recommendation generation and implementation	41
3.5 JUSTIFICATIONS FOR RCA AS FRAMEWORK TO GUIDE THIS STUDY	42
3.5.1 Data collection phase	44

3.5.2 Causal factor charting phase	45
3.5.3 Root cause identification phase	46
3.5.4 Recommendation generation phase	47
3.5.5 Solution implementation phase	47
3.6 CHAPTER SUMMARY	48
CHAPTER 4:RESEARCH METHODOLOGY	49
4.1 INTRODUCTION	49
4.2 RESEARCH METHODS AND DESIGN.....	49
4.2.1 Qualitative research	49
4.2.2 Exploratory research.....	50
4.2.3 Descriptive design	50
4.3 RESEARCH PARADIGM.....	51
4.4 STUDY SETTING	52
4.5 STUDY POPULATION	53
4.5.1 Nurse educators	53
4.5.2 Higher education institution managers.....	54
4.6 RECRUITMENT OF PARTICIPANTS.....	54
4.7 SAMPLING PROCESS.....	55
4.7.1 Sample size	55
4.7.2 Inclusion criteria.....	56
4.7.3 Exclusion criteria.....	56
4.8 DATA COLLECTION	57
4.8.1 Data collection instrument	57
4.8.2 Data collection process.....	59
4.9 DATA ANALYSIS.....	62
4.10 OVERVIEW OF DEVELOPMENT OF GUIDELINES	65
4.10.1 Defining guidelines	65

4.10.2 Key principles of developing guidelines applied to the study	66
4.10.3 Process followed in the development of guidelines for the study.....	66
4.11 RESEARCH RIGOUR	67
4.11.1 Credibility	67
4.11.2 Dependability	68
4.11.3 Confirmability	68
4.11.4 Transferability	69
4.11.5 Authenticity	69
4.12 ETHICAL CONSIDERATIONS	70
4.12.1 Approval and permissions	70
4.12.2 Respect for persons.....	70
4.12.3 Non-maleficence and beneficence.....	71
4.12.4 Justice	71
4.13 Data storage	72
4.14 CHAPTER SUMMARY	72
CHAPTER 5: PRESENTATION AND DISCUSSION OF FINDINGS	73
5.1 INTRODUCTION	73
5.2 SAMPLE REALISATION	73
5.3 DEMOGRAPHICS OF THE STUDY	74
5.3.1 Age	75
5.3 Gender.....	76
5.3.3 Ethnicity	77
5.3.4 Qualification	77
5.3.5 Work experience as a nurse educator	78
5.3.6 Period of employment in the current HEI	78
5.3.7 Role/position of participants.....	78
5.4 FINDINGS FROM THE INTERVIEWS AND FGDs.....	79

5.4.1 Categories	79
5.4.2 Themes.....	80
5.4.3 Sub-themes	80
5.4.4 Category 1: Organisational factors	81
5.4.4.1 Theme 1: Quality issues	82
5.4.4.2 Theme 2: Resources	86
5.4.4.3 Theme 3: Staff support programmes	90
5.4.5 Category 2: Heads of department.....	98
5.4.5.1 Theme 1: Leadership style.....	98
5.4.5.2 Theme 2: Management functions	105
5.4.5.3 Theme 3: Workload	106
5.4.6 Category 3: Nurse educators	110
5.4.6.1 Theme 1: Teaching and learning	110
5.4.6.2 Theme 2: Collegiality	118
5.4.6.3 Theme 3: Self-development.....	120
5.5 CHAPTER SUMMARY	123
CHAPTER 6: DEVELOPMENT OF GUIDELINES TO FACILITATE ACHIEVEMENT OF NURSE EDUCATOR COMPETENCIES	124
6.1 INTRODUCTION	124
6.2 THE PROCESS OF DEVELOPING THE GUIDELINES	124
6.2.1 Planning phase	124
6.2.1.1 The rationale for the guidelines.....	125
6.2.1.2 The target audience for the guidelines.....	126
6.3 Development phase of guidelines.....	127
6.3.1 Perform systematic reviews of the evidence for each key question.....	127
6.3.2 Formulation of recommendations	127
6.3.3 Preliminary guidelines document.....	127

6.3.4 Validation of the preliminary guidelines	128
6.3.5 Declaration and avoidance of conflicts of interests	128
6.3.6 Delphi survey	130
6.3.7 Finalising the guideline document.....	132
6.3.8 Dissemination of the guidelines	132
6.4 CHAPTER SUMMARY	132
CHAPTER 7: PRESENTATION OF GUIDELINES TO FACILITATE ACHIEVEMENT OF NURSE EDUCATOR COMPETENCIES EDUCATORS AT SELECTED UNIVERSITIES IN KWAZULU-NATAL.....	133
7.1 INTRODUCTION	133
7.1.1 Title of guideline.....	133
7.1.2 Target audience.....	133
7.1.3 Purpose of the guidelines	133
7.1.4 Guideline objectives.....	134
7.1.5 Rationale for the guidelines	134
7.1.6 Legislative framework.....	135
7.1.7 Scope and applicability of guidelines	136
7.1.8 Glossary of terms.....	136
7.2 GUIDELINE PROCESSES	137
7.2.1 Guideline index.....	138
7.2.2 Acronyms.....	138
7.3 FINAL GUIDELINES TO PROMOTE ACHIEVEMENT OF NURSE EDUCATOR COMPETENCIES AT SELECTED UNIVERSITIES IN KWAZULU- NATAL	139
7.3.1 Discussion of the guidelines	139
7.3.1.1 Guideline A: Guidelines for higher education institutions	139
7.3.1.2 Guideline B: Guidelines for heads of department	142
7.3.1.3 Guideline C: Guidelines for nurse educators	144

7.4 SUMMARY	146
CHAPTER 8: SUMMARY OF THE STUDY, CONCLUSION, RECOMMENDATIONS AND LIMITATIONS.....	147
8.1 INTRODUCTION	147
8.2 SUMMARY OF FINDINGS	147
8.2.1 Experiences of nurse educators in executing their expected competencies	148
8.2.2 The role of heads of department in enhancing and supporting nurse educators to achieve competencies.....	149
8.2.3 Factors that influence achievement of nurse educator competencies. ..	151
8.2.4 Intervention strategies for effective achievement of nurse educators' competencies	153
8.2.4.1 Intervention strategies for HEIs.....	153
8.2.4.2 Intervention strategies for leadership and management	157
8.2.4.3 Intervention strategies for nurse educators.....	159
8.3 RECOMMENDATIONS	162
8.3.1 Recommendations for policy.....	162
8.3.2 Recommendations for practice	163
8.3.3 Recommendations for nursing education	164
8.3.4 Recommendations for further research	165
8.4 LIMITATIONS OF THE STUDY	165
8.5 CONCLUSION.....	166
8.6.... CHAPTER SUMMARY.....	167
REFERENCES	168
APPENDICES.....	192

List of Tables

Table 3.1: RCA and the objectives of the study	44
Table 4.1: Data collection to achieve each research objective	61
Table 4.2: Coding of participants and research sites	63
Table 4.3: Categories, themes and subthemes	64
Table 5.1: Sample realisation	74
Table 5.2: Demographic data	75
Table 5.3: Themes and sub-themes	81
Table 6.1: Expert Panel Demographics.....	129
Table 6.2: Summary of the preliminary guidelines to promote achievement of nurse educator competencies	130
Table 7.1: Overview of developed guideline	139

List of Figures

Figure 2.1: SANC nurse educator competencies.....	242
Figure 2.2: WHO nurse educator competencies.....	253
Figure 2.3: Research activities and scholarly activities.....	308
Figure 2.4: Self-development activities	320
Figure 3.1: Simplified illustration of RCA	40
Figure 3.2: Application of RCA phases to the study.....	46
Figure 5.1: Organisational factors influencing nurse educator competencies....	82
Figure 5.2: CPD activities for nurse educators	96
Figure 5.3: Nurse educator factors influencing nurse educator competencies	118
Figure 8.1: Root causes and root cause elimination of factors influencing nurse educator competencies	163

List of Appendices

Appendix A: Full Ethics Approval.....	192
Appendix B1: DUT Gatekeeper Permission	193
Appendix B2: UKZN Gatekeeper Permission	194
Appendix B3: UNIZULULU Gatekeeper Permission	195
Appendix C1: Participant Letter [HODS]	196
Appendix C2: Participant Information [Nurse Educators]	197
Appendix C3: Consent Form Sample	198
Appendix D1: Data Collection Tool	199
Appendix E: Invitation To Study Sample.....	201
Appendix F1: Letter for guideline validation	202
Appendix F2: Expert's Confidentiality Statement	203
Appendix F3: Checklist for Guideline.....	204
Appendix G: Preliminary Guidelines	205
Appendix H: Ethics Training Certificate	207
Appendix I: Editing Certificate.....	208
Appendix J: Turnitin Report	209

Glossary of Terms

Accreditation means certification of an institution, for a specified period, recognising it as a nursing education institution with the capacity to offer a prescribed nursing programme, upon compliance with the South African Nursing Council's (SANC's) prescribed accreditation requirements, criteria and standards for nursing education and training (South African Nursing Council [SANC] 2013).

Competence: The combination of knowledge, psychomotor, communication and decision-making skills that enable an individual to perform a specific task to a defined level of proficiency (SANC 2005b).

Continuous professional development (CPD): a purposeful statutory process whereby SANC registered professionals engage in learning programmes to maintain and improve their knowledge, skills, attitudes and professional integrity (SANC 2021).

Curriculum: a structure that distributes access to knowledge and to knowing by specifying what is taught, who is taught, who teaches, how it is taught and how learning is assessed (Council for Higher Education [CHE] 2021).

Guideline: Fundamental means through which the organisation fulfils its technical leadership (World Health Organisation [WHO] 2014).

Mentoring: refers to a process in which an experienced nursing faculty mentor enters into a mentoring relationship with a novice faculty member (Gentry and Johnson 2019).

Novice nurse educator: A nurse educator with less than two years of experience in nursing academia who lacks formal preparation in teaching and learning theory (Tufano Summers and Covington 2023).

Nurse educator: A nurse educator is a professional nurse with an additional qualification in nursing education and is registered as such with the SANC (SANC 2014).

List of Acronyms

Acronym	Full term
CHE	Council for Higher Education
CPD	Continuous Professional Development
DHET	Department of Higher Education and Training
DUT	Durban University of Technology
DoH	Department of Health
EBP	Evidence based practice
HoD	Head of Department
HEI	Higher education institution
NEI	Nursing education institution
KZN	KwaZulu-Natal
NQF	National Qualifications Framework
RCA	Root cause analysis
SANC	South African Nursing Council
WHO	World Health Organisation

Chapter Outline

Chapter no	Contents
Chapter 1	Overview of the study: Introduction and background, aim, objectives, research questions, problem statement and significance of the study
Chapter 2	Literature review regarding nurse education and nurse educator competencies.
Chapter 3	Theoretical Framework that guided the study.
Chapter 4	Methodology followed regarding design, sampling, data collection and data analysis.
Chapter 5	Presentation and discussion of findings of the study.
Chapter 6	Process of development of preliminary guidelines.
Chapter 7	Presentation of final guidelines for higher education institutions, heads of departments and nurse educators.
Chapter 8	Summary, recommendations, limitations and conclusion of the study.

CHAPTER 1: OVERVIEW OF THE STUDY

1.1 INTRODUCTION AND BACKGROUND OF THE STUDY

Nurses and midwives are the backbone and are often the first point of contact with healthcare services for healthcare users. Competent nurses and midwives need to be available to respond to the current and ever-changing healthcare needs of a growing and diverse population (Department of Health [DoH] 2018). During his first term as Minister of Health, Dr Motsoaledi, stated that it was essential that the nursing education and training system be harmonised with service delivery needs while ensuring that qualifications obtained are commensurate with the scopes of practice (DoH 2018).

Nursing education is responsible for ensuring that proficient and knowledgeable healthcare providers are produced to care for the sick and to promote health and wellness.

The South African Nursing Council (SANC) (2005a) and Department of Health (DoH) (2018) concur that the primary aim of nursing education and training is to provide adequate numbers of competent and caring nurses to meet the health needs of the country and respond to changing needs, developments, priorities, and expectations in healthcare. Nurses who acquire the knowledge, skills and behaviours that meet these standards must be equipped to meet these present and future challenges, improve health and wellbeing and drive-up standards and quality, all the while working in a range of roles including practitioner, educator, leader, and researcher. Armstrong and Rispel (2015) suggest that transformative education of nurses is critical in the move towards universal health coverage. They further propose that social accountability, which is an essential component of transformative education, should be included in nursing curricula and nurse educator preparedness.

1.2 NURSE EDUCATOR COMPETENCIES

Brown and Sorrel (2017) state that it is imperative for nurse educators to be equipped with the proper tools and skills to help nourish future healthcare providers. Nurse educator competency is regarded as important and the core of any nurse educator programme. To produce competent nursing graduates, the SANC (2005c) stipulates that nursing education institutions (NEIs) must employ nurse educators with relevant expertise in the subject matter and with the ability to develop and revise their programmes, and that they must have at least five years' clinical experience in the specialty area in which they teach. Additionally, the SANC finalized nurse educator competencies for nurse educators, which included were categorized under various domains such as teaching and learning, curriculum development, management and leadership, personal development, and research and knowledge creation (SANC 2014). Harmon *et al.* (2016) argue that learning to teach is hard work and that excellence in teaching does not develop solely from content knowledge; it takes more than one workshop or an orientation. The authors also state that because teaching is an art and nursing is a science, the nursing profession needs excellent educators to teach the art and science of nursing (Harmon *et al.* 2016).

The World Health Organisation (WHO 2016) identified eight competency domains with corresponding with core competencies. In addition, the nurse educator core competencies were further categorised within cognitive (knowledge), affective (attitudes and behaviours) and psychomotor (skills) domains of learning. The WHO asserts that integrating the competency domains and core competencies within the domains of learning helps to facilitate the development of comprehensive educational programmes, better assessment methods and reduce repetition of learning outcomes within curricula. Of note is the addition of the competency of monitoring and evaluation which increases the accountability of the nurse educator. According to the WHO (2016), monitoring and evaluation are part of effective academic and professional management which takes place within an organisational context and requires group skills, management abilities, accountability, and sensitivity to different stakeholders.

1.3 CHALLENGES FACING NURSE EDUCATORS

According to Grassley and Lambe (2015), teaching nursing is different compared to practicing nursing in the clinical setting. A major source of stress in the first year of teaching stems from the fact that many clinicians become faculty nurse educators with little preparation on how to teach, design a micro-curriculum, and lead (Grassley and Lambe 2015). Facilitating student development is another academic culture shock for novice educators, as today's learners (millennials) are different (Hart 2017). Millennials believe that they are exempt from following the rules and they approach problem solving passively. Millennials plug into technology continually and have the advantage of being able to learn whatever, whenever, wherever and from whosoever (Hart 2017). Novice nurse educators struggle to adapt to andragogic principles during the transitional period as most nursing students are adult learners who have acquired specific skills during their life experiences and therefore have a more mature approach to learning and they possess an added sense of social responsibility and independence in relation to acquiring more knowledge (Harmon *et al.* 2016). Lack of this understanding may pose challenges for nurse educators who believe in traditional or teacher-centred approaches and feel like they are losing control.

According to Tshabalala (2016), large classes pose another challenge for nurse educators as overcrowded classrooms are difficult to facilitate leading to ineffective teacher-student engagement, poor quality of nursing education, and nurse educator frustration and stress. Tshabalala (2016) adds that the newly employed suffer because of the high nurse educator-student ratio since they are still needing to adjust to the workload, and this compromises the quality of education provided. Stress has harmful psychological and physiological effects on newly employed nurse educators. Stress is a major cause of newly employed nurse educator' turnover and absenteeism, resulting in more work for remaining nurse educators (Tshabalala 2016).

Van Wyngaarden, Leech and Coetzee (2019) conducted a study to investigate challenges nurse educators experience with development of student nurses' clinical reasoning skills. The findings demonstrated that nurse educators utilise low cognitive traditional assessment strategies which may encourage students to use 'rote learning'

to memorise and 'regurgitate' the content. Furthermore, the authors found that personal development of nurse educators is reportedly hindered by management's lack of acknowledgement of achievement and creation of an environment that encourages innovation and change (Van Wyngaarden, Leech and Coetzee 2019).

Another significant finding was the focus on student-centred teaching (Van Wyngaarden, Leech and Coetzee 2019). Student-centred teaching occurs when the focus of every interaction in the learning environment centres on how the student is engaged and involved in the learning process. While this seems like a very simple principle to follow, nurse educators can get caught up with completing the volume of learning content that needs to be delivered and required to pass the course. During these engagements, the teacher-learner interaction can be compromised, leading to students feeling unimportant and left out of the teaching and learning process (Harmon et al. 2016).

SANC (2014) and WHO (2016) concur that nurse educators are expected to develop critical inquiry skills and the ability to conduct research and utilise findings to identify and solve educational and practice-based problems. Research studies have indicated the need for research capacity development due to incompetence in research skills. Opreescu *et al.* (2017) found that nurse educators' competence in research skills ranged from satisfactory to poor especially in research design, but that participants expressed an interest in engaging in research activities and capacity development in scholarship skills such as intervention design and research. The findings by Dhladhla (2019) regarding the research capacity development needs of nurse educators at provincial nursing colleges in Gauteng indicated that the majority of nurse educators wanted to improve their research skills relating to the design phase and data analysis.

1.4 RESEARCH PROBLEM

The domains for nurse educators' competence from the WHO and SANC point towards a comprehensive model that encompasses all aspects of academic and nurse educator development. The question is raised about how realistic and pragmatic this is for nurse educators. Given that nurse educators report that they usually attend to

their continuing education and development needs in their own time, it is argued whether a nurse educator need to be an expert in everything in order to maintain high standards of practice (Smith, Gray and Homer 2023).

There is evidence that nursing education is facing various challenges locally and globally, such as aligning nursing education with the practice settings, incorporating nursing as an integral part of the health workforce, adequately preparing nursing educators and providing them with proper development opportunities, and dealing with technological, economic and ethnic challenges (Fawaz, Hamdan-Mansour and Tassi 2018). According to these authors, nursing education is undergoing multiple facets of reformation. Therefore, nurse educators are required to recognise and deal with the obstacles that come with reform in order to maintain a high quality of nursing graduates, quality of health care, as well as safeguarding patient safety and satisfaction. At the same time there is strong criticism of nurse educators who have not kept abreast of the practice environment and lack modern teaching skills within many of the NEIs. These educators are said to be not teaching up-to-date nursing skills, which makes it difficult for the students to execute nursing tasks when they arrive in the hospitals (Armstrong and Rispel 2015).

Challenges facing nursing education and training were among the seven themes discussed in the National Nursing Summit convened by the DoH in 2011 (DoH 2013). One of challenges highlighted was the declining standards of nursing education, which was said to be responsible for the drop in the standard of health care services provision and the decline of the image and status of the nursing profession in South Africa (DoH 2013). Identified problems compounding the poor standards of nursing graduates include diverse providers of nursing categories, lack of internal quality control mechanisms which led to overproduction of enrolled categories of nursing, inappropriate progression and articulation pathways, and combined with limited clinical training (DOH 2019). In addition, both colleges and the universities produce registered nurses through a degree programme designated for universities and a diploma programme designated for colleges, resulting in disharmony in service (DOH 2019).

The findings by the DoH (2011) revealed that the average age of nursing educators is high with 77% of nurses on the SANC register being older than 40 years, of which 17% of individuals were of retirement age in 2011. This concurs with the Forum for University Nursing Deans of South Africa (FUNDISA) (2012) which stated that by the year 2020 a total of 272 educators in nursing colleges were going to be within nine years of retirement and will have to be replaced during the next ten years. This will leave NEIs with inexperienced young nurse educators. In addition, FUNDISA (2012) highlighted the lack of mentoring of young nurse educators as being a concern and as compounding the problems in nursing education. FUNDISA has since embarked on a variety of initiatives to capacitate nurse educators. These include evidence-based practice [EBP] project aimed at equipping nurse educators with knowledge and skills to apply EBP in teaching, learning, guiding and assessing students; the capacity building of nurse educators project expected to enhance competence of nurse educators utilizing digital technology and improved quality of teaching and learning and the Nurse Education Partnership Initiative [NEPI], aimed at strengthening both the quality and quantity of the nursing and midwifery workforce through strengthened nursing and midwifery education (Michaels-Strasser et al. 2018). In addition to increasing the quantity of nurses and midwives produced, NEPI enhanced the quality of education through a standardized and comprehensive approach – developing six key building blocks of education, including infrastructure, curriculum, faculty, clinical skills, continuing professional development, and professional partnerships for policy and regulation (Michaels-Strasser et al. 2018).

Tshabalala (2016) concurs by saying that being formally mentored by a more experienced and accomplished nurse educator enables the newly employed nurse educator to adapt more quickly to be more productive and be able to assume the full scope of the academic role sooner. The participants in the Tshabalala study, who were newly employed nurse educators, stated that they were not given orientation regarding the different curricula and programmes for theory that form part of the syllabus, and there was no orientation regarding the difference between meso-curriculum and micro curricula as part of the syllabus. In addition, they stated that during orientation they were not given standardized lesson plans to use when facilitating learning. According to Wells-Beede *et al.* (2023) the effective mentoring and socialization of new nurse

educators will continue to suffer because of the increasing role obligations and the barriers to nurse educator recruitment and retainment strategies.

Research output is rated highly at South African NEIs and, consequently, academic writing and publications in accredited journals are important criteria for appointment and promotion (Zwane and Mtshali 2019; Fawaz, Hamdan-Mansour and Tassi 2018). Furthermore, NEIs expect educators to do more than just classroom teaching, but to also be involved in other activities such as curriculum development, student-centeredness and research (Ramasubramaniam and Angeline 2015; Van Wyngaarden, Leech and Coetzee 2019). According to SANC (2014), nurse educators are expected to implement a variety of teaching strategies appropriate to student needs, desired student outcomes, content, and context. However, students are evolving in their behaviour and expectations from nurse educators, and this has increased demands on the nurse educators, who are expected to be prepared to teach students with a variety of issues including being difficult, academically weak, rude and manipulative (Hart 2017; Sing *et al.* 2021).

Participants in study by Van Wyngaarden, Leech and Coetzee (2019) indicated that nurse educators lacked expertise in using student-centred strategies in teaching. Several authors support the demand by student civil rights movements for restructuring of higher education institutions HEIs, with a critical focus on decolonisation of the curricula and culture within NEIs (Adepeju and Mhlongo 2019; Mthimunye *et al.* 2018). This has led to many nurse educators feeling overwhelmed and discouraged from embracing change and innovation in their curriculum and teaching/learning strategies because of fear of failure and possible negative impact on student learning (Halstead 2020). There is, therefore, a tendency to hold on to what they know and understand, even when it has not proven particularly effective in promoting student learning, however, this may be questioned and seen as resistance to change by managers (Van Wyngaarden, Leech and Coetzee 2019).

Newer technologies such as digital and blended teaching approaches require skills by both students and nurse educators to adapt to changing environments. Any faculty member participating in online and digital facilitation of learning must feel comfortable

with the use of necessary tools and technologies such as online and blended teaching approaches (Harmon et al. 2016). The findings from Porter *et al.* (2020) were that academics lack understanding of the pedagogy that surrounds blended online and digital teaching strategy, compounded by a lack of organisational support while attempting to understand the effective use of technology. Some nurse educators are willing to embrace new teaching and innovative strategies but are hindered by the autocratic organisational structure characterised by micromanagement and red tape (Van Wyngaarde, Leech and Coetzee 2019). This then forces them to continue using traditional methods of teaching which do not stimulate critical thinking and problem solving.

1.5 RESEARCH AIM

The aim of this study was to conduct a critical analysis of the factors influencing achievement of nurse educator competencies at selected universities in KwaZulu-Natal (KZN) with the aim of developing guidelines for effective achievement of nurse competencies.

1.6 RESEARCH OBJECTIVES

The study aimed to achieve the following objectives.

- To explore the experiences of nurse educators in executing their expected competencies.
- To explore the role of heads of department (HoDs) in enhancing and supporting nurse educators to achieve competencies.
- To critically analyse the factors that influence achievement of nurse educators' competencies.
- To explore intervention strategies for effective achievement of nurse educators' competencies.
- To develop guidelines to promote achievement of nurse educators' competencies by HoDs and nurse educators.

1.7 RESEARCH QUESTIONS

The study aimed to answer the following research questions:

- What are the experiences of nurse educators in executing their expected roles and function?
- What are the roles of HoDs in enhancing and supporting nurse educators' achievement of their competencies?
- Which factors influence achievement of nurse educators' competencies?
- What intervention strategies can promote achievement of nurse educators' academic competencies?
- What guidelines can be developed to promote the achievement of nurse educator competencies?

1.8 SIGNIFICANCE OF THE STUDY

Root cause analysis (RCA) involves the process of identifying the source of a problem and looking for a solution that deals with the problem at the root level (Guevara 2023). This allows organisations and professionals to look beyond the symptoms of the problem and work on where the real cause exists. This study aimed to conduct a root cause analysis of the factors influencing achievement of nurse educator competencies at selected NEIs in KZN. By using RCA, the researcher hopes to gauge the challenges that these NEIs should address, and which processes should be performed to improve achievement of nurse educator competencies. In addition, identifying the root causes of a problem contributes towards developing more effective strategies to overcome these causes. The current study developed guidelines to promote achievement of the nurse educators' competencies.

Employers of nurse educators can utilise the guidelines regarding specific operations such as revisiting staff development programmes, structuring staff mentoring programmes, staff promotion criteria, competitive rewards such as occupation specific dispensation) and staff retention efforts. According to Tshabalala (2016), poor support programmes such as mentoring, and orientation of nurse educators contributes to poor performance by nurse educators. The study also assists in

addressing information gaps in staff support programmes to enhance performance of nurse educators. Empowerment programmes for experienced nurse educators must continue to address the ever-changing teaching methodologies and technological skills.

Researchers such as Oprescu *et al.* (2017) and Armstrong and Rispel (2015) have highlighted lack of preparedness and confidence regarding teaching methodologies among other factors as hindering effective teaching and learning. Enhancing academic support for nurse educators can improve their teaching skills and student-centred approaches so that the graduates are better equipped when they enter the practice environment and are more ready to assist the country with its burden of disease and strategic objectives. The recommendations of this study can assist the SANC to fast-track continuous professional development (CPD) for staff development programmes for nurse educators to address skill gaps which might be influencing the achievement of competencies.

1.9 OVERVIEW OF RESEARCH METHODS

This study used an exploratory-descriptive qualitative design to obtain information and insight into the factors influencing nurse educator competencies. (Grove, Gray and Burns 2015). Three universities situated in KZN, South Africa, were selected and included as research sites as they have nursing programmes. The target population were nurse educators and HoDs in those programmes. A non-probability, purposive sampling method was used to select participants. Once ethical clearance and institutional gatekeeper permissions were obtained from the relevant authorities, study participants were reached through their HoDs. They were approached via email, and research information was shared with those who were interested, who were then invited to participate in the study. Individual interviews of three HoDs were conducted via face-to-face and online methods. Nurse educators participated in focus group discussions conducted face-to-face and online. An unstructured research guide was used to guide the main question and probing questions. Data was thematically analysed using Braun and Clarke's (2006) six-step thematic analysis. Three main themes emerged from the data. Research methods are discussed in detail in Chapter 4.

1.10 OVERVIEW OF THEORETICAL FRAMEWORK

Root Cause Analysis was utilised as a guiding framework for this study. According to Bjorn and Fagerhaugh (2005: 12) and Barsalou (2015: 57), Root Cause Analysis [RCA] is a structured investigation that aims to identify the true cause of a problem and the actions necessary to eliminate it, utilizing a wide range of approaches, tools, and techniques used to uncover causes of problems.

The purpose of this study was to develop guidelines to promote achievement of nurse educator competencies. Nurse educators are expected to perform multiple and complex competencies to satisfy their employer, the SANC and the students. Criticisms discussed were targeted at nurse educators' preparedness, the poorly skilled graduates and new teaching methodologies (Armstrong and Rispel 2015: 5; Sing, Munro, and Jackson 2021: 17). To avert the common response by most organisations of short-term solutions, quick fixes and putting out fires, the researcher will employ the RCA process to engage in is a systematic and retrospective approach to unveil the causes and adverse events with the ultimate purpose of identifying preventive and corrective measures to enhance the performance of nurse educators (Charles et al. 2017; Vorley 2008:4). According to Barsalou (2015:18), most errors result from faulty systems rather than human error, e.g. poorly designed processes that put people in situations where errors are more likely to be made. The researcher seeks to critically analyse factors influencing the achievement of nurse educator competencies with the aim of developing guidelines to enhance the performance of nurse educators. Chapter 3 will discuss the theoretical framework in detail.

1.11 CHAPTER SUMMARY

This chapter discussed the introduction and background to the study, research problem, purpose, aims and objectives of the study. The complexity of competencies expected of nurse educators was highlighted in view of the challenges that will have to be addressed to achieve the set competencies. In the next chapter, the researcher presents detailed information gleaned from relevant literature regarding the subject under discussion. Chapter 2 will discuss the literature reviewed for this study in detail.

CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

The literature reviewed for this study is presented in this chapter. Studies involving nursing education in general, nurse educators and higher education, were the focus of the study. From these studies, the researcher was able to determine the findings from other research studies regarding nursing education and the performance of their roles, and what strategies have been recommended for improvement of nursing education, as well as identify what interventions have not been attempted before. The literature review was utilised to develop guidelines to promote the achievement of nurse educator competencies.

2.2 LITERATURE SOURCES

The literature search comprised various literature sources to gather relevant literature. Most of the literature was obtained by searching electronic sources such as databases of local and international studies. These included search engines focusing on nursing journals (EBSCO), the Cumulative Index of Nursing and Allied Health Literature (CINAHL), Medical literature on-line (MEDLINE), Google Scholar and MOODLE, to name just a few.

In addition, the inter-library loan system was used which allowed the researcher to get hard and soft copies of relevant literature from neighbouring HEIs. The latter enabled the researcher to obtain documentary and electronic information, and data only available from other academic institutions and organisations to which the Durban University of Technology (DUT) library is affiliated. The archives, databases, and websites of other local and international reputable research institutions and organisations such as the WHO, the SANC, the South African DoH, the Council for Higher Education (CHE) and the Department of Higher Education and Training (DHET), in order to obtain a multi-perspective approach to the research topic.

The focus of literature search was on international, national, and local perspectives on nursing education and nurse educators. A set of keywords was decided upon before engaging in the search. Identifying keywords for the subject before initiating any literature search ensured that correct results were obtained. The keywords and phrases that were used as search terms included:

- Nurse educator competencies
- Higher education
- Challenges facing nursing education
- Challenges facing nurse educators
- Nurse educators' experiences
- Staff development needs of nurse educators
- Nursing curriculum

2.3 CURRENT TRENDS IN NURSING EDUCATION

2.3.1 Global trends in nursing education

Oprescu *et al.* (2017) conducted an Australian case study which sought to determine professional development needs of nurse educators. The findings revealed that most nurse educators lacked confidence in educational skills. Confident nurse educators are good role models for students; they demonstrate how to link theory to nursing practice, and they provide effective supervision of neophytes (Oprescu *et al.* 2017). The study further identified areas where nurse educators wished to be developed in, including assessment, design of classroom, use of the internet, simulation-based learning activities, and scholarship skills such as intervention design and research. Kinnunen *et al.* (2017) explored curricula challenges and informatics competencies for nurse educators. The mandate by the Australian Nursing and Midwifery Accreditation Council that all undergraduate curricula must include nursing informatics in their curricula was supported as a positive move for Registered Nurse Standards for Practice and Continuing Professional Development (Kinnunen *et al.* 2017). The first set of informatics competencies for nurses were released through the Australian and Nursing and Midwifery Federation National Informatics Standards for Nurses and Midwives in early 2016 (Kinnunen *et al.* 2017). While these standards have merit and

provide direction regarding expectations for competence of nurses in informatics, they are not yet ratified by any of the national professional nursing bodies and unfortunately, there has been limited engagement in the development of policies around the requirement for nurse educators to have informatics skills, although individual universities have commenced the development of courses for nurse educators in nursing informatics (Kinnunen *et al.* 2017). However, international recommendation framework of core competencies in health informatics was developed under the guidance of Technology Informatics Guiding Education Reform based on a study conducted in 51 countries, including 2 African countries. This has contributed to the overall discourse on how to shape health informatics education (Hübner *et al.* 2019). A study conducted by Kinnunen *et al.* (2023) assessed three factors of the nursing informatics competencies and revealed highest ratings in “ethics and data protection”; slightly low total competency score of nursing documentation, and lowest in “digital environment.”. These results raise concerns regarding quality of nursing care and recommended educational institutions to revisit their curricular concerning low levels scoring in nursing process (Kinnunen *et al.* 2023).

According to Asirifi *et al.* (2017), Ghana is facing challenges of clinical education in the undergraduate nursing programme which highlighted the need for high quality and sufficient hands-on practice opportunities for students to develop psychomotor and communication skills, integrate knowledge, and engage in evidence-based practice. The study further revealed a lack of well-prepared clinical teachers with the ability to develop students' professional clinical competencies such as exposing them to challenging direct patient care opportunities, integrating evidence-based theoretical knowledge into high quality and safe patient care, while using innovative teaching strategies. Adequate resources such as library skills, access to computers, high speed internet, and data bases must be prioritised by both faculty and students to address some of the challenges (Asirifi *et al.* 2017).

Although nursing education is being strengthened globally, considerable diversity persists in the level and standards of nursing education both within and across countries. The global challenge facing nursing education programs resides in delivering transformed undergraduate curricula and practice learning opportunities to

meet the new paradigms emerging in healthcare. An international framework of guidelines for nursing education has, therefore, been developed to promote greater international consistency and high-quality nursing education globally. The purpose of this paper is to discuss the multinational methodology used to develop a global framework for professional nursing education and the policy implications of this framework in guiding the harmonization of nursing education demanded by the State of the World's Nursing 2020 call to action (Baker et al, 2021). The framework categorized its approach under three pillars namely, Pillar I: learning outcomes for graduate, Pillar II: guidelines for educational programs, and Pillar III: guidelines for educational institutions.

The learning outcomes for graduates specified in pillar I are classified under the following areas: knowledge and practice skills; communication and collaboration; critical thinking, clinical reasoning and clinical judgement; and lastly professionalism and leadership. The guidelines of pillar II are directed at the educational program under the auspices of curriculum; admissions; and learning experiences. The guidelines for educational institutions that deliver nursing education programs are classified as: faculty, instructors and preceptors; resources; leadership and administration; and outcomes (Baker et al, 2021)

After exploring nursing and midwifery students' experiences and perceptions of their clinical learning environment in Malawi, Mbakaya *et al.* (2020) concluded that although students described their clinical learning environment as satisfactory using a clinical learning environment inventory, findings from the focus group discussions revealed that students faced many challenges which included, among others, hostile environment, poor relationship with the qualified nurses, absence of lecturers and lack of resources. These findings highlighted the need to improve all aspects of the learning environment, such as developing a clear clinical supervision plan for students, training of qualified staff regarding their role in supporting students placed, and also provision of essential equipment in the clinical area to help students gain the required clinical skills by accredited hospitals and training institutions.

Adepeju (2017) conducted descriptive exploratory study of teaching methodologies utilised by nurse educators in Southwest Nigeria. According to this study, nursing education in Nigeria is undergoing many positive transformations, but policy changes and the economy have contributed greatly to constraints on development in education. Examples of challenges include failure to implement the teacher-to-student ratio of 1:10 as stipulated in the National University Commission policy due to inadequate staffing and resources in schools including nursing institutions (Adelabu 2008 cited in Adepeju 2017). Due to these factors and hindrances, Adepeju (2017) observes that teachers resort to teacher-centred teaching methods in the form of direct instruction to the learners which involves imparting knowledge to the students but in the form of spoon-feeding of students and passive learning, which are not beneficial for students. Nurse educators acknowledged that student-centred teaching approaches aimed at developing self-directed learning and critical thinking, were more beneficial and utilised whenever conditions allow. These included active learning, collaborative learning, peer learning, inquiry-based learning, fieldwork, and computer-mediated learning. Unfortunately, these are hindered by multiple factors including shortage of staff, inadequate preparedness of nursing students, changing educational and health policies, lack of skills among teachers, inadequate curriculum, and resource constraints (Chopra 2014, cited in Adejebu 2017).

Bvumbwe, and Mtshali (2018) conducted an integrative review based on nursing education challenges and solutions in sub-Saharan Africa and identified a shortage of nurses in the workforce and growing concerns of poor quality of nursing care because of inefficiencies in the nursing education system. The findings of this study highlighted that the professional regulation bodies must improve their regulatory activities to meet the complex demands of health care which requires nurses who are critical thinkers and competent. In addition, provision of adequate and quality nurse educators in tandem with their capacity development as well as adequate material resources, are required. These can only be achieved through a coordinated and collaborative approach to education of the future professionals of nursing.

2.3.2 Trends in nursing education in South Africa

The South African Health Review 2014/2015 (Padarath, King and English 2015) pointed to evidence which suggests that there has been a steady disinvestment in nurse education. To avoid a looming major crisis, issues of curriculum quality and relevance, nurse educator quality, educational resources, and governance of nursing education must be addressed. The WHO (2013) adds that not only must the quantity of professional health workers be addressed but also issues of quality and relevance to address population health needs. This calls for educational institutions to increase their capacity and improve the competencies of existing staff and increase their numbers, reform admissions criteria, strengthen health professionals' competencies by revising and updating curricula on a regular basis, and link the disease burden to training needs (WHO 2013). Increasingly, Nurses are increasingly playing a more prominent role in the delivery of primary care, this promotes their teamwork and for leadership skills required in 21st century health services (WHO 2020).

According to Jooste and Jasper (2012), tertiary institutions in South Africa strive to be modern African universities that are vibrant, cosmopolitan communities with a high regard for teaching, learning, research, and community involvement. At South African universities, as with universities globally, there is an on-going a debate about the balance between teaching and research. Both activities are linked to monetary rewards in the form of subsidies from the South African government. In an environment of scarce financial resources, universities continuously embark upon journeys to sustain their ability to be financially and institutionally stable – hence it is significant that nurse educators in universities are required to be research active, with a high achievement of doctoral preparation being undertaken.

It is important to mention that the evolution of South African colleges and universities reflects the transformative process the country has experienced and is still experiencing. This is seen in value statements of universities striving to promote integrity and respect for diversity. Human dignity and cultural sensitivity workshops are offered on a continuous basis. Similar developments are observed in healthcare

services, where the principles of patients' rights during service delivery are encouraged by nurse managers by focusing on the Batho Pele principles (DoH 2021).

According to the National Planning Commission (2011) and Statistics South Africa (2017), South Africa is among the countries facing the quadruple burden of disease. The quadruple burden of health challenges facing the country relates to diseases such as tuberculosis; maternal and child morbidity and mortality; non-communicable or lifestyle-related diseases; and violence, injuries and trauma. The priority for the health area is to increase life expectancy of South Africans to at least 70 years; produce a generation of under-20s that is largely free of HIV; achieve an infant mortality rate of less than 20 deaths per thousand live births, including an under-five mortality rate of less than 30 per thousand (Statistics South Africa 2017).

The Institute of Medicine (2011, cited in Harmon *et al.* 2016) states that the goal of nursing education is to prepare nurses to deliver safe, quality patient care to meet diverse patient needs, to function as leaders, and to advance science in a way that benefits patients. Harmon *et al.* (2016) add that a meshing of teaching which is an art and nursing which a science is required to create a teacher who is dynamic, interesting, and willing to listen to students. To achieve these, Harmon *et al.* (2016) recommends that nursing education must adapt to keep up with the dynamics of the patient care needs and the healthcare environment.

Padarath, King and English (2015) point to evidence which suggests that there has been a steady disinvestment in nurse education. To avoid a looming major crisis, issues of curriculum quality and relevance, nurse educator quality, educational resources, and governance of nursing education must be addressed. The WHO (2013) adds that not only must the quantity of professional health workers be addressed but also issues of quality and relevance in terms of addressing population health needs. This calls for educational institutions to increase their capacity and improve the competencies of existing staff and increase their numbers; reform admission criteria; strengthen health professionals' competencies by revising and updating curricula on a regular basis; and linking the disease burden to training needs (WHO 2013). The excessive focus on hospital-based education and education that is segregated into

professional silos do not prepare health professionals for teamwork and leadership skills required in the 21st century health services (WHO 2013).

The first circular issued by the SANC (2013) provided general instructions to NEIs to develop their curriculum for new qualifications; provided an overview of the curriculum development process and suggested a series of steps to follow in creating curriculum documents; and provided curriculum guides which are structured documents that delineate the philosophy, goals, objectives, learning experiences, instructional resources and assessments that comprise a specific educational programme.

Zwane and Mtshali (2019) reported that there is a widely held view that higher education equals better education for nurses with the belief that graduates are more competent and better equipped to deal with the complex challenges occurring within a dynamic healthcare system. In addition, they are equipped to cope with the increasing complexity of nursing practice, advances in medical and information technologies, and the demands of the everchanging burden of diseases. Nursing in higher education is associated with production of graduates with a broad knowledge base, evidence-based practice abilities, and the capacity to conduct practice-related research and. Contrary to this belief, Direko and Davhana-Maselesele (2017, as cited in Zwane and Mtshali 2019) perceive that the positioning of professional nursing education within higher education is a competency shift from the provincial DoH to the DHET.

The SANC (2019) granted accredited NEIs a special concession to have a final intake of students in 2019 for the following nursing programmes for legacy programmes: courses leading to registration as a nurse (General, Psychiatric and Community) and midwife (Government Notice No. R.425 of 22 February 1985, as amended); Clinical Nursing Science leading to registration of an additional qualification (Government Notice No. R.212 of 19 February 1993, as amended); diploma course in Clinical Nursing Science, Health Assessment, Treatment and Care (Government Notice No. R.48 of 22 January 1982, as amended); course leading to registration of an additional qualification in nursing education (Government Notice No. R.118 of 23 January 1987, as amended [SANC 1987]) and course for the Diploma in Nursing Administration

(Government Notice No. R.1501 of 08 July 1983, as amended). In addition, de-accreditation of NEIs that are only accredited to offer the phased-out nursing qualifications, such as courses leading to enrolment as a nursing auxiliary (Government Notice No. R.2176 of 19 November 1993, as amended) and course leading to enrolment as an enrolled nurse (Government Notice No. R.2175 of 19 November 1993, as amended).

Most NEIs are accredited for the new nursing qualifications as stipulated by SANC. SANC (2019) designated 10 public colleges to offer new certificate, diploma and bachelor's degree programmes. Only half of the universities who applied for accreditation were approved, while the other half were being processed. By 2021, a total of 19 universities were accredited for undergraduate and postgraduate nursing programs (SANC 2021). The SANC also introduced a new professional entrance examination, after benchmarking with two African regulatory bodies, an American regulatory body and relevant stake holders, but this was abruptly halted in 2024 until further notice following deliberations on the progress, implementation and challenges experiences from stakeholders (SANC 2023).

The reviewing and implementation of new curricula comes with challenges for adapting, evaluating and aligning learning outcomes according to the changing health needs and the needs of the students who will be recipients of the changes. Nurse educators in most instances are expected to implement the new curriculum, adapting to the new technological and digital, while trying to achieve their competencies as stipulated by SANC (2014) and WHO (2014). Moreover, nurse educators must meet demands of research, community engagement and administrative duties demanded by the universities.

2.4 OVERVIEW OF COMPETENCIES EXPECTED OF NURSE EDUCATORS

The competencies of nurse educators are discussed in the next section with regard to definitions, SANC and WHO competencies.

2.4.1 COMPETENCE DEFINITIONS

The meanings of the term 'competence' varies according to the context within which it occurs. The Further Education Curriculum unit defines it as follows: "Competence is the possession and development of sufficient skills, knowledge, appropriate attitudes and experience for successful performance in life roles". In addition, competence has several dimensions such as task competence, job competence, functional competence, occupational competence, and vocational competence (Benett 2019, cited in Quinn and Hughes 2013).

Elliot, Dweck and Yeager (2017) define competence as a condition or quality of effectiveness, ability, sufficiency, or success, the achievement of which depends on these conditions and their interaction with other key personal attributes. Griffiths and Washington (2015) propose that a single competency serves to connect a cluster of behaviours or performance indicators into a single construct, required to perform overall complex and cognitive roles. For each nurse educator competency, WHO (2016) describes attributes in terms of three key domains: cognitive, affective and psychomotor. Cognitive represents knowledge of, affective signifies attitude and behaviour, and psychomotor referring to skills and abilities.

Nurse educators must master generic competencies expected of all teachers; these include nursing or subject competence, pedagogical competence, social competence, and personal competence (Irwantoro and Suryana 2016). These are discussed briefly below.

Subject competence is the ability to integrate theory and practice and make active use of literature and research in the field (Salminen *et al.* 2021, Kuivila *et al.* 2020). According to Mikkonen *et al.* (2019), nursing subject competence entails multi-professional knowledge, evidence-based knowledge, deep competence in one's area of expertise, and integration of theory into professional practice. The ability to promote theory and practice integration is especially important when teaching nursing, because both practical nursing competency and pedagogical competency are closely connected and are nursing education functions that cannot be simply separated

(Satoh, Fujimura and Sato 2020). Moreover, active use of literature and research is seen as a basis for teaching evidence-based nursing.

Pedagogical competence is described as all the teaching and learning activities and abilities involved in the transmission of knowledge, skills and attitudes, as well as the creation of a conducive and interesting learning environment and atmosphere (Kuivila *et al.* 2020; Salminen *et al.* 2021; Baryanto 2021). According to Mikkonen *et al.* 2019), pedagogical competence includes student-centred pedagogy, generic skills, integrating diversity into teaching, curriculum work and a variety of teaching approaches. Nurse educators are responsible for the development of students as knowledge-seekers, critical thinkers, self-directed and clinical decision-makers. Students come highly curious and motivated to learn, but sometimes are demotivated by poor pedagogical skills such as lecturer's poor preparation, poor class management skills, incomplete lecture sessions, technological incompetence, or failure to utilise various didactic approaches (Antoni 2016).

Social competence is the ability of the lecturer as a member of academic society to communicate orally and verbally, use correspondence and data innovation practically, and relate effectively and humanely with students, colleagues, communities and the multidisciplinary members of the university and practice environments (Baryanto 2021). To build the various positive interactions, the nurse educator must be capable of presenting information effectively, accept criticism, allow suggestions from others, such as leaders, colleagues and students (Antoni 2016). Social competence is greatly affected by *personality competencies* or abilities which are characterised by attributes such as being of noble character, emotional intelligence, wisdom and prudence, being a good role model, self-introspection, and self-development (Baryanto 2021). When nurse educators lack personality and social competence, the work environment becomes toxic due to gossiping, rudeness, bullying and other untoward behaviours, in which case the learning environment becomes non-conducive and educator-student relationship is negatively affected. Moreover, the professional values and morals are compromised and can be copied by the future professionals of nursing leading to poor patient outcomes. A more detailed discussion of incivility is included later in this chapter.

2.4.2 OVERVIEW OF SPECIFIC NURSE EDUCATOR COMPETENCIES

The SANC (2005a) describes competence as the ability to integrate and apply knowledge, skills, judgement, attitudes, values, capacity and abilities to practise safely and ethically in a designated role and setting. The SANC (2014) developed specific nurse educator competencies to respond to the changing and complex changes of the health care system. According to the WHO (2016), a competent nurse educator utilises the above-mentioned skills to adopt new approaches in planning, organising, implementing and evaluating nurse education programmes.

The SANC (2014) developed nurse educators' competencies and classified them under seven domains as listed below and depicted in Figure 2.1.

- Scholarship of teaching and learning
- Academic and student management
- Curriculum development
- Management and leadership
- Personal development of the nurse educator
- Research and knowledge creation
- Professional, ethical and legal practice.

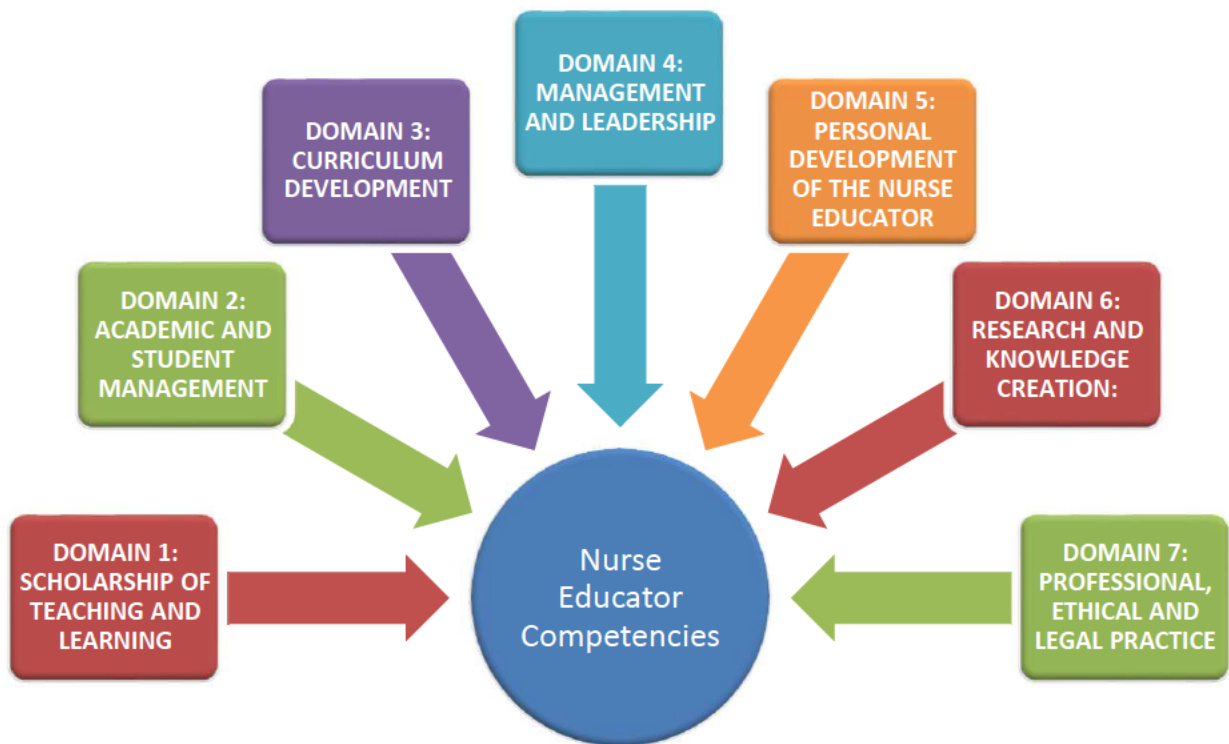


Figure 2.1: SANC nurse educator competencies

Source: SANC (2014)

The WHO (2016) stipulated eight domains for nurse educator competencies which are listed below and are depicted in Figure 2.2.

- Theories and principles of adult learning
- Curriculum and implementation
- Nursing practice
- Research and evidence
- Communication, collaboration and partnership
- Ethical/legal principles and professionalism
- Monitoring and evaluation
- Management, leadership and advocacy

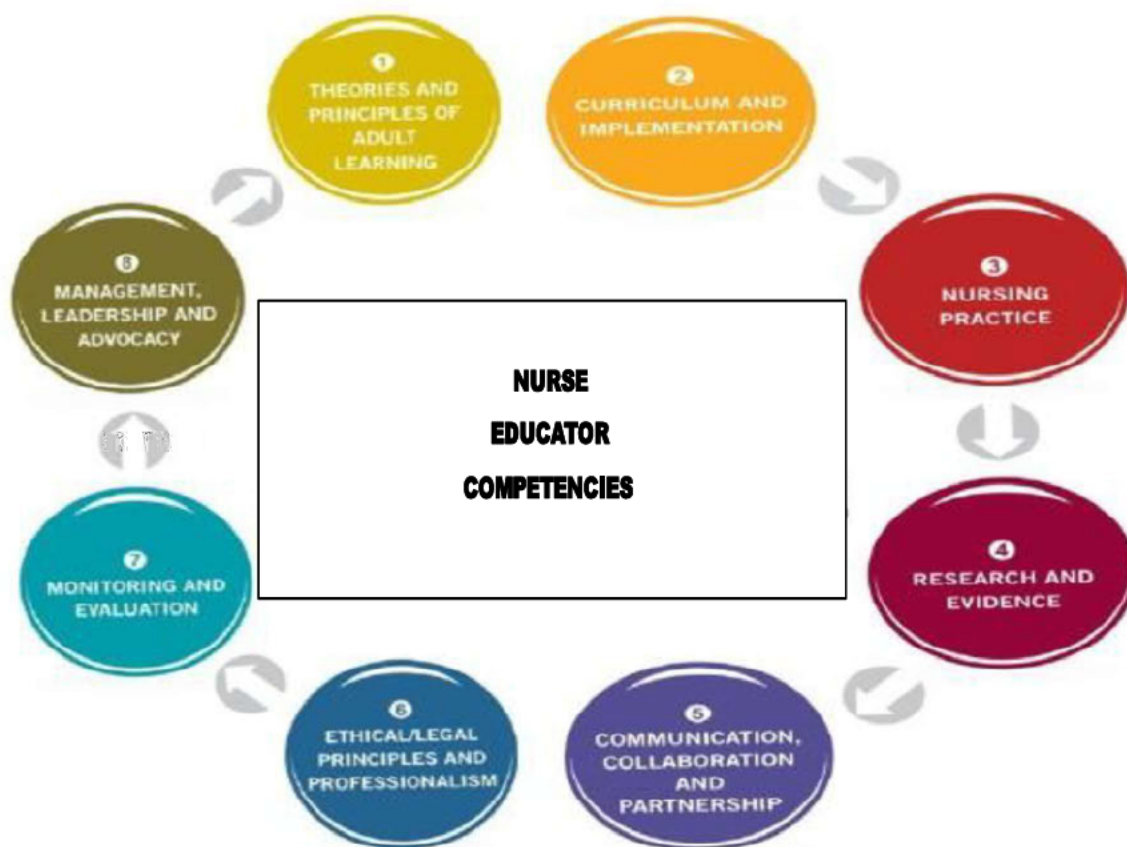


Figure 2.2: WHO nurse educator competencies (WHO 2016)

The WHO (2016) included cognitive, affective and psychomotor teaching and learning domains across each of the eight domains, for nurse educators to integrate their knowledge, skills and behaviours during the teaching and learning activities and reduce repeating learning outcomes. The domain of monitoring and evaluation was added by the WHO (2016) as part of effective academic and professional management within an organisational context and requires group skills, management abilities, accountability and sensitivity to different stakeholders. The WHO recommends that NEIs develop a competency-testing tool to monitor and evaluate aspects of the eight domains, core competencies and the related competencies.

2.5 INFLUENCE OF SELECTED NURSE EDUCATOR COMPETENCIES

This section discusses how selected nurse educator competencies are perceived to influence the performance of nurse educators regarding challenges faced by them and solutions offered by various researchers.

2.5.1 Teaching and learning

The SANC (2014) classifies teaching and learning under scholarship of teaching and learning and student development domains, while the WHO (2014) does so under theories and principles of adult education domain. As discussed in the previous sections, effective teaching and learning that will benefit the student and the nursing profession requires a nurse educator who possesses pedagogical, professional, social and personality competencies, to name a few. The WHO (2014) states for the nurse educator to achieve this domain, they must possess a sound understanding of contemporary educational theories, principles and models underlying the design of curricula and the value of adult learning.

2.5.1.1 Facilitating teaching and learning

To achieve this competency, nurse educators must possess knowledge of theories, principles and philosophies underlying adult education, pedagogy, andragogy and geragogy, cognitive, affective and psychomotor learning domains, context analysis underlying educational purposes and competency development, concepts and conceptual frameworks and competency-based education (WHO 2014). Furthermore, the attitudes and behaviours expected of the nurse educator includes modelling critical and reflective thinking, showing enthusiasm for teaching, learning and nursing that inspires and motivates students, fostering a relationship of mutual trust and respect. Furthermore, they should manifest the skills and ability to use educational approaches reflecting contemporary educational theory and practice (WHO 2014).

➤ **Student factor in competence of facilitating teaching**

To facilitate learning, it is necessary for the nurse educator to create a conducive learning environment characterised by trust, respect, helpfulness, freedom of expression, and acceptance of differences that allows the nursing student to feel safe and to ask questions (SANC 2014). Nurse educators must update their teaching approaches to stimulate students, instead of teacher-centred methodologies where the learner is a passive participant in the learning process. Opportunities for active student engagement such as problem solving and case studies are more interactive and must be increased to improve critical thinking and clinical decision making (Hart 2017, Harmon *et al.* 2016). Facilitating teaching and creating a conducive learning environment is affected by various factors such as lack of nurse educator facilitation skills, the type of student who is the recipient of information, organisational factors such as inadequate resources, lack of staff support programmes.

Students' unwillingness and negative attitudes can influence the learning process when they do not take responsibility for their own learning, are disinterested and their choice of nursing as a career was not thought through (Van Wyngaarden, Leech and Coetzee 2019). Nurse educators can adapt and transform their teaching-learning approaches according to the positive attributes of baby boomers and millennials. This can be achieved through assessing and appreciating their characteristics, sharing expectations of learning, cultivating caring relationships, making learning fun and interactive, teaching critical thinking, providing opportunities for collaboration, and giving frequent feedback (Hart 2017). A change in teacher-student relationship stimulates intense transformations in the behaviour of both and facilitates the pursuit of knowledge, because in addition to transmission of knowledge, there is a daily sharing of professional experiences (Chicaro *et al.* 2021).

➤ **Nurse educator-specific challenges to competence of facilitating learning**

According to Summers (2017), learning to teach and facilitate knowledge acquisition in nursing students requires preparation and additional formal education to achieve competency in facilitating teaching. Obtaining this competence is not achieved immediately and many who transition into academia go through stress and high levels

of anxiety. Nurse educators must be equipped with knowledge and skills to become proficient and meet the demands of faculty standards, as well as all aspects of teaching and learning including evidence-based practice (EBP) (Mthiyane and Habedi 2018, Harmon et al. 2016). Without proper support and supervision, nurse educators will continue to utilise traditional methods and lower cognitive level assessment strategies, which facilitate rote learning and failure to synthesise and apply knowledge (Van Wyngaarden, Leech and Coetzee 2019).

Nurse educators in HEIs must be developed to respond to the rapid advances in technologies such as robotics, virtual reality, cloud technology, and artificial intelligence associated with the fourth industrial revolution. Great demands are placed on producing 21st century graduates who are skilled in innovation, media and technology. This has implications for the professional development of university teachers (DHET 2018). To increase confidence, nurse educators require organisational support to understand and effectively incorporate online and digital technology (Porter *et al.* 2020, Oprescu *et al.* 2017). Digitalisation competence demands evaluation and reflection, professional development and mentoring of students and academic staff (Mikkonen *et al.* 2019).

Nurse educators must engage in their own self-development to maintain knowledge of professional practice needed to help students prepare for contemporary nursing practice. For many nurse educators, it is this fear of failure and possible negative impact on student learning that discourages them from embracing change and innovation in their curriculum and teaching/learning strategies (Halstead 2020).

➤ **Inadequate resources**

Inadequate resources can negatively impact on teaching and learning processes. These include staff shortage and poor or lack of material resources. Nurse educators must be provided with adequate resources and upskilling for effective facilitation of learning which will promote the production of competent and critical thinking graduates of nursing (Van Wyngaarden, Leech and Coetzee 2019; Brown and Sorrel 2017).

Nurse educator competency is regarded as important and the core of any nurse educator programme. To produce competent nursing graduates, the SANC (2005c) stipulates that NEIs must employ quality nurse educators who have relevant subject and clinical expertise. Findings by the DoH (2011) reveal that 77% of nurses on the SANC register were older than 40 years, of which 17% of individuals were of retirement age in 2011. This concurs with the FUNDISA (2012) who stated that by the year 2020, a total of 272 educators in nursing colleges were going to be within nine years of retirement and will have to be replaced from 2021 onwards. This will leave NEIs with inexperienced young nurse educators. Tufano, Summers and Covington (2023) found that retention of nursing faculty continues to be a global concern and urges academic institutions to implement retention strategies to ensure guidance and mentoring of young and inexperienced nurse educators.

2.5.2 Research competence

Nurse educators are expected to be competent in research and knowledge creation by engaging in scholarship (SANC 2014). Nursing research provides a valuable perspective on the delivery of and changes in healthcare, therefore nurse educators need to identify the necessary competencies to foster a new generation of scholars, practitioners, and researchers (NACNEP 2019). Research competencies expected include competent utilisation of relevant and current literature in all academic activities; exhibiting a spirit of inquiry in all academic activities; engaging in scholarly activities in an established area of expertise; demonstrating skill in critical thinking, writing and development of arguments, and demonstrating integrity and other qualities of scholarship. Quinn and Hughes (2013) highlight some of the research activities recommended for nurse educators (Figure 2.3).

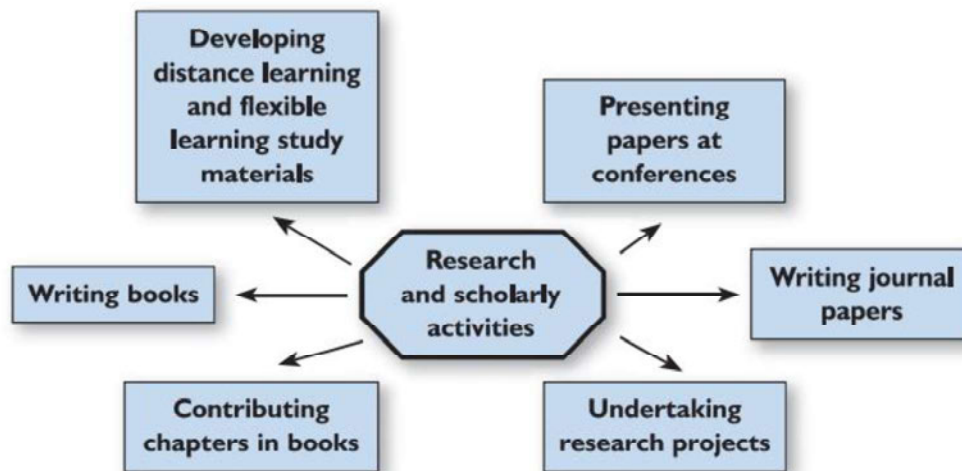


Figure 2.3: Research activities and scholarly activities (Quinn and Hughes 2013)

Universities place research very high on the list of priorities, and teaching and learning find itself competing for resources with research (DHET 2018). Nurse educators can find this challenging and a source for role conflict as most think that research is just another interdependent function. It is imperative for nurse educators to conduct high-quality academic research with critical inquiry and to link research activities to their instruction (Satoh, Fujimura and Sato 2020). Engaging in research is beneficial for both the student and educators, as the latest findings, methodologies and recommendations enrich the learning experience with real-life and up-to-date developments. In addition, research and innovation impact increases the reputation of an institution's reputation and it is rating high in academic and professional circles as contributing to the advancement of knowledge (Suleiman 2023).

Academic nurse educators are encouraged to study for master's or doctoral degrees to develop advanced research skills, because their research knowledge and application would greatly impact on the quality, innovation and clinical experiences in nursing education (Koivula 2011, cited in Satoh, Fujimura and Sato 2020). Nursing practice is dynamic and is consistently searching for improving health care delivery and patient outcomes.

Research capacity development is one of the important functions of HEIs as their lecturers are expected to engage in research activities including publications, teaching

and supervision of research students. Studies have indicated an awareness by nurse educators that their research skills were unsatisfactory and therefore a willingness to engage in staff development programmes to improve their research competence especially in research design and data analysis (Oprescu *et al.* 2017; Dhladhla 2019).

2.5.3 Curriculum competence

Both the SANC (2014) and the WHO (2016) stipulate that nurse educators are expected to be competent in curriculum development through participating in curriculum design and evaluation of programme outcomes. A curriculum encompasses the planning process, the actual implementation of the teaching, and the students' experiences of the learning process. It also includes awareness of the 'hidden curriculum', that is, the unwritten, unofficial and often unintended lessons, values and perspectives that a curriculum promotes and enacts (CHE 2021). As discussed earlier, health care is changing globally and therefore new curricula are being implemented to align learning outcomes to the health care needs and to prepare competent nursing graduates who will be able to deliver quality health care.

Nurse educators are expected to actively participate in all activities of curriculum design, implementation and evaluation, because the education frameworks and outcomes must be aligned to subject matter and meet the ever-changing health care needs of societies (Suleiman 2023). It is the responsibility of the HEI to put curriculum review and monitoring measures in place, especially during the curriculum implementation phase to prevent inconsistent curriculum delivery such as poor alignment of content, incomplete coverage of information, content overload, ambiguous competencies. All these inconsistencies negatively impact on quality of knowledge and skills transferred to students and ultimately quality of graduates produced (Suleiman 2023; Salifu, Heymans and Christmals 2022). A content-laden curriculum can lead to nurse educators 'just pushing the information' in order to complete the content, leading to rote learning by students and low levels of critical thinking and application of knowledge (Van Wyngaarden, Leech and Coetzee 2019).

2.5.4 Nurse educator personal development

The SANC (2014) stipulates that nurse educators must engage in their personal development by pursuing a range of continuous quality improvement activities to enhance their role performance. Competencies to achieve this include: demonstrating a commitment to life-long learning; participating in professional development opportunities; maintaining a balance between the teaching, scholarship, and academic demands; using feedback gained from self, peer, student and administrative evaluation to improve role effectiveness; using knowledge of legal and ethical issues relevant to the higher education and nursing education as a basis for contributing to the design and implementation of policies and procedures related to students, faculty, and the educational environment; as well as participating in mentor-mentee relationships and supporting colleagues within the academic institution. Quinn and Hughes (2013) outline several self-development activities for nurse educators (Figure 2.4).

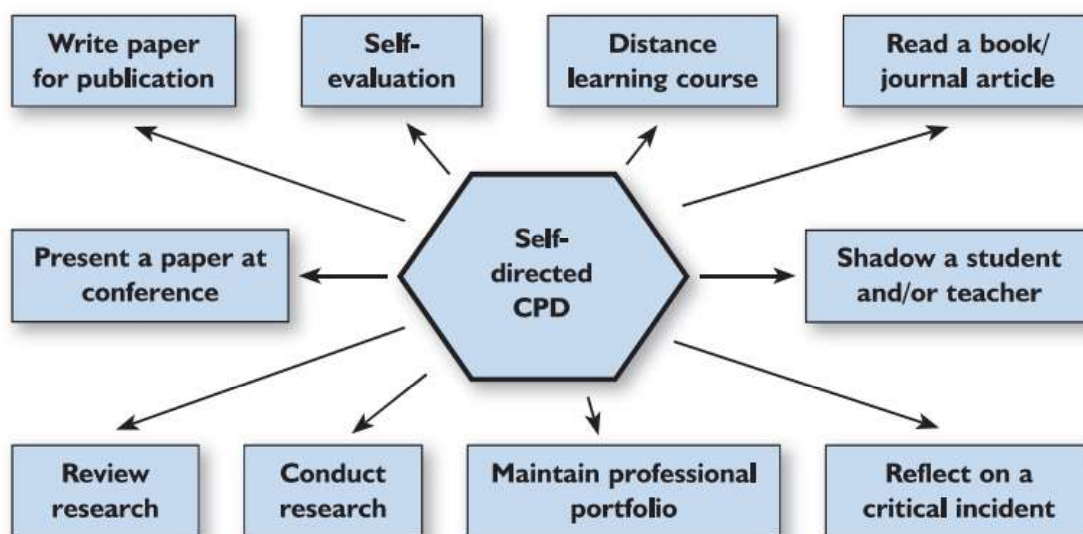


Figure 2.4: Self-development activities (Quinn and Hughes 2013)

Self-development and self-management skills improve nurse educators personal, pedagogic, professional and social competencies, ultimately improving their role performance such as working independently, scheduling one's own tasks, balancing teaching, student affairs, as well as various collaborative projects, and taking part in research (Kuivila *et al.* 2020; Antoni 2016).

2.5.5 Professional and ethical practice

Nurse educators are expected to demonstrate professionalism including legal, ethical and professional values as a basis for developing nursing education policies, procedures and decision-making (WHO 2016). They should role model a professional attitude and ethical sensitivity by showing enthusiasm for teaching nursing to inspire and motivate nursing students, because students learn by observing and copying those who are senior in the profession (Satoh, Fujimura and Sato 2020; Quinn and Hughes 2013). Nurse educators must therefore role model the ethical and moral values of the nursing profession, characterised by caring and respect towards students, colleagues and other people (Mullira *et al.* 2017). Unfortunately, there is a growing tendency towards unprofessional behaviour or incivility by nurse educators, which undermines the learning process, nursing ethics and professionalism.

Factors escalating incivility include lack of policy implementation, a lack of coordination between managers, and lack of leadership skills. Studies indicate that policies dealing with incivility are either not implemented or managers are reluctant to take disciplinary actions. In some instances, leadership skills are ineffective because senior managers undermine decisions of lower managers and leadership styles support factionalism and favouritism. This leads to a toxic environment which lowers staff morale and causes job dissatisfaction and job resignations (Thupayagale-Tshweneagae *et al.* 2020; Shi *et al.* 2018; Sills 2016).

Acting on uncivil behaviour and promoting collegial and teamwork among nurse educators, can greatly benefit colleagues and students and reduce the unhealthy effects of a toxic work environment (Sills 2016). The redress of improving communication promote to reduce incivility should start with relationship building and then with the support for academics. Nurse educators should use their potential to create a communication climate that will improve two-way communication and encourage personal involvement in communication (Wagner 2022). Staff support programmes such as induction and mentoring can be instrumental in eradicating unprofessional behaviour (Sills 2016). Furthermore, participating in ongoing professional self-development, engaging in continued learning, or self-reflecting on

their own ethical sensitivity, can enhance professional competency of nurse educators (Satoh, Fujimura and Sato 2020; Mikkonen *et al.* 2019; WHO 2016).

2.6 CHAPTER SUMMARY

This chapter discussed the literature regarding nursing education and nurse educator competencies. The next chapter discusses the theoretical model for this study.

CHAPTER 3: FRAMEWORK GUIDING THE STUDY

3.1 INTRODUCTION

Chapter 3 presents the framework used to guide all aspects of the study including formulation of objectives, methodology, data collection, data interpretation and findings. It will detail Root Cause Analysis [RCA] as the chosen framework regarding its definition and meaning and role in this study.

3.2 USE OF FRAMEWORKS IN RESEARCH

A framework is described by Gray and Grove (2021) as an abstract logical structure that guides the development of a study and that enables the researcher to link the findings to the body of knowledge. Polit and Beck (2021) describe a framework as the overall conceptual underpinning of a study. Theories, models and conceptual frameworks are used by researchers to guide scientific research projects.

Theories are abstract generalisations that explain, describe, or predict phenomena or outcomes; they consist of a set of defined concepts and related statements that provide a structured approach regarding a phenomenon (Polit and Beck 2021; Gray and Grove 2021). According to Gray and Grove (2021), conceptual models broadly explain the phenomena of interest, express assumptions, and reflect a philosophical stance. Polit and Beck (2021) argue that although conceptual models lack the deductive system of propositions that purport to explain relationships among concepts, they provide perspective regarding interrelated phenomena. Models and theories are somewhat similar as they both deal with abstracts and concepts that are assembled by virtue of their relevance to a common theme (Polit and Beck 2021). A conceptual framework, on the other hand, is an analytical structure that the researcher puts together or develops using either using a theory or a model or both.

Polit and Beck (2021) argue that in most nursing studies the framework is not an explicit theory or model and the underlying conceptual rationale for the inquiry is not

explained. Thus, unlike the common practice where researchers use theories, models or conceptual frameworks to guide scientific research project, the researcher in the current nursing study opted to use Root Cause Analysis [RCA] approach as the framework to guide the study.

3.3 THE FRAMEWORK GUIDING THE STUDY: ROOT CAUSE ANALYSIS [RCA]

The current study purports to conduct a critical analysis of the factors influencing achievement of nurse educator competencies at selected universities in KwaZulu-Natal (KZN) with the ultimate goal of developing guidelines to promote achievement of competencies by nurse educators. The researcher opted for the RCA to frame the study as it would help accomplish this result.

According to Bjorn and Fagerhaugh (2006) and Barsalou (2015), RCA is a structured investigation that aims to identify the true cause of a problem and the actions necessary to eliminate it, utilising a wide range of approaches, tools, and techniques used to uncover causes of problems. Barsalou (2015) further explains RCA as the process of searching for a root cause, with the understanding that the root cause could be the cause of a failure or a condition, such as the reason for the actual output of a process. Bjorn and Fagerhaugh (2006) and Barsalou (2015) add that the ultimate purpose of RCA is to help identify not only what and how an event occurred, but also why it happened. Only then can implementation of workable corrective measures that prevent future events from happening be effective. Therefore, RCA can be performed to solve a problem through implementation of corrective measures, subsequently preventing recurrence of future untoward events (Vorley 2008). The RCA process is a systematic, retrospective approach with the goal of discovering the causes of close calls and adverse events to identify measures for prevention, with the goal of understanding what happened, why it happened, and most importantly, what can be done to prevent it from happening again. It is the task of RCA analysts to look beyond human error to identify system issues that contributed to or resulted in the close call or adverse event (Charles *et al.* 2017).

3.3.1 Purpose of rootcause analysis

According to Kellogg *et al.* (2017), the goal of the RCA is twofold. Firstly, the process aims to determine the contributing factors, with a focus on the latent hazards in the system which contributed to the occurrence of the event. Secondly, the aim is to develop solutions or propose changes that, once implemented, will eliminate or reduce the hazard and therefore reduce the chance that a similar event could occur in the future. Barsalou (2015) states that a failure or unwanted occurrence may have both a proximate cause and an ultimate cause. A proximate cause is the immediate cause and is generally easier to identify than an ultimate cause. A proximate cause could be a temporary worker forgetting a process step; the ultimate cause is a work instruction that did not contain the step. An RCA investigator should seek the ultimate cause.

In their study Ramanathan *et al.* (2015) found that the perceived value of RCA by most participants was that RCA contributes to understanding of the process and is a structured tool for constructively analysing and evaluating bad outcomes as well as health system's' ability to perform large multidisciplinary analysis and systemic intervention. Cheng *et al.* (2020) state that RCA can reconstruct a chain of errors to identify deviation of care from normal processes and therefore can be accepted as a potential tool to decrease errors and outcomes, although a minority see it as mainly a means to reassure patients. In a study conducted by Cantero-López *et al.* (2021), the main findings affirmed that an educational intervention based on the RCA and critical incident techniques significantly improved the attitudes of participants towards patient safety.

Vorley (2008) describes the reasons for completing RCA as follows: organisations often rely on quick fixes and putting out fires which is usually ineffective, but efficiency can be improved by using RCA and taking time to think through problems from first principles and then tackling the causes rather than the effects. To improve efficiency and profitability, organisations need to look beneath the surface to the root of a problem or issue by observing the effect of a problem and deducing what has caused it to occur, after which a preventive solution that should put an end to the problem can be formulated. Vorley (2008) concludes that RCA gives the confidence that the

problem can be solved by taking a structured approach, thus making sure that the problem never happens again.

The purpose of this study was to critically analyse the factors influencing achievement of nurse educator competencies at selected universities in KZN. As researchers have mentioned above, the current researcher seeks to uncover root causes and find lasting solutions to develop guidelines for universities offering nursing education to enhance the achievement of competencies by nurse educators.

3.4 PROCESS OF ROOT CAUSE ANALYSIS

According to Vorley (2008), RCA is simply the application of a series of well-known, common-sense techniques which can produce a systematic and documented approach to the identification, understanding and resolution of underlying causes. RCA is a process involving the following the following steps: data collection, causal factor charting, root cause identification, recommendation generation, and solution implementation (Rooney and Vanden Heuvel 2004). Figure 3.1 illustrates the basic phases commonly followed for an RCA process.

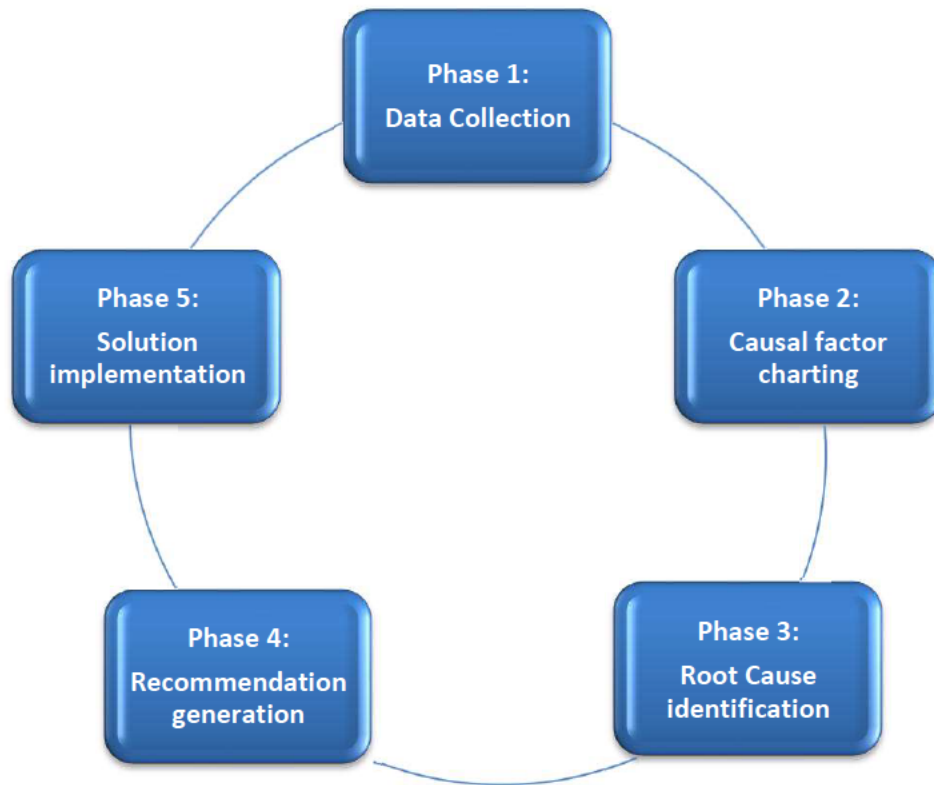


Figure 3.1: Simplified illustration of RCA (Voley (2008))

3.4.1 Step one: Data collection

The first step in the analysis is to gather data. Without complete information and an understanding of the event, the causal factors and root causes associated with the event cannot be identified. Most of the time spent analysing an event is spent in gathering data (Rooney and Vanden Heuvel 2004).

3.4.2 Step two: Causal factor charting

Causal factors are those contributors (human errors and component failures) that, if eliminated, would have either prevented the occurrence or reduced its severity. Causal factor charting provides a structure for investigators to organise and analyse the information gathered during the investigation and identify gaps and deficiencies in knowledge as the investigation progresses (Rooney and Vanden Heuvel 2004).

3.4.3 Step three: Root cause identification

After all the causal factors have been identified, the investigators begin root cause identification. This step involves the use of a decision diagram called the Root Cause Map to identify the underlying reason or reasons for each causal factor. Root causes are underlying causes. The investigator's goal should be to identify specific underlying causes. The more specific the investigator can be about why an event occurred, the easier it will be to arrive at recommendations that will prevent recurrence. Rooney and Vanden Heuvel (2004) describe the root causes as follows:

- *Root causes that can reasonably be identified*

Occurrence investigations must be cost beneficial. It is not practical to keep valuable person- power occupied indefinitely searching for the root causes of occurrences. Structured RCA helps analysts get the most out of the time they have invested in the investigation.

- *Root causes that over which management has control*

Analysts should avoid using general cause classifications such as operator error, equipment failure or external factors. Such causes are not specific enough to allow management to make effective changes. Management needs to know exactly why a failure occurred before action can be taken to prevent recurrence

- *Root causes for which effective recommendations can be generated*

The study must also identify a root cause that management can influence. The identification of root causes helps the investigator determine the reasons the event occurred so that the problems surrounding the occurrence can be addressed.

3.4.4 Step four: Recommendation generation and implementation

The next step is the generation of recommendations. Following identification of the root causes for a particular causal factor, achievable recommendations for preventing its recurrence are then generated (Rooney and Vanden Heuvel 2004).

Recommendations should directly address the root causes identified during the investigation. If the analysts arrive at vague recommendations such as, "improve adherence to written policies and procedures," then they probably have not found a basic and specific enough cause and need to expend more effort in the analysis process (Rooney and Vanden Heuvel 2004).

The root cause analyst is often not responsible for the implementation of recommendations generated by the analysis. However, if the recommendations are not implemented, the effort expended in performing the analysis is wasted. In addition, the events that triggered the analysis should be expected to recur. Organisations need to ensure that recommendations are tracked to completion (Rooney and Vanden Heuvel 2004).

3.5 JUSTIFICATIONS FOR RCA AS FRAMEWORK TO GUIDE THIS STUDY

Nurse educators are expected to perform multiple and complex competencies to satisfy their employer, the SANC and the students. Criticisms have targeted either nurse educators, the poorly skilled graduates, and new teaching methodologies (DoH 2013; Armstrong and Rispel 2015; Sing *et al.* 2021). To avoid the common response by most organisations of short-term solutions, quick fixes and putting out of fires, the researcher employed the RCA process to engage in a systematic and retrospective approach to unveil the causes and adverse events with the ultimate purpose of identifying preventive and corrective measures to enhance the performance of nurse educators (Charles *et al.* 2017; Vorley 2008).

APPLICATION OF RCA IN THE CURRENT STUDY

The RCA guided the entire study commencing from the identification and description of the problem. The aim of the study was to conduct a critical analysis of the factors influencing achievement of nurse educator competencies at selected universities in KZN with the aim of developing guidelines for effective achievement of nurse competencies.

RCA has benefitted qualitative studies in explaining and uncovering human behaviour leading to human errors. Qualitative research methods are designed to explore and understand meanings, experiences and social realities of individuals and groups (Vivek and Krupskyi 2024) Integrating qualitative research methods with RCA can significantly enhance the depth and breadth of problem analysis. Qualitative methods used in this study included interviews and focus groups for data collection and thematic data analysis. Interviews can uncover the root causes of problems by allowing participants to express their thoughts and experiences in their own words, through these qualitative methods, the researcher was able to uncover hidden factors, capture diverse stakeholder perspectives, and provide a richer context for understanding problems. The integration of qualitative research methods with RCA, has been found to be particularly valuable in problem solving contexts, where understanding the underlying causes of issues and the perspectives of affected individuals is crucial, because these methods facilitate the exploration of complex problems in a holistic manner (Creswell and Plano, 2023).

Each of the five objectives of this study were aligned to the phases of the RCA. In line with the description of the RCA (Bjorn and Fagerhaugh 2006; Barsalou 2015), the researcher in the current study was aware that there were problems with achievement of competencies by nurse educators that required investigation, thus, the researcher therefore set out to critically analyse the situation to get to the root cause of the problem.

The researcher anticipated that there were factors that led to the identified problem. Getting to know these factors assisted in understanding the problem. The first objective of this study was to explore the experiences of nurse educators in executing their expected competencies, this corresponds with the data collection phase of RCA. Data collection methods for this phase included focus group discussions with nurse educators supported by relevant literature. The second objective explored the role of HoDs in enhancing and supporting nurse educators to achieve competencies, literature has identified HoDs as contributors to some of the factors influencing competencies of nurse educators. The third objective of the study was to critically analyse the factors that influence achievement of nurse educator competencies; this

was aimed at understanding the root causes of these factors. Table 3.1 and figure 3.2 illustrate how the phases of RCA are linked with the objectives of the study.

Table 3.1: RCA and the objectives of the study

No	RCA Phase	OBJECTIVE	Methods
1	Data collection	To explore the experiences of nurse educators in executing their expected competencies.	Focus group discussions. with nurse educators
2	Causal factor charting	To explore the role of HoDs in enhancing and supporting nurse educators to achieve competencies.	Interviews with heads of nursing departments.
3	Root cause analysis	To critically analyse the factors that influence achievement of nurse educator competencies.	Thematic analysis of data collected from focus group discussions with nurse educators and interviews from HoDs.
4	Recommendation generation	To explore intervention strategies for effective achievement of nurse educators' competencies.	Literature. Recommendations obtained from interviews with HODs and focus group discussions with nurse educators.
5	Solution implementation	To develop guidelines to promote achievement of nurse educators by HoDs and nurse educators	Review preliminary guidelines using Delphi technique. Development of final guidelines.

3.5.1 Data collection phase

During the data collection phase, the researcher worked collaboratively with the nurse educators and HEI managers to conduct a retroactive analysis by uncovering several contributory factors as well as multiple root causes that hinder the performance of nurse educators. Nurse educators from each university represented teams consisting of representatives from different roles such as theory and clinical nurse educators as well as HEI managers (Barsalou 2015).

During the focus group discussions, structured brainstorming and robust interaction occurred with each nurse educator or HEI manager being encouraged through probing questions, to bring their unique perspective to the causal factor identification and recommended strategies that could be used (Bjorn and Fagerhaugh 2006). *Problem cause brainstorming*: Generic tools that can be applied at different stages in the analysis. Brainstorming can help generate ideas about possible causes. Since the

analysis normally is carried out in groups, methods that help you arrive at consensus solutions are also useful (Bjorn and Fagerhaugh 2006). *Problem understanding*: Methods that help get to the bottom of a problem. This phase focuses on understanding the nature of the problem and is a first step before starting the analysis.

3.5.2 Causal factor charting phase

Causal factors are those contributors (human errors and component failures) that, if eliminated, would have either prevented the occurrence or reduced its severity. Causal factor charting provides a structure to organise and analyse the information gathered during the investigation and identify gaps and deficiencies in knowledge. Bjorn and Fagerhaugh (2006) assert that when analysing the same data from different angles, different conclusions might emerge. Some conclusions may not uncover the problem's causes, so it is important to have several data analysing tools available.

Charles *et al.* (2017), describe five rules of causation to assist researchers during this phase: the cause-and-effect relationship must be shown, specific and accurate descriptors for what occurred rather than negative or vague words must be used, human errors must have a preceding cause, violations of procedure are not root causes but must have a preceding cause, and failure to act is only causal when there is a preexisting duty to act.



Figure 3.2: Application of RCA phases to the study

3.5.3 Root cause identification phase

This step is the heart of RCA. During this phase, the researcher seeks to utilise information obtained to critically analyse the factors influencing performance of nurse educators in HEI. After all the causal factors have been identified, root cause identification starts. This step involves the use of a decision diagram called the Root Cause Map to identify the underlying reason or reasons for each causal factor. The identification of root causes helps in determining the reasons the event occurred so the problems surrounding the occurrence can be addressed (Bjorn and Fagerhaugh 2006).

According to Wiegmann and Shappell (2003, cited in Cheng *et al.* 2020), it is important to make sure that human factors contributing to the causation are carefully attended to. These human factors can be categorised into individual actions such as unsafe acts, environmental factors such as preconditions for unsafe acts, management actions such as inadequate supervision, and organisational influences such as

organisational culture, policies, and procedures that affect the individual.

3.5.4 Recommendation generation phase

Objectives 4 and 5 seek to explore strategies to enhance performance of nurse educators in HEI and generate guidelines to enhance performance of nurse educators in HEI respectively. These objectives were realised during the phases of *root cause elimination* and *solution implementation* (Bjorn and Fagerhaugh 2006) which involved devising solutions that would remove the root cause and thus eliminate the problem.

According to Charles *et al.* (2017), before implementation of an action, it is important to create a process or outcome measure for each action proposed to determine whether it was successful in addressing the identified root cause. Peerally *et al.* (2017) and Balakrishnan *et al.* (2019) add that other risks to effective implementation include poorly designed or implemented risk controls and settling for administrative and weaker solutions rather than those that address the latent causes, such as poorly designed technology or defective operational systems. Cheng *et al.* (2020) concur that RCA is unsuccessful where no structural and standardised framework exists for investigation, cross-institution variability and interrater reliability are ignored; conclusions are subjective, and corrective recommendations are less actionable therefore depend on the individual investigator's professional background and experience. Cheng *et al.* (2020) conclude that if factors relating to human behaviour, organisational culture, and system weakness are not addressed comprehensively, RCA objectives will not be achieved.

3.5.5 Solution implementation phase

Objective 5 specifically seeks to generate guidelines to enhance performance of nurse educators in the selected universities. Following identification of the root causes for a particular causal factor, achievable recommendations for preventing its recurrence are generated. Understanding why an event occurred is the key to developing effective recommendations. If the recommendations are not implemented, the effort expended

in performing the analysis is wasted. Organisations need to ensure that recommendations are tracked to completion (Peerally *et al.* 2017).

During this phase, proposed actions will be successfully implemented if supported by institutional or departmental leadership, and specific individuals are responsible for implementing each action in a specific time frame (Charles *et al.* 2017). Failure to specify individuals responsible for the outcomes and fixing the problem, will mean that implementation is at the mercy of many hands which makes it difficult to address hazards that arise at the level of the system (Peerally *et al.* 2017). Although the RCA process is not set out to assign blame, organisations are also cautioned regarding blame-confusion, and it is recommended that individual or organisational accountability must not be forever abandoned, because when blatant transgressions, neglect or unacceptable behaviour are left unattended, the solutions will be fruitless, and the problem will recur (Peerally *et al.* 2017).

The solutions must be widely shared and address deeper and institutionally engrained concerns rather than focusing on an individual incident or single organisation (Peerally *et al.* 2017). Single incident analysis frustrates the organisation's ability to assess its vulnerability to recurring events, similar events often recur in the same or similar organisations and organisations fail to learn from their error both within and across organisations. Bjorn and Fagerhaug (2006) suggest that techniques and advice to aid the change process of implementing the solution can be presented either as tree diagrams or force-field analysis. A tree diagram can be used for planning a project such as an improvement implementation, while force-field analysis is useful to identify forces working for and against an improvement implementation.

3.6 CHAPTER SUMMARY

RCA was discussed as a framework for this study and how it guided the research process and aligned with the objectives, the research approach and data analysis methodology of the study. The last two phases of RCA assisted the researcher in the process of developing guidelines to enhance achievement of competencies by the nurse educators. The next chapter details the methodology followed for the study.

CHAPTER 4: RESEARCH METHODOLOGY

4.1 INTRODUCTION

This chapter focuses on the research methodology used in this study and describes the research design, research setting, population and sample, pilot study, validity and reliability of the data collection instrument, the process of data collection, data analysis, and ethical considerations.

4.2 RESEARCH METHODS AND DESIGN

According to Gray and Grove (2021), "a research design is the blueprint for conducting a study since it maximises control over factors that could interfere with the validity of the study findings". The study used an exploratory-descriptive qualitative design, which helped to provide adequate information regarding the study. An exploratory-descriptive qualitative approach was utilised to provide information and insight into nurse educators' practice and performance (Gray and Grove 2021).

4.2.1 Qualitative research

Qualitative research aims to investigate phenomena, typically in an in-depth and holistic fashion, through the collection of rich narrative materials using a flexible research design (Polit and Beck 2021). It is a systematic approach used to describe experiences and situations from the perspective of the person in the situation. The researcher analyses the words of the participant, finds meaning in the words, and provides a description of the experience that promotes deeper understanding of the experience (Gray and Grove 2021). Researchers use this approach to explore, robustly investigate and learn about social phenomenon, unpack the meanings people ascribe to activities, situations, events, or artefacts, and build in-depth understanding about some dimension of social life (Leavy 2017). The values underlying qualitative research include the importance of people's subjective experiences and meaning-making processes, i.e., detailed information from a small sample. Qualitative research is generally appropriate when the primary purpose is to explore, describe, or explain

a phenomenon. Thus, qualitative research was selected to elicit the views of nurse educators regarding their performance, critically analyse the factors influencing their performance, and ultimately describe the root causes and intervention strategies for the identified causal factors. The views of HODs were also pivotal in describing their role in supporting the nurse educators to achieve their competencies.

4.2.2 Exploratory research

An exploratory research strategy explores an unknown research area in which there is little theoretical or factual knowledge about a phenomenon (Polit and Beck 2021). It establishes facts by gathering new data and determining whether there are interesting patterns in the data. It also aims to gain new insights and understanding of the phenomenon (Rubin and Babbie 2017). The study was exploratory because the researcher explored in-depth information regarding the experiences of nurse educators at selected HEIs in KZN (Polit and Beck 2021). The researcher explored the literature to conceptualise the findings to come up with concluding statements that formed the basis for the description of recommendations to assist newly employed nurse educators to function effectively at the selected NEIs in KZN. Thus, exploratory research was used to explore the experiences of nurse educators regarding their performance, explore strategies to enhance performance of nurse educators at the selected NEIs and use the information to generate guidelines to enhance performance of nurse educators.

4.2.3 Descriptive design

Leavy (2017) describes descriptive research as being appropriate when researchers want to describe individuals, groups, activities, events, or situations. Descriptive research aims to generate "thick descriptions" of social life as these provide details, meanings, and context, typically from the perspective of the people living it. Researchers may turn to rigorous observation or related methods of interview in order to document how things are experienced, with respect to the phenomenon under investigation. A descriptive design describes and explores phenomena in the actual situation they occur and helps to bring new meanings to the situations. It offers

researchers the opportunity to interpret and gain a deeper understanding of a phenomenon and present it comprehensively. Thus, descriptive research was selected to collect and gather rich descriptions from the experiences and views of nurse educators and HODs by utilising various RCA tools.

4.3 RESEARCH PARADIGM

This study was set within a constructivist-interpretivist paradigm. The goal of interpretive research is not to discover universal, context, value free knowledge and truth but to try to understand the interpretations of individuals about the social phenomena they interact with (Rehman and Alharthi 2016). As this research study was framed within the qualitative paradigm, the research methods selected were in congruent with the research design and research questions. These methods included purposeful sampling techniques, various data collection methods and qualitative thematic analysis. The data collected from the experiences and views of nurse educators as well as the factors influencing their performance, was critically analysed to construct and interpret strategies that could be implemented to enhance the performance of nurse educators.

Creswell and Creswell (2022) concur that when opting for the constructivist worldview, the researcher seeks to establish the meaning of a phenomenon from the views of participants, identifying a culture-sharing group and studying how it develops shared patterns of behaviour over time. Human nature is believed to be a major factor for successful implementation of the RCA process, and the researcher personally observed group interactions and group dynamics during face-to-face interviews and focus group discussions (Cheng *et al.* 2020).

According to Creswell and Creswell (2022), social constructivists believe that individuals seek understanding of the world in which they live and work which leads to development of varied and multiple subjective meanings of their experiences. The researcher utilised open-ended and probing questions so that participants were able to construct the meaning of their world from all aspects that shape individual and organisational achievement of their competencies. This was accomplished by

following the RCA process in all phases of data collection and data analysis, where themes emerged from the information shared by the participants.

Braune and Clarke (2006) agree that thematic analysis is compatible with constructionism as it provides a flexible and useful research tool for provision of a rich and detailed account of the data, which can then be utilised to arrive at strategic interventions to alleviate the identified problems. The competencies expected from nurse educators are very complex and their achievement is dependent not only on them as individuals, but also on colleagues and support from management and the students who are the recipients of the learning (Elonen *et al.* 2023; Mikkonen 2019). Therefore, thematic analysis conducted within a constructionist framework cannot and does not seek to focus on motivation or individual psychologies but instead seeks to theorise the socio-cultural contexts and structural conditions that enable the individual accounts that are provided (Braune and Clarke 2006).

This research sought to critically analyse the factors influencing the achievement of nurse educator competencies. It was therefore fitting to employ the interpretivist approach to allow participants to construct their own reality through their own words emanating from their experiences and beliefs (Rashid *et al.* 2019). The researcher was more concerned with in-depth variables and factors related to the context of the study and realizing that humans experience their circumstances through factors such as behavioural aspects to create their own realities. (Husam and Abraham, 2020). This allowed the researcher to obtain deeper understanding and meanings of the participants' unique circumstances.

4.4 STUDY SETTING

According to Brink, Van der Walt and Van Rensburg (2018), the setting is the specific location where the data is collected. The study setting included three universities offering nursing postgraduate and undergraduate nursing programmes in KZN province, South Africa. One of the universities is situated in Zululand, the second one the campus offering nursing is situated in Durban, the last university has two campuses offering nursing, postgraduate nursing being offered in the Durban campus,

while undergraduate nursing is at their Pietermaritzburg Campus. The Zululand and Durban universities are approximately 146 kilometres apart, while the distance between Durban and Pietermaritzburg universities is approximately 85 kilometres.

4.5 STUDY POPULATION

A target population is the entire set of individuals or elements who matched the characteristics that the researcher was interested in (Gray and Grove 2021). The study population of this study was all nurse educators from the selected three universities in the KZN province.

4.5.1 Nurse educators

A nurse educator is a professional nurse with an additional qualification in nursing education and is registered as such with the SANC (SANC 2014). Nurse educators can be found working in any NEI, which can be a university, university of technology, nursing college or nursing school, as well as in a health establishment.

According to SANC (2014), a nurse educator can work/function as lecturer, clinical educator, education manager, researcher, and specialist. The latter group of nurse educators hold additional qualifications in the field where they are teaching a specialist subject such as Primary Health Care or Occupational Health.

This population was the target of this study as it seeks to conduct a critical analysis of the factors influencing achievement of nurse educator competencies at selected universities in KZN with the aim of developing guidelines for effective achievement of nurse competencies. Nurse educator competency is regarded as important and the core of any nurse educator programme. To produce competent nursing graduates, the SANC (2005c) stipulates that NEIs must employ nurse educators with relevant expertise in the subject matter and the ability to develop and revise their programmes, and that they must have at least five years' clinical experience in the specialty area in which they teach.

4.5.2 Higher education institution managers

HEI managers are nurse educators who are appointed as academic leaders. They function as HoDs and head of programmes (HoPs). In addition to an additional qualification in nursing education, they must also possess nursing or health services management as an additional qualification.

Various studies have implicated managers in issues of shortages and recruitment of nurse educators, workload, poor resources and ineffective staff development programmes such poor orientation and mentoring (Adepeju and Mhlono 2019; Tshabalala 2016; Van Wyngaarden, Leech and Coetzee 2019). Enhancing academic support for nurse educators will subsequently improve their teaching skills and student-centred approaches. Inevitably, therefore, the graduates will be better equipped when they enter the practice environment and be ready to assist the country with its burden of disease and strategic objectives.

The inclusion of HEI managers in the current study was therefore necessary in pursuing the root cause analysis affecting nurse educator competencies and their achievement and also their involvement in generating guidelines to improve these competencies. Three HEI managers, one from each university, participated in this study through individual interviews.

4.6 Recruitment of study participants

The researcher first sought and was granted gatekeeper permissions from authorities of the selected universities (Appendix B). Thereafter, full ethical approval was obtained from DUT institutional Research Ethics Committee (Appendix A) before commencing the study. Access to the university nursing department staff, nurse educators and HEI managers was granted through the HoDs of the selected research sites. HEI gatekeepers are subject to the POPIA Act and therefore restrict access to prospective participants' emails. Therefore, access was gained through individual HEI gatekeeper and HoD permissions (Appendix B1, B2 and B3). Once gatekeeper permissions were granted, the researcher posted invitations to the study through university authorities

to institutional notice boards or obtained staff emails from the relevant HoDs (Appendix E). First contact with prospective participants was then made with all staff, which included a detailed letter of information (Appendices C1 and C2). Those who agreed to participate signed the consent form and sent it back to researcher via email before data collection commenced (Appendix C3).

4.7 SAMPLING PROCESS

Sampling refers to the process of selecting a sample from the population the researcher is researching in order to obtain information regarding a phenomenon in a way that represents the population of interest (Gray and Grove 2021). A non-probability, purposive sampling method of participants was used. Purposive sampling refers to the selection of information-rich cases from which one can learn a great deal about issues of central importance to the purpose of inquiry (Grove and Grove 2021). The participants were nurse educators and HEI managers purposively selected from the population who consented to participate in the study (Appendix D).

The participants were accessed through quota sampling of three universities which offer nursing programs. Quota sampling involves the selection of participants from a baseline convenience sample that meet demographic characteristics of the target population, in this study this means the three universities located in the KwaZulu- Natal province (Stratton, 2023 and Makwana et al. 2023). Through quota sampling, participants are chosen on the basis of predetermined criteria that the researcher has established, in this study these are the nurse educators and HODs employed in the three universities (Makwana et al. 2023).

4.7.1 Sample size

Gray and Grove (2021) state that the sample size in qualitative studies is determined by the depth of information that is needed to gain insight into a phenomenon. When determining the sample size in qualitative research, a guiding principle should be data saturation, with the key being the generation of in-depth information which highlights the phenomenon being studied (Polit and Beck 2021). Data saturation was monitored

separately for each participant group (university managers and nurse educators) but concurrently for all data collection sites. Two additional interviews and two focus group discussion sessions were conducted from the points of data saturation to confirm no further emergence of new information. The researcher had planned to have a minimum of two and a maximum of four managers, either HoP and/or HoD, from each of the three universities. The plan was to have a total number of 5-10 nurse educator participants per university to achieve a minimum of 15 and a maximum of 30 nurse educators. The planned focus group discussion size was five participants per session. This sample size would allow a minimum of one and a maximum of two focus group discussion sessions per university and a total of three to six group discussion sessions for the entire study. The actual sample realisation for the current study is presented in Chapter 5 as part of the presentation of the study findings.

4.7.2 Inclusion criteria

The inclusion criteria for the study participants were as follows:

- **Participating higher education institutions**

The research sites included three universities in KZN offering nursing programmes. All three universities have also commenced the new nursing curriculum.

- **Consenting nurse educators**

The study included all nurse educators in their roles as lecturers and clinical instructors, permanently employed or contract and irrespective of experience.

- **Consenting HEI managers**

Nursing departments are headed by either HoDs and/or HoPs. Heads of departments in their roles as appointed or acting were included. One of the universities had two campuses, one offering postgraduate and another offering undergraduate nursing

under one HOD. In the latter university, heads of programs [HOPs] report to the HOD. The two HOPs therefore participated in this delegated capacity. They were included in the study to share challenges from a leadership/management perspective.

4.7.3 Exclusion criteria

The following were excluded from participating in the study.

- Only consenting nurse educators and HEI managers as per protocol participated. No nurse educator withdrew at any part of the study, if that was the case, they would have been excluded to follow principle of self-determination and voluntary participation.

4.8 DATA COLLECTION

Data collection is a precise, systematic method of gathering information relevant to the research purpose, or the specific objectives, questions, or hypotheses of a study (Gray and Grove 2021). In this study, the researcher conducted interviews and focus group discussions, commonly used by qualitative researchers (Creswell and Creswell 2022). The researcher collected data from HoDs by means of individual semi-structured interviews. Focus group discussions with nurse educators were conducted. In a focus group interview the researcher engages with six to eight interviewees using unstructured and generally open-ended questions that are intended to elicit views and opinions from the participants (Creswell and Creswell 2022).

4.8.1 Data collection instrument

Creswell and Creswell (2022) describe qualitative interviews as being those where the researcher conducts face-to-face interviews with participants by telephone, on the internet, or engages in focus group interviews with six to eight interviewees in each group. In the current study, the researcher conducted individual interviews with the heads of nursing departments and focus group discussions with nurse educators. The individual semi-structured interviews allowed the HoDs the freedom to share their

personal views and experiences. However, this freedom of sharing can lead the discussion away from topic of discussion which calls for the researcher to be knowledgeable about the topic and to pose relevant probing questions to the interviewee. HODs are expected to play a supportive leadership role in the overseeing achievement of nurse educator competencies through stimulating them, assisting with all aspects of teaching and learning, promoting their capabilities and innovation. Objective two of this study aimed at looking at the role of HODs in order to understand factors influencing nurse educator competencies from the management point of view.

Brink, Van der Walt and Van Rensburg (2018) describe focus group interviews as interviews with groups of 5 to 15 people whose opinions and experiences are requested simultaneously. This allows the participants to share their thoughts with each other, generate new ideas and consider a range of views before answering the researcher's questions. According to Brink, Van der Walt and Van Rensburg (2018), a disadvantage of focus groups is that some people are not comfortable talking in groups, or some individuals may dominate the discussions which calls for the researcher to be skilled at facilitating groups. This was well-handled by the researcher who is an experienced nurse educator. Three focus group interviews were conducted with participating nurse educators – one from each university. The groups ranged from five to nine participants. Anonymity of participants was ensured by providing each participant with a code name.

These interviews followed an interview guide (Appendices D1 and D2) and involved unstructured and generally open-ended questions intended to elicit views and opinions from the participants. Each of the data collection instruments consisted of two sections as follows:

- Section A: Demographic information of participants. This section was completed by each participant before the onset of the interview or focus group discussion (Appendices D1 and D2).
- Section B consisted of pre-determined questions for participants to respond to during the interviews and focus group discussions. These questions were used to ensure that the discussions were focused. The questions were prepared by the researcher based on the research objectives. The information gathered was

enriched by further probing. The probing questions were not pre-determined but were based on the seven competencies of nurse educators as prescribed by the SANC (SANC 2014). The seven nurse educators' competencies are included in the interview guide for easy reference (Section B Appendices D1 and D2).

The following questions guided focus group discussions with nurse educators:

- What have been your experiences as a nurse educator regarding executing your academic roles?
- Which factors influence the academic role performance of nurse educators in universities?
- What strategies could enhance nurse educators' academic role performance in universities?

The following questions guided interviews with the HoDs:

- What is your role as the university manager in enhancing the academic role performance of nurse educators?
- Which factors influence academic role performance of nurse managers in universities?
- What strategies could enhance nurse educators' academic role performance in universities?

4.8.2 Data collection process

Data collection commenced after ethical approval from the DUT Institutional Research Ethics Committee and after obtaining gatekeeper permissions. At each interview meeting the researcher provided the participants with the all the above approval information before commencing the interview. The researcher had a debriefing session with the participants before the actual interview session for the purpose of building a rapport with them. The debriefing included the introduction of the participant to the researcher, explanation of the background and rationale of the study and obtaining written informed consent for the interview participation and the audio-recording of the interviews (Appendix C1, C2). The participants were reminded of their

rights of voluntary participation, confidentiality of their names, and the right to withdraw without any repercussions.

The data collection process took place from September 2023 to March 2024 after institutional ethics approval and gatekeeper permissions from the research sites were obtained. All sessions were audio-recorded with the permission of the participants and the researcher kept field notes on the non-verbal behaviour and activities of participants at the research site and recorded all observations.

Throughout the data collection process, the researcher displayed an attitude of genuineness, respect, friendliness, and gave positive affirmation to ensure a non-threatening environment and created an environment that encouraged freedom of expression by portraying a respectful and non-judgemental attitude.

Data was collected from HoDs/HoPs using one-on-one semi-structured interviews and from nurse educators using focus group discussions. The interview sessions with HoDs/HoPs were scheduled for a date and time that was convenient for them to allow minimum disruption to their schedule. Two HoDs/HoPs were interviewed in their offices and two on an online platform. To ensure confidentiality of online interviews and discussions, participants were informed about the study being conducted without disclosing their identity. Information about handling of data was included in the information letter that the participants received before giving their informed consent to participate. Before participants came to the interview, they had already sent demographic data to the researcher via email, to preserve their personal anonymity. To ensure confidentiality, participants were assigned numbers to be used when they respond and used by researcher when addressing them. Two of the universities provide nursing programs in a single campus, the third one has two campuses each under the leadership of a HoP. Interviews lasted between 45 and 60 minutes.

Consenting nurse educator participants were grouped in small groups of five to nine participants in a group for focus group discussions sessions. The researcher held discussions on a date, time and place that was convenient and conducive to the participants for discussions with minimal disruptions. Focus group discussions were

conducted with nurse educators from each facility to obtain their views, challenges, and their suggestions regarding their performance regarding the SANC competencies. Nurse educators form the largest staff component of the department and therefore focus group discussions with consenting nurse educators was representative. A total of 19 nurse educators participated in the discussions. Focus group discussions sessions lasted for 60-90 minutes. Table 4.1 presents how data was collected to achieve each research objective.

Table 3.3: Data collection to achieve each research objective

Research Objective	Research Question	Participants	Data collection Method
1. Explore the experiences of nurse educators in executing their expected competencies.	What are the experiences of nurse educators in executing their expected competencies?	Nurse Educators	Focus group discussion
2. Explore the role of university managers in enhancing and supporting nurse educators to achieve competencies.	What are the roles of HoDs in enhancing and supporting academic to achieve competencies?	HoDs/HoPs	One-on-one interviews
3. Critically analyse the factors that influence achievement of nurse educator competencies.	Which are the factors that influence achievement of nurse educators' competencies?	HoDs/HoPs, and Nurse Educators	Focus group discussion and individual interviews
4. Explore intervention strategies for effective achievement of nurse educators' competencies.	Which are the strategies that can be employed for effective achievement of nurse educators' competencies?	HoDs/HoPs, and Nurse Educators	Focus group discussion and individual interviews
5. Develop guidelines to promote achievement of nurse educators by HoDs and nurse educators.	What guidelines can be followed to promote achievement of nurse educators by HoDs and nurse educators' achievement of nurse educators by Heads of Department and nurse educators?	All data from the above informed development of guidelines	

Throughout the interviews, the participants were respected and listened to attentively. Their responses were summarised at the end of each answer to ensure that the researcher accurately understood their experiences. Several probing questions were used for deeper exploration and to enrich the study. A summary was presented at the end of the interview and the researcher noted personal interpretations and

observations about the participants' responses and nonverbal cues and the institutional setting.

After data collection, consent forms were kept in a separate box to the interview documents. Only the researcher and supervisor have access to the data.

4.9 DATA ANALYSIS

Data analysis involves the understanding or interpreting of information collected as data into manageable segments (Polit and Beck 2021). The field notes and audiotaped information were transcribed verbatim and analysed using Braun and Clarke's (2006) six-step thematic analysis approach to identify themes and sub-themes. Extensive field notes were taken to describe the observations made by the researcher regarding non-verbal behaviours displayed by the participants.

Step 1: Familiarising yourself with your data

This first step provides a general sense of the information and an opportunity to reflect on its overall meaning. This step is useful in revealing to the researcher the general ideas of what the participants are saying, the tone of the ideas and the impression of the overall depth, credibility, and use of the information (Creswell and Creswell 2022).

The researcher listened to the audiotaped information and personally transcribed the data verbatim. The transcribed data was read several times to gain an initial picture of the data and to get accurate information. Ideas were written down as they came to mind. A word document containing the participants names at the top of the column and the questions posed in rows. Within each row, the responses of each participant were entered almost verbatim as sometimes filler words like hmm or uh were omitted.

Step 2: Generating initial codes

Qualitative researchers conduct a preliminary analysis of the data by first reading through it to obtain a general sense of the data. Analysis of qualitative data consists

of coding the data. The process of coding is one of reducing a text or image database to descriptions and themes of people, places, or events. It involves examining the text database line by line, asking oneself what the participant is saying, and then assigning a code label to the text segment (Creswell and Creswell 2022). The process of coding was conducted with the assistance and guidance of the experienced supervisor. Table 4.2 was developed because of these consultations. Once the researcher was acquainted with the data it was categorised and manually labelled with codes that were used to identify components of the data of a particular interest. Codes were used to develop descriptions of participants and research sites (Table 4.2).

Table 3.4: Codes used of participants and research sites

Total Participants	Demographic 1 [University]	Demographic 2 [Role/ Position]	Demographic 3 [Gender]	Demographic 4 [Participant Number]	Code
1	University 1	HoD	Female	1	U1HF1
2	University 1	Lecturer	Female	1	U1LF1
3	University 1	Lecturer	Female	2	U1LF2
4	University 1	Lecturer	Male	3	U1LM1
5	University 1	Lecturer	Female	4	U1LF3
6	University 1	Lecturer	Female	5	U1LF4
7	University 2	HoD	Female	1	U2HF1
8	University 2	Lecturer	Female	1	U2LF1
9	University 2	Lecturer	Female	2	U2LF2
10	University 2	Lecturer	Male	3	U2LM1
11	University 2	Lecturer	Male	4	U2LM2
12	University 2	Lecturer	Male	5	U2LM3
13	University 3	HoP	Female	1	U3HF1
14	University 3	HoP	Female	2	U3HF2
15	University 3	Lecturer	Female	1	U3LF1
16	University 3	Lecturer	Female	2	U3LF2
17	University 3	Lecturer	Female	3	U3LF3
18	University 3	Lecturer	Male	4	U3LM4
19	University 3	Lecturer	Male	5	U3LM5
20	University 3	Clinical Facilitator	Female	1	U2CF1
21	University 3	Clinical Facilitator	Female	2	U3CF2
22	University 3	Clinical Facilitator	Female	3	U3CF3
23	University 3	Clinical Facilitator	Female	4	U3CF4

Step 3: Searching for themes

After generating the codes, the researcher organised related codes into categories and broader themes.

Similar responses from participants were identified and grouped into broad umbrella themes. There were initially seven broad themes. The researcher again fine combed the responses and realised that some of these could be subcategorised under the original broad themes. An in-depth discussion of the themes will be conducted in the next chapter.

Step 4: Reviewing themes

The themes generated were cross-checked against the full data set and the coded extracts for congruence. The emerging themes were reassessed and regrouped into subthemes as shown in Table 4.3.

Table 4.3: Categories, themes and subthemes

CATEGORY	THEMES	SUB-THEMES
1. Organizational Factors	1.1 Quality issues	1.1.1 Policies and standards 1.1.2 Quality Departments 1.1.3 Quality monitoring
	1.2 Resources	1.2.1 Human Resources 1.2.2 Material Resources
	1.3 Staff Support Programmes	1.3.1 Orientation/ Induction 1.3.2 Mentoring 1.3.3 Staff Development Programs
2. Heads of Department	2.1 Leadership and management	2.1.1 Leadership style 2.1.2 Management functions 2.1.3 Workload
3. Nurse Educators	3.1 Teaching and learning	3.1.1 Experience and qualifications 3.1.2 Transition 3.1.3 New teaching and assessment approaches 3.1.4 Curriculum implementation
	3.2 Collegiality	3.3.1 Ethical and professional behaviour 3.3.2 Toxic Environment 3.3.3 Effects on the students
	3.3 Self-development	3.4.1 Self-knowledge 3.4.2 Self-improvement

Step 5: Defining and naming themes

The researcher assessed the themes again, regrouped and renamed them accordingly to reflect university individual contents accurately.

Step 6: Producing the report

The data findings were combined into a concise, logical and non-repetitive report which was justified and supported by relevant literature. Conclusions and results were logically and concisely formatted into a report.

4.10 OVERVIEW OF DEVELOPMENT OF GUIDELINES

This section provides an overview of the process followed for the development of guidelines to facilitate achievement of nurse educator competencies. The guidelines were development following the WHO process of 2014. Three steps were followed during this process:

- Planning
- Development
- Publishing and updating

During the planning phase, rationale and target audience were identified and preliminary guidelines were validated by a group of experts. The final guidelines were thereafter formulated following their recommendations. Guidelines were formulated for the HEIs policymakers, academic development departments, quality departments, HEI faculty and departmental leadership and nurse educators. These will be discussed in Chapters 6 and 7.

4.10.1 Defining guidelines

The ultimate objective of this research was to develop guidelines to facilitate achievement of nurse educator competencies for universities. According to WHO (2014), guidelines are the fundamental means through which the organisation fulfils

its technical leadership in health. Kredo *et al.* (2016), describe guidelines as systematically developed statements that promote the utilisation of best available research evidence in practice. WHO (2014) cautions researchers to check whether the guidelines are really required, whether they address the identified gaps in practice, and whether they provide adequate direction for their implementation. The principles for development of guidelines as stipulated by WHO (2014) were used to guide development of guidelines for this study.

4.10.2 Key principles of developing guidelines applied to the study

The WHO (2014) states that the guidelines must have a clearly defined target audience (end-user) which is identified early in the guideline development process, and the recommendations need to be tailored to that audience. The literature reviewed and the data findings identified the target audience as the faculties, the HoDs and the nurse educators.

Areas of uncertainty and unmet needs must be addressed by the guidelines (WHO 2014). The root causes which were the themes and subthemes which emerged from the data analysis of the interviews and FGDs, were identified as the areas that required to be addressed by guidelines. These areas were: firstly, faculty regarding quality and resources, staff support and development programmes as well student issues; secondly, the role of HoDs regarding leadership and staff support; thirdly, the nurse educators themselves regarding their personal development, their professional and ethical behaviour, as well as the issue of teaching and learning.

4.10.3 Process followed in the development of guidelines for the study

The process of developing guidelines is multidisciplinary and includes all relevant expertise and perspectives, including input from stakeholders (WHO 2014). Preliminary guidelines were drawn up from the findings and recommendations of the study. These were then be tabled to a panel of experts in the nursing education faculties to be validated. The experts were provided with an electronic copy of the summary of the draft guidelines. The recommendations from the experts were then

used to revise the preliminary guidelines. The final guidelines were then developed. The development of the guidelines will be discussed fully in Chapter 8.

4.11 RESEARCH RIGOUR

The accuracy or credibility of the findings is of upmost importance. Qualitative researchers believe that all research is interpretive, therefore the responsibility lies with the researcher to convey the steps taken to check for the accuracy and credibility of their findings (Creswell and Creswell 2022). To achieve this, researchers adopt trustworthiness techniques to guarantee the accuracy of findings in qualitative study. Trustworthiness is the degree of confidence in the results. Qualitative researchers use the criteria of credibility, transferability, dependability, confirmability and authenticity to assess trustworthiness (Polit and Beck 2021).

4.11.1 Credibility

Credibility refers to confidence in the truth of the data and interpretation (Polit and Beck 2021). In this study credibility was achieved by transcribing audio-recordings from the interviews and group discussions which were read and agreed upon by each participant. During the data collection sessions, the researcher ensured clarification of information to the participants, and field notes were generated where non-verbal communications were observed and added to the direct quotations and narrative of the participants. The researcher also ensured that data from the recorded interviews were quoted without alterations for the responses to remain as neutral as possible.

Triangulation was also used to achieve credibility. Triangulation is an approach used by the researcher where multiple and different sources, methods, investigators, and theories are used to provide corroborating evidence (Creswell and Creswell 2022). In this study, triangulation was accomplished by using different literature sources to conceptualise the findings for the purpose of developing guidelines to improve nurse educator competencies in NEIs in KZN. The finalisation of the guidelines by an expert panel added to the credibility of the study.

4.11.2 Dependability

Dependability refers to data stability over time and conditions (Polit and Beck 2021). The researcher ensured dependability through having an external person review and examine the research process and data analysis thus ensuring the findings are consistent and can be repeated. The following measures were taken to achieve dependability:

- Stepwise replication

The researcher described the research process of this study in such a way that other researchers can follow similar steps. An interview guide was used to pose the same questions during interviews and group discussions.

- Inquiry audit

Inquiry audit is a technique whereby an independent specialist scrutinises the data collected as well as relevant supporting documents. The research method of this study was extensively and fully described to ensure dependability. The researcher kept the audio-records, field note transcripts and field notes for kept as per data storage guidelines. The final development of guidelines was approved by an expert panel through a Delphi Technique process whereby the panel scrutinised the preliminary guidelines and made recommendations (see 7.2.2.6).

4.11.3 Confirmability

Confirmability refers to the objectivity of the data such that two or more independent people agree with the meaning of the data (Polit and Beck 2021). The interviews for this study were voice recorded so that the information provided by the participants is accurate and truthful. Confirmability was ensured by tape recording and verbatim presentation of data, and reflexivity.

The concept of reflexivity is a concept in which the researcher is conscious of the biases, values, and experiences that he or she brings to a qualitative research study (Creswell 2018). Reflexivity was achieved through audio-recording of interviews and

group discussion, as well as taking field notes, in which verbal and non-verbal observations were recorded as they occurred. The researcher remained impartial throughout the data collection process, to detach herself from all assumptions while immersing herself to critically thinking through the dynamic interaction between the self and data during analysis.

4.11.4 Transferability

Transferability in qualitative research refers to the extent to which findings can be transferred to other settings (Polit and Beck 2021). Information provided includes the number of participants, what data collection methods were used, data collection length and number of interviews held and the time the data was collected.

Transferability was obtained through:

- The use of RCA to get a deep analysis of the root causes.
- The inclusion of newly-employed and experienced nurse educators.
- The inclusion of managers who will be the one to drive any implementation in their departments.
- The inclusion of clinical instructors to share their experiences together with nurse educators and not as a separate entity; and
- The inclusion of a 'seasoned' university, a growing university and a fairly new university of technology to convey the vital transitional challenges faced by each of these universities.

4.11.5 Authenticity

Guba and Lincoln (2013) developed authenticity criteria for evaluating the quality of the research beyond the methodological dimensions. Researchers can achieve this by faithfully and fairly showing a range of realities or a range of realisms (Polit and Beck 2021). Fairness authenticity was achieved by thoroughly reading field notes and listening to the recordings from the interviews and discussions to arrive at themes and subthemes. Catalytic authenticity was ensured through arriving at solutions recommended by the participants, so that they became part of the solutions.

4.12 ETHICAL CONSIDERATIONS

Research involves collecting data from people about people, therefore researchers need to protect their research participants as follows: develop trust with them; promote the integrity of research; guard against misconduct and impropriety that might reflect on their organisations or institutions; and cope with new, challenging problems (Creswell and Creswell 2022). The ethics of research, therefore, refers to the conduct of research procedures with adherence to professional, legal, and social obligations of the participants in terms of their rights as persons (Polit and Beck 2021).

4.12.1 Approval and permissions

Prior to the study, researchers need to obtain approval of individuals in authority to gain access to sites and to study participants. In the current study, the following permissions were obtained from the following authorities:

- Ethical approval was obtained from the Institutional Research Ethics Committee (Appendix A).
- Gatekeeper permissions were requested and obtained from the three research sites (Appendices B1, B2, B3)
- Informed consent was obtained from participants after they were provided with a full description of the study with regard to participation status, study goals, procedures, potential risks and benefits, the purpose of the study, participants' expectations, time and any costs or benefits (Appendix C1, C2). The informed consent form confirmed the participants' voluntary choice to participate in the study. Participants were informed that they had the right to withdraw from the study at any time (Appendix C1, C2).

4.12.2 Respect for persons

Self-determination means that the prospective participants must voluntarily decide whether to take part in the study without risk and prejudicial treatment. It also means that people have the right to ask questions, refuse to give information and to withdraw from the study (Polit and Beck 2021). This was adhered to by: providing all participants

with sufficient information regarding the research; ensuring they understood the information; and, explaining to potential participants that their freedom of choice and right to withdraw would be respected. Right to full disclosure is people's right to make informed voluntary decisions about study participation. The information letter drawn up for the study participants had accurate information on the study. The researcher's details were made available allowing point of contact for participants if required, encouraging participants queries and rights as to whether they would like to participate in the study or not. Privacy refers to the participants' right to have their data kept in strictest confidence (Polit and Beck 2021). Participants were identified with a number not by their names and anonymity was respected.

4.12.3 Non-maleficence and beneficence

Beneficence is an important research ethical principle. Participants were informed that information divulged would be kept confidential and no discussion would be held with anyone including their employers. Beneficence imposes a duty on researchers to minimise harm and maximise benefits to study participants (Polit and Beck 2021). Participants have the right to be protected and they were informed that if signs of distress were noted during the interview a debriefing would be arranged. The researcher ensured that the participants were exposed to no harm during the data collection.

4.12.4 Justice

Inclusion and exclusion criteria were adhered to. All participants were treated in a similar manner regardless of differences in age and years of experience and nationality. The participants were informed that they only needed to divulge what they were comfortable with and would not be coerced to divulge what they were uncomfortable with. Although the researcher is a lecturer in one of the research sites, no participants were coerced to participate in the study, the information letter clearly stated that if uncomfortable, voluntary withdrawal from the study was accepted. This statement was also reiterated verbally during the data collection process. The participants were recruited through the same process of institutional gatekeeper

permission, the HOD, then approached through their official emails. Only those who consented then proceeded to the data collection stage.

4.13 Data storage

All paper based and recorded data and notes were kept in a locked cupboard. Recorded data once transcribed was saved on a password- protected computer which only the researcher and supervisor has access to. All data will be kept for a period of 5 years, thereafter all paper-based documents will be destroyed by shredding, and electronic data will be deleted from the storage devices.

4.14 CHAPTER SUMMARY

This chapter described how the study was conducted as well as data collection processes. The sample chosen was appropriate for the data to be collected as it targeted people involved in the practice in some way or another. A qualitative approach was implemented following the RCA process. Chapter 5 presents and discusses the findings of the study.

CHAPTER 5: PRESENTATION AND DISCUSSION OF FINDINGS

5.1 INTRODUCTION

The findings of the current study are presented and discussed in this chapter. This includes findings related to the demographic data of the participants, and thematic analysis of data collected from individual interviews of nurse educators and from the four focus group discussions with the participants from three HEIs. Data were collected through focus group interviews on nurse educators with regard to how they perceived their competencies, and on how these can be facilitated in a nursing education institution. The discussion is supported by in-text reference to the relevant areas and related literature.

The objectives of the study were to

- To explore the experiences of nurse educators in executing their expected competencies.
- To explore the role of HoDs in enhancing and supporting nurse educators to achieve competencies.
- To critically analyse the factors that influence achievement of nurse educator competencies.
- To explore intervention strategies for effective achievement of nurse educator competencies.
- To develop guidelines to promote achievement of nurse educators by HoDs and nurse educators.

5.2 SAMPLE REALISATION

Sample realisation will be looking at the total number of the participants and participant's distribution. A total of four individual interviews and four focus group discussions were conducted.

Table 3.5: Sample realisation

Data Sources	Number	University 1	University 2	University 3
Universities	3			
Individual interviews with nurse educators	4	1 HoD	1 HoD	2 HoPs
Focus group discussions	4	5 Nurse educators	5 Nurse educators	5 Nurse educators 4 Clinical facilitators

5.3 DEMOGRAPHICS OF THE STUDY

This section describes the demographic information of the participants, namely: age, gender, ethnicity, years of nurse educator experience, and the period of employment in their current HEI as well as the role occupied at the time of data collection. The demographic data collected assisted the researcher in determining any significant relationships between this data and participants' responses to the factors influencing the achievement of competencies by nurse educators. The demographics of the study from participants were collected before the interviews and focus group discussions commenced. Table 5.2 is a summary of demographic characteristics for the study participants.

Table 3.6: Demographic data

Demographic	Characteristics	Number (n)	%
Age	25-35	3	13%
	36-50	11	48%
	51-65	9	39%
	Total	23	100%
Gender	Female	17	74%
	Male	6	26%
	Total	23	100%
Ethnicity	Black	16	69%
	Coloured	0	0%
	Indian	5	22%
	White	2	9%
	Total	23	100%
Qualification	PhD	12	52%
	Masters	9	39%
	Bachelor	2	9%
	Total	23	100%
Work experience	< 3 yrs	6	26%
	4-10 yrs	6	26%
	> 10yrs	11	48%
	Total	23	100%
Period of experience	< 3 yrs	9	39%
	4-10 yrs	7	30,5%
	> 10yrs	7	30,5%
	Total	23	100%
Role/ Position	HoD/HoP	4	17%
	Lecturer	10	44%
	Senior lecturer	5	22
	Clinical facilitator	4	17%
	Total	23	100%

5.3.1 Age

In this study, most of the participants (n = 11: 48%) were in the age bracket 36 to 50 years of age, followed by 39% (n = 9) between 51 and 65 years of age, and three (13%) of participants between 25 and 35 years of age. Two of the HoDs were retiring within 6 months of the date of data collection. These findings are consistent with the statistical headcount report from the CHE (2021) which revealed a decline of academics who were less than 30 years old, with the majority being between 30 and

49 years of age, followed by academics over 50 years of age. Matahela (2022) states that ageing nurse educators who reach retirement age and leave teaching deprive nursing education of intellectual capital, wisdom, leadership expertise, and a wealth of skills and abilities, leaving the younger and less-experienced nurse educators with less mentoring as they transition from the nursing role to the nurse educator role.

Senior nursing educators have over the years accumulated expertise in most aspects of teaching, learning and research, therefore their presence can impart valuable formal faculty mentorship practices, such as implementing co-teaching with young and novice educators, sharing course documents, and promoting frequent social and professional gatherings (Miner, 2019). When adequately socialized and acclimatized, new nurse educators experience less cognitive load and learning curve, and their continued professional role development is positively influenced (Tufano and Summers, 2025)

5.3.2 Gender

This study found that 74% (n = 17) of nurse educators were females, compared to 26% (n = 6) males. This is the current trend in the nursing and is confirmed by SANC (2023) statistics which recorded that 94% of nurse educators in their registers were female, compared to only 6% males. Although not specific to nurse educators, HEIs have recorded a gradual decline in male academics with a corresponding slight increase in female academics in the last five years (CHE 2021). The continued female domination in nursing is blamed on the socially established stereotyping gender role concept that nursing is a profession reserved for women, and males seek higher job satisfaction by occupying higher positions (Kluczy'nska 2017, cited in Shim and Park 2023). Unfortunately, this slow gender transformation is not beneficial for the profession more male nursing students need to be attracted into the profession in order to mentor and role model the profession of nursing and ensure a gender-neutral learning environment (Palmer 2019).

5.3.3 Ethnicity

Most participants (n = 16, 69%) who participated were black. Indian and white participants were 31% (n = 7), of which 8% (n = 2) were from the white population. There were no coloured participants. The DHET (2019: 31) and CHE (2021) acknowledge that the number of black female academics is growing in universities of South Africa, although they continue to experience overt and covert racism, sexism and patriarchy in most universities. CHE (2021) recorded that whites had the highest number of representatives in academia, although there has been a slight decline in the last five years, followed by blacks, Indians and coloureds.

5.3.4 Qualification

In the current study, 52% (n = 12) of nurse educators possessed a doctoral (PhD) qualification including the three HoDs, 39% (n = 9) of the nurse educators had a master's degree qualification and therefore met the minimum qualification for university lecturing nurse educators, two of the participants were clinical instructors in university, and three had a bachelor's degree. CHE (2021) recorded a lower number of academics with undergraduate degrees which included diplomas, bachelors' and honours qualifications, while master's and doctoral qualifications remain high among Africans and Whites. PhD qualifications are noticeably higher in males, with a sharp increase of master's degrees in women.

There are ongoing research and discussions regarding what qualifications are appropriate for achieving nurse educator competencies effectively. Some studies suggest that nurse educators prepared with a Doctor of Philosophy (PhD) had higher levels of confidence in formulating assessments compared to those with a Doctor of Nursing practice or master's degree (Hensel et al 2025), others pointed to the Doctor of Education in nursing degree as another avenue for adequately preparing nurse educators (Halstead, 2018). To balance the scale and instil confidence in their nurse educators, educational institutions are urged to offer a pathway for nurse educators without formal education in pedagogy to obtain a post-master's or post-doctoral

certificate in nursing education, better equipping them with the skills to successfully fulfil their academic role (Vardaman et al 2024).

5.3.5 Work experience as a nurse educator

This attribute revealed that the majority (n = 11, 48%) of nurse educators had more than 10 years' experience as nurse educators, and approximately 26% (n = 6) had less than three years' experience. This should be considered in determining the kind of support required by the nurse educator for effective delivery of teaching.

5.3.6 Period of employment in the current HEI

Approximately 70% (n = 16) of participants had 3-10 years employment period in the HEI where they worked, while approximately 31 % (n = 7) had more than 10 years. Nurse educators who are less than three years in employ require a lot of support and mentorship while they acclimatise to the HEI, while those with 10 years or more require the HEI to start planning for handing over their experience and mentoring the younger and inexperienced members of staff.

5.3.7 Role/position of participants

The majority (n = 10, 44%) of participants in this study occupied the position of lecturer and junior lecturer: 22% (n = 5) were senior lecturers, 17% (n = 5) were HoDs and HoPs, and four (17%) were clinical facilitators. CHE (2021) recorded an average of 75% of academics and only 5% of movement from junior lecturer to senior lecturer. No noticeable increase was noted with associated professor and professors. It is further reported in the same statistics that whites and men still occupy most of the senior management, followed by blacks, with Indians being the lowest. Palmer (2019) also found a significantly higher percentage of males with doctoral degrees compared to females among the nursing staff, confirming that there is a significant association between gender and region and/or institution type with the education level of nursing staff.

5.4 FINDINGS FROM THE INTERVIEWS AND FGDs

Responses from participants were thoroughly analysed during the interviews and focus group discussions, to collect in-depth information on the participants' experiences, challenges and their perceived strategies regarding solutions. During focus group discussions, participants identified and described factors that influenced the achievement of nurse educator competencies. The categories, themes and sub-themes emerged are shown in Table 5.3. The themes and sub-themes are presented in detail and supported by verbatim quotations from the participants. Field notes were taken directly to gather information related to the verbal and nonverbal communication of the participants, as well as other dynamics that occurred during the focus group interviews.

5.4.1 Categories

During the individual interviews and focus group discussions. Nurse educators and HoDs identified and described factors that influenced the achievement of their competencies. From these interviews and discussions, the factors were then classified under three categories as follows.

- Organisational factors,
- HoD related factors, and
- Nurse educator related factors.

Systematically organizing potential causes into categories allows for a logical and hierarchical visualization of the problem and its various contributing factors, making it easier to identify root causes, its sub-causes and promoting a systematic examination of each factor (Vivek and Krupskyi, 2024). In addition, it was particularly important for this study to identify systemic origins of the factors influencing the achievement of nurse educator competencies, and therefore who were the targets for the guidelines to be developed.

5.4.2 Themes

Themes that emerged from organisational factors were quality issues, resources and staff support programmes. HoDs yielded themes of leadership style, management functions and workload. The nurse educator themes were levels of qualification and experience, transition factors, collegiality and teaching and learning factors.

5.4.3 Sub-themes

Common opinions regarding a theme were grouped into subthemes. Quality issues that were of concern included: poor implementation or lack of policies and standards or guidelines; ineffective quality monitoring departments; inadequate human and material resources for effective and updated teaching and learning; inadequate or unstructured staff support programmes. Leadership concerns revolved around ineffective and non-supportive leadership styles, poor management functions and increased workload. Nurse educator teaching and learning issues related to inexperience, new teaching methodologies, and curriculum matters. Subthemes relating to collegiality and self-development also emerged.

Table 5.3 presents the categories, themes and sub-themes that emerged from data analysis.

Table 3.7: Categories, themes and sub-themes

	CATEGORY	THEMES	SUB-THEMES
1.	Organisational factors	1.2 Quality issues	1.1.1 Policies and standards 1.1.2 Quality departments 1.1.3 Quality monitoring
		1.2 Resources	1.2.1 Human resources 1.2.2 Material resources
		1.3 Staff support programmes	1.3.1 Orientation/induction 1.3.2 Mentoring 1.3.3 Staff development programmes
2.	HoDs	2.1 Leadership and management	2.1.1 Leadership style 2.1.2 Management functions 2.1.3 Workload
3.	Nurse educators	3.1 Teaching and learning	3.1.1 Experience and qualifications 3.1.2 Transition 3.1.3 New teaching and assessment approaches 3.1.4 Curriculum implementation
		3.2 Collegiality	3.3.1 Ethical and professional behaviour 3.3.2 Toxic environment 3.3.3 Effects on the students
		3.3 Self-development	3.4.1 Self-knowledge 3.4.2 Self-improvement

5.4.4 Category 1: Organisational factors

During thematic analysis it became evident that organisational factors impact on the achievement of nurse educator competencies. Academics depend on the HEI to create an enabling and conducive environment for both staff and students for them to be able to effectively carry out teaching and learning activities (Figure 5.1).

Findings of the study revealed that the achievement of nurse educator competencies are influenced by HEI organisational factors such as quality assurance processes, resource provision, staff support programmes, leadership and management as well as recruitment and selection of students. Sriekaningsih *et al.* (2019) concur that organisational factor such as organisational culture, organisational structure, job design, leadership, reward system, affect the performance of academics.

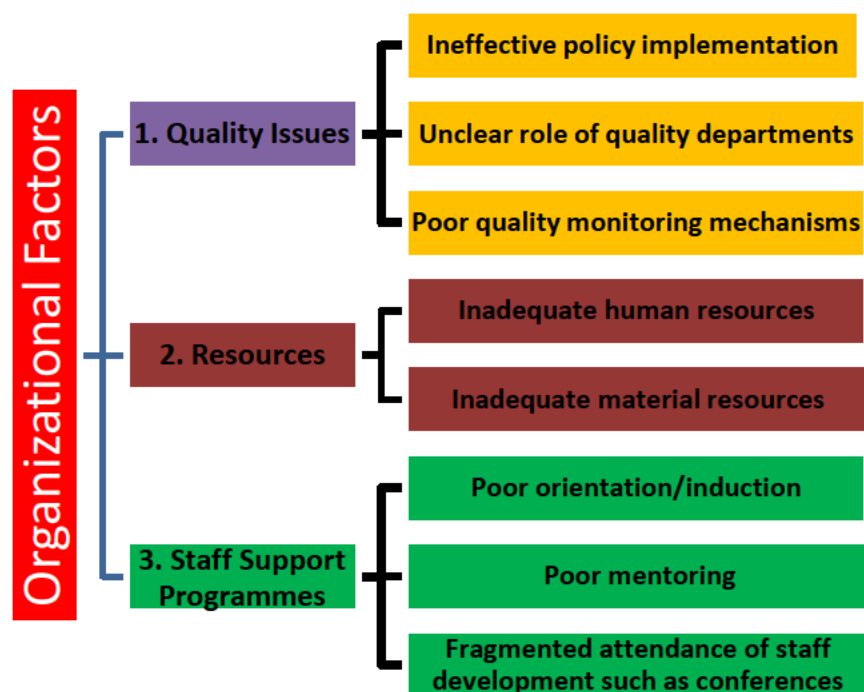


Figure 3.2: Organisational factors influencing nurse educator competencies

5.4.4.1 Theme 1: Quality issues

The main goal of HEIs is the production of competent graduates who have engaged with the institution's quality education system. To achieve their goals and purposes as well as deliver quality programmes for their qualifications, HEIs must continuously engage in quality assurance and quality improvement activities (CHE 2021; Suleiman 2023). When educational institutions fail to implement standardised quality assurance indicators, several issues may arise in terms of inadequate curriculum design, poor teaching methodologies and teaching materials, outdated instructional practices, poor practical skills for science students, insufficient student assessment and evaluation, and even lack of student engagement in study, all of which keep students behind in the required skills, experience, and essential concepts they need to have in their specialisation (Suleiman 2023).

Some participants in this study were dissatisfied with operating standards which were lacking or sometimes non-existent. Without these quality tools, chaos, confusion, fragmentation, and feelings of incompetence result.

Shaking her head, this participant stated: *I battled with the education role here*

... where I come from there were standard procedure ... here everything so fragmented making it difficult to find my feet, makes me feels incompetent against goals that I don't even know ... I am a planner and need to know what is coming ahead ... last few months when we started. (Participant U3CF4).

Another participant remarked: *goes back to hiring capable people to do the job and quality checks and disciplinary measures, if people are not held accountable ... again back to management ... as this leads to us carrying the slack and increasing our workload* (Participant U3LF1)

Here there is no work ethics, if you ask me for training documents of students, I should be able to give as evidence, there seems to be no repercussions as some people just do whatever and there is no disciplinary measures ... even managers seem afraid to discipline some people ... here policies are not implemented equally and fairly. (Participant U3LM5)

Thupayagale-Tshweneagae *et al.* (2020) concur that when there is a lack of policy implementation of disciplinary policies at different levels of management, staff incivility is not addressed. Ogbuabor and Onwujekwe (2018) also found that mid-level managers who are tasked with operational application of the policies, did not implement many policies, this being the main reason for poor management in organisations. Similarly, Salifu, Heymans and Christmals (2022) state that lack of common guidelines and standardisation creates uncertainty and confusion among nurse educators, clinicians, and examiners, contributing to the widening theory-practice gap as inconsistent teaching and confusion also affects the students who are ultimately unable to master the content.

HEIs are required to put in place internal quality assurance systems, policies and processes for managing the quality of their core and associated functions of learning and teaching, research and community engagement, as determined by the outcomes of that institution (CHE 2021; SANC 2005b). To maintain quality and their accreditation status by institutional and external quality assurance bodies, institutions are expected to conduct regular evaluations of curricula and clinical learning, and include student,

client, and stakeholder and partner feedback (CHE 2021; SANC 2005b). Most HEIs place the responsibility for ensuring quality on quality departments who monitor all organisational functions including teaching and learning, but unfortunately, academic staff and students who are at the operational level of teaching and learning are occasionally involved in designing quality assurance systems, they perceive these as valuable to leadership and are separate from the evaluation and improvement of teaching, learning and research (Houston and Paewai 2013, cited in Lucander and Christersson 2020).

Unfortunately, when there is a dysfunction of these departments, quality is compromised, as confirmed in the following comments from some of the nurse educators.

... quality department, I do not see their role ... would assume that they would run with quality checks e.g. oversee formulating lesson plans and study guides ... they are not operational as a department ... they are not hands on to follow-up. (Participant U3FL3)

... role of quality department is understood to be coming to check documents which no one has run new staff on. Quality, for example peer reviews, have not been done which is also a good quality measure where peers can assist each other in identifying gaps ... not pushed by managers although some do not want it done. (Participant U3CF1)

Suleiman (2023) posits that if the institution's quality unit is not working properly this can result in inconsistent delivery of the curriculum as some of the class course units may have fewer chapters than the standard, lecturers might not be teaching relevant course material or deviate from the prescribed syllabus, skip important topics, or fail to cover the necessary material in depth, ultimately producing graduates with gaps in knowledge and skills.

As a regular activity, quality monitoring assists with early identification of problems, and therefore early interventions to address them. It enables effective decision-

making, reflection and learning from past actions and ensures accountability for resources being used (Tirivanhu *et al.* 2018). HEIs' quality departments should design monitoring tools to ensure effective achievement of organisational and departmental objectives.

Participants complained about the effectiveness of the quality monitoring tools. Most of the participants in this study shared concerns regarding poor quality monitoring processes, which included policies not implemented fairly and fragmented operating standards.

... I don't think LEQs and SEQs are a good indicator for our quality as these can be subjective ... the quality officer only came once since I have been here ... new staff are not updated regarding expectations with regard to quality.
(Participant U3LF3)

Lecturer evaluation questionnaires and subject evaluation questionnaires are surveys completed by students at the end of a semester or annually to collect feedback regarding teaching and learning activities. Participants in a study by Alzafari and Kratzer (2019) raised concerns regarding the adequacy of measurements and tools to assess quality, especially as HEIs tend to rely on quantitative methods for assessing some quality indicators, posing a challenge for implementing quality. Furthermore, the lack of understanding and lack of interest in teaching and learning evaluation as well as feedback processes makes it difficult for quality to be measured (Alzafari and Kratzer 2019).

Peer review is used by most HEIs as it provides an opportunity for critical reflection on teaching by both the educator and the observer, but also facilitates guidance and mentoring of the educator to improve their teaching (Hyland *et al.* 2018; Smith, Goldberger and Zakowski 2024). Peer mentoring is a critical component of achieving competency for didactic presentations for most junior academics as they receive regular feedback and peer mentoring to gain mastery of those required pedagogical skills (Smith, Goldberger and Zakowski 2024).

Participants in his study expressed challenges with implementing peer review as seen below.

Peer assessment has been a challenge, a huge challenge and we tried to introduce things like peer review. A standard whether you at a university or in a nursing college and there was great resistance and kicking against that
(Participant U2LF1)

Hyland *et al.* (2018) caution that establishing and managing a peer observation programme requires resources and infrastructure of both staff and faculty for scheduling and management, as well as cultivated interest and participation among educators. The results from a study by Kamma, Budiyanto and Suwitho (2023) found that internal quality assurance is not able to either strengthen or weaken motivation of lecturer performance, but after being strengthened by internal quality assurance, competence plays an important role in increasing or decreasing lecturer performance.

5.4.4.2 Theme 2: Resources

Provision of adequate human and material resources is fundamental to quality teaching and learning processes of an educational institution. Lack of these jeopardise nurse educators' core function of ensuring effective teaching and learning. Many experts think that financial resources are fundamental to successful quality systems to support teaching, learning and research activities as well as additional staff training and development for the quality system (Alzafari and Kratzer 2019).

Sub-theme: Human resources

Adequate provision of HR was mentioned by participants as a crucial factor contributing to work overload for nurse educators. HoDs in this study have to juggle administration and classroom teaching. Nursing education is battling to fill vacant posts and attract suitable candidates. Some HEIs struggle with securing posts for HoDs, in some instances, HR processes for advertising, recruitment and selection are reportedly delayed leaving HEIs with no option but to utilise acting managers.

Inadequate staff provision increases the workload as most participants highlighted that they are unable to meet deadlines related to the core business of teaching and learning.

Umm well, nobody wants to face the same the experience where a couple of us that are facing disciplinary enquiries from SANC, and we must sign an admission of guilt and I'm one of them. So, who wants to take HoD posts under such conditions, in a department where and if something happened before your time, you are now must admit guilt to it. In most instances where interviews have been conducted, processing takes too long. Another added challenge is dealing with noncompliant support staff who have been in the department for years, but not doing student registrations and completions correctly, because they have no sense of accuracy ... I am now facing discipline by the SANC as HoD. (Participant U2HF1)

For me as the HoD teaching anything is a nightmare because I'm so busy with admin. So, the students got taught very quickly. (Participant U2HF1)

Appiah (2020) argues that if HEI management ignores teaching experience as one of the criteria that merit consideration for the recruitment of faculty members for a nursing education programme, the quality of nursing education programmes in HEIs will be undermined. Bvumbwe and Mtshali (2018), and Adepeju and Mhlongo (2019) further add that both the quality and quantity are important in the recruitment of nurse educators to address staff shortages and expertise in nursing education. Tufano, Summers and Covington (2023) concur that although the recruitment of new nursing faculty to fill vacant posts occurs, HEIs must implement staff retention strategies to retain experienced nursing educators, as they have amassed academic experience and leadership vital for guiding and mentoring newcomers and novice nurse educators.

Some participants expressed that there needs to be a balance between staff remuneration and the workload.

Funding of universities needs to be revisited; staff remunerated for the research work they do for retention of staff. The workload is not even matched remuneration wise. Staff are stressed, constantly depressed and demotivated (Participant U1LM1)

This was also echoed by another participant, poor remuneration. HEIs is not attracting competent staff, people choose to remain in the service where they are well remunerated. (Participant U3LF5)

There is poor retention, management have this attitude that no one is irreplaceable, then when the staff leave, a gap is created. The result is work is then reallocated to the already overloaded staff, secondly the new inexperienced staff are left with no mentors. HR policies have not been transformed (Participant U1LF1)

HEIs must consider years of experience in practice and qualification ... place somebody who has managerial experience in management over and above the qualification ... go back to selection according to recruitment criteria. (Participant U3HF2)

A report from DHET in 2019 confirmed that the conditions of service for junior academics are unattractive, uncompetitive and non-supportive, with a noticeably wide salary gap between those in leadership and management positions and those at junior lecturer/lecturer level. These beginner academics at the start of their careers generally carry most of the responsibility for undergraduate teaching, with senior academics and professors choosing to focus on postgraduate teaching and on research. These challenges not only affect recruitment and retention of these academics, but also retard their personal and career growth such as completing their doctoral studies and building their research profile. Matahela (2022) argues that while nurse educator salaries are slightly improved after implementation of the occupation specific dispensation, remuneration levels are potentially the most influential factor in nurse educators' decision to migrate, either between the public and private sector, or to richer countries.

You have a lot on your shoulders as you have lectures, at the same time you must attend meetings and yet expected to perform all the four pillars of community engagement, teaching and learning, administrative duties, and research, so you may find that it's hard to maintain a balance ... [sighing], Yeah, if they're not met so it's hectic to be a nurse educator, especially while at the same time you're being a student, because everyone of us needs to develop as a nurse educator not to remain in one level. (Participant U2LM1)

Our core function of teaching is undermined by other duties such as administrative duties, research supervision, coordinating, being a representative for other committees. It is overwhelming and leaves us with feelings of inadequacy. (Participant U1LF4)

Madlala and Mvandaba (2023) concur that the workload of nurse educators is increased when there is a shortage of clinical instructors as the nurse educators become responsible for teaching theory and clinical practice to student nurses.

Sub-them: Material resources

University infrastructure and facilities have an influence on learning outcomes. Some of the participants mentioned that their HEIs still battle with poor material resources required to achieve current and improved delivery of teaching and learning. A conducive learning environment, including well-maintained and modern teaching classrooms, libraries, and study spaces, have positive effects on student learning and performance as it draws the attention and engagement of students (Suleiman 2023).

Infrastructure has not been updated and upgraded for integration of IT ... today's students are good in IT, but you find that the infrastructure is letting us down for us to effectively utilise modern technology in our teaching (Participant U1LF1)

This is the third year I am here, and the skills laboratory has still not been updated despite of ordering equipment every year and management promising to upgrade ... how are expected to function effectively under such circumstances? (Participant U3CF2)

Bvumbwe and Mtshali (2018: 9) highlighted the need for deliberate investment in infrastructure both at training institutions and clinical practice areas. Brown and Sorrel (2017) add that for nurse educators to produce competent graduates, it is vital that they are provided with proper tools and skills. Nurse educators in the study by Madlala and Mvandaba (2023) agreed that the equipment used in the clinical skills laboratory such as high-fidelity manikins required funding for servicing and updating, otherwise the teaching of clinical procedures to students is compromised.

5.4.4.3 Theme 3: Staff support programmes

Staff support programmes such as orientation, mentoring and other formal staff development programmes, are vital in acclimatising nurse educators to the academic environment to prevent confusion and frustrations. Even when individual nurse educators perceive themselves as self-motivated, they also rely on extrinsic support to achieve their competencies (Matahela 2022).

To maintain current knowledge and skills in theory and practice, based on the best available evidence, the competency of personal development is expected of nurse educators, achieved through pursuing continuous quality improvement and a commitment to life-long learning, through engaging in a range of professional development opportunities that increase one's effectiveness in the role (SANC 2014; WHO 2016). All HEIs are committed to providing relevant training and development opportunities and offering short programmes for staff development. The annual appraisal review identifies the training and development needs of staff, which are usually structured under the themes of teaching and learning, research and management (Quinn and Hughes 2013).

A university's excellence cannot be separated from its lecturers as they are essential for the success of any educational process and student progress. HEIs have a big role to play in increasing the quality and the essential situation of educators in the teaching and learning process (Baryanto 2021; Qurtubi 2023). Orientation and induction programmes assist nurse educators to increase their confidence as educators and increase their satisfaction with entering academia, which in turn will lead to increased retention of nurse educators and student satisfaction in a nursing programme (Zwisler 2017). Induction programmes are a way of ensuring that academics align their practice to the university's vision, mission, culture and systems that enhance the delivery of quality teaching in the context of organisational socialisation (Mathibedi 2019).

Participants expressed feelings of inadequacy, incompetence, and confusion when they did not receive adequate support and guidance.

... also depends on management structures such as orientation and continuous guidance to check where educators are lacking. (Participant U1LF1)

I was employed during lockdown and the new normal ... nobody was fully prepared, there was little or no support for me as everybody was overwhelmed ... I did not receive any mentorship and induction and there was no guidance regarding e.g. lesson plans, confusion for me and also for students. (Participant U1LF1)

Poor orientation has detrimental effects on nurse educators and consequently on the students. Lecturers are left with a sense of isolation, lack of confidence and unsatisfied training needs which undermines their academic identity (Billot and King 2017). When left to find a way on their own, they learn by trial and error which affects competent facilitation of teaching and learning (Tshabalala 2016).

Mentoring is a best practice to assist novice nurse faculty to adapt to and thrive in their academic role. Mentoring benefits both the mentor and mentee; the mentor in the process of helping to develop young talent can promote advancement and a sense of competence and self-worth, and the mentee can experience socialisation, role

development, exposure within the organisation, effectiveness in job performance, and a sense of self-worth (Kram 1985, cited in Busby, Draucker and Reising 2022). Research indicates that the most important characteristics of a mentoring relationship are learning from a successful nurse educator, having a trusting mentoring relationship, and receiving advice and guidance from a mentor (Gentry and Johnson 2019).

Participants expressed concerns regarding the mentoring aspects of their HEIs, especially as they expected it when they were newcomers into their HEIs, as it was common practice in their previous work experience.

... Mentoring ... why are we expected to swim and find our own feet if we are to be better educators ... encourage sharing of information from those experienced and have professional jealousy as educators when there are people with experience and information (Participant U3CF3)

... organisational culture ... where I come from, a new employee has a buddy mentoring you for three months this builds up your confidence ... break in organisational procedures leads to a fragmented way of doing things ... it starts at the top to affect operations of the organisation ... it's highly frustrating when there is fragmentation. (Participant U3CF4)

Tufano, Summers and Covington (2023) agree that mentoring is an essential component of assisting new nurse educators to navigate new roles and workloads, ultimately facilitating staff retention. In addition, nurse educators should be supported through in-service training, workshops and affiliation to journal clubs to improve their knowledge and skills regarding EBP competencies (Mthiyane and Habedi 2018). Participating in an intensive and well-planned programme which lasted for 20 months, was appreciated by participants who reported increased self-awareness, emotional competence, and a shift from skill acquisition to behavioural change (Patterson *et al.* 2020).

In addition to orientation and mentoring, staff support comes in the form of formal and informal staff development programmes such as conferences, workshops, seminars etc. Academic developers within HEIs are tasked with scouting and organising internal and where applicable, external staff development opportunities for academics to improve their competencies. It is recommended that faculty development programmes for health professionals include provision of relevant content that is applicable to educational and clinical responsibilities (Steinert 2014, cited in Smith, Gray and Homer 2023). It is believed that programmes conducted by the experienced nurse educator are more effective and useful to support novice and experienced nursing educators in knowledge sharing and learning new skills while adjusting in the new academic environment.

For me, I think what I appreciated was being allocated a mentor and being given opportunities to attend workshops and conferences, et cetera, that makes a difference in terms of dealing with challenges. Time is always going to be a challenge because there are so many competencies that need to be developed in a very short timeframe, I think you know, trying to juggle and achieve personal development, family responsibilities and academic responsibilities and then add the whole performance management system to that, it becomes quite a challenge to try to achieve everything in a short space of time. (Participant U2LF2)

You know with me, I am not sure if this is what I want to do and throughout my life you know, sometimes I am enjoying it ... what I found for me there is no structure of supporting that individual, because remember you perhaps coming from a clinical environment where maybe you were working as a midwife and then an operational manager or in a hospital. (Participant U2LM4)

I feel like the needs of nursing educators are neglected. We understand that we have to meet student's learning style, motivate them etc., I am reminded of Maslow's hierarchy of needs as I find that there is no self-actualisation. The priority is pushing to meet student needs, in the process, there is no self-fulfilment. (Participant U1LF5)

Nurse educators want to advance their academic careers as well and need to be assisted to do so, otherwise their work life is affected, leaving them unhappy, stressed and unproductive. HEIs, through their academic development departments, must find strategies to ease transition and adaptation for novice and seasoned academics to ensure a robust academic nursing workforce. Staff support programmes such as mentoring shows promise for improving workforce, academic, and personal outcomes (Busby, Draucker and Reising 2022).

Participants were of different views regarding attending of staff development programmes such as conferences.

I have observed that there are red tapes and inconsistencies in attending conferences, a crucial aspect of staff development----you are not supported to attend as an audience, yet there is so much to gain and learn when attending. Also, it looks like the same people attend conferences. For me, this is discouraging (Participant U3LM5)

Universities expect academics to be self-directed and scholarly who know what they want, maybe some people know what they want, and they go for it. We expect the same for our students, to seek knowledge. We need come out and seek help where one is not comfortable with what you are teaching. Accept assistance and do not take it as 'interference/imposing'. Professional growth will be improved (Participant U3LF3).

Participants were of the view that structured workshops and attendance of conferences without restrictions can provide much needed assistance on how to write lesson plans, read module descriptors, transitioning from clinical to lecturing. Nurse educators often perceive autonomy as a concept that allows independent development and performance of their role, rather than in the context of the institution, and the ability to recognise this in oneself as a nurse educator was reported as an attribute and competence that enable staff development (Smith, Gray and Homer 2023). Similarly, Mikkonen *et al.* (2019) and Matahela and Van Rensburg (2023) concur that HEIs

should invest in training programmes to establish, maintain and strengthen collaborative strategies to provide effective, adaptable internal and external support programmes in the form of nursing conferences relevant to their teaching. Smith, Gray and Homer (2023) argue that self-motivation and self-determination are essential attributes for individual nurse educators' progress and growth while managing a dynamic environment.

The SANC (2021) has developed a CPD framework for practitioners registered with SANC. The primary purpose of CPD is to promote and maintain professional standards of excellence and ensure that the practice of nurses and midwives remains up to date and relevant to the constantly changing health needs of the South African community; secondly, to promote life-long learning as well as safe, ethical, competent and evidence-based practice; thirdly, to provide opportunities for practitioners to pursue and achieve professional growth throughout their careers, and fourthly, to strengthen the accountability of practitioners to themselves, their profession, their employer, their patients, clients, and communities; to promote health, protect the public interest, and deliver quality nursing care to the South African community. The Knowledge Hub is a CPD solution from the DoH which aims to build competence and improve professional skills through various professional development opportunities and platforms including online and blended courses, conferences and workshops (DoH 2024). Up-to-date information and policies including latest legislation, policies, guidelines, standard operating procedures etc., are shared with attendees, who are rewarded with CPD points and certificates of attendance.

Participants also verbalised concerns regarding the CPD strategy by SANC.

I think there is a gap as most of the CPD trainings I have seen demonstrate absence of nurse educator updates. For a nurse educator to be current, they must also be exposed to clinical as they can forget even how the ward looks like and teach outdated information. Even a bare minimum 2-5 hours a year must be stipulated as a requirement. (Participant U3LF3)

The implementation of CPD is currently disorganised and targets those in clinical practice. We are already overloaded and will not be able to attend if not for us. It needs to be formatted for nurse educators and tailor-made to align with nurse educator competencies or KPAs. (Participant U1LF1)

Some nurse educators do attend the CPD updates planned by the Department of Health, as they believe in keeping updated as they pass this information to their students who will eventually practice in the very health institutions, thus must be kept updated. (Participant U1LF5)

Although studies agree that continual professional development is essential for successful competency development and lifelong learning of nurse educators, there is a concern that the actual needs of nurse educators in these processes have been less well-researched, and if that is the case, the question is raised about how realistic and pragmatic this is for nurse educators (Smith, Gray and Homer 2023). Figure 5.2 depicts some of the recommended CPD activities for nurse lecturers (Quinn and Hughes 2013).

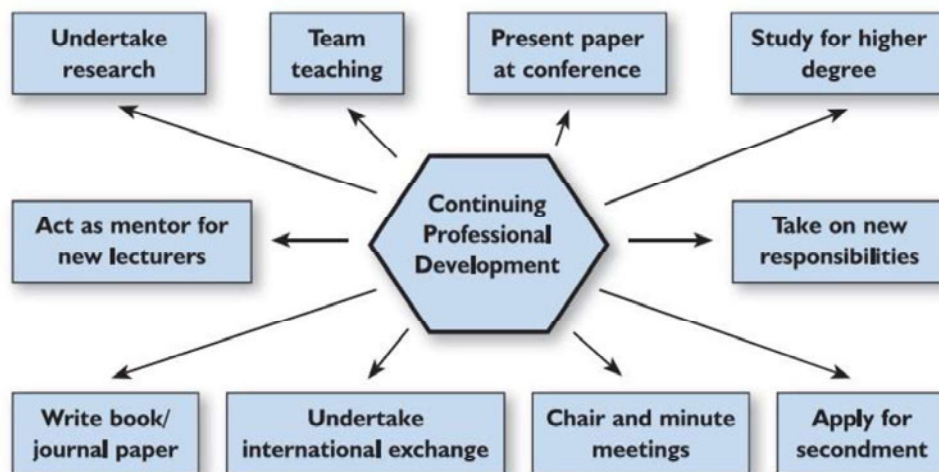


Figure 3.3: CPD activities for nurse educators (Quinn and Hughes 2013)

Effective undergraduate and postgraduate student learning requires a scholarly and professional approach to teaching. Academics are appointed primarily for their disciplinary expertise and research capacity, and it is not reasonable to assume that

they will automatically be well-equipped to carry out this task, consequently, it is imperative that academic development is planned throughout their career to support novice educators and to update those in leadership roles as well (DHET 2018).

It is important to note that support programmes also benefit experienced nurse educators as they require updating and confidence building in their pedagogic competence in higher education even though they have completed training in education (Oprescu *et al.* 2017).

There are people and I'm one of them that have done a nursing education years ago. However, you know like in my case, we've also had to do additional non degree subjects so that we can be educators in higher education. More especially because we're getting educators who may or may not have had higher education experience and particularly those that haven't had any previous higher education experience. Those who have had higher level qualifications and study, tend to have better competencies than those who haven't. (Participant U2HF1)

It is evident from the discussions above that effective staff support is a shared responsibility between the regulatory bodies, the HEI academic developers and the individual nurse educators. Nurse educator development in academic institutions is often contingent on collaboration with external partners and other institutions. Graduates who meet attributes of employability, critical thinking and clinical decision making depend on nurse educators being up to date with their knowledge and skills. The gaps identified must therefore be addressed by all stakeholders involved.

5.4.5 Category 2: Heads of department

In higher education, institutional leaders serve as the drivers and developers of curricula and pedagogical best practices (Muller *et al.*, 2018; Sakallı *et al.*, 2021). A leader is anyone who uses interpersonal skills to influence others to accomplish a goal. The leader is important for promoting high levels of performance and achieving quality outcomes, whereas a manager, in contrast, is an individual employed by an

organisation who is responsible and accountable for efficiently achieving the goals of the organisation (Sullivan 2017). As with leaders, managers require a set of interpersonal skills to achieve their goals, however a manager has authority, responsibility and power defined by the organisation (Sullivan 2017). HoDs are pivotal in executing the institution's strategic plans at departmental level. In addition to a conducive work environment and organisational culture, good, competent and supportive leadership is one of the vital factors for improvement of lecturer performance (Sriekaningsih *et al.* 2019). One of the objectives of this study was to explore the role of HoDs in enhancing and supporting nurse educators to achieve competencies.

5.4.5.1 Theme 1: Leadership style

Leadership is one of the key pillars for quality in higher education. The role of the leader is not only limited to managing the implementation processes but also extends to other roles such as supporting development, managing change and building a quality culture (Alzafari and Kratzer 2019).

Academic leaders are responsible for fostering the attainment of the goals and objectives of higher education through their leadership styles of creating a conducive and supportive environment for nurse educators to achieve their competencies. Failure to lead effectively creates some of the negative attitudes displayed by some staff in HEIs (Adewale and Ghavifekr 2019). When leaders adopt a transformational approach in their leadership, with its inherent, quality of idealised influence through holding the respect and faith of their faculty, staff are more innovative and have a sense of pride (Al-Husseini, El Beltagi and Moizer 2019).

The findings of the current study revealed that the role of HoDs was either negatively perceived by nurse educators or they had their own expectations regarding how their leaders should function.

For me, my perception of their perception is that everything must be deferred to me ... There has been a huge element of that in my department, which we've

had to slowly chip away at and break and where it comes from, I'm, you know, but very much there has been a culture of. That's something that I used to hear it around the hospital when I was a nurse manager. The perception that the managers get paid for it, so they must just do it. That kind of attitude I truly did not expect from nurse educators. (Participant U2HF1)

I was nominated to the Head of Programme role by staff. Staff expected issues to be ignored and policies not implemented, they feel policed if one enforces rules. If rules are enforced, leadership style is perceived as racist or biased ... comes down to manager's leadership style ... if a manager fails to enforce rules, staff become unruly and laissez faire. Personally, it left me with feelings of disappointment and lack of trust. Management is not a friendly place, and I faced a lot of insubordination from the staff. (Participant U3HF2)

Nurse educators are expected to function as change agents, as they educate nursing students who will become future leaders in the nursing profession. This will be realised through their contribution towards good governance structures, participation in academic management functions and taking up leadership roles at various levels for institutional governance, education development and enhancing nursing practice (SANC 2014; WHO 2016). This implies that nurse educators as leaders should embrace self-leadership which inherently trains an individual to lead themselves before attempting to lead others, then they can role model leadership traits such as commitment, respect, and responsibility to students, colleagues, and the community (Neck, Manz and Houghton 2019; Matahela 2022). With this understanding, nurse educators become more involved with their leaders and are more prepared to learn and actively participate in any delegated task as they develop their own leadership and management skills.

Good leaders also understand that they must mentor someone to follow them when they leave so that there is continuity in leadership. Unfortunately, this is not always possible in HEIs, so when experienced leaders leave this creates a leadership gap and instability within departments.

We've had interviews, but the selection processes are so long. But I've made it known that I will be available to support in the background, which I never had. Ideally before leaving it's important that there is somebody that people can go to ask questions and get answers, you know, it's taken me six years to unravel ... so I understand the importance of handing over properly ... otherwise they'll be facing the same struggles. (Participant U2HF1).

There is a need for stable HoD ... the everchanging of managers affects operations as everyone comes with a different leadership style. (Participant U3LF2)

A manager must be present ... physically and emotionally when required ... staff will conduct themselves better ... sometimes staff just need support from managers to support staff even emotionally. (Participant U3CL2)

Staff prefer leadership that is interested not only in their performance, but also in them as human and social beings. This increases job satisfaction and contributes to the achievement of competencies. This type of leader is dynamic and can adapt leadership style according to required mandates to be achieved (Paaïs and Pattiruhu (2020).

The problem of leadership crisis is compounded by circumstances beyond the control of HoDs such as slow recruitment and selection processes, staff reluctance to take on challenging leadership roles, and lack of suitable candidates for the posts.

Nobody wants to be an HoD with the experiences that a couple of us are facing. For example, I am facing disciplinary enquiries with the SANC where I am asked to / must sign an admission of guilt and for something that happened before my time, also for lazy support staff who have been here for years but are still not expediting student registrations with the SANC. Who wants to take HoD posts under such conditions, in a department where and if something happened before your time, now must admit guilt to it? (Participant U2HF1)

Poor remuneration HEIs is not attracting competent staff, people choose to remain in the service where they are well remunerated and recognised as valuable assets. (Participant U3LF5)

HoDs in this study were also critical of staff behaviour that complicated their management functions. Staff resistance and unprofessional conduct were some of the behaviours which created toxic environments within departments.

So, when we don't want to be accountable, for example it has been a huge challenge to introduce things like peer review. A standard whether you at a university or in a nursing college and there was great resistance and kicking against that. I don't understand. That's how we do quality checks as well. We have eventually started after the whole thing was thrown to unions and what have you and I didn't understand because how else do they expect to grow as nurse educators? (Participant U2HF1).

Peer review is a quality monitoring exercise aimed at improvement of pedagogical competencies of nurse educators. WHO (2016) stipulates that nurse educators should engage in such quality checks to evaluate their own teaching competencies, use the opportunity to seek input from peers and students, and utilise feedback to improve their competencies. Quality checks are therefore used as a tool for professional development and nurse educators are encouraged to participate to enhance their roles (SANC 2014).

The responses from participants also revealed that some of the behaviour of nurse educators was so unprofessional that it amounted to incivility.

It's related to nurse educators, some of the behaviours really was tantamount to bullying at some stage and there's a lot of research done on that. I experienced it hugely at this institution. To address the issue, I decided to include that individual into my management team in the hopes that the person would kind of join in and not behave like that which worked for a little while (Participant U2HF1)

So, and I mean in my time if we can also talk about ethical issues, they've been two people whose employment was terminated, one for insubordination and one for, well, another one for things even worse than insubordination that related to students. Umm, so you know and these are nurse educators who are supposed to be role models as you speak about. (Participant U2HF1)

Generally, 500% toxic environment to work in, no room for growth, no praise, no job satisfaction, bullying in a level that I have never seen in my life, no team spirit, most staff are unhappy, there is poor work ethics. (Participant U3HF2)

Although academic incivility was infrequent in the study by Muliira, Natarajan and der Colff (2017), academic institutions cannot turn a blind eye to their occurrence and proactive steps must be taken to curtail any such behaviours, as it has far-reaching effects on colleagues and students; the latter expect professionalism from their nurse educators and may absorb these behaviours and act them out. Moreover, a non-toxic environment is conducive for healthy relationships between staff and learners, and ultimately promotes transmission of norms and values of the nursing profession to the students and future leaders in nursing (Mafumo, Luhallma and Maputle 2024).

Lack of cooperation also occurs from among support administrative staff. These staff are important in supporting the role of HoDs and they are expected to be competent in their roles. As quoted above, some support staff let down the HoDs to the extent that teaching and learning processes are affected. Although, most of the experts do not recognise the role of administration staff as vital to quality implementation in higher education, it is a common belief that teaching and learning processes are greatly impacted by their role (Alzafari and Kratzer 2019).

Generally, you will always get individuals that are noncompliant who think they know better. The issue where I am is getting the support staff, an individual that for years has done supposedly things like, uh, responsible for student learner registrations and completions done for SANC, but has no concept of accuracy and timelines, and therefore list of names of students required by the SANC

sent late ... now the council is on my case, I didn't know that I had to breastfeed someone that has been doing the job since 2012. (Participant U2HF1)

All HoDs in the current study were females, but it emerged that sometimes women are their worst enemies when it comes to supporting and uplifting each other.

What is funny is that most women colleagues who we worked well with when I was one of the nurse educators, suddenly were in opposition of my leadership and would be very vocal in the meetings, but when asked for solutions, none were provided. The non-acceptance was so bad that some wanted to resign, strangely enough males were more supportive, and we continued to work well when I became their HoD, and what is surprising was that people of my race were a problem (Participant U1HF1)

Participants who were managers viewed the current trend of most females in nursing as sometimes a disadvantage as they believe that this contributes to the toxic environment of gossiping. On the contrary, Adewale and Ghavifekr (2019) found that no significant gender impact on self-efficacy of leaders regarding gender. Studies have confirmed the ongoing challenges faced by South Africa black women academics such as sexism and racism, which affect their progress in academic higher positions (DHET 2019). The Women's Report by Field *et al.* (2023) states that microaggressions have a large and lasting impact on women. The report includes comments and actions that demean or disrespect a person based on gender, race or anything that the aggressor sees fit to use against the victim. Women subjected to microaggressions suffer acute stress and psychological insecurity and may even resign from their positions (Field *et al.* 2023).

HoDs require support from top managers to succeed in their leadership management roles. They communicate the mission, vision and strategic plans of the HEI to the nurse educators. They are the HEIs immediate representatives at departmental level and are believed to have all the answers such as resources. When HoDs do not receive support from top management, it poses operational problems and affects them personally as well as the nurse educators they supervise.

Firstly, I received no guidelines for the HoP role, I used my previous managerial knowledge and experience. When I was facing issues with staff, I received little support from senior management or was totally ignored. When I tried to deal with absenteeism and staff not producing required reports, I was reported for enforcing the rules. Not only are managers expected to be physically and emotionally present for their subordinates, but also to guide, correct and discipline where needed. (Participant U3HF2)

Top management entertain gossip, they undermine your leadership by talking down to you in front of staff in a meeting, staff writing to top management being entertained. One of the managers had the guts to mention that she talks about the department with staff that she meets in the shopping mall from staff. Unbeknown to her those were the culprits who wanted to be on the good side of the manager, while they were not doing the work in the department. What was hurting is when the same senior managers come to check, and they find out the truth, they did not correct their mistakes, I felt like there was a deliberate attack on me ... if top management can behave like this ... what do you expect from the nurse educators on the ground? (Participant U1HF1)

HoDs complained that they also did not receive support or appreciation from top management and their leadership fuelled the toxic environment within the departments. Poor faculty-administrator relationships limit the formulation and execution of professional codes of conduct, affecting university faculty members' capacity to raise complaints, which then limits their ability to take ethical actions. Furthermore, the attitude of the faculty towards HoDs can have a positive or negative impact resulting in job resignation (Al-Rjoub, Diener and AL-Fayyadh 2022).

Work performance can be improved with intrinsic motivation driven by transformational leadership with a positive vision who communicates effectively with employees and motivates them towards achieving higher performance (Nguyen, Mai and Huynh 2019; Paais and Pattiruhu 2020). Furthermore, this kind of leader earns the admiration of staff as she/he is considerate and is willing to advocate for their employees when encountering conflicts in the working process. In addition, the leaders are confident

with their own ability and consistency with institutional goals, which contributes to inspiring employees to feel confident, respectful and inclined to teamwork (Nguyen, Mai and Huynh (2019).

Nurse educators in the study by Matahela (2022) and Ndawo (2022) concurred that unhappiness, staff conflicts and resignations are aftermaths of inconsistent treatment of staff and poor application of policies, and unsupportive and unappreciative leadership styles manifesting as favouritism and a lack of mentoring. Conversely, when nurse educators feel connected, valued and supported in their teaching activities by their colleagues and managers, they are most likely to be content, motivated and stay longer in academia (Matahela 2022).

5.4.5.2 Theme 2: Management functions

Supervising nurse educators also demands a lot from HoDs especially when nurse educators misunderstand the role of their supervisors. Nurse educators are expected to be leaders in their role and expected to be such by the SANC as set out in their competencies. Moreover, they are also training students who must be independent graduates and leaders in their professional roles.

Asked how nurse educators perceive the role of their HoDs, a disappointed HoD remarked: *... some nurse educators' perception of my role is that everything must be deferred to me ... a huge element of that in my department, which we've had to slowly chip away at and break and where it comes from ... a kind of attitude I used to hear when I was a nurse manager in a hospital and justified ... they get paid for it, so they must just do it.* (Participant U2HF1)

... long-standing issues ... lack of supervision, no reflection on previous quality checks to improve our practice ... there is no reviewing and reflection at faculty and departmental level to improve on our practice ... HoD and coordinators should check and address ... the focus is on the module file and not quality of our daily operations. (Participant U3HF2)

Educator performance is significantly influenced by the supervision of educators which yields many benefits for the teaching and learning process, including helping teachers understand teaching skills, creating learning and guidance processes for students, the suitability of learning with the lesson plans (Setia and Nasrudin 2020). These are achieved through creating a conducive learning environment with communication and fun, with the teacher strategically formulating teaching-learning approaches for students to gain competence in knowledge, attitudes and skills. The good teacher always prepares, and updates lesson plans following supervision and guidance from supervisors as they pay more attention to and align the content with curriculum requirements (Setia and Nasrudin 2020; Amanda, Salam and Saggaf 2016).

Bvumbwe and Mtshali (2018) argue that academic managers must continually monitor the ever-evolving, complex system of the professional tripartite: nursing education, research and practice. Furthermore, they must take the lead in the successful translation of scientific knowledge that links nursing education to professional practice in the delivery of high-quality health care. Participants in the study by Salifu, Heymans and Christmals (2022: 50) and Lee *et al.* (2017) concurred that the lack of managerial support contributes to the challenges in the teaching and learning of practical skills, resource constraints, job satisfaction and staff retention.

5.4.5.3 Theme 3: Workload

Workload distribution is one of the managerial functions which raised dissatisfaction from the participating nurse educators and HoDs. Equitable workload distribution is vital in ensuring that nurse educators can schedule their lecture times, administration duties and other academic demands such as research. HoDs indicated that they were overwhelmed by multiple roles they were expected to perform which included teaching students, supervising nurse educators, other faculty demands such as research supervision and publications, as well as dealing with the SANC.

Some participants who seem to be coping with the workload were critical of others who perceive this as interfering with the achievement of nurse educator competencies. It surfaced from the discussions that the more experienced nurse educators have

adapted to the workload which the novices still struggle with. Kuivula *et al.* (2020) concur and argue that an educator is responsible for understanding that their work involves various associated and additional roles, such as administrative tasks, project coordination, student management and scheduling their own work.

So according to my experience, what SANC requires in those seven domains, I really don't see why it should clash with what is expected from an academic, except that additional time might be required. The only thing that can appear as a challenge is when there is not enough time to go through everything that is under that domain. (Participant U2LF1)

Time is always going to be a challenge because there is so many concepts and competencies that need to be developed and in a very short time frame, I think you know, trying to juggle and achieve personal development and having family responsibilities and academic responsibilities and we will add in the whole performance management system to that it becomes quite a challenge to try to achieve everything in a short space of time. (Participant U2LF2)

One of the younger academics remarked: ... *you know, there is a lot and it is over and above educating the student, transferring the knowledge and there are a lot of logistics which for me are actually not, you know, nursing education per se, I am of you that the logistics they are actually more, you know, they're taking more of our time and more of our energy and if we were to compare it to exactly what we need to do as nursing educators to ensure transferring of knowledge and to ensure the competency of skills and that is the point. (Participant U2LM4)*

A study by Pejmankhah *et al.* (2018) yielded similar findings where most of the participants felt that the achievement of their core nurse educator competencies were severely influenced by various tasks such as administrative affairs of the faculty, and being expected to be involved in community engagement. They alluded to this work overload as a 'burden of responsibility on their shoulders' and reported that it caused moral distress. According to the DHET (2019), the biggest barriers to achievement of

their core competencies include heavy administrative and teaching workloads. Lack of funding and under-preparedness for research are the biggest barriers, especially for younger staff who carry much of the responsibility for undergraduate teaching. Due to the overwhelming workload, participants in Hemstreet's (2020) study remarked that the eight-hour office time organising lectures, advising students and completing administrative work is inadequate to achieve all required tasks, thus they find themselves having to bring work home with them to remain ahead.

The following were responses from participating HoDs.

This HoD sighed and commented ... however, for me the HoD teaching anything is a nightmare because I'm so busy with admin. Faculty demands are also a nightmare for the HoDs to juggle with other responsibilities. This is extremely difficulty when there is staff resistance to change and lack of cooperation. (Participants U2HF1)

Another HoD also remarked ... I'm managing my programme alone and then there's the core programme, the new programme and then I'm teaching the PHC group. In addition, I'm doing the short course alone. And then this semester I'm also coordinating the research short course. So it's a lot because there's nobody else ... but it would have been nice to share the other duties if I had a second lecturer. (Participant U3HF2)

Most participants who were nurse educators experienced feelings of being overwhelmed when workload allocation is not distributed equitably among nurse educators. Another cause of distress among participants was being allocated subject content that they were not confident in teaching especially if no guidance is provided. They felt that not only does this affect them, but students who are at the receiving end of fragmented and improper information. This is supported by Coetzee (2019), who states that a fundamental cause of the imbalance of the daily workload of a nurse educator includes the lack of time due to high workload which must be distributed between the teaching, clinical, administrative and research responsibilities, and as an

attempt to achieve role expectations, most nurse educators work beyond normal workhours.

... sometimes unbalanced work allocation by management discourages others when others have a lower workload ... in colleges where I used to work, work is shared, and people become experts in specific areas ... to be given a subject in which one is not experienced poses problems (Participant U3LF1)

Participants expressed some of the dissatisfaction with work allocation which diminished their role as nurse educators or led to role confusion.

Role identity in nursing is still a problem in a university, just because you are a nurse, you are expected to do non-nursing duties which become added workload to do administrative duties. As academia and professional leaders, students and the profession look up to us as game-changers, it is concerning that we still find ourselves confused with role identity in this time and age. (Participant U3LF3)

Core function of teaching is undermined by other duties such as administrative duties, research supervision, coordinating and representative for other committees, it is overwhelming and leaves nurse educators with feelings of inadequacy. (Participant U1LF5)

You know that you are not just an educator, and when teaching students, more than that, you must go extra mile being a parent and adviser. Be everything. You must come up with the strategies approach, holistic approach. (Participant U2LM5)

Ndawo (2022) and Van Dyk, Van Rensburg and Janse Van Rensburg (2021) concur that the increased administration workload and other non-academic duties such as monitoring absenteeism and tracking sick notes from learners, scheduling classes, preparing students' global reports, keeping archive reports and verifying results, is sometimes overwhelming for nurse educators. Poku *et al.* (2023) concur that nurse

educators become overwhelmed with the additional responsibility of being the academic adviser to students regarding their academic and personal stresses and these encounters leave them vulnerable to the development of burnout and compassion fatigue. Gutierrez-Ruivo *et al.* (2023) add that nurse educators experience physical, mental, and emotional work fatigue, leading to low performance of work, demotivation and physical manifestations such as stiff shoulders and backache

5.4.6 Category 3: Nurse educators

Nurse educators have a vital role to play in producing competent graduates who are fully developed academically and as professionals. Nurse educators must overcome some of their own challenges which influence the achievement of their competencies.

5.4.6.1 Theme 1: Teaching and learning

The main role and responsibility of nurse educators involves teaching and facilitating learning, facilitating learner development, and supporting learners' continuous life-long learning (SANC 2014; WHO 2016). This includes teaching theoretical and clinical knowledge and skills to students, evaluating student learning, and being a role model. To promote or enhance these competencies of nursing students, nurse educators should be highly competent in teaching, research, clinical practice, management, communication, and ethics (Mikkonen *et al.*, 2019; Satoh, Fujimura and Sato 2020).

Sub-theme: Experience and qualifications

Nurse educators as professional educators are expected to be competent in transforming, developing and disseminating science, technology and art through education, research and community service. To accomplish this task, they are required to possess pedagogical, personality, social, and professional competence which includes mastery, knowledge, skills, values and attitudes in order to produce graduates with critical thinking and clinical decision-making skills. As discussed in the demographic section, nurse educators differ in their level of experience as nurse educators as well as their qualifications.

The SANC categorises all nurse educators as one additional qualification irrespective of the National Qualifications Framework (NQF) level. Some qualified at NQF 7, others at NQF 8 and NQF 9. All are expected to achieve the same nurse educator competencies, although trained at different NQF levels. HEIs have also not agreed on a structured programme to address the gap in the qualifications, with some sending their staff for higher education workshops and others not.

Because of educational experience and level of qualification, nurse educators' teaching methods are not at the same level. Ineffective teaching methods which do not produce critical thinking graduates who will be capable of making effective clinical decisions, are still widely used. Higher-order thinking abilities require an understanding from nurse educators who must acquire innovative teaching strategies including digital and technologically advanced methods as well as evidence-based skills. This was alluded to by one of the HoDs as per quote below.

The study findings revealed that nurse educators employed in HEIs have varying work experience and qualifications, which affects how they function and how they deliver their teaching.

An HoD who found this very challenging remarked; We are getting in educators who may or may not have had higher education experience and particularly those that haven't had any previous higher education experience, and those with higher level qualifications and study tend to have better competencies than those who haven't. Those with no experience or have done nursing education at NQF 7 tend to use traditional methods of teaching such as lecturing ... students must absorb it as is ... and that's not, we supposed to be facilitating students learning. Others have done nursing education as an NQF 8 and others have done it at a master's level. (Participant U2HF1)

Mikonen *et al.* (2019) found that qualifications and duration of work experience ranked higher for educators in social and healthcare. Booth *et al.* (2016) argue that the problem is compounded by lack of consensus regarding the educational preparation

of nurse educators and recommends that nursing education regulatory bodies must establish cohesive standards to formalise required educational preparation of nurses at all levels of practice. SANC registers all nursing education qualifications irrespective of NQF level as 'nurse educator'. Laari *et al.* (2022) state that in Ghana, most HEI teachers still fall short of a formal nursing education although WHO stipulates that nurse educators are required to meet this requirement.

Sub-theme: Transition

Transitioning to the academic role can be a daunting and overwhelming experience for nurse educators who enter the education field from a clinical setting environment, from a nursing college, and even from another HEI which means that new practices are encountered.

AlKarani and Ibrahim (2021) state that many factors encourage, accelerate, and contribute to the shift of nurses from direct patient care to academic life in universities. Furthermore, participants perceived teaching in education settings as an easy process. Desire for education, attainment of personal and career goals and opportunity to continue studies and have a doctorate in nursing sciences were highlighted as motivating factors for moving to universities.

Participants in this study shared their personal experiences and challenges regarding transition to a new HEI.

I think environment where you are coming from ... when you find totally new things for example, I have college experience vs higher/academic world ... leading to adjustment challenges. (Participant U3LM4)

... the expectation from new personnel is to get oriented and mentored, but also universities expect independent educators who can run with it ... people may not be strange it may be your personal perspective. (Participant U3LF3)

Mhhhh ... my experience here has been disappointing ... I trained at a university and expected the same approaches, where I came from, students were taught to be self-directed (sighing). I feel here we are spoon-feeding students and therefore students don't have a sense of independence, I had to adapt but I still use case studies to teach students critical thinking and to research things on their own. (Participant U3CF3)

Laari *et al.* (2022) and Brower *et al.* (2022) agree that newly recruited nurse educators need to be properly oriented to the nurse educator role before they commence full teaching roles, because although some have clinical experience and expertise, the academic world comes with new obligations which require formal and informal support mechanisms, without which nurse educators end up questioning their own knowledge and preparation. According to Farrar-Stern, Malin and Young-Brice (2022), nurse educators who transitioned directly from a clinical to an academic role struggled the most with feeling like a novice compared with those who transitioned from a different academic appointment. Moreover, many participants thought the role of an educator would be more defined and struggled to navigate the boundaries of their position and how to balance teaching responsibilities with research and/or clinical practice. Bower *et al.* (2022) argue that HEI management can benefit from a new deeper understanding of the transition issues to improve recruitment and retention of nurse educators.

Sub-theme: Curriculum implementation

Nurse educators are expected to understand educational theory and principles for planning and designing a curriculum according to the needs of the times as well as evaluating programme outcomes. To achieve this, they must be actively involved and participate in curricular activities of their departments.

Positive remarks were shared by participants regarding implementation of the new curriculum introduced by the SANC.

I am involved with first year students, so far so good at entry level, gaps identified are being reviewed as one engages in the process of delivery and modifying the curriculum. (Participant U1LM1)

I have found the R174 level 2 lighter than R425 and throughputs have improved since the completion of hours is less; students do not have to stay longer to complete hours. (Participant U1L1F2)

Yes, I agree, performance of R174 seems better and there has been positive feedback from clinical practice. (Participant U1LF4)

The participants in this study expressed their views on some hindrances to curriculum implementation.

I have not been involved ... have not formulated study guide, curriculum is for those who can strategise ... from a high-quality level and those that have a visionary eye. (Participant U3CF2)

You need experience and exposure to be able to be an effective curriculum implementer, our workload affects our active involvement as there are lots of interfering activities that we have to juggle with (Participant U3CF1)

The following participant argued the following regarding curriculum implementation:

Guys, resistance to change is normal ... but we cannot resist forever, as it comes with new teaching methodologies and assessment strategies to do justice to the new curriculum. If that is not done, we will remain with the same problems that the country is trying to address with the new curriculum. (Participant U3LF3)

We are nurse educators; we should be prepared to correct omissions in the curriculum rather than ... (shrugged ...). (Participant U3LF2)

Remember that curriculum changes are not unique to this institution but happening all over the country and therefore we should be vigorously looking into what we teach to enrich our curriculum, we need to accept and embrace the change ... it might be turbulent, but we'll get there. (Participant U1LF2)

SANC (2014) and WHO (2016) stipulate involvement in curriculum design and revision as one of the competencies of a nurse educator. Shelviah, Ahmad and Mahrita (2020) agree that educators should be the spearhead of curriculum implementation but argue that there are hindrances influencing the process of implementing the curriculum itself, such as: educators' limited time to evaluate information about the new changes, and varying degrees of ability, understanding, and attitudes from the educators. Some of the concerns of nurse educators are echoed by Mthiyane and Habedi (2018) who argue that the current nursing curriculum should be reviewed and restructured to allow for early introduction of EBP principles at the onset of training, inclusion of online, telematics studies and the use of mobile technologies in the curriculum. Nurse educators' involvement is compromised when management fails to give the necessary support mechanisms of orientation, mentoring, standardized lesson plans as well as information regarding the different meso-curricula and micro curricula as part of the syllabus (Tshabalala 2016).

Nurse educators are engaged with the enactment of the planned curriculum change in the classroom and at the programme level and therefore are essential in sustaining planned curriculum changes. Identifying the requirements of the planned curriculum change and using them to inform faculty development activities empowers educators to be able to meet expectations of the planned curriculum change further enhancing curriculum sustainability (Nyoni and Botma, 2020).

Sub-theme: New teaching and assessment approaches

According to Imron *et al.* (2019), pedagogic competency is the ability to manage student learning which includes understanding of students, designing and implementing learning, evaluating learning outcomes, and developing students to actualise their potential. The changes and new developments in the health care

system, including new technologies utilised for teaching and nursing practice, demand nurse educators who are also up to date so that they can impart these skills to the students. Teaching and learning methods play a crucial role in achieving quality education, as their effectiveness can greatly influence how well students grasp and retain knowledge, develop critical thinking skills, and ultimately succeed in their academic accomplishments (Suleiman 2023).

Participants shared their views regarding new teaching and assessment approaches.

... yes, we might end up with worse problems than before ... we are all responsible to meet our nurse educator competencies ... our teaching and assessment strategies should be assisting students to be critical thinkers and clinical decision-makers (Participant U2HF1)

... my experience as this is my third institution ... teaching styles differ from person to person and also depend on subject matter ... knowing your students and their learning styles determines how they learn and respond ... the standard that we should have is that every lesson has a lesson plan to guide you which can be adjusted now and then ... being teaching aid/visual oriented ... are we not spoon-feeding? (Participant U3CF1)

Students must be taught to be self-directed and not spoon-fed...otherwise they don't have a sense of independence ... I use case studies to teach students critical thinking and to research things on their own (Participant U2LF3)

Positive and negative responses were shared by participants regarding support.

Resistance to change demotivates some of the nurse educators who attempt to be innovative where some ask why stir the pot, when you are coming with innovative ideas, your voice is suppressed, or your recommendations are not implemented. (Participant U3CF3)

Our team is growing especially after the preceptorship course ... we are conducting our assessments differently ... team working better together to formulate and discuss our tools prior to sending them for moderation ... yes, there's room for improvement. (Participant U3CF1)

Irwantoro and Suryana (2016) explain that the competencies that must be mastered by teachers include pedagogic competence, professional competence, social competence and personality competence. These competencies are sometimes compromised when educators are not supported to implement and adapt to new teaching modalities, such as handling online and remote teaching, professional burnout, stress, anxiety and depression (Araújo *et al.* 2021).

Ashipala, Mathias and Shikukumwa (2023) and Makhado *et al.* (2022) argue that the effective use of e-learning in nursing education, adequate orientation, technological and equipment readiness and support for nurse educators and students must be provided. In addition, nurse educators were found to shy away from and resist learner-centred teaching and related evaluations for various reasons including lack of adequate pedagogical knowledge and understanding. Some nurse educators prefer to continue with traditional education because they received that approach and find it comfortable. They cannot gain expertise in the new approaches without adequate educational and staff development programmes (Oyelana *et al.* 2018). Contrary to these findings, a study by Choudhury and Helenpuii (2023) revealed that none of the teachers used traditional methods, instead approximately 90% used modern teaching methods and approximately 10% used a blended approach.

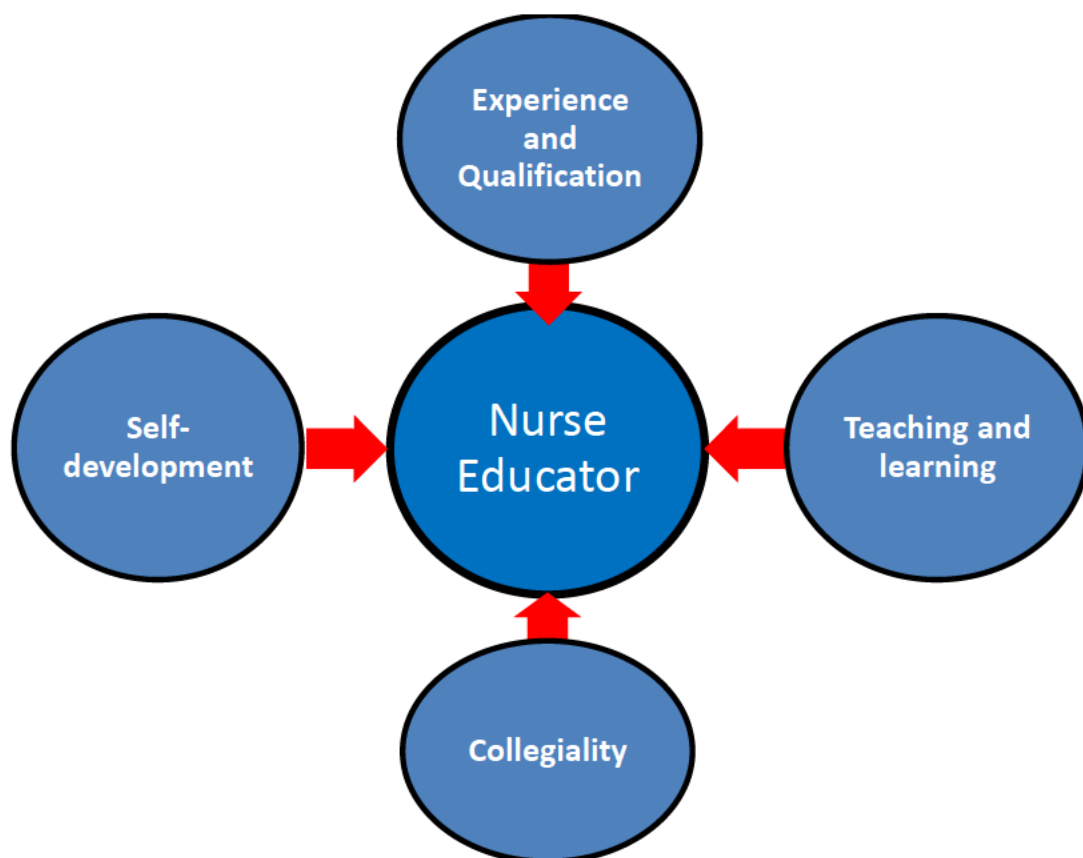


Figure 3.4: Nurse educator factors influencing nurse educator competencies

5.4.6.2 Theme 2: Collegiality

Nurse educators are required to have not only sufficient ability to perform their duties but also possess underlying inherent personal qualities which incorporate values, beliefs, and behaviour consistent across a wide variety of situations and job tasks over a long period. Nurse educators should socialise and role model the appropriate professional attitude and ethical sensitivity to the nursing students. Nurse educators must possess personal competency, with the ability and personality of a teacher/lecturer who is steady, stable, mature, disciplined, wise and authoritative, and of noble character. They can be a good example for students (Imron *et al.* 2019).

One of the HoDs expressed her disappointment regarding the behaviour of some nurse educators who do not role model the professionalism of nursing.

You know the product we are selling as nurses we are selling you know, human, you are selling care because you're dealing with human lives and everything

that we teach as a nurse, lecturer, everything has to do with human behaviour, human lives. But sadly, you actually work amongst people that just have their own agendas. Nobody wants to listen. And even if they know it's right.
(Participant U3HF2)

Participating nurse educators in this study expressed concern regarding the ethical and professional behaviour of some nurse educators, as expressed in the extracts below.

... type of people in the new environment counts ... e.g. reshuffling of subjects and you do not get assistance from experienced people ... affects delivery of teaching and ultimately the students (Participant U3LM4)

For Imron *et al.* (2019), social competence is the ability of the teacher or lecturer as part of the community to communicate and interact effectively with students, fellow educators, education staff, parents or guardians, and the surrounding community. Without ethical and professional behaviour of nurse educators, a toxic environment ensues. This has detrimental effects for new staff, for existing staff, for the nursing students and the university's reputation. Nurse educators are valuable assets in their respective institutions and are expected to role model the institution's core values in the complex and diverse tasks they undertake (Matahela 2022).

... there's no unity among staff ... this affects team spirit, hypocrisy and gossiping are some of the major issues ... even to the extent of talking to students about colleagues ... (Participant U3LF2)

... it appears as if there is professional jealousy where we do not celebrate success of others (Participant U3CL2)

... not sure whether it is good or bad ... here you find a few dominating conversations, but here is like everybody is a Type A person. Some people do not welcome opinions of others and make them feel like they have no right to speak. (Participant U3LM5)

... absolutely toxic environment ... no room for growth, learning, praise, job satisfaction, bullying on a high level ... people have no team spirit, no harmony, no unity (Participant U3CF1).

The following participant expressed her strong conviction regarding the effects of nurse educators and clinical staff attitudes on students.

Students model what they are taught, but the attitude and lack of support by some nurse educators and the clinical staff where they are placed, is discouraging and demotivation, leading to some of them even exiting nursing ... Some of the clinical staff even refuse to sign the students' training documents. (Participant U1LF2)

Role modelling professional behaviour by nurse educators is important as students observe behaviour and listen to them. The majority of students in the study by Lawrence, Kpaka and Fortune (2024) and Matahela and Van Rensburg (2023), strongly agreed that academic and personality outcomes are promoted by nurse educators who demonstrate professional ethics and values such as kindness, thoughtfulness and emotionally supportive, as well as commitment and effective teaching methods when engaging with students. Nurse educators attributed staff frustration and consequent resignation to poor co-operation from colleagues and HoDs (Matahela 2022).

5.4.6.3 Theme 3: Self development

Nurse educators should acquire adequate skills to achieve the expected competencies. For their self-development, they must possess self-leadership which is considered 'a self-influencing or self-motivating drive' (Matahela 2022). Self-motivated leaders demonstrate various attributes such as: self-awareness of own assumptions, values, principles, strengths and limitations; self-management through taking responsibility for their own performance and health; self-development by actively seeking opportunities and challenges for personal learning, character building and

growth; and, finally, demonstrate character modelling qualities such as honesty, integrity, resilience and confidence (Lavoie-Tremblay *et al.* 2017).

Participants shared their feelings of inadequacy, confusion and incompetence due to unstructured and disorganised staff development programmes as shown in the following extracts.

... true academics are expected to be experts in their own sphere, educator must find people of the same focus and be able to network when specific interactions are required. Let us not force people and be followers all the time. Every team has different experiences, let us use this expertise to share information to improve our practice. (Participant U3LF3)

... every academic has a responsibility to grow and be a lifelong learner, seek information ... including sitting in a class to learn from an expert ... these are the principles we stand by and require from our students. (Participant U3CF1)

In a study by Wanchai, Phrompayak and Prompuk (2022), nurse educators acknowledged that they desired more competencies than they currently have, and therefore need to update their knowledge and clinical skills for effective education of nursing students and to meet the current changes in the healthcare system. Kuivula *et al.* (2020) state that for educators to enhance their competence they must be able to monitor and develop their own work and express a need for support from colleagues if they are unable to perform their work.

Nurse educators are expected to constantly update their knowledge to keep abreast of new developments in nursing and nursing education. This knowledge is as vital for them as it is for the nursing students. While most participants in this study expressed awareness of keeping themselves updated to enhance their competencies and acknowledged that this responsibility lies with the individual nurse educator, they complained of hindrances to the achievement of this, as seen in the following responses.

... there seems to red tape regarding conferences ... only if presenting does this place support staff to attend, but truly speaking one also gets a lot of information when attending as an audience, sometimes only certain people get called onto projects or get invited to go to attend conferences. (Participant U3LM5)

... it is also very important to involve yourself when workshops are planned, we are also responsible to improve our knowledge ... so that we do not teach outdated information (Participant U3LM3)

I feel like some of us do not seek information and sometimes feel as if people are interfering when a person offers help, how are we to grow with such attitudes. (Participant U3LM 2)

Because health care is always dynamic, nurses and nurse educators must seek continuing education and keep abreast with ever changing standards of practice to be prepared with current trends in nursing and midwifery (Mwale and Kalawa 2016). Imron *et al.* (2019) concur that the lecturer must be constantly developed, and their competencies sharpened and developed because they are pillars of higher education so universities should enhance the quality of lecturers through a variety of staff development programmes within the university and internationally.

The SANC has introduced CPD programmes for nurses to keep themselves updated with new information; the onus is on the nurse educators to attend these when they are planned. Participants in this study expressed concern over the availability of these programmes specifically for nurse educators as communicated in the responses below.

... there appears to be a gap with the SANC CPD requirements for nurse educators. They must stipulate at least a minimum of 2 hours of clinical exposure, so nurse educators do not forget what the ward looks like, and they teach relevant and updated skills. (Participant U3LF3)

CPD implementation is currently disorganised and caters for those in clinical practice, it must be formatted for nurse educators and tailormade to align with their competencies. (Participant 1L1F2)

Participants in the study by Shudifat (2020) acknowledged that their job is constantly changing, and they desire to provide optimal learning atmosphere to their students to improve patient outcomes and confirmed that enrolling in CPD develops and enhances their competencies.

5.5 CHAPTER SUMMARY

This chapter focused on the presentation and discussion of research findings. Three categories and seven main themes emerged from the study findings. Each factor was discussed in-depth from the participant's responses and supporting literature, this assisted in a critical analysis the root causes affecting the achievement of nurse educator competencies. Participants responses were presented in italics while using codes to protect identity of each participant. The next chapter presents the process followed in the development of guidelines.

CHAPTER 6: DEVELOPMENT OF GUIDELINES TO FACILITATE ACHIEVEMENT OF NURSE EDUCATOR COMPETENCIES

6.1 INTRODUCTION

Chapter 6 discusses the process followed for the development and validation of the guidelines for the facilitation of achievement of nurse educator competencies.

6.2 THE PROCESS OF DEVELOPING THE GUIDELINES

The ultimate objective of this study was to develop guidelines to facilitate achievement of nurse educator competencies for universities. According to the WHO (2014), guidelines are the fundamental means through which the organisation fulfils its technical leadership. Kredo *et al.* describe guidelines as being systematically developed statements that promote the utilisation of best available research evidence in practice. WHO (2014) cautions researchers to check whether the guidelines are really required, whether they address the identified gaps in practice, and whether they provide adequate direction for their implementation. The principles for development of guidelines as stipulated by the WHO (2014) were used to guide development of guidelines for this study. The WHO principles include three steps, namely: planning, development, and publishing and updating. These are discussed in detail below.

6.2.1 Planning phase

According to the WHO (2014), "when planning to develop a guideline, you must begin by asking a critical question: Is this guideline really needed?". The response to the above question is expected to clarify several sub-questions, such as:

- Who is the guideline for or who is the target audience?
- Who are the recipients for the interventions?
- What purpose is the guideline going to serve?
- Why develop guidelines now, is this the best time for the recommendations?

The researcher responded to these questions in the discussion that follows.

6.2.1.1 The rationale for the guidelines

The study findings revealed that nurse educator competencies can be achieved with a multi-facet approach which involves HEI policy makers and quality endeavours, staff support programmes, leadership and management redress, and the individual nurse educator. The researcher is therefore of the opinion that a structured approach to promoting the achievement of nurse educators' competencies necessitates and supports the formation of guidelines.

The nursing profession is currently facing a myriad of challenges such as declining ethical and moral standards of nurses which negatively impact the provision of health care services and subsequently tarnishes the image and status of the nursing profession in South Africa. In addition, healthcare professionals work in harsh conditions where there is a lack of professionalism alongside unethical conduct, nurse-patient relationships characterised by poor communication, and incidents of violence and abuse (DoH 2013). The DoH has attached some of the blame to the insufficient numbers of nurse educators, particularly in rural or under-served areas (DoH 2011).

The above challenges led to curriculum changes and introduction of new nursing programmes. Nursing education had to shift its focus and implement the new nursing curricula to prepare future nurses. This led to the SANC (2013) issuing its first circular which proposed the provision of general instructions to NEIs to develop their curriculum for new qualifications (SANC 2019). The primary function of nursing education is to train and produce competent nurses in their nursing skills but also for them to be able to embrace the ethical and professional values of the nursing profession (DoH 2011; WHO 2013).

The SANC (2014), in response to the challenges discussed above, compiled new nurse educator competencies. These competencies were that nurse educators are expected to demonstrate competency in seven domains, namely:

- Scholarship of teaching and learning
- Academic and student management
- Curriculum development

- Management and leadership
- Personal development of the nurse educator
- Research and knowledge creation
- Professional, ethical and legal practice.

Most nurse educators who transition from clinical practice into academic institutions struggle with acclimatising to the competencies expected of them and become overwhelmed and frustrated (Farrar-Stern, Malin and Young-Brice 2022; Bower *et al.* 2022).

6.2.1.2 The target audience for the guidelines

One of the sub-questions to clarify is 'Who is the guideline for or who is the target audience?' The area of uncertainty and an unmet need for guidance must be addressed by the guidelines (WHO 2014). The themes and subthemes which emerged from the data analysis of the interviews and FGDs are the areas that need to be addressed by guidelines. These included areas pertaining to factors in the organisation that influence achievement of nurse educator competencies which included poor quality assurance activities, lack of resources, disorganised staff support and development. Other areas identified pertained to HoDs especially regarding their ineffective and dysfunctional leadership style, role, and lack of staff support. Thirdly, the nurse educators themselves were found to require guidelines regarding their personal development, their professional and ethical behaviour as well as attention to teaching and learning. The above factors were discussed in detail in Chapter 5. The guidelines are therefore formulated for the following role players.

- HEI policymakers, academic development departments, quality departments.
- HEI faculty and departmental leadership.
- Nurse educators.

6.3 Development phase of guidelines

6.3.1 Perform systematic reviews of the evidence for each key question

The focus of the literature search was on international, national, and local perspectives on nursing education and nurse educators. A set of keywords was decided upon before engaging in the search. Identifying keywords for the subject before initiating any literature search ensured that correct results were obtained. The keywords and phrases that were used as search terms included:

- Nurse educator competencies
- Challenges facing nursing education.
- Challenges facing nurse educators.
- Nursing educators' experiences.
- Staff development needs of nurse educators.
- Nursing curriculum.

6.3.2 Formulation of recommendations

Study recommendations were discussed in detail in Chapter 6. The formulation of recommendations was guided by the research objectives, RCA literature, thematic analysis of data from interviews and focus group discussions with participants.

6.3.3 Preliminary guidelines document

A preliminary guideline document was drafted based on the recommendations and the proposed solutions from participants and literature, which were incorporated into the document (Appendix G). The purpose of this document was to provide the experts with background information and an understanding of where the study recommendations came from.

6.3.4 Validation of the preliminary guidelines

Before guidelines were finalised, the preliminary guidelines were sent to field experts and individuals or end-users who are likely to be affected by the interventions, as recommended by the WHO (2014). The 10 expert participants who were identified and approached to take part in the guideline development process included stakeholders involved in: academic development, leadership, quality officers, nurse educators as well as deputy vice-chancellors for teaching and learning.

6.3.5 Declaration and avoidance of conflicts of interests

The expert group was requested to declare any conflict of interest so that the guidelines were devoid of individual or group bias and were required to sign a confidentiality agreement (Appendix F2). There were no conflicts of interest declared when the researcher elicited this information from the individuals (WHO 2014).

6.3.6 Delphi survey

A modified Delphi technique was used to obtain the inputs and consensus from expert group members (Polit and Beck 2021). The 10 experts were approached via email (Appendix F1), with eight accepting the invitation to participate (Appendix F1). Following data analysis, the researcher was able to identify major stakeholders and those of influence in the formulation and implementation of guidelines. Through a referral system, the researcher sought to identify such individuals from universities offering nursing programs. The experts consisted of two members per category, namely: HoD, level coordinator, nurse educator, academic officer, and quality officer (Table 6.1). Some of the experts were from the three universities that were included in the study and others were from other South African universities that had nursing programmes.

Table 6.1: Expert panel demographics

Expert	Gender	Qualification	Current Role	Experience in current role
1	F	PhD	HOD	5
2	M	PhD	Quality Officer	4
3	F	PhD	HOP	10
4	F	PhD	Quality Officer	5
5	F	Masters	Lecturer	4
6	F	Masters	Lecturer	6
7	M	PhD	Staff Development	8
8	F	PhD	Academic development	4

The members of the review panel were advised that communicating and consulting with the group would be conducted by email and telephonically (when available) to minimise disruption to their work schedules. Those who agreed signed a confidentiality statement (Appendix F2). The panel was then requested to validate the preliminary guidelines using a check tool which was provided for them (Appendices F and G). Through the check tool, they were able to validate the preliminary guidelines according to the following criteria: clarity, comprehensiveness, applicability, adaptability, credibility and validity. A timeframe was agreed between the experts and the researcher regarding turnaround time for returning the documents. Once all responses were received, the researcher checked their suggestions, and collated information for all the participating individuals to view and add more suggestions where consensus was not reached. This involved individual inputs from members, with the input summaries circulated to all members and then a consensus meeting then being held at the end.

Follow-up correspondence with experts was on a need-to basis and a final virtual meeting was held with the group. Draft guidelines were formulated based on the recommendations and advice from experts which were then discussed with them in a virtual meeting.

6.3.7 Finalising the guideline document

The input from experts received during the Delphi survey assisted the researcher to finalise the guidelines. The final guidelines are discussed in Chapter 7. Table 6.2 presents a summary of the preliminary guidelines.

Table 6.2: Summary of the preliminary guidelines to promote achievement of nurse educator competencies

Target Audience	Guidelines
Higher Education Institutions	Guideline 1: Improve quality in the HEI and departments Strengthen role of quality departments regarding quality reviews and peer reviews Codevelop structured support and staff development programmes with nursing department to attend to nurse educator specific needs. Select and empower leaders with experience and transformational attributes to lead departments. Select and develop nurse educators to enhance quality teaching and learning so that the institution produces competent and employable graduates. Guideline 2: Provide adequate resources Expedite recruitment and selection processes for the provision of adequate and quality staff to fill vacant posts on time, prevent work overload and ensure mentoring of novice nurse educators. Revise HR processes for nurse educators' salaries and recognition of speciality and align to workload.
Heads of Department	Guideline 1: Leadership skills and style Support staff through being physically and emotionally present for them to build their confidence and a trusting relationship. Identify own strength and weaknesses and attend leadership empowerment programmes Guideline 2: Management functions Strengthen quality in the department through effective supervision, peer review, mentoring, equitable workload distribution, and fair policy implementation. Promote collegiality and team spirit through team building and implementing disciplinary policies to reduce unprofessional behaviour and incivility among staff.
Nurse Educators	Guideline 1: Self development Identify own academic and personal strengths and weaknesses to enhance competencies Identify mentors to guide according to competencies where improvement is required Participate actively and attend staff development programmes to enhance performance Guideline 2: Enhance scholarship of teaching and learning Develop subject, pedagogical and digital competence by attending planned staff development programmes to address gaps due to transition and level of experience and qualification as well new teaching approaches.

	Participate actively in curriculum development and implementation activities to align teaching to required outcomes and evaluate relevance of curriculum content. Utilise quality and peer review feedback to improve teaching and learning to produce competent students
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The following brief discussion explains how the reviewers remarked and reached consensus on the preliminary guidelines.

Clarity: Guidelines were reviewed regarding their clarity and reviewers responded to whether the guidelines were clearly formulated. Reviewers reached agreed and reached consensus as their overall impression was that they were clear, well-developed, clearly- formulated, clearly stated. The overarching and functional guidelines are well articulated in clear, straightforward, and easily understandable language, and there is evidence that these logically evolved from the research findings. One reviewer suggested that consistency with variable 'nurse educator' throughout.

Comprehensiveness: Reviewers responded to whether the guidelines were complete and covered all the themes identified. The overall impression was that they were very comprehensive, well-developed and well-articulated, and agreed that they managed to cover all identified themes. *Credibility:* Reviewers checked the guidelines for validity in their ability to address what was indicated by the themes. They agreed that that the guidelines were aligned with the themes and research findings, they succeeded in addressing the rationale for each section to provide relevance of the guidelines in addressing what is indicated by the themes. *Applicability:* Reviewers remarked on the appropriateness of the guidelines appropriate for application or implementation. Simple and easy to understand, clear implementation recommendations are embedded, user-friendly, appropriate for application and suitable for addressing the reported issues. The guidelines are clear and effectively designed to achieve their purpose of optimizing nurse educator competencies. *Adaptability:* Reviewers agreed that the guidelines can be adapted to different nursing education contexts as they were easy to understand, comprehensive and fit for implementation in various education facilities including globally. the focus of the review here was on whether the guidelines can be applied across other departments s and higher nursing education institutions in the country to optimize the quality of nursing education as delivered by nurse educators. This is evident and therefore the guidelines are deemed adaptable and

generalisable. *Validity*: Highly valid and sufficient for use across various HEIs, they address the emerged themes and are fit for purpose. These guidelines are highly significant in enhancing nurse educator competencies. They have the potential of impacting nursing education, and research, as well as optimizing nurse educator competencies and in turn the quality of nursing care through positive graduate attributes.

Further recommendations that were attended to by the researcher included inclusion of estimated review date for the guidelines, consistency in the use of 'nurse educator' throughout the guidelines and minor technical and grammatical presentation issues.

6.3.8 Dissemination of the guidelines

The final guidelines will be made available through online and digital platforms to reach a wider audience. Journal publishing and presentations at seminars and conferences will be conducted to further disseminate the guidelines to the local and global audience. The soft and hard copies of the guidelines will be made available to the stakeholders such as libraries of the three universities who were research sites for this study, DoH and the SANC.

6.4 CHAPTER SUMMARY

Chapter 6 discussed the development of guidelines with regard to the processes before, during and after the development. Phases for development of guidelines were planning, development and dissemination of the guidelines. The target audience was identified, and guidelines were developed according to the findings of the study, recommendations from the participants, and, finally, from the inputs from experts.

CHAPTER 7: PRESENTATION OF GUIDELINES TO FACILITATE ACHIEVEMENT OF NURSE EDUCATOR COMPETENCIES EDUCATORS AT SELECTED UNIVERSITIES IN KWAZULU-NATAL

7.1 INTRODUCTION

Chapter 6 presented the process followed in developing the guidelines. This chapter presents the proposed guidelines which can be used by HEIs to enhance the achievement of nurse educator competences. The proposed guidelines are in line with the fifth objective of the study and are based on the research findings, supporting literature and the RCA process. The preliminary guidelines were validated by experts, and their input was incorporated into the final guidelines.

7.1.1 Title of guideline

These guidelines are titled "*Guidelines to facilitate achievement of nurse educator competencies at selected universities in KwaZulu-Natal*".

7.1.2 Target audience

The guidelines developed in this study were proposed to the stakeholders that were identified to participate in this study. The stakeholders included:

- HEIs' quality and academic development departments
- HoDs
- Nurse educators

7.1.3 Purpose of the guidelines

The intended purpose of the guidelines is to facilitate achievement of nurse educator competencies at selected universities in KZN.

7.1.4 Guideline objectives

The objectives of these guidelines are to provide guidance to:

- Universities on improving organisational factors that influence the achievement of nurse educator competencies.
- University HoDs regarding improving their leadership and management skills to facilitate achievement of nurse educator competencies.
- Nurse educators on taking responsibility and accountability for self-development and self-management skills to enhance achievement of their various competencies.

7.1.5 Rationale for the guidelines

A critical analysis of factors that influence nurse educator competencies found that these emanated from multiple sources. Firstly, organisational factors, secondly, leadership and management, and, thirdly, nurse educators themselves. Without organisational and leadership support, nurse educators are unable to achieve their competencies stipulated by the SANC (2014) and WHO (2016), as well as demands from the organisation which include teaching and learning, research, community engagement, and administrative duties. It is hoped that the HEIs will utilise the guidelines to revisit quality monitoring mechanisms, improve staff development programmes, strengthen human and material resources, and attend to issues affecting leadership of departments.

Lack of preparedness and confidence regarding teaching methodologies, among other factors, hinder effective teaching and learning. Enhancing academic support for nurse educators will improve their teaching skills and student-centred approaches, therefore graduates will be better equipped when they enter the practice environment and be ready to assist the country with its burden of disease and strategic objectives. The recommendations can assist the SANC to fast track CPD for staff development programmes for nurse educators to address skill gaps which might be influencing achievement of competencies.

Another issue of concern is the declining standard of nursing and the image of the nursing profession as a result of unprofessional behaviour of nurses. Students who are future professionals are socialised into the ethical and moral values of the profession during the training period; if nurse educators are not upholding these values themselves, there is a danger that some students will end up copying the unprofessional behaviour of those nurse educators. Hopefully these guidelines will remind nurse educators of their duty to role model the ethics and professional practice of nursing.

7.1. 6 Legislative framework

The following legislative frameworks apply:

- The Nursing Act, 2005 (Act 33 of 2005): An overarching act that constitutes and controls all nursing functions in South Africa
- The National Strategic Plan for Nurse Education, Training and Practice (Act 67 of 2008). This led to development of new nursing education curricular in the country after identification of major gaps in practice and training of nurses.
- The National Policy on Nursing Education and Training, 2018. A national policy developed to move nursing education into the new dimension and direct all training and qualifications.
- The South African Nursing Council Regulations, R174. The new Bachelor of Nursing is empowered by this regulation. This is the undergraduate 4-year program run by universities where the candidates qualify as a general nurse and midwife.
- South African Nursing Council, 1987. Regulations Concerning the Minimum Requirements for Registration of the Additional Qualification in Nursing Education. Nurse Educators possess an additional Nursing Education qualification under this regulation. It stipulates the minimum requirements for this qualification.

- South African Nursing Council, 2005. Nursing Education and Training Standards. Prescribes the minimum standards for nursing education and training which every accredited nursing education institution must comply with to maintain their accreditation.
- South African Nursing Council, 2014. Nurse Educator Competencies. A document of nurse educator competencies prescribed by the SANC for all nurse educators.
- World Health Organisation, 2016. Nurse educator core competencies. A document of the WHO with global nurse educator competencies.

7.1.7 Scope and applicability of guidelines

The developed guidelines will be applicable to HEI policymakers, academic development departments, quality departments, HEI faculty, departmental leadership, and nurse educators. These are the stakeholders who are responsible for the policies, academic support and quality assurance within universities.

7.1.8 Glossary of terms

Competence: Competencies are the skills, knowledge, behaviour, and individual characteristics that are necessary for performing jobs.

Curriculum: A systematic process that defines the theoretical and practical content of an education programme and its teaching and evaluation methods.

Head of Department: Operational manager of a department within a university faculty.

Leadership skills: The abilities that enable someone to guide and motivate a group toward a shared objective, encompassing communication, strategic thinking, decision-making, problem-solving, and relationship-building.

Leadership styles: These refers to the behavioural approach employed by leaders to influence, motivate, and direct their followers. A leadership style determines how leaders implement plans and strategies to accomplish given objectives while accounting for stakeholder expectations and the wellbeing and soundness of their team.

Mentor: A mentor is recognised as an experienced nurse educator with the ability, desire, and expertise to guide and support a mentee or novice nurse faculty towards teaching excellence.

Nurse Educator: A nurse educator is a professional nurse with an additional qualification in nursing education and is registered as such with the SANC.

Policy: A guide that clearly spells out responsibilities and prescribes actions to be taken under a given set of circumstances.

Professional development: involves ongoing, cyclical learning focused on improving subject matter knowledge, pedagogy, and classroom practice to meet evolving educational needs.

Quality improvement: A systematic, ongoing process for enhancing the quality of products, services, and outcomes by making changes to processes and systems

7.2 GUIDELINE PROCESSES

Nurse educators in HEIs are academic staff employed in nursing departments under the ambit of a Faculty of Health Sciences. In addition to the nurse educators, the major role players can successfully implement these guidelines. The mandate of HEIs is to prepare and produce students and future graduates with academic and/or professional abilities. To achieve this, HEIs are expected to increase the quality of their educators and provide essential teaching and learning spaces for them to achieve their competences.

The controlling principles of these guidelines and their suggested application is aimed at facilitating the achievement of nurse educator competencies at selected universities in KZN. To promote achievement of nurse educator competencies, it is recommended that the management of the HEIs together with HoDs should take the lead in the implementation process of the guidelines.

7.2.1 Guideline index

A HEIs

Guideline A1: Improve quality in the HEI and departments

Guideline A2: Academic developers

Guideline A3: Provide adequate resources

B HEADS OF DEPARTMENT

Guideline B1: Leadership skills and management

Guideline B2: Leadership competency development

C NURSE EDUCATORS

Guideline C1: Self development

Guideline C2: Improve professionalism and collegiality

7.2.2 Acronyms

CHE: Council on Higher Education

HEI: Higher Education Institution

HoD: Head of Department

SANC: South African Nursing Council

SWOT Analysis: An analysis of **S**trengths, **W**eaknesses, **O**pportunities, and **T**hreats.

WHO: World Health Organisation

7.3 FINAL GUIDELINES TO PROMOTE ACHIEVEMENT OF NURSE EDUCATOR COMPETENCIES AT SELECTED UNIVERSITIES IN KWAZULU-NATAL

Three sets of guidelines were developed as presented in Table 7.1 and each set is described in detail in the next section.

Table 7.1: Overview of developed guideline

Guidelines	Target Audience	Focus Areas
A	HEIs	Guideline A1: Improve quality in the HEI and departments Guideline A2: Academic Developers Guideline A3: Provide adequate resources
B	Heads of Department	Guideline B1: Leadership skills and management Guideline B2: Leadership Competency development
C	Nurse Educators	Guideline C1: Self development Guideline C2: Improve professionalism and collegiality

7.3.1 Discussion of the guidelines

The guidelines are discussed in the following section with regard to target audience, the rationale for each guideline, and the recommendations.

7.3.1.1 Guideline A: Guidelines for higher education institutions

Rationale for this guideline

The findings of the study revealed poor implementation of policies, ineffective quality monitoring and invisibility of quality departments' role within nursing departments. This was reported to result in fragmented functions, lack of direction, compromise in teaching and learning as well as toxic environments due to lack of disciplinary repercussions. Findings also identified inadequate resources and poor support structures for newly employed nurse educators as well as staff development programmes to upskill academics for specific competencies. The SANC (2014) and WHO (2016) stipulates seven and eight (respectively) core competencies to be achieved by nurse educators; in addition, nurse educators are expected to meet the

demands of the HEIs to be actively engaged in research and community engagement as well as numerous administrative duties. While individual nurse educators need to be self-motivated, they also need extrinsic support to achieve their competencies (Matahela 2022).

Guideline A1: Improve quality

The ultimate responsibility for quality lies with HEI quality departments who are tasked with developing policies and standards for ensuring that the strategic plans are implemented. Therefore, it is imperative that HEIs strengthen the role of quality departments through policy implementation, quality reviews and peer reviews.

Recommendations for implementation of this guideline

- Quality departments and quality officers' roles must be clearly communicated to academic staff and departments.
- Establish structured mechanisms and processes for regular quality checks.
- Regular feedback following quality reviews with improvement plans for departments.
- Development and review of policies and quality monitoring tools that align to the nurse educator competencies must be developed.
- Strengthen application of all quality assurance and quality monitoring processes of the HEI.
- Quality officers and managers must work together to ensure that quality is maintained in departments.

Guideline A2: Academic developers

Staff support programmes were criticised for being disorganised and not aligned to specific needs of nurse educators. Attendance of conferences was reported to be marred by favouritism and red-tape where only those presenting were allowed to attend.

Recommendations for implementation of this guideline

- Co-develop structured support and staff development programmes with nursing departments to attend to nurse educators' specific needs.
- Develop a structured mentorship programme according to specific needs of departments and individuals.
- Remove red tape regarding attendance of conferences for all to benefit from knowledge shared at these staff development activities.
- Develop a policy for departments for information sharing and feedback.
- Develop clear criteria for attendance of staff development programmes according to the needs of nurse educators.

Guideline A3: Provide adequate resources

Adequate resource provision is vital for the achievement of nurse educator competencies. Shortage of staff due to delayed recruitment and selection process as well as poor remuneration, and excessive workload, were mentioned by participants as contributory factors. Lack of teaching resources contribute to unintentional use of traditional teaching methods and inadvertently affect students' critical thinking and problem-solving skills.

Recommendations for implementation of this guideline

- HEI management and HR departments must develop realistic strategies to expedite recruitment and selection activities for timely filling of posts and handing over.
- HEIs and HR departments must design nurse educator posts for specific competencies and experience to attract staff who are ready to fill critical posts.
- Probationary periods must be incorporated into posts to allow new staff time to adapt and be inducted into their roles.
- HR policies must be revisited to address workload and remuneration issues related to nurse educators in universities.
- HEIs and their finance departments must develop realistic strategies to expedite procurement processes for timely purchasing of teaching materials.
- Managers and finance departments must collaborate regarding priority needs of departments.

7.3.1.2 Guideline B: Guidelines for heads of department

Rationale for this guideline

Academic leaders are responsible for fostering the attainment of the goals and objectives of higher education through their leadership styles of creating a conducive and supportive environment for nurse educators to achieve their competencies.

In this study, participants who were HoDs expressed dissatisfaction about top management who were their supervisors, regarding lack of support, leadership style, and poor implementation of policies. They stated that leadership did not provide the necessary guidelines for them, gossip was entertained from staff members, and

disciplinary policies were not implemented. Participants who were nurse educators perceived the role of HoDs either negatively or they had their own expectations regarding how their leaders should function. Nurse educators expected their managers to be physically and emotionally present to give support, listen to them, supervise them and implement quality such as disciplinary policies. Participating managers also complained about unprofessional behaviours of some of the nurse educators and were concerned about compromised professional and moral values which could be copied by students and colleagues.

Guideline B1: Leadership skills and management

Recommendations for implementation of this guideline

- Develop a structured staff supervision programme to check that quality is maintained.
- Co-develop structured quality monitoring activities such as peer review among nurse educators.
- Identify and implement departmental staff development programmes.
- Collaborate with academic development departments for specific staff development needs.
- Implement policies fairly and equitably to ensure equality regarding workload distribution and discipline.
- Develop team building programmes to enhance team spirit.

Guideline B2: Leadership development competency

Recommendations

- Identify own strength and weaknesses and attend leadership empowerment programmes.
- Develop transformative leadership attributes to transform self and staff.
- Develop and mentor leaders within the department who will take responsibility for and learn the leadership role.

7.3.1.3 Guideline C: Guidelines for nurse educators

Rationale for this guideline

Nurse educators must be capable of meeting the demands of HEIs regarding student training as well as transfer of cognitive, affective and psychomotor skills to the students. To achieve their complex core competencies, nurse educators require guidelines to facilitate achievement of these competencies.

The study findings found several factors influencing the achievement of competencies of nurse educators. These include the following:

- Transitional situations such as from clinician to academic, from college to academic environment, from another university to the current one, where they must adapt to new environment practices.
- Qualification gaps: although all are registered as nurse educators, some qualified at NQF 7 and others at NQF 8. The higher levels of qualification reportedly come with teaching methodologies that incorporate critical thinking skills, while the lower levels are comfortable with traditional teaching approaches.

- As nursing education is currently implementing the new curriculum, concerns were raised by some nurse educators over lack of involvement in the process of development of the new curriculum.

Guideline C1: Self-development

Recommendations for implementation of this guideline

- Nurse educators must conduct an individual SWOT analysis which will enable them to identify areas where they are lacking and opportunities for personal and academic growth.
- Nurse educators must attend staff development programmes including institutional and departmental induction programmes, inhouse and in-service programmes, workshops, seminars and conferences.
- Nurse educators must identify mentors who will assist them to navigate through the new environment and to address gaps in the myriads of competencies that they must achieve.
- Nurse educators must engage in and seek to be exposed to peer review as it is a developmental activity where one gets feedback and advice from experienced peers for personal and academic growth.
- Nurse educators must actively participate in curriculum development and implementation to align teaching to required outcomes and evaluate relevance of curriculum content.
- Nurse educators must map their own career path to visualise their own progress in academia and design personal plans to meet their goals.

Guideline C2: Improve professionalism and collegiality

Unprofessional behaviour by some nurse educators was found to be frustrating to managers and creating a toxic environment for colleagues. Concern was also raised about students copying unethical behaviour.

Recommendations for implementation of this guideline

- Nurse educators must strengthen their self-leadership and self-motivation to build their own confidence.
- Nurse educators must identify mentors for areas where they need support or guidance.
- Nurse educators must seek psychological support to prevent and deal with stress and engage in wellness or employee assistance programmes.
- Nurse educators must follow grievance procedures and correct channels of communication to raise their complaints.
- Nurse educators must participate in departmental team building activities to improve team spirit.

7.4 CHAPTER SUMMARY

The guidelines developed for promoting achievement of nurse educator competencies at selected universities were presented. These guidelines may be considered by HEIs for review, adaptation and implementation. The background and rationale for the development of the guidelines was provided for each target group who are crucial in promoting achievement of nurse educator competencies. Guidelines were developed for HEIs, HoDs and nurse educators, each with recommendations following validation by an expert panel. The next chapter discusses summary, conclusion, recommendations and limitations of the study.

CHAPTER 8: SUMMARY OF THE STUDY, CONCLUSION, RECOMMENDATIONS AND LIMITATIONS

8.1 INTRODUCTION

The previous chapter presented and discussed the findings of the study. This chapter presents a summary of the findings, limitations and recommendations of the study, and final conclusions. The recommendations are for HEIs, HoDs and nurse educators as well as for the regulatory body (SANC) and the DoH. In preparation for the development of guidelines to improve nurse educator competencies, which is the final objective of the study, this chapter will summarise the findings to explore what strategies can be effective for the achievement of competencies using the literature and recommendations obtained from the participants.

8.2 SUMMARY OF FINDINGS

Factors that influence the competencies that require more attention, according to the participants in this study, are summarised below with the ultimate purpose of identifying the root causes and answering the research questions. The first four objectives are discussed in this chapter, and the final objective, which is the development guidelines to promote achievement of nurse educators, are discussed in Chapter 7. The first four objectives were.

- To explore the experiences of nurse educators in executing their expected competencies.
- To explore the role of HoDs in enhancing and supporting nurse educators to achieve competencies.
- To critically analyse the factors that influence achievement of nurse educators' competencies.
- To explore intervention strategies for effective achievement of nurse educators' competencies.

8.2.1 Experiences of nurse educators in executing their expected competencies

According to CHE (2018), the HEIs' mandate is to produce graduates who have undergone quality teaching and learning through the educational experiences provided to them to meet their competencies. The achievement of these depends on functional internal quality assurance systems, implementation of credible policies and strategic plans, well-established academic activities, governance structures and management, administrative and support services (CHE 2018; Matadi and Uleanya 2022).

Participants in the current study perceived some organisational factors as hindering the achievement of the nurse educator competencies, including poor implementation of policies, lack of structured support programmes, dysfunctional quality monitoring departments as well as ineffective leadership and management. Suleiman (2023) concurs that these factors contribute significantly to the lowering of educational standards and therefore pose many challenges for the academic staff and graduates.

Nurse educators are faculty members in universities tasked with utilising various competencies during teaching and learning activities to ensure that learning outcomes are met. Among the vital competencies are pedagogical competence, professional and personality competences, social competence, research competence, curriculum competence and digital competence (Mikkonen *et al.* 2019; Antoni 2016; Baryanto 2021). Participants in this study were all nurse educators according to their qualifications, and most of them held doctoral and master's degrees. Participants raised concerns regarding the support given to them by the HEI and their HoDs to enhance the achievement of their competencies. Lack of structured orientation and mentoring programmes as well as staff development programmes were perceived as hindrances.

The provision and support of adequate and qualified academic staff and adequate infrastructure for academic staff to perform their duties is the responsibility of the university and its leadership. Suleiman (2023) agrees that administrative staff, faculty members, and lecturers are the backbone of HEIs, responsible for imparting

knowledge, managing operations, and shaping the academic environment. HEIs must therefore pay attention to the selection and provision of quality staffing, to enhance innovation and a good institutional culture. Participants were critical of the quality of nurse educators employed by their HEIs as some were novices in the academic sector, some qualified at a diploma level while others obtained their qualification at degree level. These inequalities affected the pedagogical competences of the nurse educators leading to frustration and burnout, reducing motivation and job satisfaction among faculty and staff (Irwantoro and Suryana 2016; Araújo *et al.* 2021).

8.2.2 The role of heads of department in enhancing and supporting nurse educators to achieve competencies

HEIs employ and depend on academics for executing the teaching and learning functions to produce graduates with the required personal and employability attributes. The highest responsibility for these responsibilities lies with the faculty deans and HoDs who delegate academic staff (Suleiman 2023). One of the vital principles of good leadership and management is engaging others through supporting their development and career goals, creating a conducive work environment, provision of adequate resources and effective leader-educator communication (Sullivan 2017).

In this study, participants who were HoDs expressed dissatisfaction about top management who were their supervisors regarding lack of support, leadership style and poor implementation of policies. They stated that leadership did not provide the necessary guidelines for them, gossip was entertained from staff members and disciplinary policies not implemented. Nurse educators who were participants in this study also highlighted poor implementation of policies as the contributory factor to the toxic environment within departments, especially disciplinary policies against unprofessional and unethical behaviour of some of the nurse educators. Matadi and Uleanya (2022) concur that the leadership of an academic institution must be pragmatic in providing clear guidance and direction pertaining to policies to accomplish quality education.

Most participants were also critical of workload allocation as a contributory factor to the achievement of nurse educator competencies. Academic institutions expect nurse educators to be involved in a variety of academic activities such as teaching and learning, administrative duties, research and community engagement. Nurse educators complained of being overwhelmed by these expectations and cited them as interfering with their core responsibility of teaching and learning. Moreover, most participants found themselves performing administrative duties that belonged to support and administrative staff such as record keeping and student registrations, which led to confusion and sometimes role confusion.

HoDs expressed their challenges regarding ensuring quality in their departments. They complained of staff resistance and incivility, leading to declining standards of teaching in the department. HoDs were keen to enhance the quality of teaching and learning for the nurse educators through peer review, but, to their surprise, they were met with resistance. Nurse educators were also shocked by unprofessional behaviour by some nurse educators including gossiping directly with top management, this left HoDs dejected and demotivated. The CHE (2018) expects institutions to collect evidence for continuous quality improvement through conducting internal self-reviews such as peer review. The supervision of nurse educators benefits the institution, the nurse educator and the students. As nurse educators improve their teaching skills and become focused on subject competence, a conducive learning environment is created for the students, ultimately improving their understanding of the subject as well (Setia and Nasrudin 2020).

HoDs were severely criticised by participants in the study for failure to implement policies. The HoDs also complained of the same practice by their supervisors, the top management. Participants who were HoDs blamed top management for poor policy implementation and interfering when they applied policies such as disciplinary and absenteeism policies. This created chaos and a toxic environment of laissez faire behaviour by staff members. HoDs felt powerless especially when support staff incompetency in student registrations led to HoDs receiving warnings from the SANC.

8.2.3 Factors that influence achievement of nurse educator competencies.

This section critically analyses the factors that influence achievement of nurse educator competencies. These included the organisational leadership and management as discussed in detail above. This section discusses factors specifically relating to the nurse educators. Nurse educator-specific factors include factors that affect teaching and learning such as experience and level of qualification of nurse educators, use of new teaching approaches such as online and digital tools, curriculum and research competence, self-development and collegiality.

This study found that the experience and level of qualification of nurse educators greatly impacted on the pedagogical competence of nurse educators. To achieve pedagogical competencies, HEIs must select highly qualified, experienced and resolute faculty members, because they are the backbone of an institution, and share profound subject knowledge and hands-on experience with the student to enhance teaching and learning (Suleiman 2023). Nurse educators with lower qualification levels were found to use traditional and non-stimulating teaching approaches, compared to nurse educators with higher degree qualifications, who use a variety of teaching and assessment strategies. In a study by Elonen *et al.* (2023), pedagogical competence was rated low by participants who were nurse educators, similarly, students rated their nurse educators low in the study by Antoni (2016). To achieve competence of facilitating teaching and learning, nurse educators are expected to implement a variety of teaching strategies appropriate to student needs, desired student outcomes, content and context (SANC 2014).

The trend of new teaching approaches is growing in nursing education. Participants in this study mentioned inadequate staff support programmes such as orientation, mentoring and staff development programmes, as some factors influencing effective use of these approaches. They believed that adequate support programmes would enhance their technological and digital competence. Suleiman (2023) supports that some of the major barriers that affect teaching and learning as well as student development stem from lack of essential teaching and learning resources, which are vital for producing competent graduates. According to Ryhtä *et al.* (2020), although

educators demonstrated a high level of cognitive knowledge about digital technology, they expressed uncertainty regarding its practical integration into their teaching.

Curriculum implementation was another factor which nurse educators remarked on. NEIs are currently implementing the new nursing curriculum prescribed by the SANC in conjunction with DoH to address the gaps identified in nurse education training (DoH 2013). Nurse educators as implementers of the curriculum are expected to actively participate in curriculum design and evaluation of programme outcomes (SANC 2014). Unfortunately, participants in this study mentioned that they were either not involved with the curriculum, or they perceived it as something beyond their capability. Adequate staff development targeted at curriculum orientation and guidance of nurse educators will enhance curriculum competency of nurse educators. Furthermore, nurse educators involved in curriculum implementation can deliver relevant information and align learning content according to curriculum requirements (Setia and Nasrudin 2020).

The ultimate responsibility to achieve their competencies lies with the nurse educators themselves, therefore they must continuously reflect on their teaching and learning practices and recognise competencies in which they require development and support to enhance those competencies (Bvumbwe and Mtshali 2018; Satoh, Fujimura and Sato 2020). This requires nurse educators to pursue continuous quality improvement in the nurse educator role by participating in professional development (WHO 2016; SANC 2014). While most participants in this study expressed awareness of keeping themselves updated to enhance their competencies and also acknowledged that this responsibility lies with the individual nurse educator, they complained of hindrances to the achievement of these such as unstructured and disorganised staff support programmes. Furthermore, the attendance of conferences and workshops appeared to be impossible due to institutional red tape.

Teaching and learning are effective when the educators and students partner in making the learning process successful. The nurse educators with profound subject knowledge and hands-on experience can provide students with practical insights that bridge the gap between theoretical concepts and practical applications, and enhance

the cognitive, psychomotor and effective development of students (Suleiman 2023; SANC 2014). The student-educator relationship is a vital factor for nurse educators who are tasked with socialising the future professional nurse into the ethical, moral and professional values of the nursing students. To enhance this relationship, social, professional and personality competences of the nurse educator are required in addition to pedagogical competence (Baryanto (2021; Antoni 2016). To achieve personality competencies, nurse educators must demonstrate abilities such as a noble character and be a role model for students and colleagues. Participants in this study raised concerns about unprofessional behaviour and incivility of some of the nurse educators which led to a toxic environment (Baryanto 2021).

8.2.4 Intervention strategies for effective achievement of nurse educators' competencies

The majority of the intervention strategies for effective achievement of nurse educators' competencies were proposed by the participants during the focus group discussions and interviews. Some were identified by the researcher based on the findings from the study and supportive literature. The RCA process identifies this as the root cause elimination and recommendation generation phase where solutions are devised with the purpose of removing or eliminating the root causes. Cheng *et al.* (2020) conclude that factors relating to human behaviour, organisational culture, and system weakness must be addressed comprehensively, to eliminate root causes. Root causes and root cause elimination strategies are illustrated in Figure 8.1.

8.2.4.1 Intervention strategies for HEIs

HEIs have a major role to play in increasing the HR quality and the essential situation of educators in the teaching and learning process. HEIs are accountable for the quality of learning and teaching and the educational experiences for the production of competent graduates who meet the criteria of critical thinking, problem solving, good citizenship and employability. To achieve this "HEIs should ensure that they have well-established and fully functional internal quality improvement systems, appropriate plans, policies, structures, processes and networks, and the flexibility to assure quality

across all their functions and operations, including the core academic activities, governance structures and management, administrative and support services" (CHE 2018).

- **Organisational factors**

Study findings revealed poor implementation of policies by HEI managers which led to confusion, unclear guidelines for their educators, and a lack of disciplinary measures against unprofessional behaviour. In addition, poor quality monitoring and inadequate support mechanisms for nurse educators was also mentioned. Participants in this study were critical of staff support programmes such as poor or unstructured orientation, lack of mentorship and presence of unfair red tape and favouritism for attendance of conferences.

Information from participants and supporting literature were used to formulate the following intervention strategies to address the above organisational challenges.

- *Develop structured staff support programmes:* Academic development departments must collaborate with HoDs to develop structured staff support programmes for the orientation, mentoring and upskilling of nurse educators. Imron *et al.* (2019) concur that the skills and expertise must be continuously sharpened and developed by HEIs for lecturers to keep abreast for the high achievement of university goals. To address nurse educator qualification inequalities, a review of the policy on nurse educator recruitment should be undertaken and existing nurse educators without postgraduate degrees must be encouraged to enrol for master's degrees as a matter of urgency (Laari *et al.* 2022). HEIs can also benefit from a constellation mentorship programme which involves mentors from diverse personal and professional backgrounds, skills and experiences. The complexity of nurse educator competencies warrants nurse educators to be supported by more than one mentor such as in the case of a research mentor who may not be experienced in curriculum affairs (Calaguas 2023).

Whether they are NQF 7 or NQF 8, all nurse educators must attend the postgraduate diploma in higher education to align their competencies to academic institutions (Participant U2HF1).

- *Align support mechanisms to competencies.* The support programmes for nurse educators must be revisited to align with discipline-specific competencies such as pedagogical and research competencies. Nurse educators transition from various backgrounds including clinical practice, from college to university or even from a different university. Restructuring of current generic induction and mentoring programmes must be revised as they do not serve the purpose for most nurse educators. The teaching experience of newly-employed nurse educators must be considered to guide the departments regarding what specific gaps in practice must be addressed, otherwise the quality of nursing education programmes in HEIs will be undermined (Matahela 2022).

The academic development department must check health science regarding their needs. Also follow up after generic orientation as these do not address our needs as nurse educators (Participant U3LF1).

- *Strengthen quality monitoring:* Quality departments must be visible within departments and strengthen their quality monitoring mechanisms and tools to evaluate their effectiveness in improving quality. Regular quality monitoring ensures early identification of problems so that they can be addressed before they become unsurmountable. In addition, it facilitates effective decision-making, reflection and learning from past actions and ensures accountability for resources being used (Tirivanhu *et al.* 2018).
- *Revisit quality and peer review tools:* Nursing departments must work with quality departments to develop quality and peer review tools which are aligned to the core competencies of nursing educators. Alzafari and Kratzer (2019) raise concerns regarding the adequacy of measurements and tools to assess quality, especially as HEIs tend to rely on quantitative methods for assessing some quality indicators, posing a challenge for implementing quality.

- *Implement policies:* Managers must implement policies fairly and equitably to prevent a toxic environment within the department and to facilitate role modelling of professional and moral values to the students.

Talking about ethical issues, two people had to be terminated, one for insubordination and one for things even worse than insubordination that related to students. These are nurse educators who are supposed to be role models as you speak about. (Participant U2HF1)

- *Provide adequate human and material resources:* Adequate human and material resources are important for the achievement of nurse educator competencies. Participants in this study were critical of work overload, delayed staff appointments, carrying the slack for incompetent administrative staff, being overwhelmed with the teaching, learning and administrative duties, and the research and community engagement demands from the HEIs. Another concern raised was the exodus of experienced nurse educators especially in leadership positions, compromising mentorship of novice nurse educators and the handing over of crucial leadership information.

Participants shared some strategies to deal with the above challenges.

- *Expedite recruitment and selection.* HEI management and their HR departments must expedite their recruitment and selection process to provide the required quantity and quality of staff. Staff shortage leads to work overload and stress for the current nurse educators.
- *Consider the quality of nurse educators for specific job requirements.* While numbers are important, the quality of nurse educators being employed is more important, as this affects the quality of teaching and learning. Advertise posts to meet the needs of the department.
- *Implement staff retention strategies.* It is more for the benefit of the departments to retain experienced nursing educators rather than getting rid of them; not only

have they adapted to the needs of the university, but their experience and knowledge is vital for mentoring new nurse educators. This requires management to revise HR policies that are either causing staff to leave or easily letting go of valuable staff. Remuneration according to expertise and workload must be revisited. Tufano, Summers and Covington (2023) concur that although new staff can be recruited to fill vacant posts, HEIs must make the effort to implement staff retention strategies to retain experienced nursing educators, as they have amassed academic experience and leadership vital for guiding and mentoring newcomers and novice nurse educators.

There is poor retention Those experienced not retained, 'you can be replaced'. Then a gap is left, new ones have no mentors. Overload the already overloaded staff. HR Policies have not been transformed to talk to workload and political transformation of the country. (Participant U1LF1)

- *Provide and update learning facilities.* Although some facilities have teaching venues, participants expressed that they were not updated for new technologies and high-fidelity simulations. HEIs and their finance departments must work with departments to plan according to prioritise needs and provide the required resources. Nurse educators are expected to produce competent graduates, therefore they must be provided with proper and adequate teaching venues and updated simulation equipment to ensure quality teaching and learning (Brown and Sorrel 2017; Madlala and Mvandaba 2023).

8.2.4.2 Intervention strategies for leadership and management

Leaders who understand the mission and vision of an institution are vital to the HEI's operational level. Participants in this study were critical of ineffective leadership styles which left staff confused and unsupported. In addition, management functions were criticised for poor supervision, poor quality monitoring such as poor policy implementation, and unequal workload distribution, as these result in escalation of unprofessional behaviour of some staff members and subsequent toxic environments.

The following were some of intervention strategies suggested by the participants.

- *Recruit and select quality managers.* HEIs must be strategic in their recruitment and selection of managers by looking beyond just the qualification. HEI management must consider teaching experience for the recruitment of faculty members for a nursing education programme, to assure the quality of the programme. In addition, both quality and quantity are important in the recruitment of nurse educators to address staff shortages and expertise in nursing education (Bvumbwe and Mtshali 2018; Adepeju and Mhlongo 2019).
- *Develop leadership competencies.* HEIs must develop their managers through a clear structured orientation because continuity for HoDs is as vital as for nurse educators, and they cannot just be 'left to swim' by top management and the deans of faculties.

Leaders must be selected based on their experience, otherwise be empowered to perform their management functions and lead staff with transformative attributes such as listening, being physically and emotionally present for their staff. (Participant U3HF2)

- *Self-development.* Managers must also engage in self-analysis and self-empowerment to develop their leadership competencies. Self-leadership trains an individual to lead themselves before attempting to lead others; then they can role model leadership traits such as commitment, respect, and responsibility to students, colleagues, and the community (Neck, Manz and Houghton 2019). Leaders must adopt a transformational approach in their leadership style, then they can be physically and emotional present for their staff, in turn motivating them to be confident and innovative as they feel respected and valued (Al-Husseini, El Beltagi and Moizer 2019).
- *Be proactive rather than reactive.* Participants expressed that they preferred managers who engage with them regularly, who listen actively to their needs

and act swiftly to avoid minor problems becoming major. As with leaders, managers require a set of interpersonal skills to achieve their goals, however a manager has authority, responsibility and power defined by the organisation (Sullivan 2017). Effective interpersonal relationships between managers and staff facilitates assertiveness, open communication and problem-solving skills, subsequently improving job satisfaction and staff retention (Al-Rjoub, Diener and AL-Fayyadh 2022).

- *Ensure equitable workload allocation.* Workload allocation must be equitable and planned together with nurse educators rather than imposed on them. The development of criteria and guidelines for workload balance consider equity, transparency and consultation based on the vision and mission of the organisation (Matahela 2022; Lobo and Liesveld 2013, as cited in Coetzee 2019). In addition, workload balance and performance must be monitored in conjunction with the teaching, administrative, research community engagement roles, as well as allow academics to engage in their career advancement (Ndawo 2022; DHET 2019).
- *Create a conducive work environment for staff.* Participants suggested team building activities for staff to engage with each other and implementation of disciplinary policies against unprofessional behaviour. A conducive work environment empowers educators to improve their pedagogical, professional and social competencies, which results in transmitting the same attributes for students to gain competence in knowledge, attitudes and skills (Setia and Nasrudin 2020; Amanda, Salam and Saggaf 2016).

8.2.4.3 Intervention strategies for nurse educators

Nurse educators must be capable of meeting the demands of HEIs regarding student training as well as transfer of cognitive, affective and psychomotor skills to the students. To achieve their complex core competencies, nurse educators must possess various competencies such as pedagogical competence, professional competence, social competence, personality competence, research competence and curriculum

competence (Baryanto 2020; Antoni 2016; Mikkonen *et al.* 2019). Nurse educators require intervention strategies to facilitate achievement of their competencies. The findings from this study identified some strategies which if implemented could facilitate achievement of their required competencies. Some participants verbalised their dependence on extrinsic factors regarding their competences such as orientation, mentoring and being sent for conferences, while others argued that the ultimate responsibility lies with the nurse educators.

Professional growth of nurse educators will improve when they are able to identify their own strengths and weaknesses, then come out and seek help where you are not comfortable with what you are teaching, also accept assistance and do not take it as interference or imposing. (Participant U3LF1)

Participants proposed the following personal strategies for self-development of nurse educators to facilitate achievement of their competencies.

- *Seeking knowledge:* Both participant groups in this study (HoDs and nurse educators) proposed that nurse educators must be assertive and seek information to enhance pedagogical and subject competence. This can be achieved through attending inhouse in-service programmes, workshops, seminars and conferences. The same sentiments were shared by nurse educators in the study by Shudifat (2020) and Mwale and Kalawa (2016) who recognised the importance of nurse educators enrolling in CPD programmes to keep themselves well-informed and updated with the ever-changing standards of practice and the current trends in nursing and midwifery.
- *Identify mentors:* Participants in this study suggested that nurse educators must be assertive and seek support from mentors that they have identified. There are various competencies to be achieved by nurse educators, therefore they must identify mentors and define the mentoring goals to be achieved to obtain focused guidance. Mentors are often wiser and more experienced members of staff who facilitate, support, guide and encourage nurse educators in their transition process to maximise their potential as nurse faculty (Calaguas 2023).

- *Curriculum involvement:* Participants proposed that nurse educators must be actively involved in the design and evaluation of the curriculum, to align their subject content to the learning outcomes. Similar recommendations came from Mthiyane and Habedi (2018) who proposed that nurse educators be advised to be engaged with the new curriculum to participate in its reviewing and restructuring and identify gaps such as the non-inclusion of EBP, online and new technologies.
- *Improve research competence.* Participants proposed identification of research mentors and formulation of a journal club to stimulate an appetite for research publishing and conference presentations. In addition, active involvement in academic practice partnerships provides a platform for those involved to benefit from each other's expertise (Bvumbwe and Mtshali 2018).
- *Improve professionalism and collegiality.* Participants suggested the implementation of disciplinary policies by their managers. Nurse educators must role model ethical and moral values of the nursing profession and improve team spirit by sharing views and mapping their own career paths. Kamma, Budiyanto and Suwitho (2023) concur that educators must work on their emotional and coping skills to deal with diverse situations; this will enhance collegial relationships with colleagues and students.

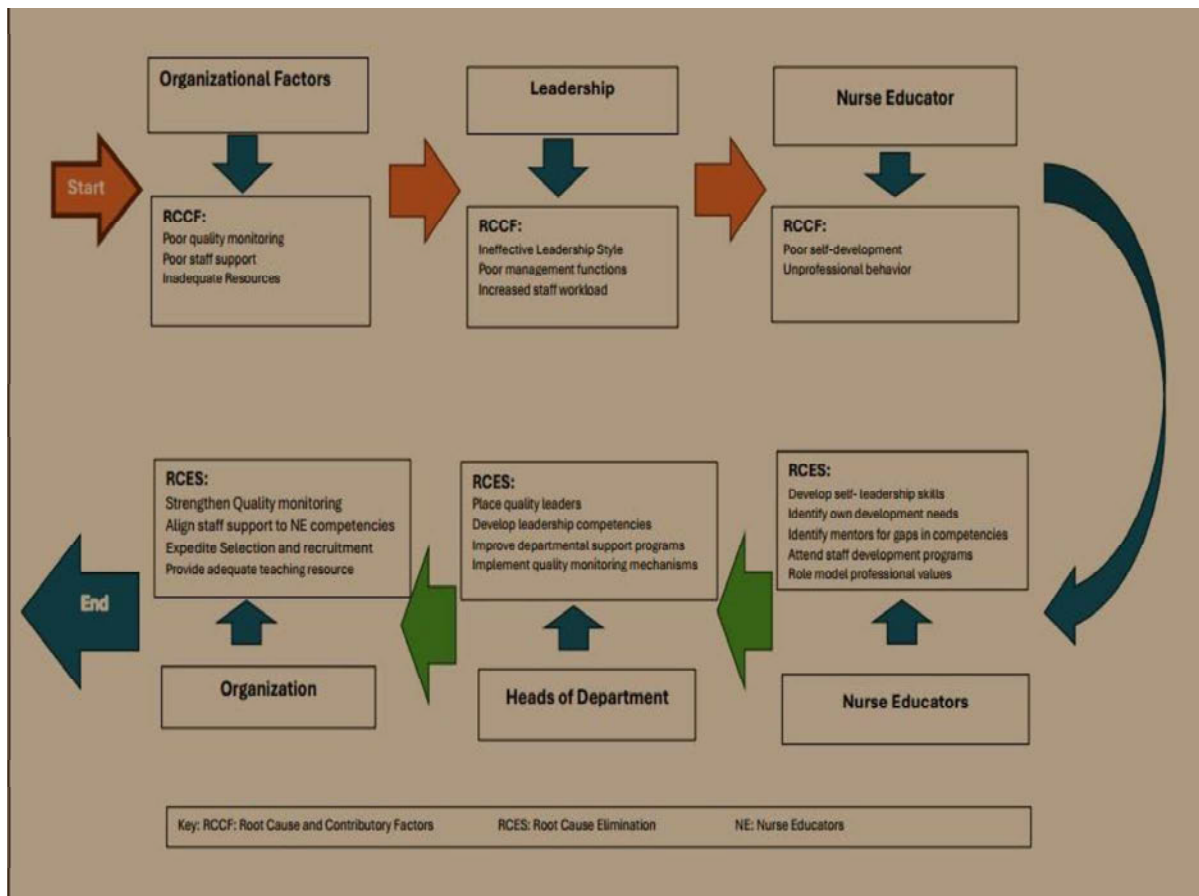


Figure 8.1: Root causes and root cause elimination of factors influencing nurse educator competencies

8.3 RECOMMENDATIONS

The following recommendations were formulated from the findings obtained from qualitative thematic analysis of data. These findings were the foundation for the development of guidelines to promote achievement of nurse educators' competencies at selected universities in KZN.

8.3.1 Recommendations for policy

The study revealed organisational challenges stemming from inadequate quality monitoring mechanisms, poor staff development programmes and inadequate resources. Without these vital requirements, nurse educator competencies are compromised.

- HEIs quality departments should strive to formulate policies which will guide discipline-specific quality monitoring and support programmes.
- HEI management and HoDs must support each other in ensuring quality, staff support and implementation of policies.
- Human resource departments revisit selection and recruitment policies as well as remuneration according to workload of nurse educators.
- HEI management must develop equitable workload policies and monitor their implementation.

8.3.2 Recommendations for practice

Nurse educator competencies are complex and require that nurse educators be committed to self-development so as to produce competent graduates for the nursing profession.

- Nurse educator competencies rely on active participation of nurse educators and commitment to life-long learning.
- Nurse educators must identify their own learning needs and plan to address them.
- Nurse educators must identify mentors for the different competencies expected of them.
- Nurse educators must attend support programmes to update their skills.
- Nurse educators must actively participate in curriculum implementation to align their teaching to curriculum requirements and learning outcomes.
- Nurse educators must role model the ethical and moral values of the nursing profession.

8.3.3 Recommendations for nursing education

Specific support for nurse educators to achieve their competencies is vital. Therefore, the following is proposed:

- A review of the nurse educator competencies to align with the WHO competencies developed in 2016. The WHO competencies incorporate

cognitive, affective and psychomotor attributes into the core competencies and emphasise monitoring and evaluation for nurse educators.

- SANC and Higher Education department must revisit development of CPD programmes for nurse educators to assist with updating nurse educator skills and achievement of competencies.
- Relationship between the SANC and HEIs must be strengthened to support nurse educators in the achievement of their competencies.
- SANC must revisit the curriculum for nurse educator qualifications should be checked for alignment with the academic demands of nurse educators and for checking the gaps in lower qualification frameworks such as NQF 7.

8.3.4 Recommendations for further research

Further research is recommended for the following gaps identified during this study:

- An in-depth analysis of the gaps resulting from unequal qualification levels of nurse educators.
- The workload appropriate for nurse educators employed in academic institutions.
- Review of the qualification framework for nurse educators to incorporate the current trends and modern technologies in nursing education.
- Female nurse educators' behaviour towards female managers.
- An investigation into the decline in professional behaviour of nurse educators.

8.4 LIMITATIONS OF THE STUDY

The following were found to be limitations of the study which can influence its generalisability:

- It was conducted in three universities in the province of KZN. There are currently about twenty universities offering nursing programmes in South Africa.
- The study is limited in its limited involvement of the SANC as the regulatory body for nursing education. Greater involvement may have offered more insight into the CPD issues and the perceived inequalities in nurse educator qualifications.

- The exclusion of top leadership and deans of universities as it emerged that the HoDs also face challenges from them in order to enhance the achievement of nurse educator competencies and also as the ultimate provision of resources, quality assurance and monitoring are higher functions.
- The HODs in the selected sites are not only managers but are allocated teaching tasks as well. Therefore, it was sometimes difficult to divorce themselves from their 'nurse educator' role.

8.5 CONCLUSION

The achievement of nurse educator competencies is dependent upon the collaboration of important stakeholders including the nurse educator as a facilitator of teaching and learning, an academic and scholar, a professional and a social being with their own personal needs and career aspirations. Institutions of higher learning as employers of nurse educators must ensure that nurse educators are supported to perform and produce safe and competent students who will serve the citizens of South Africa and globally.

Structured support must be provided throughout the journey and be updated when necessary. To achieve this, HEIs and academic development officers, the DoH, the SANC and the individual nurse educators must be attuned to the needs of nurse educators. The support must also come in the form of personal growth and rewards to motivate nurse educators who are overloaded with demands to fulfil other duties over and above their core business of teaching and learning. Study findings revealed that HEIs were not committed to quality monitoring and reflecting on and addressing gaps identified during quality reviews. Most nurse educators want to improve their performance, but were critical of policies and standards, poor implementation of policies to the extent that some environments were intoxicated by colleagues because disciplinary measures were not applied. This relates to the issue of leadership and management.

8.6 CHAPTER SUMMARY

This chapter presented the summary, recommendations, conclusions and limitations of the study. Objectives were discussed in relation to the factors that influence the achievement of nurse educator competencies. These factors included organisational factors that affected quality, how leadership and management impacts on nurse educator competencies and how the nurse educators themselves can contribute to the achievement of their own competencies. The next chapter discusses the last objective of the study, that of developing guidelines to promote achievement of nurse educator competencies.

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APPENDICES

APPENDIX A: FULL ETHICS APPROVAL



Institutional Research Ethics Committee
Research and Postgraduate Support Directorate
2nd Floor, Serwys Court
Gate 1, Sove Eiko Campus
Durban University of Technology
P O Box 1334, Durban, South Africa, 4001
Tel: 031 373 3375
Email: irec@dut.ac.za
http://www.dut.ac.za/research/institutional_research_ethics
www.dut.ac.za

18 August 2023

Ms H T Mahlanze
10 Marguerite Place
Eastwood
Pietermaritzburg
3201

Dear Ms Mahlanze

A critical analysis of the factors influencing achievement of nurse educator competencies at selected Universities in KwaZulu-Natal
Ethical Clearance number IREC / 15/23

The DUT-Institutional Research Ethics Committee acknowledges receipt of your gatekeeper permission letters.

Please note that FULL APPROVAL is granted to your research proposal. You may proceed with data collection.

Any adverse events [serious or minor] which occur in connection with this study and/or which may alter its ethical consideration must be reported to the DUT-IREC according to the DUT-IREC Standard Operating Procedures (SOP's).

Please note that any deviations from the approved proposal require the approval of the DUT-IREC as outlined in the DUT-IREC SOP's.

It is compulsory for a student or researcher to apply for recertification on an annual basis. The failure to do so will result in withdrawal of ethics clearance. It is the responsibility of the researcher and the supervisor to apply for recertification.

Please note that you are required to submit a Notification of Completion of Study form together with an abstract to the DUT-IREC office on completion of your study.

Yours Sincerely

Prof J K Adam
Chairperson: DUT-IREC

Appendix B1: DUT GATEKEEPER PERMISSION



*Directorate for Research and Postgraduate Support
Durban University of Technology
Open House
P.O. Box 1334, Durban 4000
Tel.: 031-3732576/7
Fax: 031-3732546*

22 June 2023

Ms Thokozani Mhlanze
c/o Department of Nursing
Faculty of Health Sciences
Durban University of Technology

Dear Ms Mhlanze

PERMISSION TO CONDUCT RESEARCH AT THE DUT

Your email correspondence in respect of the above refers. I am pleased to inform you that the Institutional Research and Innovation Committee (IRIC) has granted **Gatekeeper Permission** for you to conduct your research "A critical analysis of the factors influencing achievement of nurse educator competencies at selected universities in KwaZulu-Natal" at the Durban University of Technology. **Kindly note that this letter must be issued to the IREC for approval before you commence data collection.**

The DUT may impose any other condition it deems appropriate in the circumstances having regard to nature and extent of access to and use of information requested.

Upon completion of your research project, you are requested to share the summary of your key research findings.

Kind regards,
Yours sincerely

DR V GOVENDER
ACTING-DIRECTOR: RESEARCH AND POSTGRADUATE SUPPORT DIRECTORATE

APPENDIX B2: UKZN GATEKEEPER PERMISSION



31 July 2023

Ms Hazel Thokozani Mahlanze
Faculty of Health Sciences
Department of Nursing
Durban University of Technology
Email: hazelmt@dut.ac.za

Dear Ms Mahlanze

RE: PERMISSION TO CONDUCT RESEARCH

Gatekeeper's permission is hereby granted for you to conduct research at the University of KwaZulu-Natal (UKZN), towards your postgraduate degree, provided Ethical clearance has been obtained. We note the title of your research project is:

"A critical analysis of the factors influencing achievement of nurse educator competencies at selected universities in KwaZulu-Natal".

It is noted that you will be constituting your sample as follows:

- With a request for responses on the website. The questionnaire must be placed on the notice system <http://notices.ukzn.ac.za>. A copy of this letter (Gatekeeper's approval) must be simultaneously sent to (governderlog@ukzn.ac.za) or (ramkissoobh@ukzn.ac.za).

Please ensure that the following appears on your questionnaire/attached to your notice:

- Ethical clearance approval letter;
- Research title and details of the research, the researcher and the supervisor;
- Consent form is attached to the notice/questionnaire and to be signed by user before he/she fills in questionnaire;
- gatekeepers approval by the Registrar.

You are not authorized to contact staff and students using the 'Microsoft Outlook' address book. Identity numbers and email addresses of individuals are not a matter of public record and are protected according to Section 14 of the South African Constitution, as well as the PAIA and POPI Act. For the release of such information over to yourself for research purposes, the University of KwaZulu-Natal will need express consent from the relevant data subjects. Data collected must be treated with due confidentiality and anonymity.

Yours sincerely

Mr MA TUFTS: Director Governance & Administration

Office of the Registrar

Postal Address: Private Bag X54001, Durban, 4000, South Africa

Telephone: +27 (0)31 260 7971 Email: registrar@ukzn.ac.za Website: www.ukzn.ac.za

Founding Campuses:  Edgewood  Howard College  Medical School  Pietermaritzburg  Nestville

INSPIRING GREATNESS

APPENDIX B3: UNIZULU GATEKEEPER PERMISSION

T: +27 35 902 6434
E: MothilalID@unizulu.ac.za
Office of the Registrar



UNIVERSITY OF
ZULULAND

31/07/2023

Our ref: Permit: 25/2023
Your ref:

PERMIT TO COLLECT DATA

The University of Zululand hereby permits H T Mahlanze to conduct research and collect data in accordance with the provisional Ethics Clearance Certificate IREC 115/23 issued by DUT on 24/07/2023, and the UNIZULU's POPI Declaration and Indemnity form dated 23/06/2023.

The Researcher may commence with data collection once a valid Ethical Clearance Certificate has been issued. This permit is valid for 12 months from the date of issue, subject to the research being conducted in terms of a valid ethical clearance certificate.

UNIZULU retains the right to withdraw or amend this permit if:

- Any unethical conduct is revealed or suspected.
- Relevant information has been withheld or misrepresented.
- Regulatory changes of whatsoever nature so require.
- The conditions contained in the Declaration have not been adhered to.

D MOTHILALL
REGISTRAR

APPENDIX C1: Participant information Letter [HODs]

APPENDIX C1 : HEAD OF DEPARTMENT INFORMATION AND CONSENT FORM



PARTICIPANT LETTER OF INFORMATION

Dear Ms/Mr/Ds/Prof -----

I am a student at DUT registered for Doctoral of Nursing at the Durban University of Technology. I am conducting my research which includes collection of data from Head of Departments and Nurse Educators, which will ultimately inform development of guidelines to facilitate performance of nurse educators in Higher Education Institutions in KwaZulu-Natal.

As Head of Department, may I invite you are to participate in my research study, the details of which are provided below.

Title of the Research Study: A critical analysis of the factors influencing achievement of nurse educator competencies at selected universities in KwaZulu-Natal.

Principal Investigator/s/researcher: Ms Hazel T. Mahlanze (M Tech: Nursing)

Co-Investigator/s/supervisor/s: Prof. TSP Ngxongo (Dr of Nursing)

Brief Introduction and Purpose of the Study: Nurse Educators are expected to demonstrate a variety of competencies including scholarship of teaching and learning; curriculum development; management and leadership; personal development as well as research and knowledge creation. Students have also evolved over the years, and this has increased demands on the nurse educators, who are expected to be prepared for learners that have a variety of issues and distractions from the educational process. New online and digital methodologies demand fast learning and adaptation for most nurse educators. The purpose of my research project is to conduct a critical analysis of the factors influencing achievement of nurse educator competencies at selected universities in KwaZulu-Natal, with the ultimate purpose developing guidelines to facilitate performance of nurse educators in Higher Education Institutions in KwaZulu-Natal.

Outline of the Procedures:

You are requested to participate in a one- on-one semi structured interview that will be conducted by myself as a researcher at your campus. May I humbly request a private room to be arranged at a date and time which is suitable to you to avoid interruption to your schedule. I will use a few predetermined open-ended questions to keep the discussion focused but, you will be free to respond to questions in a way that is comfortable to you without being coerced. The interview will be in English and will last for approximately 45 minutes. You are kindly informed that it is important that the interviews will be audio-recorded to allow capturing of all the data.

Risks or Discomforts to the Participant: There will be no risks to you during the participation in the study.

Voluntary Participation: Please note that your participation is voluntary, and you may choose to withdraw from the study at any point. There will be no consequences to you should you wish to withdraw.

APPENDIX C2: Participant information Letter [Nurse Educators]

APPENDIX C2: NURSE EDUCATOR INFORMATION AND CONSENT FORM



PARTICIPANT LETTER OF INFORMATION

Dear Ms/Mr/Du/Prof -----

I am a student at DUT registered for Doctoral degree in the Nursing in the faculty of Health Sciences. I am currently doing a research project. Research is a creative and systematic work undertaken to increase knowledge on a particular subject. It involves the collection, organization and analysis of information to increase understanding of a topic or issue. My research includes collection of data from Head of Departments and Nurse Educators to inform development of guidelines to facilitate performance of nurse educators in Higher Education Institutions in KwaZulu-Natal.

As a Nurse Educator, you are invited to participate in my research study details of which are provided below.

Title of the Research Study: A critical analysis of the factors influencing achievement of nurse educator competencies at selected universities in KwaZulu-Natal.

Principal Investigator/s/researcher: Ms Hazel T. Mahlanze (M Tech: Nursing)

Co-Investigator/s/supervisor/s: Prof. TSP Ngxongo (Dr of Nursing)

Brief Introduction and Purpose of the Study: Nurse Educators are expected to demonstrate a variety of competencies including scholarship of teaching and learning; curriculum development; management and leadership; personal development as well as research and knowledge creation. Students have also evolved over the years, and this has increased demands on the nurse educators, who are expected to be prepared for learners that have a variety of issues and distractions from the educational process. New online and digital methodologies demand fast learning and adaptation for most nurse educators. The purpose of my research project is to conduct a critical analysis of the factors influencing achievement of nurse educator competencies at selected universities in KwaZulu-Natal, with the ultimate purpose developing guidelines to facilitate performance of nurse educators in Higher Education Institutions in KwaZulu-Natal.

Outline of the Procedures:

You are requested to participate in a focus group discussion that will be conducted by myself as a researcher at your campus. The date and time will be arranged with the Head of Department to avoid interruption to your schedule. I will use a few predetermined open-ended questions to keep the discussion focused but, you will be free to respond to questions in a way that is comfortable to you without being coerced. The interview will be in English and will last for approximately 45 minutes. You are kindly informed that it is important that the interviews will be audio-recorded to allow capturing of all the data.

Risks or Discomforts to the Participant: There will be no risks to you during the participation in the study.

APPENDIX C3: SAMPLE OF CONSENT



CONSENT FORM

Full Title of the Study: A critical analysis of the factors influencing achievement of nurse educator competencies at selected universities in KwaZulu-Natal.

Names of Researcher/s: Ma Hazel T. Mahlanza

Co-Investigator/s/Supervisor/s: Prof. TSP Nxosho

*** Statement of Agreement to Participate in the Research Study:**

- * I hereby confirm that I have been informed by the research about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: IREC 115/23
- * I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- * I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- * In view of the requirements of research, I agree that the data collected during this study can be processed in a computerized system by the researcher.
- * I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- * I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- * I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

Full Name of Participant

Date

Time

Signature /
Right Thumbprint

I, Ma Hazel T. Mahlanza herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

Hazel Thokozani Mahlanza

Full Name of Researcher

Date

Signature

APPENDIX D1: DATA COLLECTION TOOL

APPENDIX D1: Heads of Department DATA COLLECTION TOOL

Date: UNIVERSITY Code: Participant Code:

SECTION A: PARTICIPANTS DEMOGRAPHICS

NB: To be completed by each participant at before the interview commences

Instruction: Please mark your selection by placing an x in the appropriate space

1. AGE	
25-35	
36-50	
51-65	
2. GENDER	
MALE	
FEMALE	
OTHER	
Ethnicity	
African	
Colored	
Indian	
White	
3. EXPERIENCE IN NURSE EDUCATION	
<3 YRS	
4-10 YRS	
> 10YRS	
4. EXPERIENCE IN CURRENT POSITION	
<3 YRS	
4-10 YRS	
> 10 YRS	
5. PERIOD OF EMPLOYMENT IN CURRENT UNIVERSITY	
< 3YRS	
4-10 YRS	
> 10YRS	
6. PG QUALIFICATION	
BACHELOR	
MASTERS	
DOCTORAL	
7. CURRENT ROLE	
HOD	
HOP	

APPENDIX D2: NURSE EDUCATOR'S DATA COLLECTION TOOL

Date: UNIVERSITY Code:Participant Code:

SECTION A: PARTICIPANTS DEMOGRAPHICS

NB: To be completed by each participant at before the focus group discussion commences

Instruction: Please mark your selection by placing an x in the appropriate space.

8. AGE	
25-35	
36-50	
51-65	
9. GENDER	
MALE	
FEMALE	
OTHER	
Ethnicity	
African	
Colored	
Indian	
White	
10. EXPERIENCE IN NURSE EDUCATION	
<3 YRS	
4-10 YRS	
> 10YRS	
11. PERIOD OF EMPLOYMENT IN CURRENT INSTITUTION	
< 3YRS	
4-10 YRS	
>10YRS	
12. PG QUALIFICATION	
BACHELOR	
MASTERS	
DOCTORAL	
OTHER	
13. CURRENT ROLE	
JUNIOR LECTURER	
SENIOR LECTURER	
CLINICAL FACILITATOR	

APPENDIX E: INVITATION TO THE STUDY

INVITATION TO PARTICIPATE IN A RESEARCH STUDY

DATE:
TIME:
VENUE: [.....](#)

Dear Nurse Educator

You are cordially invited to participate in a research study to share your views and experiences with the researcher.

I am currently studying towards a Doctor of Nursing Degree at the Durban University of Technology.

I wish to conduct a research study entitled "A critical analysis of the factors influencing achievement of nurse educator competencies at selected universities in KwaZulu-Natal". The study will be conducted under the supervision and guidance of Prof TSP Ngxongo of the Durban University of Technology.

The purpose of this study is to develop practice guidelines to facilitate academic performance of nurse educators and to describe recommendations to assist nurse educators to achieve their competencies.

Detailed information regarding the study will be shared with you on the above-mentioned date and venue.

Thank You
Ms HT Mahlanze
hazelm@dut.ac.za

APPENDIX F1: LETTER FOR GUIDELINE VALIDATION



Dear Sir/Madam

REQUEST FOR VALIDATION OF THE GUIDELINES TO PROMOTE ACHIEVEMENT OF NURSE EDUCATOR COMPETENCIES.

I hereby invite you as a participant in validation of guidelines for my study titled; *'A critical analysis into factors influencing achievement of nurse educator competencies at selected universities'*.

The guidelines are formulated to promote achievement of nurse educator competencies. The preliminary guidelines were developed based on the findings and themes that emerged from the study. The study was conducted as part of the fulfilment of the requirements for the Doctor of Nursing degree at the Durban University of Technology, under the supervision of Professor TSP Ngxongo.

This letter serves to request your assistance in validating the guidelines in your capacity as an expert in your field.

Once I have received your willingness to participate, I will send a confidentiality statement, preliminary guidelines and checklist for your remarks and recommendations.

Yours sincerely

.....
Ms. HT Mahlanze
(Researcher)

.....
Date

APPENDIX F2: EXPERT'S CONFIDENTIALITY STATEMENT



STATEMENT OF CONFIDENTIALITY

Dear Participant

I would like to thank you for accepting the invitation to participate in the review of guidelines for my study. Kindly sign the confidentiality statement below to ensure that all information discussed, reviewed, and shared during the review process remains confidential.

Confidentiality Agreement

I, _____ (FULL NAME AND SURNAME) acknowledge that as a reviewer for the " GUIDELINES TO PROMOTE ACHIEVEMENT OF NURSE EDUCATOR COMPETENCIES BY NURSE EDUCATORS AND HEADS OF DEPARTMENTS ", I will have access to sensitive and proprietary information. I understand that maintaining the confidentiality of this information is critical to the integrity of the research and the protection of intellectual property.

I agree to the following terms:

Confidential Information: All documents and discussions, and any other information shared during the review process shall be considered confidential.

YES	NO
-----	----

Non-Disclosure: I will not disclose, discuss, or share any confidential information with individuals outside of the review process without prior written consent from the researcher.

YES	NO
-----	----

Use of Information: I will use the confidential information solely to review and provide feedback on the guidelines. I will not use the information for any other purpose.

YES	NO
-----	----

APPENDIX F3: CHECKLIST FOR EXPERTS



CHECKLIST FOR GUIDELINES TO PROMOTE ACHIEVEMENT OF NURSE EDUCATOR BY NURSE EDUCATORS AND HEADS OF DEPARTMENTS.

Dear Participant

Please indicate whether the guidelines conform to the following criteria by answering the following questions. Feel free to attach extra notes if the space provided is not sufficient.

CRITERIA	
Clarity: Are the guidelines clearly formulated?	YES NO
Remarks/Recommendations:	
Comprehensiveness: Are the guidelines complete? Do they cover all the themes identified in the attached document?	YES NO
Remarks/Recommendations:	
Credibility: Do the guidelines address what is indicated by the themes?	YES NO
Remarks/Recommendations	
Applicability: Are the guidelines appropriate for application (implementation)?	YES NO
Adaptability: Can the guidelines be adapted to different nursing education contexts?	YES NO
Validity: Can the guidelines be accepted as valid for their purpose, as indicated in the attached document?	YES NO

Reviewed by: _____ (Signature of the reviewer)

Date: _____

APPENDIX G: PRELIMINARY GUIDELINES

Target Audience	Guidelines
Higher Education Institutions	Guideline 1: Improve quality in the HEI and departments Strengthen role of quality departments regarding quality reviews and peer reviews Codevelop structured support and staff development programmess with nursing department to attend to nurse educator specific needs. Select and empower leaders with experience and transformational attributes to lead departments. Select and develop nurse educators to enhance quality teaching and learning so that the institution produces competent and employable graduates. Guideline 2: Provide adequate resources Expedite recruitment and selection processes for the provision of adequate and quality staff to fill vacant posts on time, prevent work overload and ensure mentoring of novice nurse educators. Revise HR processes for nurse educators' salaries and recognition of speciality and align to workload.
Heads of Departments	Guideline 1: Leadership skills and style Support staff through being physically and emotionally present for them to build their confidence and a trusting relationship. Identify own strength and weaknesses and attend leadership empowerment programmes Guideline 2: Management functions Strengthen quality in the department through effective supervision, peer review, mentoring, equitable workload distribution, and fair policy implementation. Promote collegiality and team spirit through team building and implementing disciplinary policies to reduce unprofessional behaviour and incivility among staff.
Nurse Educators	Guideline 1: Self development Identify own academic and personal strengths and weaknesses to enhance competencies Identify mentors to guide according to competencies where improvement is required Participate actively and attend staff development programmes to enhance performance Guideline 2: Enhance scholarship of teaching and learning

	Develop subject, pedagogical and digital competence by attending planned staff development programmes to address gaps due to transition and level of experience and qualification as well new teaching approaches. Participate actively in curriculum development and implementation activities to align teaching to required outcomes and evaluate relevance of curriculum content. Utilize quality and peer review feedback to improve teaching and learning to produce competent students
--	---

APPENDIX H: ETHICS TRAINING CERTIFICATE



Zertifikat Certificat Certificado Certificate

Promouvoir les plus hauts standards éthiques dans la protection des participants à la recherche biomédicale
Promoting the highest ethical standards in the protection of biomedical research participants

Certificat de formation - Training Certificate

Ce document atteste que - this document certifies that



Hazel Mahlanze

a complété avec succès - has successfully completed

Introduction to Research Ethics

du programme de formation TRREE en évaluation éthique de la recherche
of the TRREE training programme in research ethics evaluation

Release Date: 2022/09/08

Profession Development Committee

APPENDIX I: EDITING CERTIFICATE

DR RICHARD STEELE

BA HDE MTech(Hom)

HOMEOPATH

Registration No. A07309 HM

Practice No. 0807524

Freelance academic editor

Associate member: Professional Editors'
Guild, South Africa

154 Magenta Place

Gxarha [Morgan Bay]

5292

Eastern Cape

082-928-6208

rsteale@vodamail.co.za

rsteale201@outlook.com

EDITING CERTIFICATE

Re: Hazel Thokozani Mahlanze

For editing DUT doctoral thesis: **A CRITICAL ANALYSIS OF THE
FACTORS INFLUENCING ACHIEVEMENT OF NURSE
EDUCATOR COMPETENCIES AT SELECTED UNIVERSITIES IN
KWAZULU-NATAL**

I confirm that I have edited this thesis and the references for clarity and language. I returned the document to the author with track changes so correct implementation of the changes and clarifications requested in the text and references is the responsibility of the author. I am a freelance editor specialising in proofreading and editing academic documents. My original tertiary degree which I obtained at the University of Cape Town was a B.A. with English as a major and I went on to complete an H.D.E. (P.G.) Sec. with English as my teaching subject. I was a part-time lecturer in the Department of Homoeopathy at the Durban University of Technology for 13 years and supervised many master's degree dissertations during that period.

Dr Richard Steele

31 August 2024

per email

APPENDIX J: TURNITIN REPORT

