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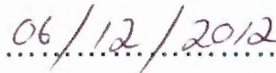
DECLARATION

I hereby declare that the thesis hereby handed in for the qualification Philosophiae Doctor in Higher Education Studies at the University of the Free State, is my own independent work and that I have not previously submitted the same work for a qualification at/in another University/faculty.



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"If you can improve what you are doing *(at least improve your understanding of what you are doing),* ***there is a good chance you will influence the situation you are working in."***

(McNiff, 2008:8)

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Abstract 9

List of acronyms, abbreviations, and terms used in the thesis

AAHN American Association for the History of Nursing

CHE The Council on Higher Education

DENOSA Democratic Nursing Organisation of South Africa

ENA Enrolled nursing assistant, or nursing auxiliary – A person who has done a one-year South African Nursing Council (SANC) course (R.2176). An ENA is restricted to do only basic nursing care. "The scope of practice of an enrolled nursing assistant shall entail ... acts and procedures as part of the nursing regimen planned and initiated by a registered nurse or registered midwife and carried out under his direct or indirect supervision." (SANC Regulation 2598 of 30 November 1984, as amended)

EN Enrolled Nurse – A person who has done a two-year South African Nursing Council (SANC) course (R.2175). "The scope of practice of an enrolled nurse shall entail ... acts and procedures as part of the nursing regimen planned and initiated by a registered nurse or registered midwife and carried out under his direct or indirect supervision." (SANC Regulation 2598 of 30 November 1984, as amended)

ETQA Education and Training Quality Assurance body (In nursing the following governing bodies act as ETQAs: SANC, SAQA, CHE, and Umalusi)

HASA HASA – Hospital Association of South Africa. This association represents the majority of independently owned and private hospital groups in South Africa.

NEI Nursing education institution

NQF NQF – National Qualifications Framework. The NQF is a framework that contains an organisational structure for the system of qualifications in South Africa. It ensures standardisation of educational levels to facilitate the articulation of qualifications.

R.2175 Regulation **2175** of 19 November 1993 of the Nursing Act No. 50 of 1978. Regulations relating to the course leading to enrolment as a nurse.

R.2176 Regulation **2176** of 19 November 1993 of the Nursing Act No. 50 of 1978. Regulations relating to the course leading to enrolment as a nursing auxiliary.

R.2598 Regulation **2598** of 30 November 1984 of the Nursing Act No. 50 of 1978. Regulations relating to the scope of practice of persons who are registered or enrolled under the Nursing Act, 1978.

R.683 Regulation **683** of 14 April 1989 of the Nursing Act No. 50 of 1978. Bridging courses for enrolled nurses. Regulations relating to the minimum requirements for a bridging course for enrolled nurses leading to registration as general nurses or psychiatric nurses.

RN Registered Nurse – A comprehensively trained health care provider. The qualification can be obtained by successfully completing a four-year degree at a university or a four-year diploma at a nursing college. He or she can also be an enrolled nurse who has completed a bridging course through a tertiary institution, such as Unisa. On completion of the course, his or her name is entered in the register at SANC. He or she functions independently and is held accountable for all actions and omissions of his or her own doing, as well as the subcategories that he or she supervises. (SANC Regulation 2598 of 30 November 1984, as amended)

SANC	South African Nursing Council – a regulating body of nursing education and training in South Africa. It acts as the ETQA of nursing education and training. SANC is sometimes referred to as "the **Council**". The South African Nursing Council is constituted in terms of the Nursing Act, 1978 (Act No. 50 of 1978). The office bearers and standing committees are elected by the members in terms of the Act and the Rules for the Conduct of Business. Names of members and committees are available online at http://www.sanc.co.za/aboutmem.htm#Office%20 Bearers. The Council is the body entrusted with the responsibility of setting and maintaining standards of nursing education and practice in South Africa. It is an autonomous, financially independent statutory body. All students must be registered with the Council within 30 days of commencement of their studies. In terms of the South African Qualifications Authority Act, 1995, the Council functions as the ETQA of nursing education and training and is charged with the quality assurance of nursing education and training in South Africa.
SAQA	SAQA – South African Qualifications Authority. SAQA consists of a body of 29 members. These members are appointed by the Ministers of Education and Labour. Their function is to oversee the development and the implementation of the NQF.
SAQA Act	South African Qualifications Authority Act 85 of 1995.
The New Nursing Act	Act 33 of 2005 (It has been promulgated, but has not yet been fully implemented. It still needs the supporting regulations.)
The Nursing Act	Act 50 of 1978, as amended.
WHO	World Health Organization. Functions as a global leader on health issues and a coordinating body of authority for health within the United Nations system.

Chapter 1
Introduction and orientation

"Our grand business is not to see what lies dimly at a distance
but to do what clearly lies at hand."
Thomas Carlyle

1.1 Introduction

This study deals with the development of an action plan to aid in the recruitment of nursing students for private nursing education institutions in South Africa. In this orientation chapter to the study, a background to the study is provided. It includes an identification of the problem, as well as the motivation for the study. It further outlines in relative detail the design used to execute the study. In doing so, this chapter lays the foundation for the chapters that follow.

I have made use of an autobiographical style of writing, where I allow my own voice and thinking to be heard (Murray 1991:67, Howard, 2007, and Graff 2003). My voice is the product of nature and nurture. It is the voice of a nurse leader and educator, but also the voice of a daughter, wife, mother, and Christian. These voices combined make up my values, they make me the person that I am, and they contribute to the way I perceive my world. The rationale for the autobiographical style was to facilitate the process of self-expression, while incorporating and blending my own knowledge and experiences with the data from the document review and the feedback from the study participants. This style of writing is also the style that is preferred in work done within the action research paradigm (Huang 2010:95).

The research methodology employed in this study favours a chapter breakdown that flows in a logical sequence according to the phases of the research process (Table 1.1). The chapter breakdown will, therefore, inevitably be different from more traditional forms of chapter structure. This non-traditional breakdown might make it easier for the reader to follow the sequence of events as they occurred. The

implication, therefore, is that this first chapter will also be different from traditional introductory chapter. It contains substantially more general information, which would traditionally be found in a methodology chapter. A detailed methodology chapter, which is usually included in a thesis, will therefore be omitted from this thesis, as the research design and methodology employed is integrated in the other chapters.

Similarly, the literature consulted for this study, is reviewed in all the chapters as a form of literature control, and is not reviewed in a standalone chapter.

1.2 Role of the researcher in the investigation

To explain my role in this study, I think it is necessary to provide some background information on who Irene Lubbe / Pringle is. As one of three daughters, I (reluctantly) started my nursing career in 1989, convinced that I would stay for only one year. Needless to say, I "fell in love" with nursing, and now, 23 years later, I am still in nursing and extremely passionate about my profession. As a registered nurse, my career has taken various routes, from oncology, to urology, to psychiatry, to the ICUs, and finally to my great passion: education and training. I have been a nurse educator in formal nursing education at three institutions for periods of three, five and three years, respectively. As a lecturer, I have taught from undergraduate level to master's level.

For five years (2004-2008), I functioned as a head nurse educator at a private nursing education institution (NEI). During my years as the head nurse educator, my duties included, among other things, interviewing internal and external applicants for appointment in nursing training positions. Part of the SANC requirements for a professional registered nurse, managing a NEI, is an additional qualification in nursing management and education. Recruitment as well as selection forms part of the content of these courses, and therefore I was well equipped for this task and responsibility. My interest and involvement in not only the selection, but also the recruitment, of the most suitable candidates for the nursing profession developed

from this duty and therefore the transition from educator to researcher (participant observer) was natural. When my husband was promoted in 2008, we moved to Pretoria, where I am currently employed as a lecturer at the largest university in Africa.

Taking into consideration my previous and current employment status, as well as my involvement in the subject of this research study, my role in this study has ultimately changed, from initially being a participant observer (2004-2008), to being a passive observer (2009-current) where I act as a spectator or bystander, and do not participate in any of the activities (Key 1997).

One of the main disadvantages of being a participant observer is that with me (the researcher) so intimately involved in the subject of this research study (from 2004 to 2008), it was very difficult to prevent, or even detect, researcher bias. Winter (2000) confirms that one cannot ignore the involvement and influences of the researcher, because "for qualitative researchers denying one's role within research also threatens the validity of the research". Key (1997) shares the same sentiments as Winter (2000), in his statement that the researcher's feelings should be acknowledged and reported on. I did, however, make a conscious effort to remain as objective as possible throughout the process (see the discussion in 1.13).

1.3 Background to the research problem

Private nursing education institutions and health care facilities seek to enrol and/or appoint students who have the potential to succeed at higher education level, and to complete the certificate course leading to enrolment as a nurse. Recruitment, selection, and appointment of the learners as staff is subject to the various organisations' and institutions' values, vision, mission, and objectives, as well as the relevant legislation and policies pertaining to higher education. Current research on the topic of recruitment of nursing students for private nursing education and training

institutions in South Africa is scarce and inconclusive. The obvious need for such research was one of the factors that prompted me to investigate the phenomenon.

Nursing education and training is in a state of profound transformation. In order to be proactive and address these changes, there are various challenges and issues that need to be critically evaluated, redefined, and redesigned. Nursing managers and educators alike need to take note of these changes and accordingly modify not only their managerial and lecturing style, but also their recruitment strategies.

The need for radical changes in the recruitment of nursing students is not a new phenomenon. In 1994, Lucy Land, a nurse educator from England, identified a dire need to transform the approach towards recruitment, in order to enhance the efficiency of the process (Land 1994). Various aspects impede and influence the education and training of student nurses, from the types of students that are recruited and selected, to the legislation governing the training.

On 29 November 1995, the Government of the Republic of South Africa published the *White Paper for transforming public service delivery* (RSA: WPTPSD 1995), and on 18 September 1997 the Batho Pele initiative entered the public domain (RSA: DPSA 1997). The aim of the Batho Pele principles was to address the basic needs of all citizens in South Africa and, by implication, also the accessibility and provision of health care. Following Batho Pele, the Patients' Rights Charter (RSA: DoH 2002) was proclaimed by the Department of Health. One of the basic principles of the Patients' Rights Charter is the access to health care, including nursing care.

In order to meet the above objectives, as set out by Government, South Africa needs adequate numbers of competent health care providers to render these services (Subedar 2005). According to figures released by the World Health Organization (WHO), there was a global deficit of 2.4 million doctors, nurses, and midwives in 2006, with the greatest shortfalls occurring in sub-Saharan Africa (WHO 2006). In September 2008, the International Centre for Human Resources in Nursing (ICHRN) conducted a spotlight interview with Mubashar Sheikh, the Executive Director of the

Global Health Workforce Alliance (GHWA). He confirmed the dire need for more health care providers when he stated that "[t]he critical shortage of health workers needs immediate and urgent action. We simply cannot wait any longer to address this issue. We know that there are over 4 million health workers needed to bridge the gap, and some 57 countries are facing critical shortages" (ICHRN 2008). In sub-Saharan Africa the picture looks even grimmer. According to Sheikh (ICHRN 2008), the current deficit is a staggering 1.5 million health workers. The Democratic Nursing Organisation of South Africa (DENOSA) indicates that the vacancy rate for nurses in South Africa's public sector already amounted to 52,574 in 2009 (IOL news 2009 and SAMP 2005). This number excludes the shortage of nurses in the private health care sector (DENOSA n.d.).

Internationally, many countries are experiencing the same fate. Kurt Worrall-Clare, acting CEO of the Hospital Association of South Africa (HASA), describes the shortage as a "national crisis" (HASA 2006). A quick glance at international media headlines confirms the suspicion that a shortage in skilled nursing staff is not only a local problem, but a worldwide phenomenon.

> Nursing as a profession is experiencing the biggest crisis ever!

Not only has the shortage of professional nurses had a detrimental effect on the global provision of health care, but nurse migration and mobility have further impeded the provision of quality health care.

Indeed, it was my desire to halt the mounting shortage of nursing personnel, and to ward off the impending threat to South Africa's health care system, which prompted me to conduct this research. I scrutinised current techniques in the recruitment of nursing students in South Africa, with a specific focus on the private sector. I extended the search to include international institutions, in order to include their best practices in recruitment. I further focused on the most important factors that might influence the recruitment of nursing students and discussed strategies that might enhance the efficiency and effectiveness of recruitment plans. I concluded with an

action plan, with the primary focus being on the recruitment of nursing students in South Africa's private NEIs and the hospital sector.

1.4 Research problem and questions

Nurses form the cornerstone in achieving the goals regarding health care in South Africa, as set out in the Health Minister's Negotiated Service Delivery Agreement (The Presidency 2011). They are the "frontline" staff, and their contribution is essential to make the systems work (Buchan & Calman 2005). However, according to the World Health Organization (WHO 2006), 57 countries worldwide are facing a severe health workforce crisis, and most of these countries are in Africa and Asia. These statistics predict a very daunting future in terms of shortages of nurses. The World Health Organization (WHO 2003:110) pinpoints the problem accurately when it asserts that

> "The most critical issue facing health care systems is the shortage of people who make them work."

In order to address the nursing staff shortage, I believe that it is imperative to increase the number of available nursing staff, by establishing

- a "way" to recruit and select adequate numbers of suitable nursing students;
- a strategy to address the crucial need to retain those already trained in the profession; and
- a strategy to lure back to nursing those who have left the profession, and to get them to see nursing as a rewarding, lifelong career.

For the purposes of this study, I focused exclusively on the recruitment of suitable nursing students for private NEIs in the private hospital sector. Other concerns, although equally important, are not addressed in this study, and the recommendation is that investigation of other aspects of nursing education should be conducted at a later stage through a separate research study.

The purpose of this study flowed from the following four questions, which directed the study:

1. What are the challenges facing the recruitment of nursing students for private NEIs?
2. How can these recruitment challenges be addressed?
3. How can the efficiency of current recruitment processes be enhanced, to ensure that the most suitable candidates are recruited for basic nursing courses?
4. How can recruitment practices in private nursing education institutions be enhanced in future?

1.5 Significance of the research

Current data suggests that if the existing nursing workforce shortage is not dealt with timely and adequately, it will escalate into an even greater global crisis in the near future. Various solutions have been proposed to address the nursing staff shortage. One of the aspects that have been greatly neglected in South Africa, is the initial recruitment of nursing students in the NEIs of private hospitals.

Speaking from personal experience, one of the most frequently heard complaints at NEIs are the decrease in numbers of student enrolment in nursing programmes. It appears as if young adults of the 21st century no longer consider nursing to be a career of choice (The Presidency 2011, Mkhize & Nzimande 2007, Cohen, Ehrlich-Jones, Burns, Frank-Stromborg, Flanagan & Askins 2005, and Hemsley-Brown & Foskett 1999).

Closing dates for applications are often extended due to lack of interest by suitable candidates. In this study, special attention was focused on the proposed marketing (action plan) of the nursing profession to recruit the most suitable potential nursing candidates.

As the nursing staff shortage is a global problem, my aim is to give meaningful feedback and suggestions to key role players with regard to student recruitment. After completion and publication of the study, I shall, through the appropriate forums, make suggestions to the chief executive officers of private NEIs, HASA, the South African Nursing Council (SANC), the Nursing Education Association (NEA), and the Minister of Health on possible strategies to deal effectively with the recruitment of nursing students. This study will not address any other problems related to the nursing staff shortage, such as nurse migration and mobility.

1.6 Aim and objectives of the research

Different from various research projects in the past, this study attempted to develop a clear understanding of the recruitment process as it is currently applied in private NEIs. In so doing, I attempted to identify best practices, as well as limitations and inefficiencies in the current recruitment process. Based on that information, I eventually developed an action plan to propose a new effective recruitment strategy.

The purpose of this study was to do an analysis of the current realities in student recruitment in private NEIs, in order to compile a viable recruitment plan from best recruitment practices. To achieve the above, the following objectives were pursued (the literature control):

1. A literature review was conducted to determine the
    a. challenges surrounding the recruitment process; and
    b. best recruitment practices.

2. A situational analysis was conducted of private NEIs to establish what had been done concerning the recruitment of nursing students.

3. A follow-up survey questionnaire was administered to role players in private NEIs, to establish challenges and factors related to the problem of the recruitment of nursing students.

4. The factors that influence the recruitment process, as established in the situational analysis and the follow-up survey (by means of another follow-up questionnaire during Phase 3 of the research) were investigated.

5. Finally, after the above objectives had been pursued, a viable recruitment plan was formulated (Phase 4 of the research), which had been validated by experts or key opinion leaders in the field of nursing education and training before it was completed.

1.7 Demarcation of the research

The demarcation of this study is as follows:

1.7.1 Disciplinary demarcation

In South Africa, under the provision of the Higher Education Act No. 101 of 1997 (RSA: DoE 1997a), nursing education qualifies as higher education. The above legislation suggests that formal education past the secondary level can be viewed as higher education (RSA: DoE 1997a:9).

Nursing education is no longer an apprenticeship, but is in line with training in other health care professions. A new framework for nursing education was established by the National Qualifications Framework (NQF) in October 2007. For example, the R.2175 enrolled nurse course is now positioned on the Higher Education and Training (HET) band on Level 5 of the NQF (RSA: DoE 2007).

According to Owen (1988), nursing education and training were integrated into higher education to ensure that:

- nurses receive professional recognition in the academic setting of higher education;
- nursing qualifications will be recognised both professionally and academically;
- nurses will no longer be isolated from other academic disciplines and from the considerable educational resources available in higher education;
- sharing of skills and knowledge with other allied disciplines is enhanced; and innovative and creative development of nurses is promoted.

This study therefore falls within the ambit of higher education studies. However, there is no single or universal definition of exactly what the field of Higher Education Studies entails. Instead, it is recognised as an inter- and transdisciplinary field of study (Bitzer 2009:323) in which higher education "as a phenomenon can be studied from an almost endless number of perspectives using an endless number of methodological combinations and permutations" (Bitzer & Wilkinson 2009:372). However, one of the distinguishing factors is that it usually focuses on post-school and adult education. Since nursing education involves post-school and adult education, it clearly fits within the field of higher education studies.

According to the research conducted by Tight (2003:7), research in higher education (HE) can be classified according to eight categories. Institutional management is one of those categories (Bitzer & Wilkinson 2009:394, Tight 2008:597, Teichler 2005:451, and Tight 2004:402). Since human resource management is usually an institutional management function, it can be included as a subcategory of Tight's *institutional management* category. In turn, as human resource management functions, recruitment and selection of staff (and students) also fall in this category.

Taking Teichler's "four spheres of knowledge in higher education" into consideration (Teichler, 2005), the field of application of this study is a dual combination of nursing education and organisation and governance (planning, administration, management and funding), in the form of human resource management (Bitzer 2009:386, 394). One of the pivotal functions of the HR department of a private health care provider is

to recruit the right type of employee (WSUP 2005, and Graylink 2009), which in this study, includes students.

1.7.2 Geographical demarcation of the study

It is important to note that working within certain boundaries was inevitable. The ideal was to use all the nurse educators employed by private NEIs in South Africa, but it was not feasible, as the sample would have been unmanageably large. I reverted to the use of purposive and snowball sampling, and used only the nurse educators employed by selected private NEI hospital groups that had access to the Internet and email and were willing to participate in the study.

1.8 Clarification of concepts

Please note that at the beginning of this chapter a list of acronyms, abbreviations, and terms is included that explains all the abbreviations used in the text. Only the concepts frequently referred to in this chapter are explained below.

1.8.1 Student

In this study, *student* refers to a learner. Various definitions of what a student is can be found in the literature. For the purposes of this study, a student refers to any person enrolled or registered for a formal accredited (nursing) learning programme or course. This person is subjected to formative and summative evaluation and needs to achieve specific outcomes in order to progress to the following year of study or to obtain a qualification. In some private NEIs all students are in the full-time employ of the company, while students at other NEIs do not enjoy employment status.

1.8.2 Recruitment

Recruitment of nursing students refers to the process of searching for potential and suitable candidates and inviting them to apply for training. It further involves promotion of the profession, the training course(s), the relevant NEI, and, where

applicable, the hospital group. It includes, but is not restricted to, motivating potential students to apply for training.

1.8.3 Nursing education

The definition of *nursing education* can be summarised as "the method whereby students are guided, assisted and provided with means which enable them to learn the art and science of nursing so that they can apply it to the nursing care of people in need of such care" (Mellish & Brink 1993:5).

1.8.4 Nursing education institutions (NEIs)

An NEI is an accredited nursing education and training institution or nursing school. According to the Nursing Act of 1978 (RSA: DoH 1978), as well as the new Nursing Act 33 of 2005 (RSA: DoH 2005a), the South African Nursing Council (SANC) must approve all NEIs and programmes leading to a qualification for practising nurses. Therefore, all NEIs referred to in this study are institutions accredited by SANC, which is the ETQA for nursing education and training in South Africa. All NEIs in South Africa must also be registered with the Department of Higher Education and Training (RSA: DoE 2005, and SANC Circular 2006).

1.8.5 Private nursing education institutions

Private NEIs are NEIs managed by private hospital groups or institutions that are independently managed. In this study the NEIs managed by the three leading private hospital groups in South Africa, namely Mediclinic, Life Healthcare, and Netcare, were included in the sample. Collectively these three groups hold approximately 85% of the total market share of private hospitals in South Africa (BJM 2012). These groups are all members of HASA. There are individual differences between the NEIs of the different groups, but they all adhere to the same legislation governing NEIs.

1.9 Theoretical foundation for the research

This study was structured around an adapted version of the process-planning model, as originally described by Zuber-Skerritt (2002). This process-planning model (Figure 1-1) consists of three main focus areas, namely vision, context, and practice. Each of these focus areas, in turn, involves various steps. When combined, the three focus areas form a "figure 8 model" with consecutive cycles (as depicted in Figure 1.1 and explained in Chapters 2, 3 and 4).

A further theoretical foundation that has guided the study was the action research questions as set out by McNiff (2002). McNiff uses eight questions to guide her action research projects. For the purposes of this study, I have integrated McNiff's first four action inquiry questions with the different aspects of Zuber-Skerritt's process-planning model. These first four action inquiry questions (as applicable to this study) are as follows:

1. What issues am I interested in researching? (What is my concern?)
2. Why do I want to research this issue? (Why am I concerned?)
3. What kind of evidence can I gather to show why I am interested in this issue?
4. What can I do? What will I do?

Elaborated discussions on these theoretical frameworks can be found in Chapters 2, 3 and 4.

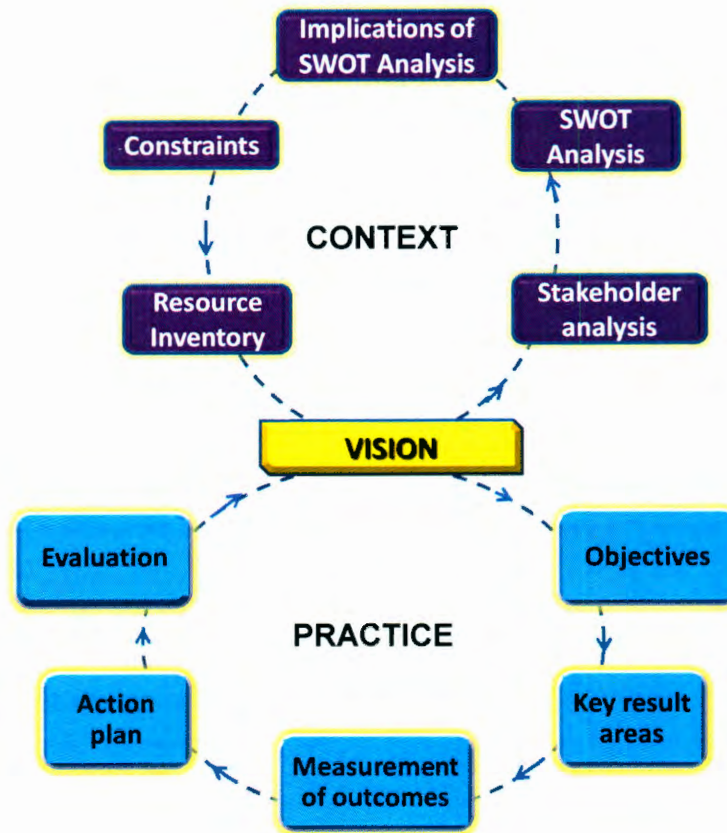

Figure 1-1: Zuber-Skerritt's process-planning model

Source: Zuber-Skerritt (2002)

1.10 Research paradigm

Research is grounded in philosophical beliefs (metaphysics) about the world and the way we relate to it (Hesse-Biber & Leavy 2011:37, LoBiondo-Wood & Haber 2006:133;146, and Guba & Lincoln 1994:107). These philosophical beliefs influence our perspective and the way we conceptualise certain phenomena (Hesse-Biber & Leavy 2011:37, and Norwood 2000:436). Our current behaviour, professional practice, and attitude towards our own research are all a result of the paradigm from within which we operate (Hesse-Biber & Leavy 2011:37, and Voce 2004). In short, the paradigm that we use is the "lens" through which we perceive and interpret our reality.

Different authors make use of different classification systems and definitions to classify research paradigms. I prefer to work with the classification and definitions as used by LoBiondo-Wood and Haber (2006:133), as well as those of Guba and Lincoln (in Denzin & Lincoln 1994:105). Guba and Lincoln identify four competing paradigms of inquiry, namely:

- positivism;
- post-positivism;
- critical theory; and
- constructivism (also known as naturalistic inquiry).

Genetically (nature) and professionally (nurture), I am more inclined towards a naturalistic inquiry paradigm [or sometimes referred to as interpretivism (University of Southampton n.d.)]. As an active participant in the first two phases of this study, I deeply rooted the study in my own worldview, which has much in common with the post-positivist and constructivist paradigms (Jackson & Sørensen 2003:257). In the post-positivist and constructivist paradigms, the ontological views include pragmatism (Ivankova, Creswell & Plano Clark in Maree 2007:263) and interpretivism, respectively, where multiple and sometimes conflicting realities can co-exist (Neill 2006). In the pragmatic view, "the truth is 'what works' best for understanding a particular research problem" (Ivankova *et al.* in Maree 2007:263)

The main focus of interpretive qualitative research is to understand social phenomena and analyse participants' perceptions, thoughts, and actions (McMillan & Schumacher 2006:315). This kind of research thus concerns itself with the meanings and experiences of the whole person, or a localised culture (Winter 2000). From an epistemological perspective, I could say that I (the individual) establish my own "truth". In a constructivist paradigm, subjectivism of "truth" is not only allowed, but is valued (LoBiondo-Wood & Haber 2006:134, Guba & Lincoln 1994:111 and 1.11.) From a pragmatic perspective, however, I usually adapt my methods to acquire knowledge that is deemed fit for the situation (Opfer 2009).

It is important to acknowledge that I embarked on this research having already had work-related experience relevant to the study topic, and that my previous experience has most definitely coloured my views and my own "truths". Even though I did attempt to remain as objective as possible, a certain degree of subjectivity could have blurred the "lens" that I looked through when I interpreted and analysed the data. It might be referred to as *disciplined subjectivity* (McMillan & Schumacher 2001:411).

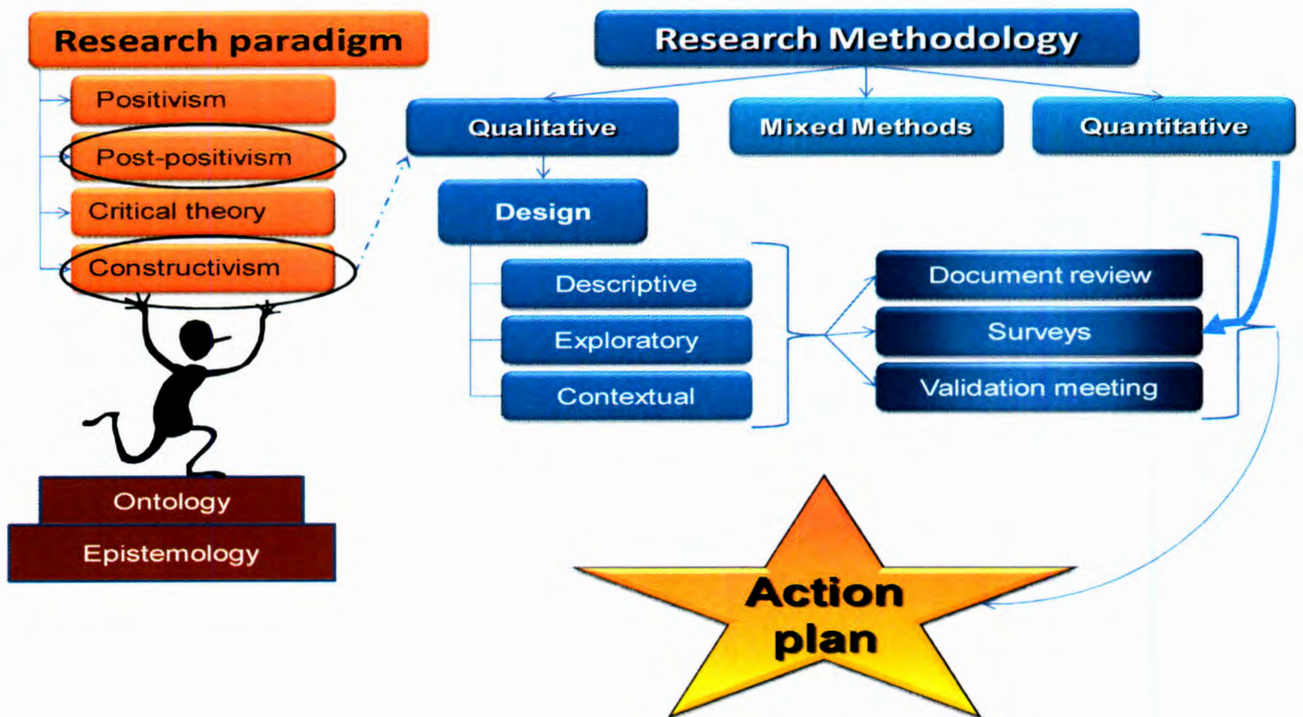

Figure 1-2: A visual representation of the research plan

Working from within a post-positivist, constructivist and pragmatist paradigm (Figure 1-2) clearly influenced my choice of the research design and methodology for this study.

1.11 Research design and methodology

The main purpose of a research design is to construct a plan to generate evidence-based data to enable the researcher to answer the research question (McMillan & Schumacher 2006:22) as clear and unambiguously as possible. A research design entails all the aspects of how the study will be accomplished (McMillan & Schumacher 2006:22). Therefore, one can easily say that it contains the general plan, or "blueprint", of the study.

"Research methodology" is the collective term used to describe the way in which data are collected and analysed (McMillan & Schumacher 2006:9). It answers the "How do we go about?" question. It is rooted in our own ontological and epistemological values and frame of reference. In Figure 1-3, the various building blocks of research are illustrated.

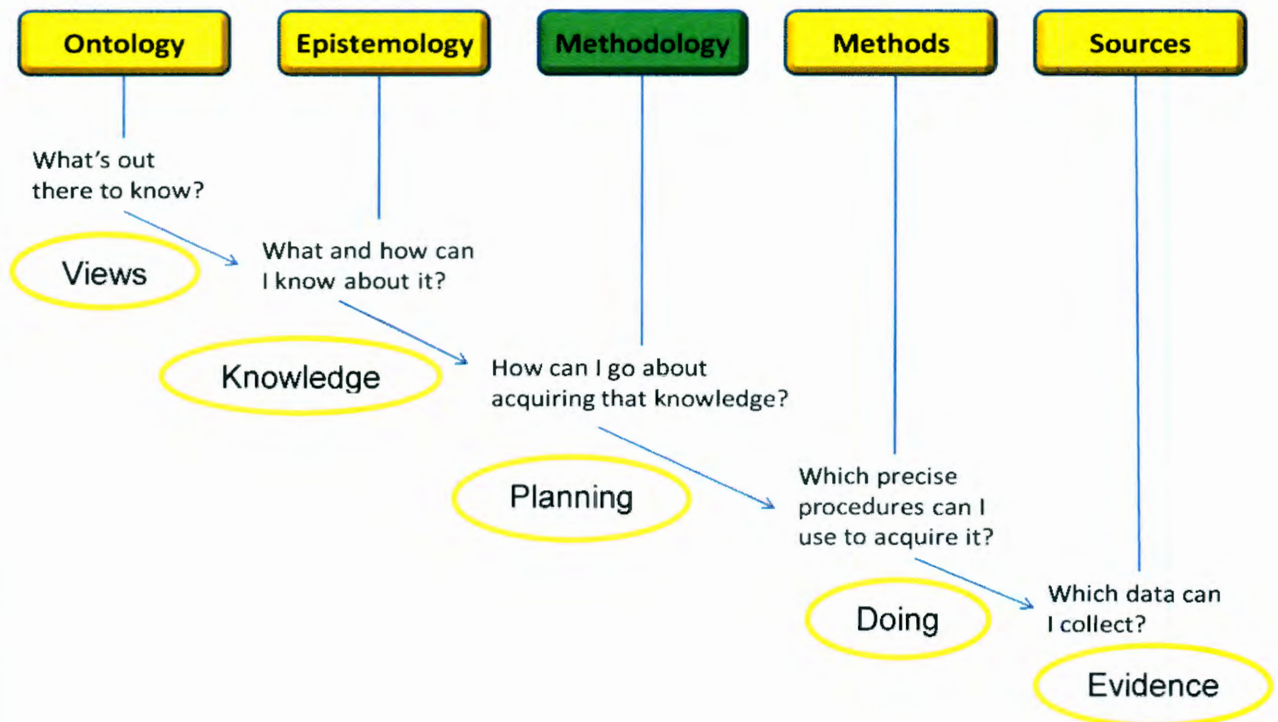

Figure 1-3: Building blocks of research

Source: Adapted from Grix (2002:180)

As illustrated in Figure 1-3, ontology is always the point of departure (what I perceive to be researchable) and precedes epistemology (Grix 2002:177-179). Ontology (one's view of reality) entails one's personal unique worldview and values and influences the way one approaches one's research. It is shaped by one's past experiences, it contains one's cultural and social norms and parameters, and it therefore constitutes one's social reality (Hesse-Biber & Leavy 2011:4). As I am working from within a post-positivist and constructivist paradigm, my basic ontological assumption is one of relativism (Guba & Lincoln in Conrad, Haworth & Latucca 2001:1). All my experiences are subconsciously organised into an understandable format. Working from within a post-positivist, constructivist and relativist paradigm, I assume that total objective truth is not possible (Guba & Lincoln 2001:1). From this stance, truth is truly "in the mind of the beholder".

Epistemology refers to one's reasoning and knowledge compartment. It includes one's personal knowledge-gathering process and involves one's assumptions, as well as one's reflections on those assumptions (Grix 2002:177-179). My epistemological assumptions are a combination of pragmatism (Opfer 2009), interpretivism (Hesse-Biber & Leavy 2011:5), and transactional subjectivism, where my reality and truth depend greatly on the meaning that I attribute to them, combined with the information available to me (Guba & Lincoln in Conrad *et al.* 2001:1). My epistemological assumptions shape the questions I ask and the way I go about acquiring knowledge. They greatly determine my choice of research strategy (Grix 2001:36, and Hesse-Biber & Leavy 2011:5).

I have elaborated on the two concepts of ontology and epistemology, and their influence on my study, in Chapter 1. Jointly, my ontology and epistemology directly influence the way I view social phenomena, and they are directly related to the **methodology** I employ to acquire further knowledge. My methodological assumption is one of hermeneutic dialecticism, where I analyse, confront, compare, and contrast the input I receive from others (Guba & Lincoln in Conrad *et al.* 2001:1). This has led me on a road of discovery and knowledge assimilation.

For the purposes of this study, I have mostly made use of a qualitative methodological approach, with quantitative enhancement (thus a mixed-method approach, which is typical of a pragmatic disposition). The methodology I applied "is concerned with the logic of social inquiry" (Grix 2002:179). It looks into the possibilities and limitations of the various research methods (techniques and procedures).

These methods represent "the path towards knowledge" and include the tools to obtain that knowledge (Grix 2001:29, 35). The methods selected were influenced by the type of research project, as well as by my personal ontological and epistemological assumptions (Grix 2001:30). Furthermore, the research question that was posed indicated the path/method that I had to select to answer the research question. The method, then, assisted me to answer the research question (Grix 2002:180). The research methods that I selected to enable me to answer my research question included qualitative and quantitative survey questionnaires, each combined with a literature control, augmented by my own personal experiences.

The last of the five building blocks are the **sources**, or the evidence. My sources were the data from the survey questionnaires that I had collected and interpreted, combined with the findings from the literature consulted. In this sense, the literature consulted served as a control to either confirm or refute my research findings. For this reason, the term "literature control" is used throughout the study.

In the following paragraphs, a more elaborate discussion is presented of the content of some of the building blocks.

1.11.1 Methodology

A mixed-method approach with three survey questionnaires was deemed most suitable for this study. Initially a qualitative design (descriptive, exploratory, contextual, and interpretive in nature) with some quantitative enhancement was used for Questionnaires 1 and 2. For Questionnaire 3, a quantitative design with qualitative enhancement was used (McMillan & Schumacher 2006:66; 401, and Morse & Niehaus 2009:158). This between-method triangulation (Holloway &

Wheeler 2002:17) allowed for a richer and more elaborate discussion of the findings (Figure 1-2.)

1.11.1.1 Qualitative design (Phases 1 and 2)

A qualitative design was used for the first two phases of this study. Qualitative research, as defined by Strauss and Corbin (in Neill 2006), includes "any kind of research that produces findings not arrived at by means of statistical procedures or other means of quantification". Qualitative research is flexible and emergent in design, and develops as the research process develops (Polit & Beck 2009:259, 281). It is important to note that, although my main methodological approach was qualitative in nature (Phases 1 and 2), quantitative enhancement was applied, especially during the interpretation of the questionnaires.

People's perceptions direct their feelings and thoughts, and ultimately their actions (McMillan & Schumacher 2006:315). In qualitative research, the main focus is to understand social phenomena by analysing the participants' perceptions, thoughts, and actions (McMillan & Schumacher 2006:315), as though the researchers are able to see these through the participants' eyes (Nieuwenhuis, in Maree 2007:51). Qualitative research thus concerns itself with the meanings and experiences of the whole person, or a localised culture (Winter 2000). The main emphasis is to gather information on naturally occurring phenomena, where the data and content generated are not numbers, but words (McMillan & Schumacher 2006:26). Dick (2002:4) elaborates, by saying that "words are the common currency of much discussion". By implication, then, words generate, or yield, qualitative information. In this study, data were gathered to look at the "why" and the "how" of the phenomenon of the recruitment of nursing students, as well as factors that could influence it. Questions related to these factors were addressed to the nurse educators, to collect their views and perspectives, allowing me as the researcher to see the situation as they see it – through their eyes.

Henning, Van Rensburg and Smit (2004:3) state that in qualitative research the aim is to enhance one's own understanding of the world, in order to enable one to bring

about a measure of social change. The purpose of this study was therefore to get a clearer understanding of the various challenges facing student recruitment in private NEIs. Such enhanced understanding contributed to the creation of an action plan for recruitment, where I could potentially bring about "a measure of social change."

The research design for Phases 1 and 2 consisted of a descriptive, exploratory contextual study, based on a survey-questionnaire, supported by a literature control. Questionnaires 1 and 2 contained one and two open-ended questions, respectively (excluding the biographical questions). The exploratory component of the design, according to McMillan and Schumacher (2006:66), consists of an inquiry initiated by qualitative methods, but followed by quantitative techniques. After the data had been collected, the raw data were coded and grouped (quantitatively) to facilitate the interpretation and use of the data. Exploratory designs are appropriate for the development of research instruments.

In qualitative research, neither the design nor the data collection cycles can be described as stagnant. The design changes and develops as the study progresses, and can therefore best be described as an "emergent design" (Polit & Beck 2009:259, 281). This "emergent design" does not provide for rigid, predetermined or fixed schedules. Polit and Beck (2009:259, 281) suggest that the lack of a predetermined or fixed design does not display a lack of diligence on the part of the researcher, but that it rather should be viewed as accommodating of new viewpoints and realities that enter the study, and the researcher's desire to include at the onset of the study aspects that are unclear to him or her. This implies that, as a researcher, I would not be bound to a specific design selected by preference or prejudges, but would allow the data to guide the process, to allow for a richer content of the study.

This emergent design applied in the case of Phases 1 and 2 of the research, because as the researcher, I knew that I had to contact the participants and incorporate their feedback in the instrument. However, in the initial phase, I was uncertain as to how exactly the process would go. What I did know, though, was

that the feedback from the participants would need to be incorporated into the next round of survey-questionnaires, before the questionnaires were redistributed to the participants. I was convinced that as the study progressed, the main direction, emphasis, and nature of the design would become clear to me. This dynamic, flexible design is ideally suited for the incorporation of action planning principles.

1.11.1.2 Quantitative design (Phase 3)

Quantitative designs, as used during the third phase of this study (Chapter 4), are recommended for use during the latter phases of research projects (Neill 2007). A quantitative design includes a formal, objective, systematic, and empirical investigation of phenomena and their relationship with one another (Burns & Grove 2005:23). It is therefore used to obtain "quantifiable information about the world" (Burns & Grove 2005:23). In this third phase, I sought to answer the "what", "where", "why", "how", and "when" questions regarding student recruitment in private NEIs in South Africa. Working from within a constructivist and post-positivist/pragmatist paradigm, a quantitative approach enabled me to collect data to explain and answer the "what", "where", "why", "how", and "when" of the phenomenon of recruitment as it occurs.

Traditionally, in quantitative research the methods used for data gathering consists of structured questionnaires that contain mainly closed questions with set responses (Neill 2007). Apart from the biographical information, Questionnaire 3 contained 28 closed questions and only seven open-ended questions. The open-ended questions were included to allow for elaboration on the respondents' responses to the closed questions (Chapter 4).

Data collected in a quantitative design are mostly presented in numerical format (Neill 2007). I have made use of statistics and statistical programmes such as MS Excel and the SPSS software program to analyse the data, but have enriched it with qualitative description. See Chapter 4 for an elaboration on data sampling, collection and interpretation, as applied during Phase 3.

Quantitative designs are widely used in the social sciences to generalise research findings to larger populations (Neill 2007). Although generalisation was not the aim of this study, the hope is that the findings will be applicable to other populations as well.

In essence, the purpose of the quantitative phase in the study was to get a clear understanding of the phenomenon of the recruitment of nursing students in private NEIs, as well as to identify best practices regarding recruitment, in order to develop a plan based on evidence. The action plan (Phase 4) that emerged from the results of the third phase should allow the private NEIs to modify their recruitment processes for nursing students, to enable the NEIs to deal effectively with the current nursing staff shortage of good quality candidates and effectively "bring about a measure of social change" (Henning *et al.* 2004:3).

To enable the reader to follow the phases in which I did this research study, and how I implemented the different designs and techniques, a logical flowchart is illustrated below in Figure 1-4 and summarised in Table 1-1.

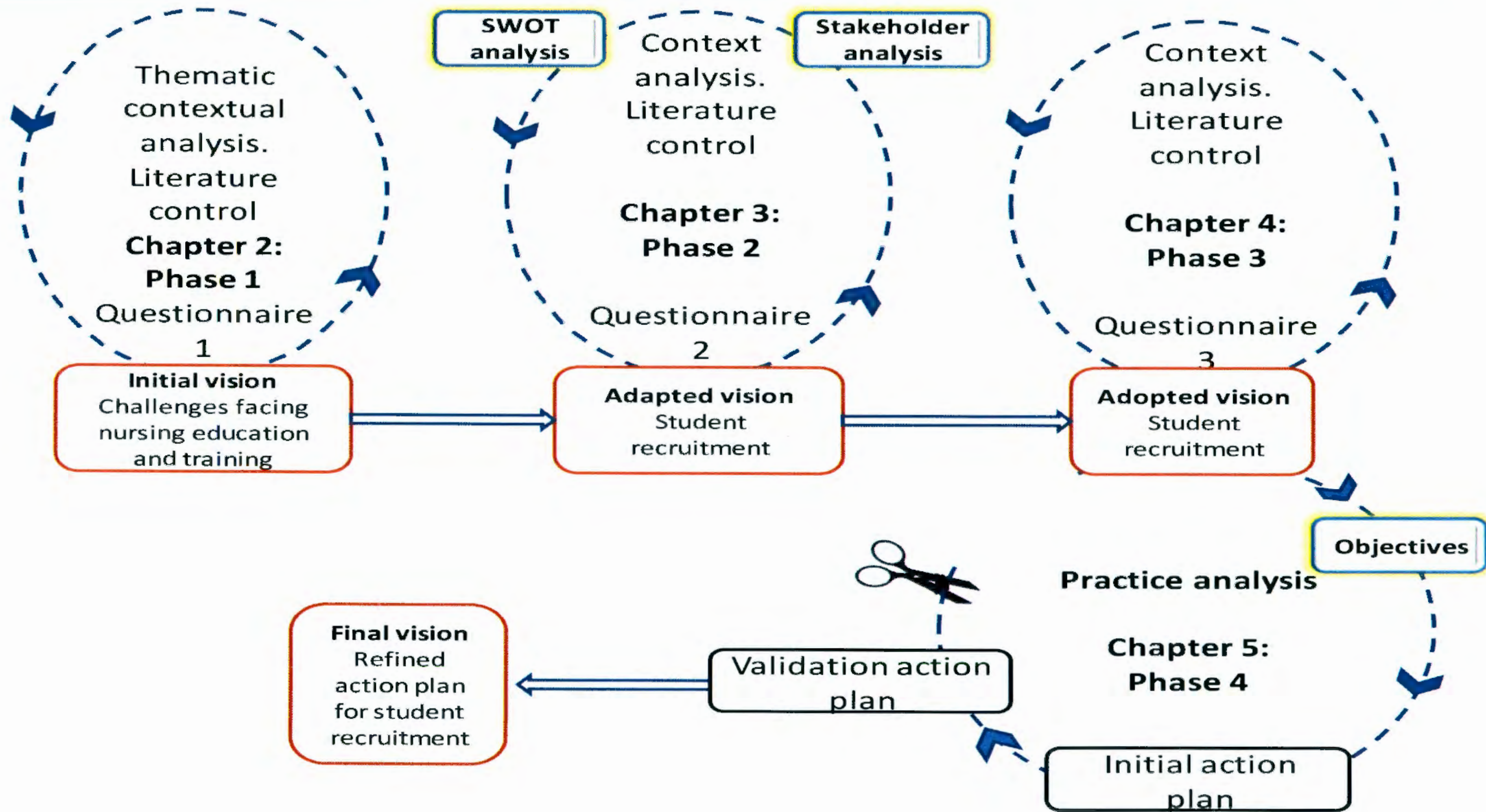

Figure 1-4: An adapted process-planning model

(Adapted from Zuber-Skerritt 2002:145)

Table 1-1: The research process

Phase	Content	Actions	Sample	Sample size	Response rate	Comments concerning the collection of data	Rationale
Phase 1 2007 Chapter 2	Initial vision Thematic concern: thematic context analysis	• Literature study (pre-reading) • Qualitative design • **Questionnaire 1** (one open-ended question) • Thematic context analysis to define the focus of the study	Nurse educators employed at the same private hospital group's NEIs, where I was employed. The questionnaires were distributed by means of email. Sampling method: purposive sampling	46	50%	Questionnaires were returned via internal mail (in the case of anonymously completed questionnaires) or via email (the identity of the respondents could be established).	To arrive at a topic for research, or a thematic concern.
Phase 2 2008 Chapter 3	Context analysis	• Qualitative design • Development of **Questionnaire 2** (two open-ended questions) • Context analysis and literature control of Questionnaire 2	The sample group was identical to that in Questionnaire 1. Sampling method: purposive sampling	46	60.87%	Questionnaires were distributed and collected as per Phase 1.	To collect information on recruitment practices, and suggestions. Information for the **third** questionnaire was collected.

Phase	Content	Actions	Sample	Sample size	Response rate	Comments concerning the collection of data	Rationale
Phase 2 2008 Chapter 3		• Qualitative design • Online distribution of **Questionnaire 2** • Context analysis and literature control of Questionnaire 2	The 11 head nurse educators/campus managers employed at the NEIs of the remaining two major private hospital groups. Sampling method: purposive sampling	11	100%	A web-based survey. Total anonymity and confidentiality were assured. The campus managers of one of the two hospital groups participated in the survey. The group that did not participate had not received approval from their research office to participate.	To collect additional information on recruitment practices, and suggestions. Information for the **third** questionnaire was collected.

Phase	Content	Actions	Sample	Sample size	Response rate	Comments concerning the collection of data	Rationale
Phase 3 2011 Chapter 4	Practice analysis	• Quantitative design with qualitative enhancement • Development of **Questionnaire 3** (28 closed questions, and seven open-ended questions) • Literature control for Questionnaire 3	All participants of the previous three rounds of questionnaires, as well as the following groups of people: • NEA members • FUNDISA members • STTI members • Nurse educators on ResearchGate™ and LinkedIn™ • International nurse educators (by means of snowball sampling) Sampling: purposive sampling method, and snowball sampling	Undeter-mined	Not possible to determine. 80 respon-dents completed the web-based survey.	Data collection was done by means of SurveyMonkey™ to facilitate the process of data collection and the combining of responses.	To confirm or refute information collected by Questionnaires 2 and 3, and to add information from the literature review. Specifically done to enrich the data that had already been collected.
Phase 4 2011 Chapter 5	Action plan	• Development and validation of action plan	Seven participants from private NEIs were selected. Sampling: purposive sampling	7	100%	Brainstorming during a validation meeting	To reach consensus regarding the general action plan

1.11.1.3 Data-collection methods: Questionnaires

I decided to make use of a more structured approach (Polit & Beck 2009:343) for data collection. The initial choice between structured interviews and survey questionnaires was guided by my objective to include nurse educators from geographically diverse areas (Polit & Beck 2009:343). For this reason, I have opted for the survey-questionnaire option.

Survey-questionnaires, as data-collection instruments, are specifically designed and used to describe a variety of aspects, such as viewpoints and philosophies (McMillan & Schumacher 2006:25). As a means of conducting a survey, a questionnaire is a "written set of questions or statements that is used to assess attitudes, opinions, beliefs, and geographical information" (McMillan & Schumacher 2006:476). Treece and Treece (1986:278), however, warn that a questionnaire is, in fact, only an "opinionnaire", which contains the respondent's guesses, biases, possible misinterpretations, or opinions. Bless and Higson-Smith (2000:117) caution that, even though respondents express their opinions in a questionnaire, their opinions do not necessarily reflect their actual behaviour.

In this study, I have made use of three survey-questionnaires. There were similarities in the sense that all three questionnaires contained closed questions eliciting biographical data. By contrast, Questionnaire 1 contained only one open-ended question, while Questionnaire 2 contained two open-ended questions. The data from both of these questionnaires were qualitatively analysed and reported on. Questionnaire 3, however, was a quantitative questionnaire with 28 closed questions, enhanced by means of seven open-ended questions.

In the surveys, I planned to gather information on best practices for the recruitment of nursing students, as well as suggestions (including opinions and viewpoints) and contributions towards an action plan, which would be compiled during Phase 4 of the research.

Other possible methods that could have been used include interviews and focus groups. Due to financial and time constraints, as well as logistical considerations, I

dismissed these methods and made the decision to continue with survey-questionnaires and a literature review (which was ultimately used as a literature control during the different phases) and to conclude with a validation meeting with experts (Phase 4). I am, however, fully aware of the limitations of the research and the findings caused by the methods that I selected.

1.11.1.3.1 Disadvantages of questionnaires

Treece and Treece (1986:277), Cormack (2000:302), Brink (2006:147), and Polit and Beck (2009:345) highlight various weaknesses, or disadvantages, of questionnaires, such as the cost involved, a low response rate, dishonesty, and lack of opportunity to clarify uncertainties and reservations.

In an attempt to reduce costs and save time, and to counteract most of the weaknesses associated with questionnaires, I eventually decided to make use of electronic mail and to distribute the questionnaires via email and on the Web. This method of distribution involved no extra costs and facilitated respondent confidentiality. To make provision for a possibly low response rate, I made use of a sample size which was larger than deemed necessary, and I resorted to snowball sampling during Phase 3. I furthermore ensured that people were selected for whom the topic was relevant, and in which they might have an interest.

To ensure that the questions in the questionnaires were clear, they were critically evaluated by my promoters, as well as critical friends and colleagues (who did not participate in the survey) to ensure face and content validity, and to ensure that there were no questions that were unclear or open to misinterpretation. This was in accordance with McMillan and Schumacher's (2006:197) recommendations.

From a pedagogical point of view, and from my own personal experience, I know that for respondents to be able to answer the questions in a questionnaire, the language of communication is as important as their level of literacy. For the purposes of this study, however, the required level of literacy could be ignored, as all of the

respondents were adults with a professional qualification. Therefore, it could be assumed that the respondents were all literate.

In the case of the electronic questionnaires, there was no personal contact between the researcher and the respondents. This absence of personal contact was preferred, so as to prevent the occurrence of the Hawthorne effect. The Hawthorne effect has been defined as the unconscious tendency that people have to modify their behaviour as a result of the attention received. This change in the behaviour of the respondents are not necessarily attributed to any specific manipulations by the researcher (Shuttleworth 2009a, Plug, Meyer, Louw & Gouws 1991:135, and Morris 1988:639). However, after initial data gathering, during the fourth phase (see Chapter 5), contact was actively encouraged to ensure validation of the action plan.

1.11.1.3.2 Advantages of questionnaires

There are also numerous advantages to the use of questionnaires, and it is my belief that the pros of using questionnaires considerably outweigh the cons. Various authors (Brink 2006:147, Polit & Beck 2009:345, Cormack 2000:302, and Treece & Treece 1986:277) have enumerated strengths, or advantages, of questionnaires as data-gathering tools.

The advantages of questionnaires that applied in the case of my study are the following:

- They are time-effective. I could survey a large group of people with relative ease.
- As I made use of email and web-based survey distribution, it was a more cost-effective way to gather the data (as compared to interviews and focus groups).
- The trustworthiness of the instrument, that is, its reliability and validity, could be determined with the assistance of critical readers, in the form of colleagues and my promoters (who all had extensive research experience and qualifications).
- Because the questionnaires could be completed anonymously, there was a higher probability that the respondents would give truthful responses, especially in the case of the web-based surveys.

- Answers and interpretations were not influenced by my feelings or biases. This ensured researcher objectivity and further increased the reliability of the survey instrument.
- There was no need to train and pay fieldworkers to gather data.

Another advantage of questionnaires, as highlighted by Bless and Higson-Smith (2000:109), is that with a mailed questionnaire, the respondent is allowed time for reflection, and even consultation, before answering the questions. For that reason, the responses received in such a questionnaire are less likely to be rushed or impulsive responses, and it is more likely that they will have been carefully thought through. It can be expected that the responses in a mailed questionnaire will have richer content than the responses in a questionnaire where a time limit is imposed on the completion of the questionnaire. I believe that an electronic survey should have the same benefits as a mailed questionnaire.

1.11.1.4 Questionnaire development process

Questionnaire development is a structured process and should follow a specific sequence. Various authors have described this sequence. I favour the description by McMillan and Schumacher (2006:194-203). These authors propose a seven-step sequence in the development of a questionnaire, before distribution can take place. This sequence is illustrated in Figure 1-5.

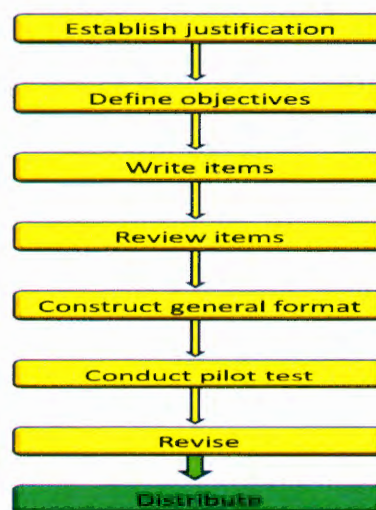

Figure 1-5: Steps in questionnaire development

Source: Adapted from McMillan & Schumacher (2006:195)

The steps include initial justification of this particular method of data collection, piloting and revising of the questionnaire, and final drafting of the questionnaire, after which the questionnaire is ready for distribution.

1.11.1.4.1 Establish justification

To establish whether the proposed method of data collection is the best possible method available, one needs to determine whether there is not a more reliable and valid technique available to gather the required information (McMillan & Schumacher 2006:194). The rationale for the choice of survey-questionnaire as data-collection method was discussed at the beginning of section 1.11.1.3. Hence, I will continue with this method.

To further justify the use of newly developed questionnaires, one needs to ask the question "Are there already developed/existing questionnaires available that can be used or adapted?" (McMillan & Schumacher 2006:194). Despite an extensive search in Google Scholar, WebCrawler, and Unisa's electronic library repository, no relevant instruments could be found. Taking into account the relative simplicity and qualitative nature of Questionnaires 1 and 2, and that Questionnaire 3 was a product of Survey-Questionnaires 1 and 2, I came to the conclusion that it was not necessary to use a predesigned questionnaire. Hence, I made use of three self-constructed questionnaires.

1.11.1.4.2 Define objectives

In defining the objectives of my research, I needed to be clear on what I wanted to accomplish with the questions asked, and what each response would contribute to meeting the objectives of my study (McMillan & Schumacher 2006:195). In order to gather background (that is, biographical) information to compile a profile of the respondents, I asked closed questions to elicit information pertaining to age, qualifications, and employment sector, among other things (see Annexure A, B and C).

My aim with the questionnaires in this study was twofold. With Questionnaire 1, I wanted to collect information from which I could choose a topic for my research. With Questionnaires 2 and 3, I wanted to gather information on and insights into best practices in the recruitment of students for private NEIs. I therefore constructed my questions in such a way that the respondents' responses would provide me with the required information.

1.11.1.4.3 Write items

Babbie (in McMillan & Schumacher 2006:196) proposes seven guidelines to follow when compiling questions for a questionnaire. When constructing the various questionnaires (three in total), I rigorously adhered to his guidelines, as discussed below.

The questions that I constructed were brief, clear, relevant, and easy to answer. None of the questions was negatively phrased, double-barrelled, or constructed in a biased manner.

The open-ended questions tended to be easier to construct (Brink 1996:155), but proved to be more difficult to interpret and more subjective (Polit & Beck 2009:343, and Polit & Hungler 1993:203). The rationale for the choice of open-ended questions was to allow respondents the opportunity to freely share ideas and concerns, without limiting them, or manipulating their minds in a particular direction (Polit & Beck 2006:343, and Cormack, 2000:302). Including open-ended questions in the questionnaire would further enable unrestrained sharing of knowledge and knowledge generation, for a richer and fuller perspective (Polit & Hungler 1993:203), and it would enable me as the researcher to acquire new insights (Treece & Treece 1986:280). Because completing open-ended questions can be time-consuming (Polit & Beck 2009:343, 345, and Polit & Hungler 1993:203), I limited the number of open-ended questions in all three questionnaires. In the last questionnaire (Phase 3), mainly closed questions were used, in order to ease statistical analysis, in a predominantly quantitative approach.

1.11.1.4.4 Review items

I asked my colleagues to critically evaluate the items in Survey-Questionnaires 1 and 2 for clarity, validity, and reliability (McMillan & Schumacher 2006:197). All the feedback was incorporated in the questionnaires.

1.11.1.4.5 Construct general format

To ensure that the questionnaires created a good first impression, which would encourage initial cooperation from the respondents, I ensured the following, as recommended by McMillan & Schumacher 2006:201):

- Professional layout and impression of the instruments: Before distributing the questionnaire, I did a grammar and spell-check on the entire instrument and made use of a language editor to make corrections, in the preparation of the final draft of the questionnaire.
- Ease of use: I modified the font size for my online questionnaires and ensured that the background colour would not be distracting or impede readability.
- I included brief and clear instructions for completing the questionnaire on the first page of each survey-questionnaire.
- I numbered the items in each questionnaire and spaced them in such a way that the questionnaires did not have a cluttered look. Questions were kept brief and to the point and followed a logical sequence.
- I refrained from using abbreviations, to prevent misinterpretation of the questions.
- Adequate space was provided for answering of the open-ended questions.

1.11.1.4.6 Conduct pilot test

As suggested by McMillan and Schumacher (2006:202 245), I pilot-tested the third quantitative survey questionnaire by soliciting critical feedback from friends and colleagues (see section 1.11.1.4 4).

1.11.1.4.7 Revise

In this phase, all critical feedback from colleagues, friends, and promoters was included, and each questionnaire went through a final round of revision before distribution took place.

1.11.1.4.8 Distribute

There are various ways to gather information from respondents, of which electronic surveys are only one method. Electronic surveys have many advantages, which, if the surveys are done correctly and under the right conditions, far outweigh the disadvantages. These advantages include aspects such as time- and cost-effectiveness, convenience, and short response time by participants (LoBiondo-Wood & Haber 2006:333, McMillan & Schumacher 2006:238, and Polit & Beck 2009:345). With electronic surveys, the sample population can be much larger than is the case with a traditional paper-based mailed survey (LoBiondo-Wood & Haber 2006:333, and McMillan & Schumacher 2006:238).

Disadvantages that could have had a negative impact on my study, and which I needed to take cognisance of, included aspects such as:

- possible low response rates;
- inability to verify the authenticity of the respondent;
- security and confidentiality as a possible problem;
- visual interface differences caused by different browsers and monitors could have been an obstacle for some respondents; and
- difficulty to obtain a random sample.

(Anderson & Kanuka, in McMillan & Schumacher 2006:239)

To counteract these disadvantages, I made use of a web-based survey generator called SurveyMonkey™ for the last two surveys. I compiled Questionnaires 2 and 3 using the Web applications of SurveyMonkey™. The first questionnaire, as well as the second questionnaire, which I first distributed in 2008, was designed on MS Excel spread-sheets, which I emailed to the respondents, and which they emailed back to me. With the version of Questionnaire 2, which I distributed again in 2011,

and Questionnaire 3, I provided the respondents with the relevant website link and requested them to complete the survey online. The advantages here included that the graphics were simple, there was no excessive scrolling necessary, and there was a progress bar to show the respondent how far he or she had progressed with the survey (McMillan & Schumacher 2006:240).

Distribution of the questionnaires only took place after final approval of the questionnaires by all of my supervisors.

1.12 Sample selection

Before embarking on a research project and distributing a survey questionnaire, it is important to decide who the population will be that will be targeted for the research. One further needs to determine in advance what makes that particular population unique, and therefore appropriate for one's study. During the discussions of each phase in Chapters 2, 3 and 4, the population and sample relevant to each particular phase were elaborated on.

1.12.1 Population groups

The various population groups are as follow:

1.12.1.1 Population and target population

Various authors differ in their definitions of the terms "population", "population universum", and "target population". As the researcher, I decided to make use of a combination of McMillan and Schumacher's (2006:119) and Polit and Hungler's (1993:173) definitions of the term "target population". According to these authors, the term "target population" (also known as "population universum") signifies the entire group of people that is the intended focus of the study (Polit & Beck 2009:306, and McMillan & Schumacher 2006:119). This is regardless of their involvement, if any, in the study (Plug *et al.* 1991:279). They must, however, fit a predetermined set of eligibility criteria (Polit & Beck 2009:306, Polit & Hungler 1993:173, and Brink 2006:123), also known as "inclusion criteria", or "distinguishing descriptors" (Brink

2006:124, and Polit & Beck 2009:306). The eligibility criteria stipulate the boundaries of the study (Brink 2006:123). It is important that the criteria and boundaries be set relatively early in the study – well before sampling takes place – to enable transferability or generalisability of the findings to the population concerned, if indeed that is the purpose of the research (Polit & Hungler 1993:174). The sampling frame imposes certain limitations on the generalisability of the findings (McMillan & Schumacher 2006:119). Having said this though, in the case of this study, generalisability was not one of the aims.

The eligibility criteria shape the sample frame (Brink 2006:124). For the purposes of this study, I decided that the inclusion (eligibility) criteria that determine the sampling frame would be professional nurses that are:

- qualified and registered as nurse educators; or
- registered nurses with experience as nurse educators (but who do not necessarily hold a registered educational qualification);
- who are employed at an NEI or higher education institution;
- are or have been involved in student recruitment (current or previous exposure/ experience);
- able to read and write English;
- willing to participate in the research study (having given their informed consent); and
- computer-literate and have access to the Internet, to complete the web-based survey.

The target population for this study therefore initially consisted of nurse educators employed at private NEIs in South Africa. However, during phase 3 I decided to distribute the questionnaire to members of the international nurse educator community who also conformed to the above criteria making the target population in this case the global nurse educator community. See Table 1.1 for an overview of the different population groups as well as the national and international distribution of the survey-questionnaires.

Figure 1-6 illustrates how the various different research populations for this study are interrelated. The set "Sample population" is a subset of the set "Accessible population", which, in turn, is a subset of the set "Population universum". There were slight changes to the populations in each phase, which have been elaborated on in sections 2.4.2, 3.6.2 and 4.4.2.

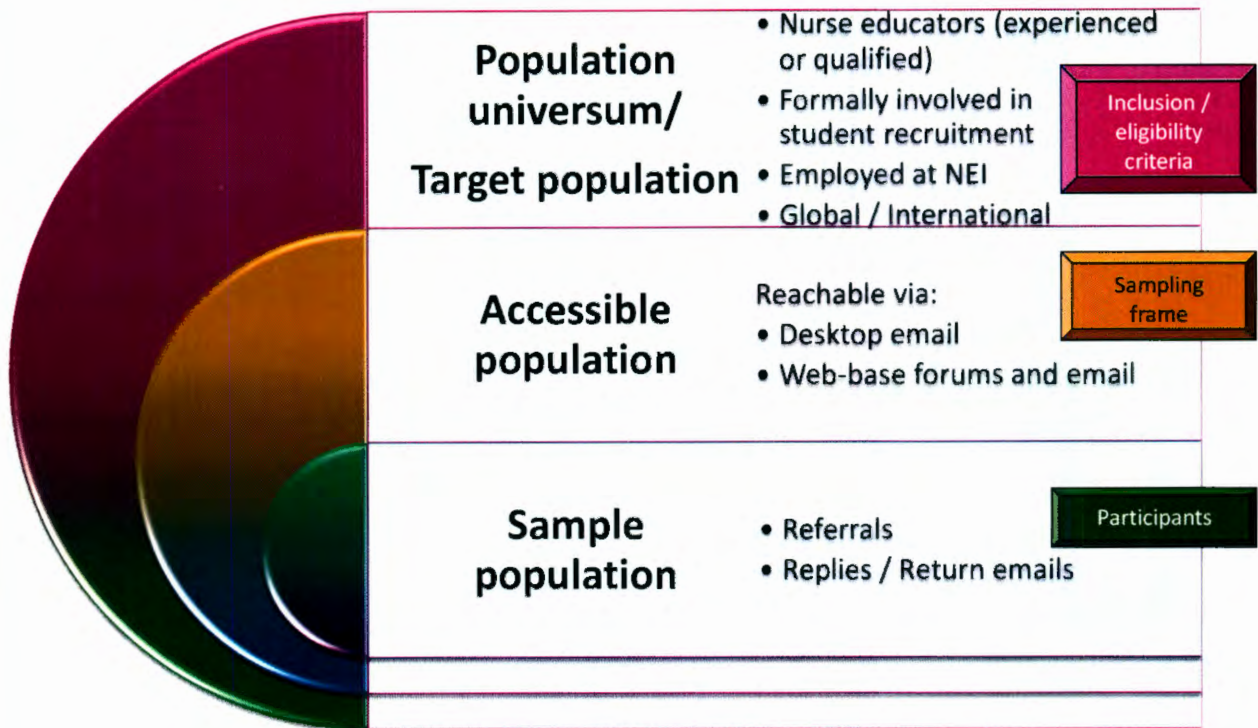

Figure 1-6: The various different research populations

1.12.1.2 Accessible population (study / survey population)

The term "accessible population" refers to the pool of people in the target population to whom "the researcher has reasonable access" (Burns & Grove 2005:342) and who are already available to the researcher (Polit & Beck 2009:307, and Polit & Hungler 1993:174). Because these people form part of the target population, it implies that the accessible population meets all of the predetermined eligibility criteria. It is also the population to whom the conclusions reached from the research can be applied (Polit & Beck 2009:306, and Polit & Hungler 1993:174). Hence, my accessible population included all nurse educators employed (at the time of survey distribution) at a higher education institution or NEI (meeting the eligibility criteria),

with whom I had email or web-based access. The accessible population determined the sampling frame.

1.12.1.3 Sampling the accessible (study / survey) population

In this study the various different samples were drawn from the accessible population (Polit & Beck 2009:307). Sampling involves using selected resources to "investigate an area of interest" (Brink 2006:123) or a phenomenon that represents the population concerned (Polit & Beck 2009:307, and Brink 2006:124). Hence, the sample contains various elements of the target population (Polit & Beck 2009:307, and Polit & Hungler 1993:174).

The rationale behind including the nurse educators in the survey, as well as in the formulation of the action plan, is the principle described by McNiff as "sharing ideas to generate new ones" (McNiff 2002:3). This increase in information / data relates to the concept of co-intelligence, a concept that Atlee (in Tovey 2008:5) conceived to describe the holistic inclusive approach "to evoke the wisdom of the whole on behalf of the whole" (Atlee in Tovey 2008:5).

Various techniques can be used for sampling. In qualitative research (for example, Phases 1 and 2), purposive sampling is the most frequently used technique (Polit & Beck 2009:319, McMillan & Schumacher 2006:415, and Holloway & Wheeler 2002:16), as opposed to random or representative sampling, which are traditionally used in quantitative research (Greener 2011:62-64). The advantage of sampling in qualitative research is that sampling is flexible and develops during the study (Holloway & Wheeler 2002:16). In this study, I made use of purposive sampling (in Phases 1, 2 and 3) and snowball sampling (in Phase 3).

The different sampling techniques as well as the rationale for using the selected methods during the qualitative phase (Phases 1 and 2) are elaborated on in sections 2.4.2.3 and 3.6.3. During the quantitative phase (Phase 3), I modified my sampling method to include a wider variety of respondents (4.4.3.). For the fourth phase, where the action plan was validated, a very small sample was purposively selected.

1.12.2 Data-collection strategies and techniques

The data collection in this study consisted of various overlapping cycles, where data collection and analysis of data were interwoven. McMillan and Schumacher's three overlapping cycles, namely planning, data collection, and completion, were used (McMillan & Schumacher 2006:322).

During the planning phase, a proposal was sent to the Title Registration Committee (CTR) for Education Studies in the Faculty of the Humanities at the University of the Free State (UFS) to apply for permission to proceed with the research. After approval was granted, a condensed proposal was sent to what was at that stage my direct line manager at a private NEI, in order to request permission to collect data. The line manager approved the request.

In the data collection phase, two main objectives were pursued, namely the collection of data from the literature, and the collection of data from respondents. Data collection from the literature was done by means of an in-depth document review of the student nurse recruitment process in South Africa and other countries. Information and evidence concerning best practices in the recruitment process were collected. This baseline data served as a starting point for compiling the self-constructed second and third questionnaires, as well as the recruitment action plan. Data collection from the nurse educators was done by means of various survey-questionnaires. During each round of questionnaires, a literature control was done and integrated with the data analysis and data reporting.

1.12.3 Data analysis and reporting

In this study, the data collection and data analysis were done by me, but in consultation with my supervisors. A data trail was kept, to enable generalisation of the findings of the study to similar contexts for future reference and scrutiny (Creswell 2009:186).

The qualitative data from Questionnaires 1 and 2 were coded (the qualitative component), and a thematic analysis was done. The frequency of the themes was

calculated (quantitative enhancement). The responses with the highest frequency were included, emphasised, and prioritised. The third questionnaire was developed accordingly (Chapter 4).

The third questionnaire was analysed with the SPSS software program (provided by SurveyMonkey™), and the data were presented in the form of descriptive statistics, tables, and graphs. The findings were also interpreted and compared with information found in the literature (qualitative enhancement). Relevant findings from Questionnaire 3 were included in the action plan.

The action plan was evaluated and approved during a validation meeting with selected participants. Data were reported in the form of rich descriptions, supported by statistical detail and graphic depiction. Chapter 5 elaborates on this process.

Data analysis was elaborated on during each phase, as reported in the relevant chapters.

1.13 Ethical considerations

One can easily assume that all normal human behaviour and academic conduct are guided by certain ethical (moral) principles that one has knowingly or unknowingly agreed to abide by. In academic research, there is the obvious assumed courtesy or decency, which is embodied in us all, but then there are also the formal principles, guidelines and legislation that ensure that research does not harm the innocent bystander or exploit the participant, and that it is not detrimental to society at large. In this section I looked in more detail at those aspects that guided the ethical side of my research, and explain how I conducted my research to conform to all the prescribed ethical principles.

Before one can establish what ethical research is, one needs to establish what it is not. Ethical misconduct (the opposite of "ethical conduct") includes fabrication or falsification of evidence and data, and the misrepresentation of findings. It also

includes plagiarism. Ethical misconduct is a serious deviation from the truth, but should not be confused with honest mistakes or differences in judgement (Guidelines for responsible conduct of research 2007:3). Ethical conduct, on the other hand, suggests moral values and moral conduct (LoBiondo-Wood & Haber 2006:563).

All research done in the field of nursing in South Africa is regulated by the Nursing Act (RSA: DoH 1978, and RSA DoH 2005a), which clearly states in point 41, the section on research, that

> "The Council must ensure that the prescribed **ethical conduct** pertaining to research related to the practice of nursing is adhered to and may take appropriate disciplinary action against persons who act in contravention of such rules or any other law" (RSA DoH 2005a).

As a result, I needed to adhere to the legislation of the ETQA of my profession in terms of privacy, confidentiality, informed consent, and professionalism.

The relevant Title Registration Committee (CTR) in the Faculty of the Humanities at the University of the Free State critically evaluated my research proposal for adherence to the basic ethical rules and regulations regarding research (as stipulated by the University of the Free State and its Faculty of the Humanities). Only after acquiring permission from the CTR, was I allowed to continue with data collection. The necessary permissions are discussed in the relevant chapters, where applicable.

Apart from the Nursing Act, I consulted various other legal documents and papers to ensure that I did not deviate from the prescribed ethical principles. Documents that were consulted were:

- The Nuremberg Code of 1949 (Mitscherlich 1949);
- The Belmont Report of 1978 (USA 1978);
- The Declaration of Helsinki, revised and published in 2008 (WMA 2008); and
- The ICN Code of Ethics for Nurses of 2006 (ICN 2006).

The above is all very important legislation, and the essence of it can be summarised in the following three principles, as found in the Belmont Report of 1978:

- Beneficence (USA 1978:6);
- Respect for persons (USA 1978:4); and
- Justice (USA 1978:8).

An elaboration on the above principles and an explanation on how I managed to adhere to these principles in my study follow below.

1.13.1 Beneficence

Beneficence includes the principle of minimising risk, while at the same time maximising benefits for the participants (USA 1978:6).

1.13.1.1 The right to freedom from harm and discomfort

I favour Whitehead and McNiff's definition, which states that "Demonstrating ethical behaviour is when people commit to respecting themselves and one another, and not to do harm" (Whitehead & McNiff 2006:77). It is important to note that the commitment 'to not inflict harm' refers not only to physical harm, but also to psychological harm.

1.13.1.2 The right to protection from exploitation

It was important that no participants should have felt that they were being exploited. Again, this was prevented by getting the participants to sign informed consent and voluntary participation forms (covering letter in Annexure A, B and C).

1.13.2 Respect for human dignity

Respect includes treating a participant as an autonomous person. This includes aspects such as providing the participant with adequate information, and ensuring voluntary participation and respect for the person in general USA 1978:5). This implies that the participant has the right to full disclosure of information, to enable him or her to make an informed decision as to whether he or she will participate in the study. It also implies that the participant can withdraw from the study at any

given time, without suffering any consequences or threat of intimidation. These principles were clearly communicated to all participants in the covering letter that was included with every questionnaire sent to them (Annexure A, B and C).

1.13.2.1 The right to self-determination

All participants received a covering letter that described the purpose of the study as well as the ethical principles that will be adhered too. For example participants were made aware that participation was voluntary and anonymous, and that they could withdraw from the study at any time if they so desired. By completing the questionnaire and sending it back or submitting it electronically, informed consent to participate in the study was assumed.

1.13.2.2 The right to full disclosure

Participants have the right to receive sufficient information concerning the study, to enable them to make an informed decision and not be deceived. All participants received a covering letter explaining the rationale for the study. My contact details were also provided, to enable the participants to contact me should they have any uncertainties or reservations regarding the study.

1.13.3 Justice

Justice includes the principles of treating participants fairly and respecting their privacy (USA 1978:8), as explained in the following two subsections.

1.13.3.1 The right to fair treatment

This right entails that I treat people who decline to participate in the study fairly, and that there be no discrimination whatsoever on my part. I believe that in all the surveys that I conducted, my conduct was courteous, tactful, and not discriminatory in any way.

1.13.3.2 The right to privacy

In order to protect the anonymity of the nurse educators, they were granted the option to not divulge their names on the questionnaire. To further protect the identity

of the respondents, I stored the data on my computer at home. The computer was for my private use only, and it was password-protected.

There are, however, some ethical principles that are not covered by the Belmont Report. These include aspects such as plagiarism, the handling of data, and the obligation to report on any misconduct.

1.13.4 Plagiarism

As plagiarism is considered highly unethical and dishonest, it is not tolerated in academic circles. I therefore made sure that I acknowledged all the sources that I used (Mouton 2001:241). Even when paraphrasing authors, I acknowledged them as the source of the information. All the sources that are referenced in the text are included in my list of references.

1.13.5 The handling of the data

The handling of data is incredibly important, as a study depends on the credibility of the results collected and interpreted.

1.13.5.1 Integrity of the data

To prevent ethical misconduct, data may not be falsified or fabricated (Mouton 2001:240). I shall, therefore, keep all raw data collected in this study for up to at least five years after publication of this study. Data will be available for scrutiny to confirm the validity of my findings. As omission of certain results could cause a distortion of the truth, all data collected were, to the best of my knowledge, accurately reported on.

1.13.5.2 Use and misuse of the data

All data in this study were processed and reported on using the most suitable method, by way of descriptions, tables, and graphs. No significant data were omitted.

1.13.5.3 Ownership of and access to the data

The university where I was registered as a student for the PhD degree retains ownership and copyright of the research.

1.13.5.4 Storage and retention of the data

The data from the surveys were analysed and are stored on my personal computer at home. The computer is password-protected, and therefore no one but me has access to the data. After the final draft of the thesis has been completed, the data and the results will be transferred onto a CD, and all back-ups will be erased from my computer. Data on the CD will be password-protected, and the CD will be locked in a safe.

1.13.6 Obligation to report

If, for some unforeseen reason, errors in my interpretation of the results become known at any time, I have an ethical obligation to report this to my supervisors, and to mention this fact in the relevant reports. Up to this point, however, no errors that I am aware of, which could have influenced this research in any way, have been detected.

1.14 Limitations of the research design

The limitations of this study will be discussed in each chapter, if they are found to be significant. In Chapter 6, all the limitations, as well as recommendations, will be discussed in depth.

1.15 Validity, reliability, and trustworthiness

The value of a research study is embedded in the validity, reliability, and trustworthiness of the study. Zuber-Skerritt and Fletcher (2007:423) prefer to make use of the term **authenticity**. According to these authors, the authenticity of the

results of a study reside in the acceptance and perceptions of the individuals involved in the study, and not necessarily in the acceptance and perceptions of individuals not involved in the study (Zuber-Skerritt & Fletcher 2007:423).

Due to the fact that my study involved various different research techniques, the validity, reliability, and trustworthiness of my study will be discussed according to the various different research phases. (Table 1-2.)

1.15.1 Phases 1 and 2: Trustworthiness

The value of Phases 1 and 2 of my study lies in the trustworthiness of the study. In quantitative research, the concepts of 'validity' and 'reliability' are used to confirm trustworthiness. In qualitative research, these concepts are not always used. I preferred to use the concepts of 'credibility', 'transferability', 'dependability', and 'confirmability', as used by Lincoln and Guba (1994), and quoted by various other authors and scholars (Polit & Beck 2009:492, De Vos, Strydom, Fouché and Delport 2002:351, and Winter 2000:58). (See Table 1-2.)

Table 1-2: Concept comparison for trustworthiness/authenticity

Guba and Lincoln's quality issues	Quantitative concepts	Qualitative concepts	Actions applied
"Truth value"	Internal validity	Credibility	• Authority argument • Prolonged engagement • Persistent observation • Between-method triangulation • Peer debriefing
Applicability	External validity	Transferability	• Thick description • Audit trail • Purposeful, comprehensive and/or snowball sampling
Consistency	Reliability	Dependability	• Transparency of research process • Internal consistency (audit trail available for scrutiny) • External consistency
Neutrality	Objectivity	Confirmability	• Data trail: Detailed description of methods and results (reasoning is traceable and can be confirmed by other researchers)

Source: Adapted from Greener (2011:105-106), Polit & Beck (2009:492), Holloway & Wheeler (2002:251-256), Winter (2000:58), Lincoln & Guba, in De Vos *et al.* (2002:351), and Siegle (n.d.).

1.15.1.1 Credibility

The aim of confirmed credibility is to "demonstrate that the inquiry was conducted in such a manner as to ensure that the subject was accurately identified and described" (Lincoln & Guba in De Vos *et al.* 2002:351).

To prevent possible bias during my interpretation of the results, I made use of a strong theoretical base, known as "authority argument", where key opinion leaders and respected researchers in the field were used as sources of evidence. The key opinion leaders included, among others, my supervisors and colleagues as critical readers. Therefore the data produced in conjunction with the theory explicate the evidence (Henning *et al.* 2004:7).

McMillan and Schumacher (2006:324) and Siegle (n.d.) identify certain criteria that can improve the credibility of a research study. These criteria include the following:

- prolonged engagement;
- persistent observations;
- between-method triangulation; and
- peer debriefing.

In the study, I persisted in the field ("prolonged engagement"), in order to counteract fluctuations that might have occurred during periods of low response rate. This enabled continuous and persistent analysis of the data gathered ("persistent observation") and limited any bias from me, as well as minimising the impact that I might have had on the context.

The use of different successive questionnaire-surveys to gain information allowed me to ask different types of questions, thereby not restricting me, the researcher, or the research process. I adapted the methods used ("between-method triangulation") to suit the specific situation and gained access to the information required (Hesse-

Biber & Leavy 2011:51). Predominantly, I made use of survey-questionnaires and literature controls.

My colleagues at my current place of employment (with approximately equal or higher qualifications and job status), as well as my supervisors and critical friends, assisted me with personal "peer debriefing". They functioned as a sounding board for me, and also pointed out various pitfalls and shortcomings in my reasoning and assumptions.

Neither the participants nor I realised any financial gain from this study. I carried the financial burden of the study and I am in no way indebted to any private health care company, group, or academic institution. Hence, the results from the survey are unbiased and are a true reflection of the opinions of the respondents.

1.15.1.2 Transferability

Although qualitative research has a holistic approach and concerns itself with a localised culture, the intention with transferability in qualitative research is that the context of the study must be described in such a way that other researchers will be able to transfer the results to similar context with different participants, and still yield similar results (Holloway & Wheeler 2002:255, Winter 2000, and Lincoln & Guba in De Vos *et al.* 2002:352). However, I do hope that public NEIs, and private NEIs not included in this study, will be able to adapt and apply the results to their institutions as well. By making use of thick description, leaving an audit trail, and employing purposeful and snowball sampling techniques, I endeavoured to ensure that other researchers will be able to transfer the findings of my study to a similar context.

1.15.1.3 Dependability

The concept of dependability refers to the consistency and accuracy of the findings of a study and relates to the quantitative concept of 'reliability' (Holloway & Wheeler, 2002:254). To ensure dependability of the results, I focussed on internal consistency, to ensure that the data I gathered were realistic and "added up" (Hesse-Biber & Leavy 2011:52). I also left an audit trail, that is, I kept all my field notes and

data for possible inspection by others, and I consulted with my supervisors while I interpreted the data (Holloway & Wheeler 2002:254). External consistency was ensured by checking data from the survey against data found in the literature (Hesse-Biber & Leavy 2011:52). All the evidence was kept electronically and is of such a nature that other researchers will be able to repeat (but not replicate) the study (Holloway & Wheeler 2002:255). According to Siegle (n.d.), "Since there can be no validity without reliability (and thus no credibility without dependability), a demonstration of the former is sufficient to establish the latter".

1.15.1.4 Confirmability

Confirmability is the extent to which the results are the product of the inquiry and have not been prejudiced by the preconceptions of the researcher (Siegle n.d.). Confirmability demands openness from me, as the researcher, as well as intellectual honesty (Holloway & Wheeler 2002:255), and leaving an audit trail for others to verify my results. All the data were evaluated, and the results are reported in Chapters 2, 3 and 4. I stayed in the field until data saturation was reached and reported honestly on all the feedback I received. I also made use of critical readers for feedback, as well as a member check during the validation meeting.

1.15.2 Phase 3: Validity and reliability

Trustworthiness in the form of validity and reliability was demonstrated, to ensure the authenticity of the research process in the third phase.

1.15.2.1 Validity

Validity determines the extent to which the questionnaire measures what it claims to measure (Burns & Grove 2005:376). Validity was ensured by satisfying the demands of content validity and construct validity. Content validity in the case of my study would be the degree to which the questionnaire adequately reflects and measures the concept of 'recruitment' (Mokkink, Terwee, Knol, Stratford, Alonso, Patrick, Bouter & De Vet 2010). To ensure content validity, I compiled a checklist similar to the one suggested by Mokkink *et al.* (2010).

These authors ask the following five questions:

- Was there an assessment of whether all the items refer to relevant aspects of the construct to be measured?
- Was there an assessment of whether all the items are relevant for the study population, for example, age, gender, epidemiological factors, country, and setting?
- Was there an assessment of whether all the items are relevant for the purposes of the measurement instrument (discriminative, evaluative, and/or predictive)?
- Was there an assessment of whether all the items together comprehensively reflect the construct to be measured?
- Were there any important flaws in the design or methods of the study?

Due to the fact that the fourth questionnaire was compiled using feedback from the previous questionnaires (Questionnaires 1 – 3), and was supported by a literature control, content validity can be claimed. In addition, the questionnaire was sent to my supervisors, critical readers, and colleagues for them to pilot it and evaluate it. All feedback was incorporated into the fourth questionnaire. Hence, the first four questions of Mokkink *et al.* (2010) can be answered in the affirmative. Up to this stage, I have no important flaws to report on. Hence, the answer to Mokkink's fifth question is negative.

Construct validity is a measure of whether the research adequately measures the phenomenon under investigation (Shuttleworth 2009b). A sound design, as well as feedback from experts, all contribute to ensuring construct validity. One of the threats to construct validity is researcher bias and expectancies (Shuttleworth 2009b). By limiting my interaction with the respondents, my expectancies did not influence the respondents' responses. Bias was also counteracted by making use of critical readers.

1.15.2.2 Reliability

Reliability denotes the consistency of the questionnaire (Burns & Grove 2005:374). It implies that the study is repeatable and will yield the same results if repeated in a

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similar population (Shuttleworth 2008). Reliability was ensured by means of between-method triangulation, piloting the questionnaires among peers, colleagues, and critical friends, and using a literature control.
Reliability and validity are discussed again in Chapter 4.

1.15.3 Phase 4

During this phase, trustworthiness of the process was ensured by means of member checking during the validation meeting. The participation and peer evaluation of the participants, as well as the validation group's agreement on the action plan, gave me confirmation that they approved of the action plan, (Zuber-Skerritt & Fletcher 2007:423 and McNiff 2002:17).

After a process of brainstorming, the action plan was accepted. This acceptance made the action plan credible and authentic. An accurate account of the process is given in Chapter 5.

1.16 Division of chapters

The chapters will follow the order of the research process. The division of the chapters for this study is as follows:

- **Chapter 1:** Introduction and orientation to the study (the current chapter), including general details pertaining to the research design and methodology for this study.

- **Chapter 2:** Phase 1. Initial vision and thematic concern.

This chapter deals in essence with the methods and analysis that I used to establish my research topic. In this chapter I discuss the first qualitative survey-questionnaire and the appropriate research design, supported by a literature control. Trustworthiness and ethical principles are elaborated on.

- **Chapter 3:** Phase 2. Context analysis

This chapter deals with the development, administration, and analysis of the second (qualitative) survey-questionnaire (which has been administered at two different occasions, namely in 2008, and again in 2011). It includes an outline of the supporting and guiding methodology, and the measures taken to ensure trustworthiness and adherence to ethical principles, as applicable to Phase 2. The context analysis and literature control for Questionnaire 2 are also outlined. The data from these survey-questionnaires and the accompanying literature control eventually formed the basis for the compilation of the third questionnaire.

- **Chapter 4:** Phase 3. Practice analysis

This chapter deals with the development of the third and final (quantitative) questionnaire. It includes an outline of the supporting and guiding methodology, and an explanation of how reliability and validity were ensured, as well as how the relevant ethical principles were applied. The analysis and literature control of Questionnaire 3 are also discussed. The results from Questionnaire 3 were ultimately applied in Phase 4.

- **Chapter 5:** Phase 4. Action plan

In this chapter, the discussion focuses on the creation of an action plan for recruitment. Again, the focus falls on the authenticity of the process. I also reported on the results from the validation meeting with experts. The final action plan, incorporating suggestions and modifications, is presented.

- **Chapter 6:** Limitations, conclusions, and recommendations.

Chapter 6 is the final chapter, in which I finally answered the research questions. I also elaborated on the limitations of the study and included a number of recommendations for future research studies.

1.17 Summary and concluding remarks

In this chapter my intent was made evident. I also provided a general overview of the research design and methodology that directed the study. As a passive participant observer, I firstly made use of a qualitative design with some quantitative enhancement, which was characterised by a descriptive, exploratory, and contextual focus. During the last round of questionnaires, I switched to a quantitative approach, this time with qualitative enhancement.

In the following chapter, I elaborated on the first phase of the research process, which includes the thematic concern. Chapter 2 is followed by the next three phases of this research process as laid out in chapter three and four. An action plan makes up chapter five, which then precedes the final chapter reporting on the limitations and recommendations of my empirical research.

A diagram at the beginning of each of the subsequent chapters will orientate the reader to the discussions that follow.

Chapter 2
Thematic concern

"Some men see things as they are and ask why.
Others dream things that never were and ask why not."

George Bernard Shaw

2.1 Introduction

Lao Tzu said that a journey of a thousand miles must start with a single step (Ni 1993). In this chapter, I share an overview of my initial steps and the journey that took me from several fuzzy ideas to the topic for this study, which ultimately led to the beginning of the second journey.

As mentioned in the previous chapter, I am passionate about nursing and concerned about the future of nursing as a profession. Therefore, when I registered for my PhD, I knew that I wanted to make a difference in nursing, and specifically in nursing education. In focusing on that, I addressed McNiff's first question, namely "What issue am I interested in researching?" (McNiff 2002:13). After numerous hours of deep personal reflection, reading, and conversations with friends, "foes", and family, I decided to formally involve my colleagues in my quest to find a reconnaissance. Therefore, I included the critical intelligence of my nurse educator colleagues to develop my praxis. This action closely links to Zuber-Skerritt's (2002:144) view that the results of research should not only benefit the individual, but also other participants and/or colleagues. It further incorporates Lewin's concept of 'thematic concern' (Zuber-Skerritt 2002:144, and Zuber-Skerritt & Fletcher 2007:413). In this chapter, the thematic concern focuses on a particular educational concern that requires interrogation and adaptation.

As set out in Table 2-1, the research unfolded as follows:

Table 2-1: Phase 1 of the study

Phase	Content	Actions	Sample	Sample size	Response rate	Comments about the collection of the data	Rationale
Phase 1 **2007** Chapter 2	Initial vision Thematic concern	Literature study (pre-reading) Qualitative design **Questionnaire 1** (biographical data and one open-ended question) Context analysis to define the focus of the study	Nurse educators employed at Hospital Group A Distribution of question-naires per email Sampling method: purposeful	46	50 %	Question-naires were returned via internal mail (anonymous) or via email (respondents were identifiable).	To arrive at a topic for my research. Thematic concern.

In this chapter, I have made use of a general qualitative survey-questionnaire, consisting of one open-ended question, preceded by a literature review. The aim of both the literature review and the question was to determine the various challenges that face nursing education in South Africa today. I used the information found in the literature to either confirm or refute the significance of the challenges identified by the respondents, and vice versa. From there, I used the responses to elicit possible themes for my research study. The final theme selected focused on student recruitment. After the topic was selected, a literature control was conducted to validate the relevance and necessity of the selected theme. The literature control pertaining to recruitment forms the foundation for the third chapter, in which recruitment is elaborated on.

2.2 Identifying my thematic concern: A literature review

As in any profession and field of education, nursing education is plagued by various challenges. In identifying my thematic concern, I scoured the literature for guidance,

and in the end I decided to follow an initiative that had been taken by the Saskatchewan Registered Nurses' Association (SRNA) Council. In May 2001, the SRNA Council invited several participants to an accountability session. A short questionnaire was completed by 61 of the more than 200 participants. The first question was:

> *"What do you see as the major challenges facing the nursing profession, that impact on the public, within the next 5 years?"*

Ninety-seven per cent of the respondents indicated that they perceive recruitment and retention to be major challenges. In addition, 80.32% cited the nursing staff shortage, combined with workload issues, while only 32.79% thought that the aging nursing staff population was cause for concern (Pederson 2001). The view that the majority of respondents aired, namely that the major challenges facing the nursing profession in the next five years are recruitment, retention, and the ever-growing nursing staff shortage, have been witnessed in the profession. This view is elaborated on in Chapters 1 and 3. The current nursing staff shortage is one of the major motivational pillars that my study has been built on (1.3.). In section 2.7, I explain that I formulated an adapted version of the question posed in 2001 by the SRNA Council, in order to identify my thematic concern.

Other sources consulted in my quest were documents and publications by various authors and role-players. (See section 3.5.2 for a detailed discussion of the various stakeholders.)

One of the major role-players in nursing education in South Africa is SANC (1.8.4 and 3.4.2.3). In 2004, SANC (2004:4) identified the following challenges pertaining to nursing education and training:

- Creating a caring ethos within the nursing profession;
- Addressing national health priorities in all nursing education programmes;
- Establishing lifelong learners and critical thinkers in nursing;
- Quality assurance in nursing practice; and

- Limited access to nursing education due to the slow implementation of the National Qualifications Framework (NQF) in the health sector. These concerns included the following:
    - Selection and recruitment criteria limits access to nursing training.
    - Due to the non-articulation of nursing qualifications, access to higher education is limited for certain categories of nurses.
    - Recognition of prior learning (RPL) is not applied as envisaged, again limiting access to higher education.

The National League for Nursing (NLN) has also identified 10 trends that influence not only the nursing profession, but also nursing education (Heller, Oros & Durney-Crowley n.d.). These trends include aspects such as:

- Changing demographics and increasing diversity;
- The exponential increase in technology;
- Globalisation of the world's economy and society;
- The era of the educated consumer, alternative therapies, genomics, and palliative care;
- The shift to population-based care, and the increasing complexity of patient care;
- The cost of health care, and the challenge of managed care;
- The impact of health policy and regulation;
- The growing need for interdisciplinary education for collaborative practice;
- The current nursing staff shortage;
- Opportunities for lifelong learning and workforce development; and
- Significant advances in nursing science and research.

In 2008, the Department of Health (RSA DoH 2008) identified certain aims and challenges for nursing education in South Africa. These include the following:

- Nurse educators:
    - Improving the quality of the nurse educator; and
    - The recruitment and retention of nurse educators.

- Nursing education:
    - Harmonisation of education and training;
    - Theory-practice integration;
    - RPL; and
    - Continuing professional development (CPD).
- Increasing the production of nurses (per implication, this includes recruitment and selection of students).

In the book *Nursing Education Challenges in the 21st Century*, Callara (2008) confirms the aspects mentioned by the above authors and role-players.

As is clear from the evidence above, several authors have agreed as to what the numerous challenges are that face the nursing profession. However, these challenges are too dissimilar to address in a single study. Hence my decision (as described in section 2.1) to include my colleagues in an effort to elicit a single topic. My broad point of departure, however, was the challenges that affect nursing education in South Africa.

Many of the concerns regarding nursing as a profession revolve around the escalating nursing staff shortage, as well as ways to counteract the shortage. Although nursing staff shortages are not a new concern to the nursing profession, there were times when key opinion leaders predicted a surplus of nurses and suggested a downscaling in the training of nurses (Pew Health Professions Commission 1995).

2.2.1 The nursing staff surplus: fact or fiction?

At the end of the previous millennium, rumours were that there was going to be a surplus of nurses in circulation. BBC reports (January 1999) claimed that the UK's National Health System (NHS) recruited nurses from South Africa, because "South Africa is a prime recruiting base because recent cuts in the country's health service has left it with a surplus number of nurses" (BBC News Online 1999)

However, in November the same year, *The Independent* published their article "Ministers stop NHS hiring staff in South Africa" (BBC 1999). *The Independent* (1999) quoted former UK Health Secretary Frank Dobson, who declared that the trade in nurses was an "international disgrace".

A report published by the Pew Health Professions Commission (1995:10) shed some light on the possible cause of the current global nursing staff shortage. According to the report, there was a planned transformation of health care in the USA (from formal hospital nursing to public health clinics). The Pew Commission published figures in their report, where they predicted a surplus of health care workers. According to their report, if the status quo were maintained, the following would inevitably happen in the USA:

- closure of 50% of the hospitals, with a loss of as much as 60% of the hospital beds;
- a considerable increase in ambulatory primary health care;
  - due to a decrease in the demand for medical specialists, a surplus of 100,000 to possibly 150,000 physicians; and
  - a surplus of 200,000 to 300,000 nurses (Pew Health Professions Commission 1995).

One of the recommendations that emerged from the Pew Health Report (1995:43) was a reduction in the size and number of nursing education programmes. The recommended downsizing was between 10% and 20%. It is clear that several other countries followed the Pew recommendations. The consequences of those recommendations have left most of these countries with a nursing staff shortage more severe than ever before.

2.2.2 The situation in South Africa

Following the Pew Health Report of 1995, the South African Nursing Council initiated communication (SANC 1999) regarding the possible phasing out of the R.2176 auxiliary programme (Ntuli, Crisp, Clarke & Barron 2000:276). Subsequent to the discussions, an immediate decrease in the number of learners registering for most of the courses offered by the Council was recorded. Although the numbers have

gradually increased again over the past few years, the initial void that was created took many years to be corrected (Figure 2-1 and SANC 2011).

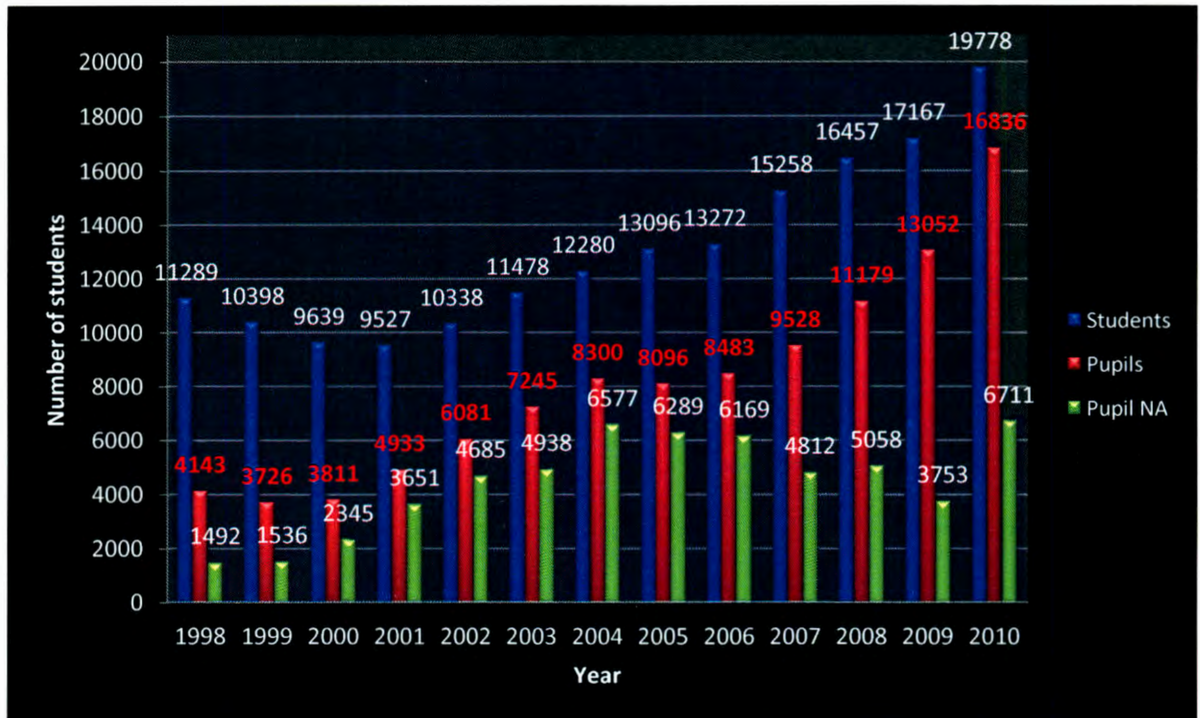


Figure 2-1: Annual student numbers on SANC's register

Source: Author (Data from SANC 2011)

What the Pew Commission and other significant role-players did not take cognisance of was the number of illegal immigrants in the country, the aging population, the changes in the country's health profile, and co-morbidities of the various populations, all of which will necessitate an increase in the number of nurses in the future, not a decrease.

Given the current shortages, it is my belief that the nursing profession in South Africa has not yet managed to rectify the void that was created in the late 1990s.

If there is one disease that has placed enormous demands on human resources in the field of health it has been HIV/AIDS.

2.2.2.1 The impact of HIV/AIDS on nursing staff numbers

It is a well-known fact that the human immunodeficiency virus (HIV) epidemic has a major detrimental effect on the health of South Africa's citizens. According to 2007 statistics, 18.1% of our adult population (25 years and above) are infected with HIV (WHO 2008, and Dohrn, Nzama & Murrman 2009:27). Currently, South Africa is the country with the highest number of HIV-infected people in the world (WHO 2012a). The total number of HIV-infected people in South Africa increased from 4.1 million in 2001 (StatSA 2010:8) to 5.38 million in 2011 (StatSA 2011:3). Not only does this place an additional burden on health care providers, but nursing personnel are also included in the number of people infected with HIV. According to the Human Sciences Research Council (HSRC), the HIV seroprevalence among healthcare workers in South Africa was a shocking 15.7% in 2002 (Ncayiyana 2004:584-585). In 2009 the prevalence among nursing personnel approximated the 18.1% recorded for the general population (Dohrn *et al.* 2009:27). This suggests that in future the effect of HIV in the workplace will become evident, as low staff morale and HIV-related absenteeism increase. This will inevitably increase the workload of the remaining personnel (Dohrn *et al.* 2009:27; Ncayiyana 2004:584-585). This increased workload needs to be taken into account when decisions are made regarding the number of students to be recruited, as well as the number of personnel to be appointed, so that provision can be made for the increase in absenteeism.

The changing and challenging health landscape in South Africa places high demands on nursing personnel. The estimated 5.38 million South Africans living with HIV (StatSA 2011:5) need HIV counselling, medication, and additional nursing care, due to the fact that their immune systems are compromised, as well as the fact that they are more susceptible to opportunistic infections. This, as well as the distribution of antiretroviral medication (Figure 2-2) all add to the daily burden and added workload of nurses in hospitals and clinics (HWSETA 2011:49).

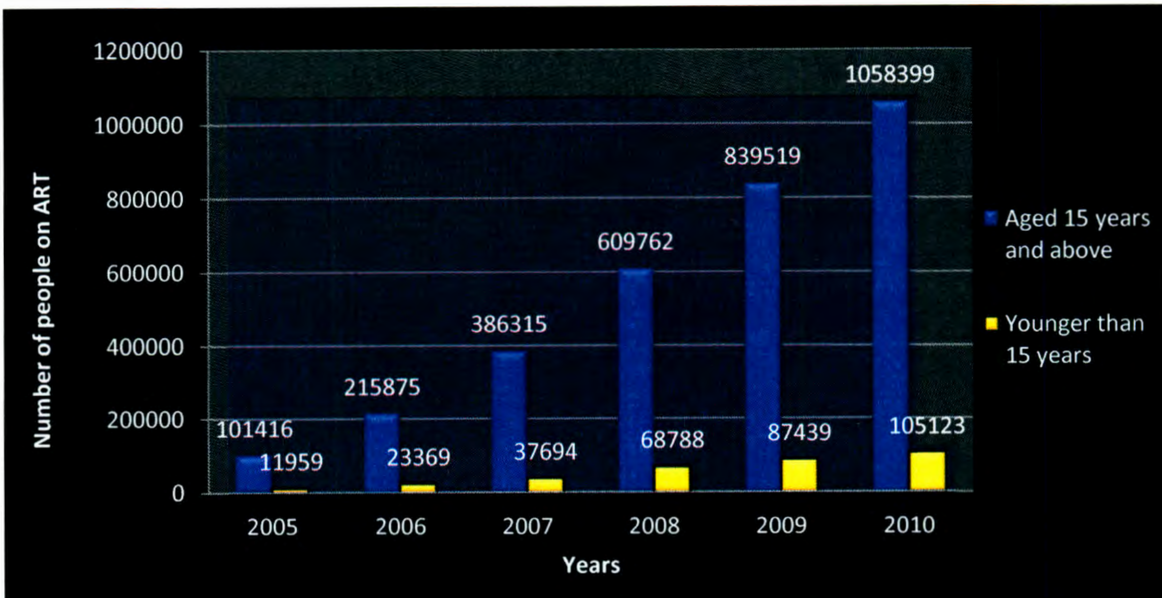


Figure 2-2: Estimated number of people receiving antiretroviral treatment
Source: Author (Adapted from StatSA 2011:4)

If one looks at the causes of death of South Africa's citizens (Table 2-2), on average 47.63% of all deaths in South Africa are AIDS-related (StatSA 2011:7). There are also approximately 2.01 million AIDS orphans in South Africa (StatSA 2011:5) who need additional care, counselling, and possibly ART. It is incontestable that we need more nurses.

Table 2-2: AIDS-related deaths per year

Year	Number of AIDS-related deaths	% of all deaths
2001	215 907	40.55%
2002	259 043	44.9%
2003	298 297	48.2%
2004	331 794	50.8%
2005	356 209	52.5%
2006	353 577	52.3%
2007	339 666	51.2%
2008	315 103	49.2%
2009	283 437	46.4%
2010	263 368	44.3%
08/2011	257 910	43.6%
Average		**47.63%**

Source: Author (Adapted from StatSA 2011:7)

Recruitment of students needs to take into account both the increases in the severity of disease and patient numbers, as well as the decrease in workforce numbers. Unfortunately, the HIV epidemic makes the recruitment of nurses into the profession a challenge (Buchan & Calman 2005:24, and ICN 2008:2), as young adults are reluctant to enter a profession that has perceived risks and stigmas, such as HIV and AIDS (Solidarity Research Institute 2009:8).

2.2.2.2 The nursing staff shortage in South Africa

Because of differing interpretations and opinions concerning what the definition of a nursing staff shortage is, it becomes very difficult to find accurate numbers of the current shortage of nursing personnel in South Africa. Unfortunately, even after extensive and time-consuming searches, no reliable figures could be found. Written inquiries in this regard directed to SANC and the Department of Health produced no satisfactory results. According to a spokesperson, SANC does not have access to that information. (The written reply from SANC is available on request.) This was quite a shocking revelation, as SANC is the ETQA for nursing training and regulates all public and private nursing training in South Africa. I will refer to SANC again in Chapter 3 (3.5.2.5).

A 2005 estimate indicated that countries in sub-Saharan Africa had a shortfall of more than 600,000 nurses needed to meet the Millennium Development Goals (Buchan & Calman 2005:24). More recent figures from South Africa (from HASA) estimated the nursing staff shortfall in the public sector to be 42,000 in 2009 and predict a shortfall of 18,000 nurses in the private sector by 2014 (HSRC 2009:10).

The following needs to be taken into account in determining the extent of the nursing staff shortage in South Africa:

- the number of nurses currently on SANC's register and rolls;
- the percentage of non-practising nurses on SANC's register and rolls;
- the age of the nurses currently on SANC's register and rolls;
- vacant positions; and
- migrating nurses.

These statistics need to be viewed in conjunction with aspects such as:

- South Africa's nurse-to-population ratio;
- South Africa's health profile;
- immigrants and their health needs; and
- the Millennium Development Goals.

The first eight factors listed above will be discussed separately. The Millennium Development Goals[1] will not be discussed, as it is a well-known fact that a decrease in child mortality (Goal 4), improvements in maternal health (Goal 5), and the combating of HIV/AIDS, malaria, and other diseases (Goal 6) are not possible without sufficient numbers of nurses. Nevertheless, the shortage of nurses in the country is discussed in detail in the section below.

2.2.2.2.1 The number of nurses currently on the register and rolls of the SANC

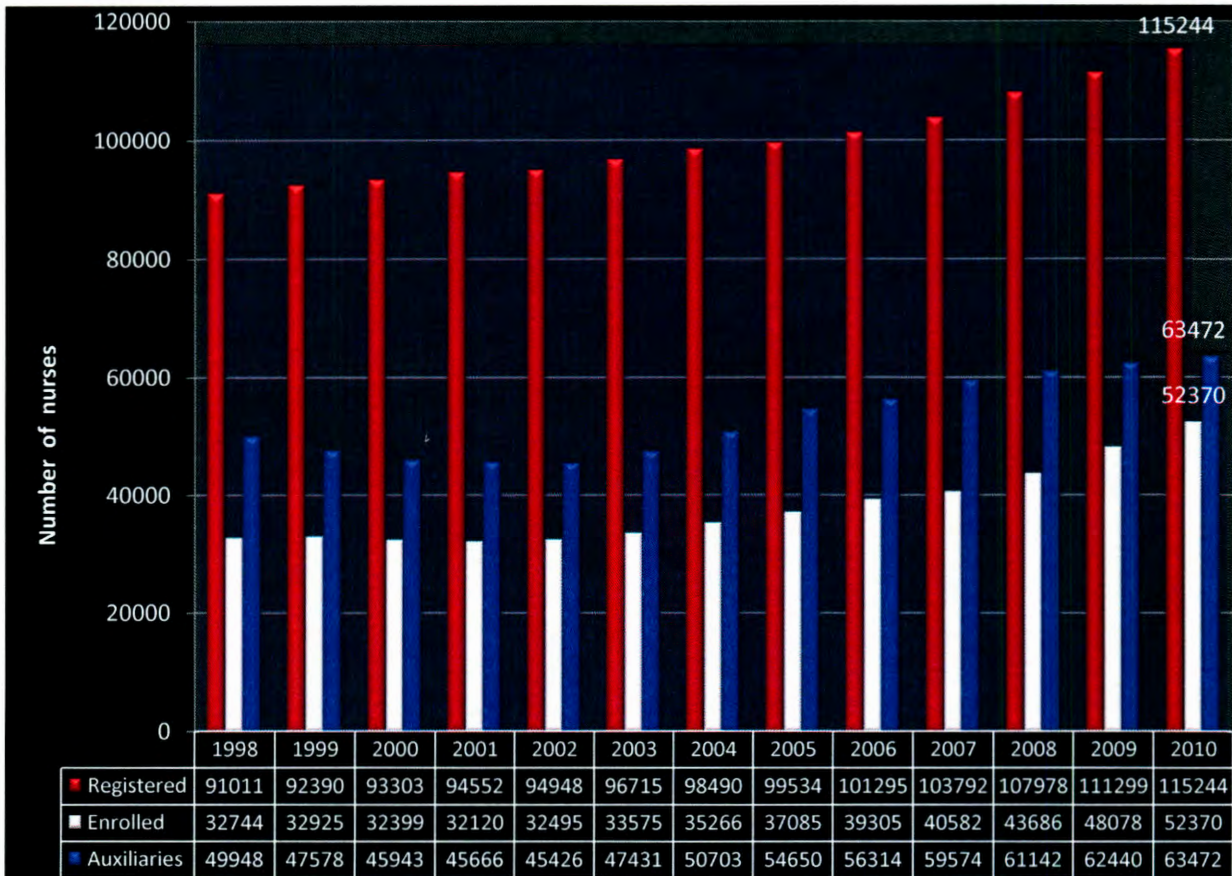
From 1998 to 2010, there was a 33% increase in the number of nurses on SANC's rolls and registers (SANC 2011), in comparison with the growth in population, which equates to an increase of 20% (42,130,000 to 50,586,757) over the same period (SANC 2011, and StatSA 2011:2). Solidarity, however, mentions a current population closer to 65 million (Solidarity Research Institute 2009:5), which equates to a population growth of 54% since 1998.

If one disregards the data from Solidarity and decides to use the published data (a general population growth of 20%, and a nursing population growth of 33%), it is encouraging to see that the growth in the number of nurses exceeds the growth in the general population. However, one needs to view the statistics in the light of various factors, such as the increased life expectancy, and population aging of the non-HIV/AIDS population, which brings with it various co-morbidities (Joubert & Bradshaw 2006), the impact of HIV and AIDS on the remaining, significant percentage of the total population, as well as the general national health profile.

Add to that the decrease in the length of hospital stays (which means that patient acuity remains high), as well as the added administrative tasks of the nursing

[1] Read more about the eight Millennium Development Goals at: http://www.endpoverty2015.org/en/goals

personnel (Stanton 2004:2), and one cannot but acknowledge that a 33% growth in the number of nurses might still be insufficient for the health care demands of the country.



	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Registered	91011	92390	93303	94552	94948	96715	98490	99534	101295	103792	107978	111299	115244
Enrolled	32744	32925	32399	32120	32495	33575	35266	37085	39305	40582	43686	48078	52370
Auxiliaries	49948	47578	45943	45666	45426	47431	50703	54650	56314	59574	61142	62440	63472

Figure 2-3: The number of nurses on SANC's register and rolls
Source: Author (Data derived from SANC 2011)

It is important to bear in mind that not all of the 231,086 nurses on SANC's register and rolls are practising in a hospital or clinic setting.

2.2.2.2.2 The percentage of non-practising nurses on the register and rolls of SANC

Thembeka Gwagwa, General Secretary of Denosa, accused SANC of "unreliable data that overestimated the number of practising nurses" (Bateman 2009:566). According to the Solidarity Research Institute (2009:5), at least 18% of nurses registered or enrolled with SANC are no longer practising hospital-based nursing. There are numerous reasons for this. Firstly, all nurse lecturers and nurse educators are required to continue their SANC registration, even if they are no longer actively

involved in patient care. Several nurses are on the register and rolls, but are either employed outside South Africa's borders or are employed by other employers, such as NGOs, pharmacies, and mines (Econex 2010:9), or are employed in non-nursing positions (such as medical/pharmaceutical representatives, doctor's consulting rooms, pathology services, and medical aid schemes, to name only a few). For this reason, the numbers recorded in SANC's register and rolls are not necessarily a true reflection of the current number of hospital-based practising nurses.

2.2.2.2.3 The age of the nurses currently on the register and rolls of the SANC

At the end of 2010, the age of 34.68% of the nurses on the register and rolls of the SANC were 50 years and older, while only 9.67% were younger than 30 years. These figures suggest an utterly inadequate replacement rate for the nurses that will retire within the following 10 years (Figure 2-4).

Another area of concern is that 5% of the nurses represented in the statistics are already older than the legal retirement age of 65 years. We urgently need to increase the number of younger nurses entering the nursing profession if we want to avoid experiencing negative growth in the numbers of nurses within the next five to 10 years.

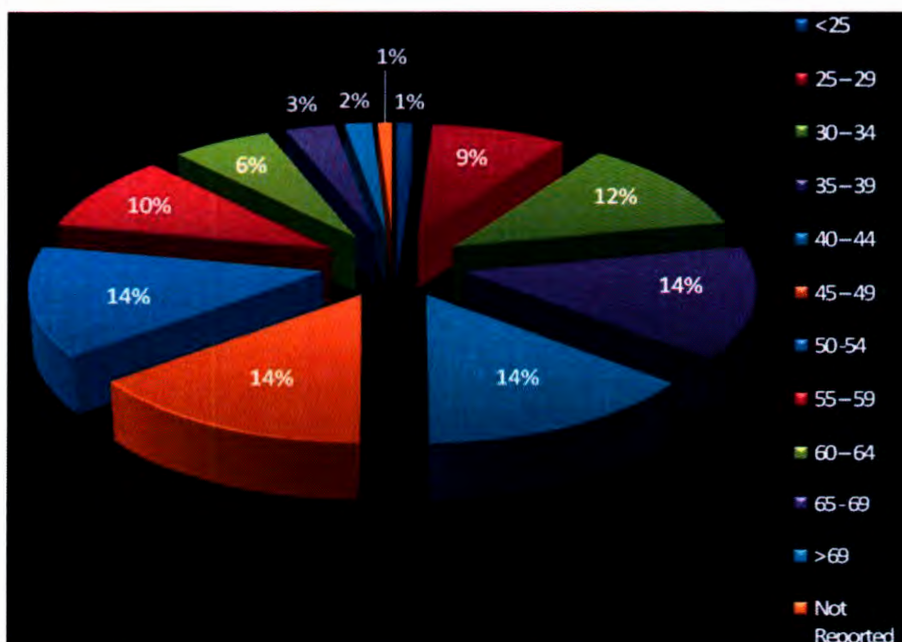
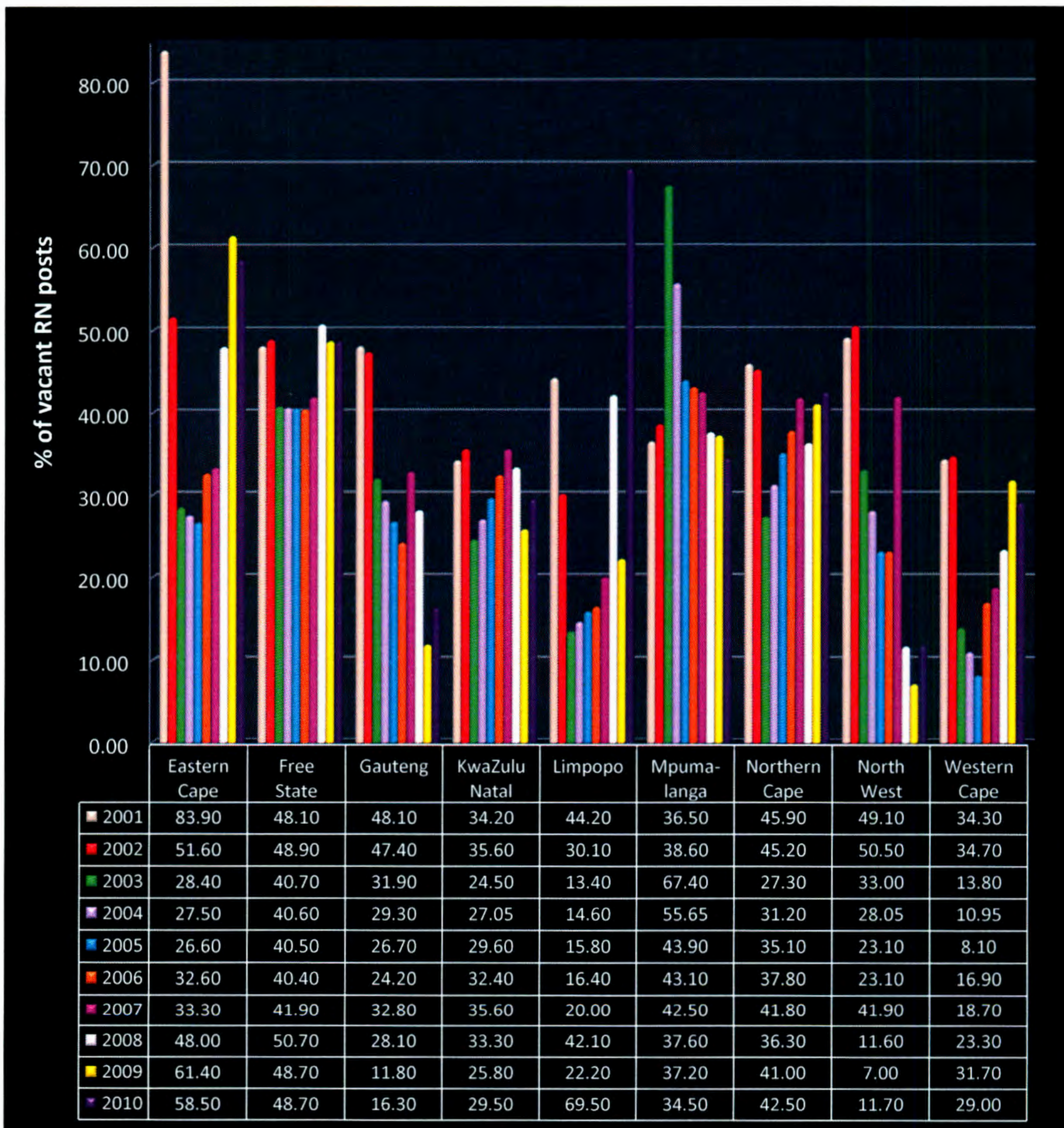


Figure 2-4: Age distribution of nurses in South Africa

Source: Author (Data adapted from SANC 2011)

2.2.2.2.4 Vacant positions

The nursing staff vacancy rate in the public sector unfortunately does not mirror the alleged growth in the number of nurses on SANC's register and rolls. The overall public sector nursing staff vacancy rate in South Africa in 2010 increased to an alarming 42.5% (Health Systems Trust 2010). According to Rundell (2010:3), the rate may be as high as 60% in some hospitals.



	Eastern Cape	Free State	Gauteng	KwaZulu Natal	Limpopo	Mpuma-langa	Northern Cape	North West	Western Cape
2001	83.90	48.10	48.10	34.20	44.20	36.50	45.90	49.10	34.30
2002	51.60	48.90	47.40	35.60	30.10	38.60	45.20	50.50	34.70
2003	28.40	40.70	31.90	24.50	13.40	67.40	27.30	33.00	13.80
2004	27.50	40.60	29.30	27.05	14.60	55.65	31.20	28.05	10.95
2005	26.60	40.50	26.70	29.60	15.80	43.90	35.10	23.10	8.10
2006	32.60	40.40	24.20	32.40	16.40	43.10	37.80	23.10	16.90
2007	33.30	41.90	32.80	35.60	20.00	42.50	41.80	41.90	18.70
2008	48.00	50.70	28.10	33.30	42.10	37.60	36.30	11.60	23.30
2009	61.40	48.70	11.80	25.80	22.20	37.20	41.00	7.00	31.70
2010	58.50	48.70	16.30	29.50	69.50	34.50	42.50	11.70	29.00

Figure 2-5: Percentage of vacant nursing positions in South Africa's public sector

Source: Author (Data adapted from Health Systems Trust 2010)

In 2011, the Health and Welfare SETA (HWSETA 2011:45) reported a combined nursing staff vacancy rate (public sector and private sector) of 46% for professional nurses, 40% for staff and student nurses, and 18% for student nurses. They stated that another 150,591 nurses are needed for the public sector alone (HWSETA 2011:48). In 2010, Dr Wypkema, the CEO of the National Hospital Network, cited a lower deficit number of 80,000 for South Africa (BusinessDay 2010), which is still disturbingly high.

Of great concern in the public sector are the unfilled positions in Limpopo (69.5%) and the Eastern Cape (58.5%), where more than half of the positions remained vacant, with Free State in the third position, with a figure close to 50% (Figure 2-5). Again, my concern is that the 33% growth rate in the number of nurses does not correlate positively with the vacancy rate in the public sector. We therefore need to recruit students who will remain in the profession after completing their studies.

However, it is not only the public sector that is burdened with the inability to fill their vacant positions; several private hospitals have numerous unfilled posts as well. Apparently, in the Netcare group there is a 40% vacancy rate in its ICUs and a 20% vacancy rate in its general wards (Haour-Knipe & Davies 2008:25). According to Kobus Verster, Human Resources Manager for Mediclinic, the group's overall nursing vacancy rate also ranges between 20% and 40% (personal communication on 2011/09/12).

2.2.2.2.5 Migrating nurses

One of the realities in the health care system is the movement of the personnel that make up the system. Specific data on the emigration of professional nurses from South Africa is scarce and inconclusive. SANC has a record of the number of applicants that have requested verification of their qualifications, but that is not an accurate indication of the number of nurses that have actually left the country. We do know that during the period 2000 to 2003, 26,000 UK work permits were issued to professional nurses from South Africa (Econex 2010:14). Other sources claim that since 1998 a total of 12,115 nurses from South Africa have been working in the UK. On SANC's website, the following number of verifications was found (Table 2-3). According to SANC, a total of **18,336** verifications were sent to the countries listed

below (data for 2007 is not available). According to Migration News (2004), South Africa has spent a staggering $1 billion (R5.7 billion) on the initial training of those nurses that have left the country.

Regardless of the discrepancies in the figures cited, the truth remains that we as a country are haemorrhaging our professional nurses to First World countries, contributing to the escalating critical shortage of professional nurses in South Africa. We need to find a way to retain nurses after their training, so that patients in this country can receive the quality care that we as nurses have pledged to provide. Important as it may be, the retention of nurses is not the subject of this study and needs to be addressed in follow-up studies.

Table 2-3: Verifications of qualifications by SANC (2001 - January 2009)

Country	2001	2002	2003	2004	2005	2006	2007	2008	2009
Australia	430	461	467	347	330	470		664	71
Canada	87	38	108	27	20	16		61	12
Ireland	253	528	109	32	41	20		34	2
Kenya								6	
Namibia	28		17	8	12			12	
New Zealand	237	161	156	57	84	84		214	8
United Kingdom	2 567	2 336	2 790	1 746	910	218		109	10
United States of America	267	420	360	163	157	83		50	3
United Arab Emirates	41	10	55	10	4	1			
Arabian Gulf			15						
Other countries	28	48	34	21	34	100		30	4
Total	3 938	4 002	4 111	2 411	1 592	992		1 180	110

Source: Author (Data derived from SANC 2011)

2.2.2.2.6 The nurse-hospitalised patient ratio in South Africa

Studies have shown that there is a direct correlation between staff-patient ratio and patient mortality. The higher the ratio, the higher the patient mortality (Aiken, Clarke, Sloane, Sochalski & Silber 2002:1991). Therefore, the nursing staff shortage can be linked to the preventable deaths of patients. Several countries have introduced mandatory nurse-patient ratios – however, South Africa is not one of those countries. In South Africa's public hospitals, the current nurse-patient ratio varies from 1:18 to

1:50, while in private hospitals it varies from 1:3.2 to 1:3.5 (all categories of nurses), with a ratio of one registered professional nurse (RN) to nine patients (Bateman 2009:566). Solidarity and DENOSA are both pushing for legally enforceable nurse-patient ratios. However, with a 20-60% vacancy rate in hospitals, enforcing a nurse-patient ratio might pose various challenges and obstacles to the health care sector (Bateman 2009:566, and HWSETA 2011:76).

According to Ms Subedar, if the DoH wants to enforce the suggested ratios, the number of enrolled nurses alone will have to increase approximately six-fold (Breier, Wildschut & Mgqolozana 2009:19).

It is important to note, however, that not everyone is in favour of these proposed ratios. Dr Eileen Brannigan (Netcare's Nursing Manager), Ms Estelle Jordaan (Mediclinic's Nursing Manager), Dr Sue Armstrong (the Gauteng Health Department's Standards Compliance Chief), and Ms Christine Zondagh (Charisma Nursing Solutions) all agree that enforced nurse-patient ratios "would be too costly and clumsy and could end up being detrimental to patient care" (Bateman 2009:565).

It is important to note that I am not supporting or opposing nurse-patient ratios. However, what has become evident is that public hospitals are falling short of the ICN's (International Council for Nurses) suggested nurse-patient ratio of at least one nurse for every four patients in hospital wards (charge nurses and nurse managers are not included in the ratio) (ICN 2009). Dr Eileen Brannigan (Bateman 2009:566) made the following very important observation concerning enforced nurse-patient ratios:

> "We just don't have the nurses to indulge in this kind of luxury in South Africa."

Whether enforced nurse-patient ratios are a luxury or a necessity, what is interesting is ICN's and Solidarity's claim that when legally enforced nurse-patient ratios were introduced in Victoria (Australia), 6,000 nurses returned to active practice. In California, after the legal enforcement of nurse-patient ratios, the number of active registered nurses increased by more than 10,000 per annum, as opposed to a per-annum increase of only 3,000 previously (Bateman 2009:565, and ICN 2009).

Important for student recruitment, is the 25% increase recorded in the number of applications received to train as a nurse after the ratios had been implemented (ICN 2009:3). In California, student outputs (graduation) increased by 45% within six years after the ratios were legally enforced (Bateman 2009:566).

Adding to the problem of South Africa's shortage of nurses is the low doctor-to-population ratio, namely 7.7:10,000. This low ratio further increases the burden on an already highly stressed nursing system (Breier *et al.* 2009:28), where nurses have to do many of the tasks that would routinely be performed by a doctor. This is another indicator of a system not functioning properly.

2.2.2.2.7 The health profile of South Africa

South Africa's health indicators do not compare favourably with those of other countries that have achieved a similar level of economic development (WHO 2012a). The country is crippled by various diseases and problems, such as:

- HIV/AIDS;
- outbreaks of contagious diseases such as cholera;
- malaria;
- multi-drug-resistant tuberculosis;
- high maternal and child mortality; and
- poverty.

(Econex 2009, WHO 2012a, and RSA DoH 2012).

South Africa is further prone to natural disasters, problems related to informal settlements, and violent crimes (Solidarity Research Institute 2009, and HWSETA 2011). Taking all these factors into account, an average nurse-population ratio of 1:216 is not sufficient (Figure 2-6).

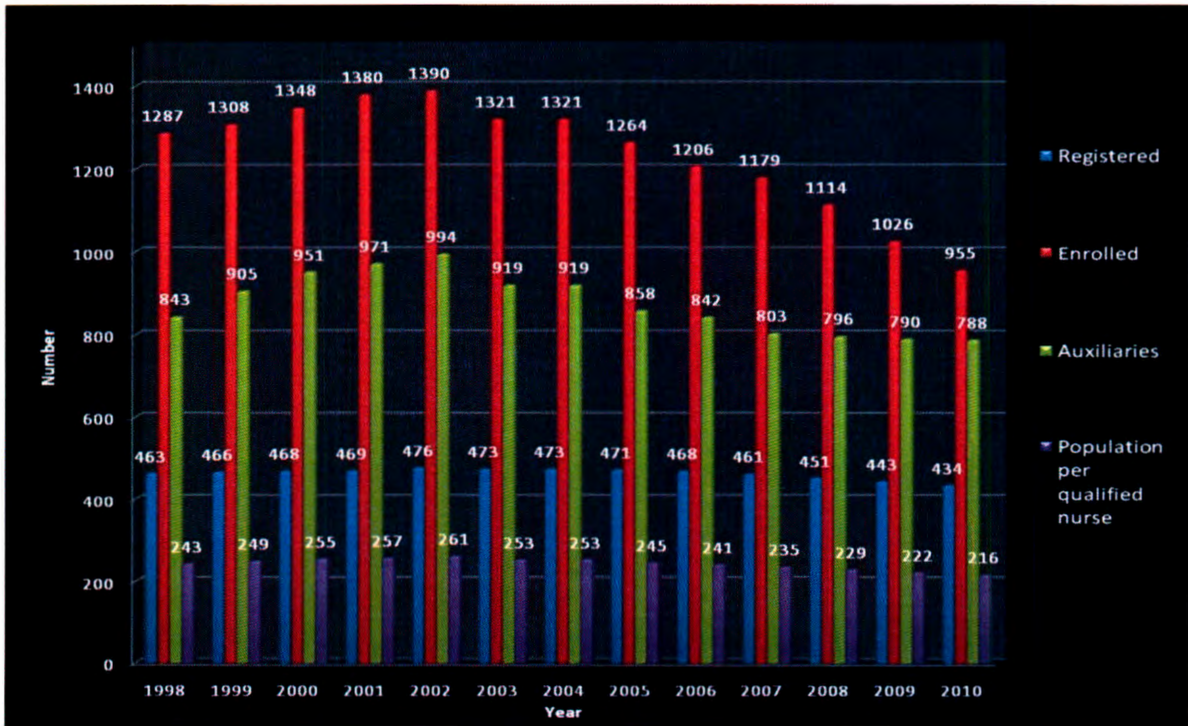


Figure 2-6 Population per qualified nurse

Source: Author (Data adapted from SANC)

Contributing even further to the problem is the number of people who die on the roads or because of road traffic accidents.

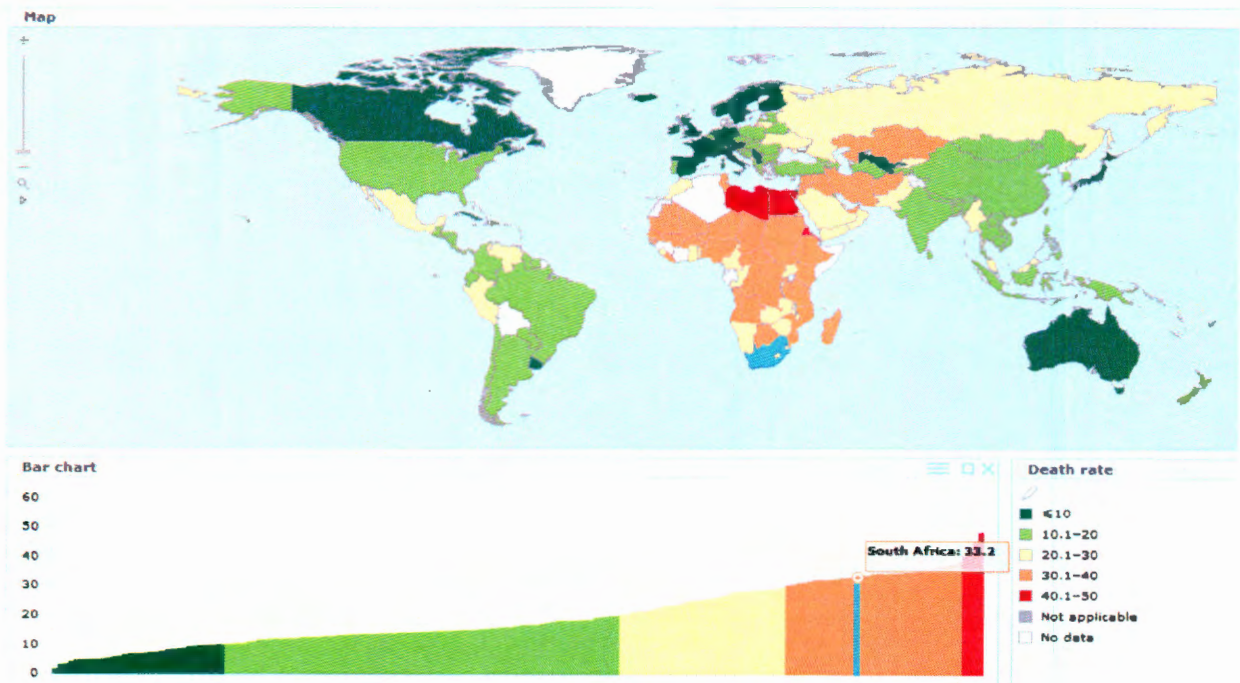


Figure 2-7: Estimated road traffic death rate per 100 000 people

Source: WHO (2011)

Globally, 1.2 million people die annually due to road traffic accidents, which boils down to approximately 20.8 deaths per 100,000 people. South Africa has a significantly higher yearly road traffic death rate, at 33.2 deaths per 100 000 people (WHO 2011).

2.2.2.2.8 Immigrants and their health needs

Many immigrants flee to South Africa. Currently the number of legal immigrants in the country is approximately 100 000. Zonke Majodima (Non-Nationals Commissioner with the Human Rights Commission) says that the number of illegal immigrants might be in the millions (Robinson 2010). These people place an added burden on resources that are already seen as inadequate.

2.2.3 Conclusions about the nursing staff shortage in South Africa

The reasonable conclusion that I made from all the above facts is that South Africa needs more nurses. The inadequate increase in numbers on the register and rolls of SANC, combined with the aging nursing population, paints a bleak future picture of human health resources in the country. The changing health profile of South Africa's citizens further necessitates a greater number of trained health professionals. We are indeed facing challenges in nursing education. We might need to find a way to select and recruit more and better nursing students to enter the profession. Adding to these concerns are the number of vacant nursing positions and the exodus of nurses from the profession and out of the country. We therefore not only have to recruit better, but we have to find a way to retain the nurses we have already trained.

Taking all the evidence above into consideration, it is clear that my answer to McNiff's second question ("Why am I concerned?") is not only realistic and factual, but is indeed necessary. There are several strategies one can employ to increase the number of nurses in South Africa. A revised student recruitment strategy is one possible suggestion. As reported in section 2.3, the results from the thematic survey in the end also confirmed that recruitment of students is one of the many challenges that needs serious attention, and will be the focus of my research, hence my concern. However, I need to emphasise that I am fully aware that other factors, such as the selection and retention of nurses, may play an equally important role. These will, however, not be addressed in this study.

2.3 Empirical research design: Validating my concern

In this first phase of the research, the empirical research design is mainly qualitative and interpretive in nature, but with quantitative enhancement and augmentation of selected action research principles. One needs to be cognisant that in action research the focus originates from the researcher's professional values, and not so much from methodological considerations (McNiff, Lomax & Whitehead 1998:14). Therefore, the rationale for including selected living theory and action research principles (Whitehead & McNiff 2006:34) in the content of this study was to facilitate incorporation of my own ontological and epistemological values gained during the five years that I served as head nurse educator at a private NEI.

In Phase 1, I made use of a qualitative, descriptive, exploratory contextual design to gain insight into the challenges facing nursing education and training in private NEIs. To structure the study, I made use of the first two of McNiff's guiding questions for action research (McNiff 2002, 1.9, and 2.3.1), combined with an adapted version of the process-planning model as created by Zuber-Skerritt (2002:145). See Figure 2-8 for the original model as suggested by Zuber-Skerritt.

Figure 2-8: Process-planning model

(Adapted from Zuber-Skerritt 2002:145)

I made use of Zuber-Skerritt's model and adapted it to illustrate the different phases and cycles of my research process. See the illustration in Figure 2-9.

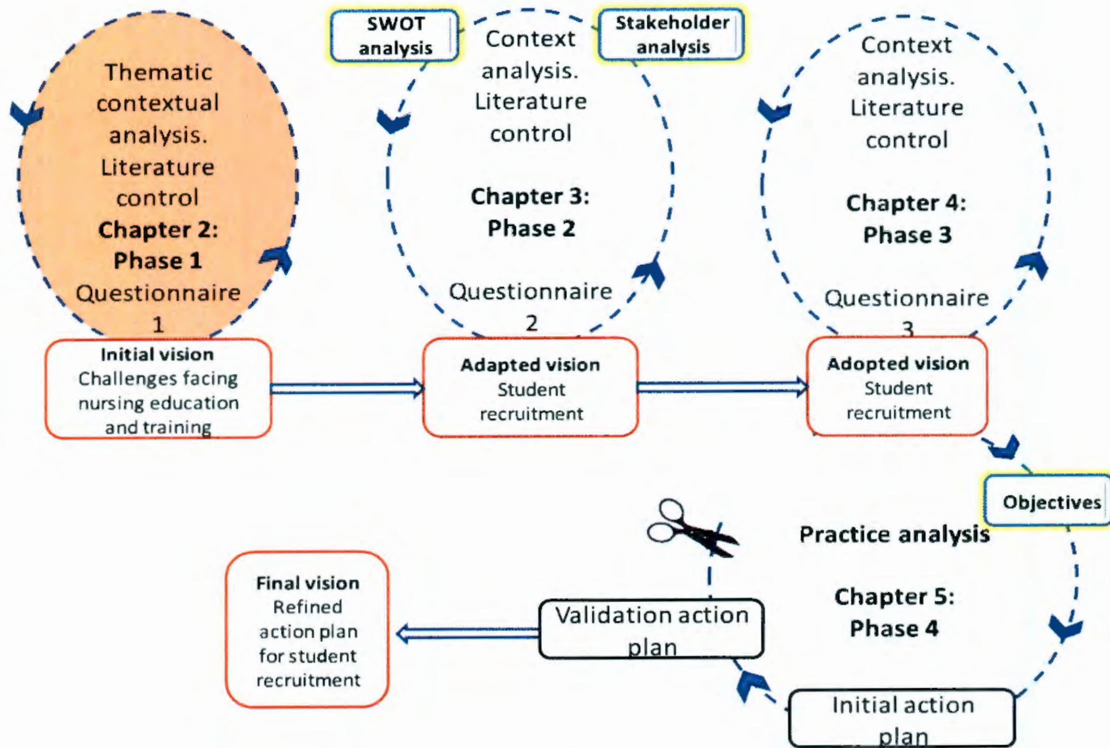


Figure 2-9: Research process

As explained in Chapter 1, this study consisted of four distinct phases. This chapter deals only with the first phase (indicated as the orange part in Figure 2-9).

2.3.1 Initial vision and thematic context analysis

There are various challenges facing nursing education and training (2.2). As a practitioner in the field of education, I wanted to attempt to address at least some of these challenges. I started this study with a wide range of ideas and concerns, but soon realised that it would be impossible to address such a diversity of themes in a single study.

I therefore had to decide what my major concern was. I tapped into my own values and knowledge, formulating a vague idea with regard to possible research topics. In doing that, I addressed McNiff's (2002:13) first two questions, namely

- What issue am I interested in researching? / What is my concern?
- Why do I want to research this issue? / Why am I concerned?

To enable me to answer these two questions, I had to formulate my own vision or mental picture (WorldsView™ Consulting 2009:50,52) of what I wanted to achieve.

A vision represents a realistic and credible, but attractive future. It emphases the fact that it is something that one imagines and has not yet achieved, but is aspiring to. This gap between the imagined reality (the "vision") and the current reality gives birth to the creative energy and action (WorldsView™ Consulting 2009:50) that enables me to pursue this "quest".

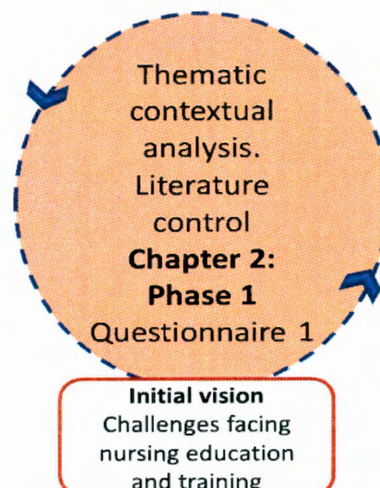


Figure 2-10: Initial vision

My initial vision (Figure 2-10) was to address the various challenges that affect nursing education and training in private NEIs in South Africa. After an initial literature review, the range of concerns grew substantially wider (see section 2.2). I, therefore, reflected on my concerns and current practices and realised that I would have to funnel them down to a single topic for the purposes of this study. At that stage, I made the decision to include my colleagues in finding a topic that would be beneficial to all involved (Zuber-Skerritt 2002:144). I then proceeded to implement my decision and progressed from my initial vision to a thematic context analysis (Zuber-Skerritt 2002:144, and Zuber-Skerritt & Fletcher 2007:413).

In Phase 1, the thematic contextual analysis (Zuber-Skerritt 2002:144, and Zuber-Skerritt & Fletcher 2007:413), I included all my colleagues from Hospital Group A in the survey (McMillan & Schumacher 2006:425). It was done in August 2007. In the survey, I solicited my colleagues' views on the challenges facing nursing education and training in the private NEIs. The topic for my adapted vision (Phase 2), which I initially selected from my colleagues' feedback, was "Student recruitment and selection in private nursing education institutions in South Africa". This adapted vision is the point of departure for Phase 2 and is discussed in Chapter 3.

In this first context analysis, I therefore addressed the first of McNiff's guiding questions for action research (McNiff 2002), namely:

- Question 1: What issue am I interested in researching?
- Answer: A selection of challenges facing nursing education and training. (In the end, I confirmed that recruitment and selection are problematic issues in nursing education.)

The answer to the question subsequently led to the formulation of an adapted vision (see Chapter 3). The vision was specifically for private NEIs, as that was the setting in which I was employed.

2.4 Methodology

In this section, I answer the "How do I go about?" question of research.

2.4.1 Qualitative design

The qualitative approach for this first phase of the study consisted of a descriptive and exploratory contextual study, based on a literature review (see section 2.2), supported by a survey-questionnaire. This design enabled me to assess the nature of existing conditions (McMillan & Schumacher 2006:317), as well as to gain new insights and to understand the underlying concepts. I needed to determine the factors that pose a challenge to nursing education in the private NEIs, and to decide

whether it would be possible to address and manipulate certain factors, in order to optimise the nurse educators' working environment and improve current practices.

2.4.2 Sample selection

In this first phase of the study, the populations used, were as follows:

2.4.2.1 Population and target population

The target population refers to all the professional nurses that meet the eligibility criteria, as specified in section 1.12.1.1.

2.4.2.2 Sampling the accessible population (study / survey population)

For Phase 1 of the research, my accessible population to whom "the researcher has reasonable access" (Burns & Grove 2005:342) included all nurse educators employed at the time of survey distribution at a selected private NEI (Hospital Group A), where I was working at the time. The nurse educators all met the eligibility criteria (1.12.1.1). In the end, the accessible population constituted the sampling frame. I therefore contacted all the nurse educators that formed part of the accessible population.

I made use of a purposeful sampling method, because of the flexibility that this method provides (Polit & Beck 2009:319, McMillan & Schumacher 2006:415, and Holloway & Wheeler 2002:16).

In a qualitative research design, sample size is usually smaller than is the case in a quantitative research design, and is not as critical (Hesse-Biber & Leavy 2011:45, and Holloway & Wheeler 2002:128). In deciding on the ideal sample size, various scientific and pragmatic factors (such as the type and the nature of the research, the data-collection methods available, as well as statistical analysis constraints) were taken into account (Brink 1996:141,143). Brink (1996:142) proposes that a sample size of 20 to 30 participants is too large. Too large a sample could "cloud the issue" and complicate data analysis and interpretation. Holloway and Wheeler (2002:128) recommend a relatively small sample size of between 4 and 40 and emphasise that there is no justification for using a large sample size in qualitative research. These authors feel that using too large a sample will result in a lack of depth and richness in

the data analysed, and that individual responses could lose their unique meaning (Holloway & Wheeler 2002:128). In deciding on a sample size, it is more important to focus on exploring all the data and gaining a clear meaning of the phenomenon under "investigation", rather than to push for numbers (Brink 1996:142). Polit and Beck (2009:321) recommend a focus on quality rather than quantity, and emphasise that data saturation rather than numbers should be the factor that determines a researcher's sample size.

Taking all the above into consideration, a sample of 46 respondents may appear to be slightly larger than necessary, but this size was chosen to make provision for non-respondents. I further wanted to obtain responses from all of my colleagues at that particular NEI (Hospital Group A), and did not wish to exclude any colleague.

2.5 Questionnaire development

Using an adapted version of the SRNA's research question (Pederson 2001) as point of departure (2.2), I compiled the first questionnaire for this study, focusing on the challenges facing nursing education and training. Due to the fact that I was employed at the time at a private NEI, my focus was funnelled to the challenges pertaining to nursing education in private NEIs.

The questionnaire consisted of two sections. Section B solicited biographical data from the respondents, while Section A contained only one open-ended question, namely

> *"What, to your mind, poses the greatest challenge to formal nursing education in the private sector?"*

The respondents were requested to list as many challenges as they felt were appropriate and relevant.

However, before distribution of the survey-questionnaire, certain guiding ethical principles needed to be considered. These principles were scrupulously adhered to during the various phases of the study.

2.6 Ethical considerations

In 1.13 I elaborated on the general ethical principles that underpinned my research. I will now illustrate how I adhered to these principles in Phase 1.

The information leaflet that accompanied the questionnaire is attached as Annexure A, and provides evidence that I scrupulously adhered to all ethical principles.

The following ethical considerations were addressed by applying the relevant measures as explained below.

2.6.1 Beneficence

The principle of beneficence (USA 1978:6) as discussed in 1.13.1, was ensured by way of the following:

2.6.1.1 The right to freedom from harm and discomfort

In the first survey-questionnaire, the nurse educators were requested to identify challenges and problems facing education and training in the NEIs in the private sector. The fact that the participants were all employed at the same private hospital group as nurse educators, and that I, as a colleague, was conducting the survey, as well as the fact that the line manager was going to receive feedback, might have caused some of the nurse educators to be reluctant to be open and honest in their feedback. It was emphasised to all participants that the information received would be handled with confidentiality and that although their feedback would be made available to the line manager, their identities would not be disclosed. In spite of the assurances that I made to the respondents, I speculate that fear of exposure could have led to some of the respondents either not responding or withholding some of their negative thoughts, although this could just be my opinion.

2.6.1.2 The right to protection from exploitation

Participation was voluntary, and none of the data reported contained any identifiable information about the respondents. The line manager did not receive any raw data. The data were combined and categorised. After analysis of the data, the combined feedback pertaining to Questionnaire 1 was sent to the line manager.

2.6.2 Respect for human dignity

The principles of voluntary participation, the option to withdraw from the study, and the absence of any threat of negative consequences to non-participants (USA 1978: 5) were clearly communicated in the email message which was sent to all the participants (1.13.2 and Appendix A1).

2.6.2.1 The right to self-determination

Participation was by individual choice. In the initial stage of the study, I did not have clarity on the number of questionnaires that would be distributed. Therefore, the first questionnaire contained only information regarding the first phase. Withdrawal from the study, or self-determination, was possible, as the respondents were not compelled to return the questionnaire. By completing and returning the questionnaire, informed consent was assumed.

2.6.2.2 The right to full disclosure

In the email accompanying the first questionnaire, I made the purpose of the survey clear to all the participants. As they were all colleagues of mine, my contact details were available to them, should they have had any queries.

2.6.3 Justice

Justice (1.13.3) involves the principle of respecting the privacy of the participants in a study and treating them fairly (USA 1978:8).

2.6.3.1 The right to fair treatment

All conduct with the participants was courteous, non-discriminatory, honest, and tactful.

2.6.3.2 The right to privacy

In order to protect the anonymity of the respondents, disclosure of their names on the questionnaire was optional. If anonymity was not a concern to the nurse educators, they could return the questionnaire via email. The onus was on me as the researcher to protect the identity of the respondents. The nurse educators also had the option to return the completed questionnaire to me via internal mail, thereby ensuring anonymity. Only one respondent returned the questionnaire via internal mail. Storage of the data was discussed in 1.13.3.2.

2.7 Initial data collection

During the planning phase, I emailed a condensed proposal to my direct line manager, in order to request permission to distribute the questionnaire for data collection. The line manager approved the study and the proposed methods of inquiry. Approval was given verbally. After permission was granted by my line manager, I progressed to the next step, namely survey distribution and data collection.

Survey distribution to and data collection from the nurse educators was done by means of an email survey-questionnaire. Appendix A1 contains the cover letter and A2 the questionnaire. The questionnaire contained two sections. The second section solicited demographic data, and the first section contained only one open-ended question. The rationale for placing demographic data in Section B was that those data were less important to me. If the respondent omitted that information, I would still have collected valuable input for my thematic concern/topic, since my main interest was in the information that respondents would provide in Section A.

The first question (Section A) was:

> "What, to your mind, poses the greatest **challenge** to formal nursing education in the private sector?"
> (You may indicate as many things as you wish.)

2.8 Response rate

In total, 50% of the nurse educators responded after a reminder was sent to all of them. In a meta-analysis done by Baruch (1999:421-438), the author concluded that in general the average response rate for surveys is 55.6%. The Peninsula Research and Development Support Unit (2008) states that their "barely acceptable" expected response rate for a survey to be published in a peer-reviewed journal is 60%. However, Yun and Trumbo (2000) claim that the average response rate for email surveys tends to be slightly lower than the response rate for traditional (surface mail) methods. According to the University of Texas (2010), a response rate of 40% for emailed surveys is considered average, a rate of 50% is considered good, and a rate of 60% is considered very good. Taking all the above into consideration, and measured against the claims pertaining to the response rate for emailed surveys, the response rate of 50% can be viewed as good (adequate). Hence, I was satisfied.

2.9 Thematic analysis

After the responses to the questionnaires were received, the first step was to do a thematic analysis by way of an eclectic or blended deductive-inductive process, as recommended by Norwood (2000:379) and Ryan and Bernard (2003:88-89).

All the nurse educators that responded, except for one, mentioned various "challenges". The only negative response was from a newly graduated (Master's degree) post-basic lecturer, who stated: "*Kan nie die rede sien vir die invul van die vorm nie*" ["Cannot see the reason for having to complete the form"]. Because my rationale for administering the questionnaire was to establish a relevant research topic, her comment was noted, but not included, because it was not relevant in terms of my rationale for administering the questionnaire.

The biographical data were not coded or analysed, as I came to the conclusion in the end that there was little value in discussing the gender, age and qualification distribution of the respondents. In summary, it is sufficient to know that the

respondents were all employed by the same private hospital group, and they were all nurse educators who were teaching various basic and post-basic programmes as designed and/or approved by their head office. It is possible that their disciplinary focus, or field of expertise, could have influenced their answers. Nevertheless, I wanted to obtain feedback from all the nurse educators, to enable richer and deeper insights into what they collectively viewed as problems in their current teaching setting. For me, the most important data were contained in their responses to the single open-ended question, namely "*What, to your mind, poses the greatest challenge to formal nursing education in the private sector?*"

For the data analysis, I made used of the steps proposed by Lacey and Luff (2009:6-7), as well as Taylor-Powell and Renner (2003), and slightly adapted by myself. The steps, as applied, included the following:

- I read all the responses at least three times, to familiarise myself with the data.
- I then organised and saved the data for easy retrieval. The questionnaires of all the respondents were stored in an electronic folder on my private computer, and the questionnaires were renamed to ensure anonymity.
- I removed all identifying data that were on the questionnaires – some respondents included their names (it was optional to include their names).
- Coding was a complex process. Initially I copied and pasted all the responses in one column in an MS Excel document. Data analysis started by way of a deductive process, where data were scrutinised (Ryan & Bernard 2003:88-89, and Ratcliff n.d.). I searched for repeated or salient themes within the "corpus of data" (Ryan & Bernard 2003:88-89). I then copied and pasted these key words or concepts into the adjacent column next to each statement.
- From these codes, I identified themes, by making use of colour coding. In another column in the Excel document, I categorised themes into clusters. This document was then kept aside for two weeks.
- After two weeks, I recoded the items, to see whether a fresh perspective on my part would not yield different results. The results were not significantly different, but I nevertheless repeated the exercise one month later.

- After the final analysis of the data, I developed the thematic categories.
- Refinement of themes and categories took place concurrently with the previous step.
- During all these steps, I incorporated my own existing epistemology and ontology to interpret the results.
- I then applied quasi-statistical principles (Ratcliff n.d.) and calculated the frequency of occurrence of each theme, or category. The themes were arranged according to salience, from highest frequency to lowest frequency, showing "priori" themes (Ryan & Bernard 2003:88).
- Finally, I used the categories to write up my results and select a research topic.

It is important to mention that this was not a linear process. Rather, it contained various iterative cycles of reflection and recoding.

The data that were obtained were categorised and coded. In the end, 14 themes were identified.
The themes were:

- Workload of nurse educators (18%);
- Hospital culture of learning, and lack of role models (13%);
- Lack of integration of theory and practice (10%);
- Student affairs: Internal (10%);
- Student affairs: Workforce (8%);
- Clinical accompaniment (7%);
- **Student affairs: Recruitment and selection** (7%);
- Legislation / Regulating bodies (7%);
- Company benefits (6%);
- Clinical competency (5%);
- Social pathology / Social circumstances of students (3%);
- Lack of lifelong learning (2%);
- Negative image of the profession (2%); and
- Significant differences between the approaches of public hospitals and private hospitals (lack of collaboration) (2%).

The respondents' collective responses are illustrated in Figure 2-11 .

After scrutinising the identified themes, I eventually elicited a theme that I felt was both challenging (for me) and important for the greater good of the nursing profession, thereby creating a win-win situation (Covey 1989:204) for all involved. It is important to note that I did not select the topic with the highest frequency, but instead selected the topic that had the fifth-highest frequency, but which was the most appealing and interesting topic for me, namely student recruitment and selection.

Initially I decided, in consultation with my supervisors, to focus on student recruitment and selection in private NEIs in South Africa. On further interrogation of and reflection on the topic, as well as after consultation with my supervisors and other critical friends, I decided to funnel the topic even more and focus only on one aspect, namely student recruitment.

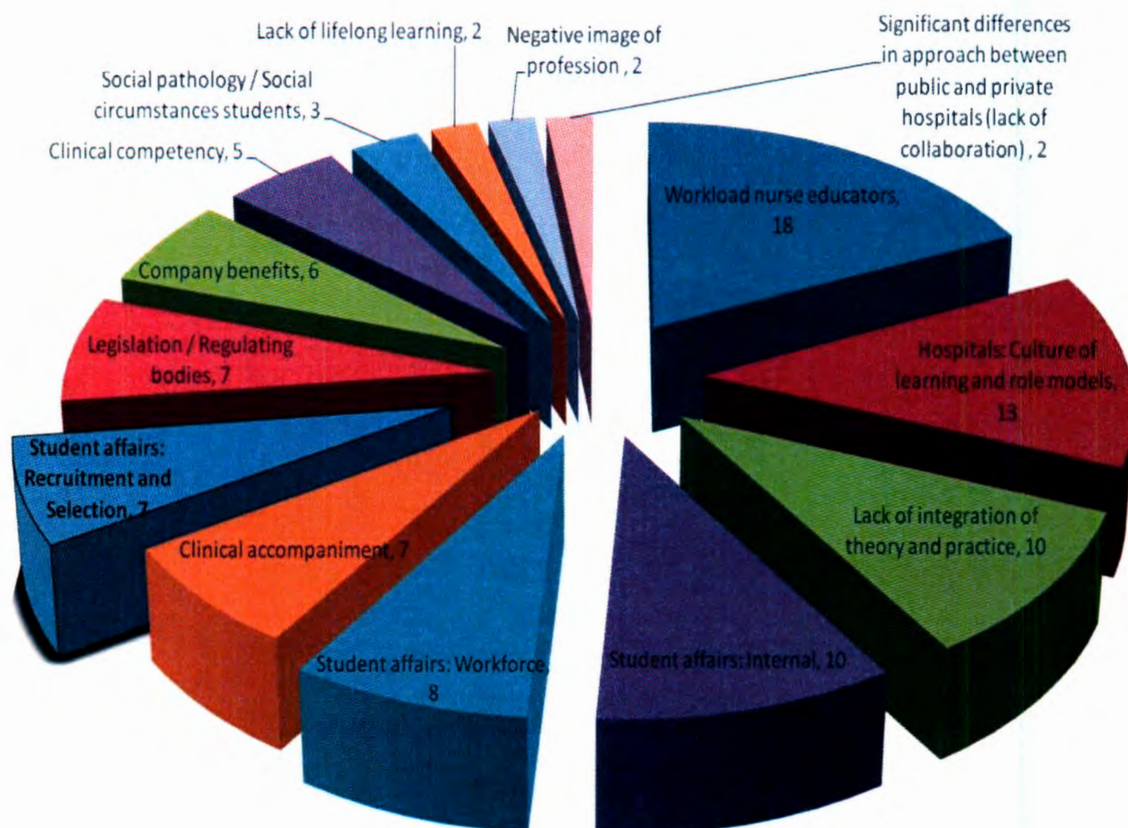


Figure 2-11: Themes elicited from responses

As illustrated in Figure 2-11, I could have selected any of the themes or topics identified by my colleagues, but given my (at that time) involvement with and concerns regarding recruitment, I chose to focus on recruitment. In the literature, various key-opinion leaders and stakeholders further confirmed the importance of this topic (see 2.2), including the following: the inadequate growth in student numbers (2.2.2) related to vacant nursing posts (2.2.2.1.4); the health profile of South Africa (2.2.2.1.7); the aging cohort of nurses (2.2.2.1.3) and the questionable profile of the current applicants (see 3.10.1).

2.10 Trustworthiness of the research

The value of this research will ultimately lie in the trustworthiness or authenticity of the study (1.15.1). Authenticity refers to the reflection of multiple realities in a fair and faithful way. It involves representing the various different feelings, views, and experiences of all the participants in an honest and fair way (Polit & Beck 2009:493). Authenticity helps the participants to understand and improve their world (Holloway & Wheeler 2002:256). My inclusion of a single open-ended question and a request for input from all the participants ensured a high degree of authenticity.

In this first phase of the research, the following qualities reinforced the trustworthiness of the study :

- Credibility (1.15.1.1) was ensured by prolonged engagement. I stayed in the field until the point of data saturation. Credibility was further ensured by peer debriefing. My supervisors and critical friends (fellow students and lecturers at the University of the Free State) functioned as a sounding board for me. I "bounced" my ideas, as well as the content of the first survey-questionnaire, off them.
- Dependability (1.15.1.3) was ensured by leaving an audit trail and confirming all my research findings and results with my supervisors. A thick description of methods and results contributed to the dependability of the study. The literature control further enhanced dependability.

- Transferability of the findings of the study (1.15.1.2) was ensured by leaving a well-described data trail.
- The audit trail that I left for scrutiny of the data further enhanced the confirmability of the results (1.15.1.4).

2.11 Confirmation of the research topic: Student recruitment

The informal literature reviews reported on in 1.3, 1.4 and 2.2 complemented the thematic analysis, confirmed the need for the study, and assisted me to find a researchable topic from among the challenges that face nursing education in private NEIs.

After the relevance of the research topic had been established, I progressed to Phase 2 of the research. The second survey-questionnaire consequently focused on student recruitment. Chapter 3 discusses the overview, the literature control, and the data analysis of Survey-Questionnaire 2.

2.12 Limitation

In qualitative research, one of the most significant limitations is that the findings cannot necessarily be directly generalised to the larger population being studied. Due to the nature of the study, participants were not randomly selected, and participation was voluntary. Therefore, it can be assumed that the results reflect only the inputs of "interested parties" (Williamson, Webb & Abelson-Mitchell 2004:162). However, comprehensive sampling of the accessible population was done, making the findings of the first survey-questionnaire applicable to at least Hospital Group A. It should be reiterated that the purpose of the first phase was merely to find and refine my research topic.

2.13 Conclusion

In this second chapter, I set out to describe how my own ontological and epistemological assumptions created the "lens" through which I viewed my research journey. I elaborated on the background from which I operated, as well as the design that I used to navigate through the process.

My mainly qualitative methodology for Phase 1 of the research was explained, as well as the method used to obtain the raw data, which were analysed and combined to arrive at my research topic, namely student recruitment. I further briefly described the respondents that were involved in the process.

I also demonstrated that Phase 1 of the research study adhered to all the ethical principles that govern both my profession and my academic career. In doing this, I answered McNiff's first two questions (2.3.1), namely

- "What issue am I interested in researching? / What is my concern?"
- "Why do I want to research this issue?/ Why am I concerned?"

(McNiff 2002)

In the next chapter, I will again focus on McNiff's first two questions, namely "What is my concern?" and "Why am I concerned?" I will give a detailed overview of Phase 2 of the research, where I, among other things, will use the results from the first survey-questionnaire to compile my second questionnaire, with the focus on student recruitment.

Chapter 3
Phase 2 – Initial analysis of recruitment challenges

"Planning is bringing the future into the present so that you can do something about it now."
Mark Twain

3.1 Introduction

In the previous chapter a thematic analysis was conducted to enable me to find a research topic that would suit and benefit not only me, but also my respondents, and the nursing profession. The topic selected was student recruitment. Therefore, the focus of this third chapter and this second phase of my study was exclusively student recruitment. In this chapter, I employed a qualitative survey-questionnaire combined with a literature review and control to gather information about current recruitment practices, and suggestions of methods to enhance recruitment. Table 3-1 provided an overview of the process.

Table 3-1: Context analysis

Phase	Actions	Sample	Sample size	Response rate	Comments about the collection of the data	Rationale
Phase 2 **2008** Chapter 3	Qualitative design Development of **Questionnaire 2** (two open-ended questions) Context analysis and literature control of Questionnaire 2	Identical sample group as for Questionnaire 1 Sampling method: purposeful and convenient sampling	46	61%	Distribution and collection of question-naires, as in Phase 1.	Collect information on recruitment practices and suggestions. Information for **third** survey questionnaire collected.

Phase	Actions	Sample	Sample size	Response rate	Comments about the collection of the data	Rationale
Phase 2 **2011** Chapter 3	Qualitative design Online distribution of **Questionnaire 2** Context analysis and literature control of Questionnaire 2	The 11 head nurse educators / campus managers employed at the NEIs of the remaining two major private hospital groups. Sampling method: purposeful and convenient sampling	11	55%	Web-based survey. Total anonymity and confidentiality The campus managers of one of the remaining two hospital groups participated in the survey.	Collect information on recruitment practices and suggestions. Information for the **third** questionnaire was collected.

The relevant literature was consulted to confirm and augment or to oppose the information collected from the participants. The results from the second questionnaire, combined with the information gathered from the literature, shaped the content of my third questionnaire (Chapter 4). Refer to Figure 3-1 for an orientation towards this second phase of the study (represented by the circle with the yellow background).

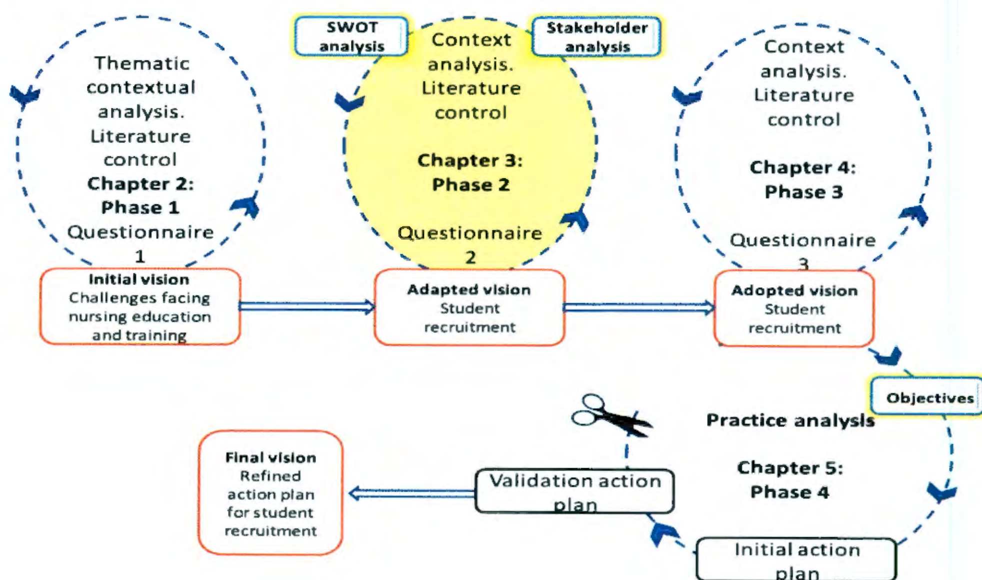


Figure 3-1: Research process

My main aim in this second phase of the study was to gain insight into the recruitment practices of the selected private NEIs. I did not only investigate the best practices of these NEIs, but also collected suggestions on methods to improve the status quo. I therefore needed to scrutinise and evaluate current practices, identify best practices, gather input from nurse educators involved in the recruitment process, and ultimately, during Phase 4 (Chapter 5), have the nurse educators critique the plan. Only then, after several rounds of input and critique, changes, and feedback, could I make an evidence-based claim.

In this third chapter I elaborated on recruitment, analysed the data received from the respondents, and conducted a consistent literature control.

3.2 Recruitment

Higher education research is a multi-disciplinary field of study, spreading across various, if not all, departments and disciplines (Tight 2012:2;15) and covering a multitude of themes (Tight 2012:5). As an emerging field of study, researchers in higher education often use the theories, tools and techniques employed by other disciplines when conducting research about higher education (Tight 2012:2). Higher education will undoubtedly adopt practices from the private managerial sector to strengthen internally and to improve practice (Tight 2012: 14; 15).

Recruitment of personnel (which in this study includes the recruitment of nursing students who will become the future workforce) is a Human Resource (HR) managerial function. Institutional management (and by implication recruitment) forms one of Tight's (2003:7; 2012:6) eight categories of research about higher education. In 1.7.1, I have already augmented the inclusion of recruitment as a key research topic in higher education.

Having been involved in the nursing profession for almost a quarter of a century, I can irrefutably declare that my interest, passion, and concerns are deeply rooted in the nursing profession. Answering McNiff's first question: "What issue am I

interested in researching? What is my concern?" (McNiff 2002) comes naturally to me. As a nurse educator, I am concerned about the sustainability of the health care system – do we have the human resources to deliver quality care to our patients? Do we need to recruit more nurses into the profession? If the answer is yes, the question that automatically follows is: "How do we achieve that?"

3.2.1 Why should we recruit?

As a manager in the private higher education milieu, it is imperative to attend to all the managerial functions, including the compilation of a strategic plan for the daily management of the institution (McCaffery 2004:78; 267). Human resource strategic planning, as part of the managerial functions, includes the appraisal of current and future workforce needs (McCaffery 2004:218). Part of this process includes a SWOT analysis (3.4.3) and the preparation of a business plan (Chapter 5) to ensure a viable future workforce (McCaffery 2004:267). In this study, the business plan includes a strategy for the recruitment of nursing students for higher education.

Evidence from the literature suggests that there is a nursing staff shortage, and that this shortage is escalating (1.3, 1.4 and 2.2). The current shortage of doctors, nurses, and midwives worldwide is estimated at 4.3 million (WHO 2011). The shortage in Sub-Saharan African countries is estimated at more than 600 000 nurses (Buchan & Calman 2005:24). There is a dire need to recruit more nurses into the nursing profession.

There are 12 million nurses worldwide, and we need at least a third more (Buchan & Calman 2008:9). From a human resources perspective, recruitment appears to be an expensive exercise, which at the best of times does not always yield results. Mark Gray, CEO of the marketing and human resources firm Graylink, raised the concern that most of the recruitment initiatives fail because companies "are either 'fishing' for candidates in the wrong waters or are using the wrong bait" (Graylink 2007). I am of the opinion that it is a fatal combination of both. In this study, I tried to understand and influence both the "waters" and the "bait" in the recruitment of nursing staff. Three significant concerns, however, seemed to have the potential to put the recruitment process in jeopardy, namely the following:

(a) Was the nursing profession attracting the right type of candidates to become a sustainable future health force;

(b) Was it attracting enough of these candidates; and

(c) If not, how could the right type of candidates be recruited?

In asking these questions, I did not imply that the recruitment of students alone would alleviate the nursing staff shortage. Nursing mobility and migration, and various other factors, also have a detrimental effect on the number of nurses available to deliver health care. Recruitment was just one of the many aspects that needed to be addressed.

I have been involved in the recruitment of nursing students for a period of five years, during which time I became increasingly concerned about the number of prospective nursing students that applied for training, and the quality of prospective nursing students. These concerns have led me to ask various questions and, like Whitehead and McNiff (2006:19), I started to ask myself "How do I improve my [*recruitment*] practice?"

The significance of this question was grounded in the principle that, as educators (in this case, nurse educators in higher education), we are accountable for our actions and need to show effectiveness in our daily activities (McMillan & Schumacher 2006:5). It was further supported in the view expressed by Whitehead and McNiff (2006:47) that we need to identify the standards we use to evaluate or judge our own practices by knowing what we are doing. As nurse educators, we therefore need to be able to justify our own education practices and all activities related to our work. The cause of my concern was the escalating nursing crisis that is prevalent on every continent. In this regard, my aim was to develop a plan that will assist in the recruitment of increasingly greater numbers of suitable candidates to train as nurses for the profession.

Nursing institutions and hospitals commit themselves to quality health care. In order to provide this quality care, they need to attract, train, and retain suitable nursing students, whom the nurse educators will guide and support through their training by providing them with ample opportunities to grow into professional members of a

multidisciplinary team. The need exists to recruit people that are efficient, willing, and able and that have the cognitive ability to succeed in higher education (Wells & Norman 2009:813; Wiese 2004:77). In the current competitive market of student recruitment, there is an urgent need to identify potential students on whom recruitment efforts will have the greatest impact.

From personal experience, and from verbal communication with several head nurse educators, I found that some NEIs received substantially more applications than the number of students they could accommodate (or were accredited for with SANC). In this particular context, there *appeared* to be an oversupply of people requesting training. With this apparent oversupply of potential nursing students in South Africa (Mkhize & Nzimande 2007:19), why would any company waste precious resources on marketing and recruitment?

A possible explanation would be that not all applicants were suitable for nursing, and not all applicants met the minimum application requirements. Studies have shown that the students that were most likely to enrol were not necessarily the most desirable candidates for the course (Thomas, Reznik & Dawes 1999). Apart from applications from individuals that were genuinely interested in nursing as a future career, the NEIs also received applications from individuals that were desperate for any kind of work – as very often became evident during personal interviews with applicants.

A revitalised recruitment campaign needed to be devised, that would reach and recruit students with a passion for nursing, and not just the desperate job seekers that viewed nursing as a last resort (and often did not stay very long in the profession). The nursing profession required dedicated, passionate individuals that would invest time and energy in sustaining what is in my opinion one of the noblest, most fulfilling, and most dynamic of careers. In the words of the late Prof Charlotte Searle (1987:160), "Nursing is not merely a job or a career – it is a way of life."

It brought us back to the second of McNiff's eight questions, namely "Why do I want to research this issue? Why am I concerned?" I was concerned because nursing is my "way of life". My concern was at various levels: as a daughter, wife, mother, and

citizen who might have needed hospital treatment for myself or a loved one; as an ICU qualified registered nurse who has experienced the nursing staff shortage first-hand; and as a nurse educator who potentially had the ability to improve the situation.

The nursing staff shortage proved to be real, and drastic measures need to be taken to prevent a complete catastrophe and a collapse in the health care system. As the World Health Organization pointed out, however, "The solution is not straightforward, and there is no consensus on how to proceed" (WHO 2006). Therefore, it seemed clear that dedicated research was needed to evaluate the effectiveness of measures implemented to address the various problem areas. It study focussed on one of those measures, namely student recruitment.

3.2.2 The supply-demand paradigm

Before an institution can proceed with marketing and recruitment, the demand (or in this case, the extent of the shortage) needs to be assessed. Unfortunately there is no universally accepted definition of what a nursing staff shortage is. A shortage, according to the Concise Oxford Dictionary (Pearsall 2001:1326), is the unobtainability of something needed in *sufficient amounts*. I agree with the emphasis of Buchan and Calman (2005:4), who focussed on the imbalance that exists between demand, and the availability, or *supply*, of nurses.

In 2004, the then Premier of Gauteng province, Mbhazima Shilowa, made a commitment to increase the production (supply) of nurses in Gauteng by 20% per annum (The skills portal 2006). This commitment had various implications; such as human and financial resources, and the recruitment of students. In 2007, Gauteng Health MEC Brian Hlongwa announced the reopening of Gauteng's NEIs (The skills portal 2007).

Following all the concerns and conversations with regard to the nursing profession, a nursing summit was held in Johannesburg in 2011. During the summit, President Jacob Zuma addressed the attendees. His appeal and challenge to all nurses was:

- Promote nursing as a career of choice;

- Change the image of the nursing profession (by focusing on respect, dignity, and honour); and
- Increase the number and the quality of nurses produced.
  (The Presidency 2011, and Ngobeni 2011)

During the same summit (The Presidency 2011), a certain Mr Ndhlovu gave feedback on the audit of nursing education and training institutions. He shared his concern that the outputs from public nursing colleges and schools were too low. Hence my decision to focus on student recruitment.

3.2.3 Recruitment practices

Before starting a recruitment campaign, one needs to look at how recruitment was done originally, and trace the history of recruitment from the distant past to current practices. One further needs to see if the requirements or characteristics of the nurse have changed over time to adapt to changed circumstances. It will prevent us as recruiters from repeating futile efforts and will enable us to address misconceptions (3.10.3,), while at the same time concentrating on best practices and building on them, as "the past informs the future".

3.2.3.1 A brief history of the recruitment of nurses

According to Searle (1987), in primitive times and during the Stone Age, nurses were family members (most often the mother) who gave *tender loving care* to other family members. Ancient Egypt had well-trained midwives with extensive knowledge, but we know very little about how the midwives were recruited into the profession. One of the criteria, however, was that the midwife had to "choose not to marry" (Searle 1987:11).

Literature also reveals that the midwives trained with the physicians at the Heliopolis (Searle 1987:10). In Exodus 1:15 (The Bible), two Egyptian midwives, Sifra and Pua, are mentioned. Midwives in Ancient Greece were likewise highly trained and respected and were seen as "godlike" figures (Searle 1987:14). In later years, the only requirement was that the nurse had to be a member of a religious order (Searle 1987:30).

In 1730, the English physician Thomas Fuller described the characteristics of the ideal nurse. She would be a "person of middle age who was healthy, observant, quick of hearing and response, quiet, able to note changes in the patient's condition, deft, clean, well-tempered, cheerful and pleasant, diligent, sober and temperate and careful in following the physician's orders". One particular selection criterion for a nurse was that she should be "childless", so that "no other claims could be made upon her time" (Seymer, in Searle 1987:50).

Limited information is, however, available on selection criteria and even less information is available on how nurses were recruited into the profession in the past.

3.2.3.2 A brief overview of current student recruitment practices

Because of the emancipation of women, the advances made in science and technology (Roussel 2009:4, and FoNEC 2010:8), and the different disease profiles, the need has risen for a different and more advanced type of nurse practitioner (FoNEC 2010:8). It is no longer expected of the nurse to merely carefully execute the doctor's orders. The challenging, changing environment (Gaberson & Oermann 2010:ix), coupled with the limited human resources in health care, demands a practitioner who can function as an independent and knowledgeable member of an interdisciplinary health care team (Marquis & Huston 2008:98,178).

In recent times, specific prerequisites and selection criteria have been established, and are used when searching for the ideal nursing student.

For purposes of clarification, Figure 3-2 provides a very broad outline of the current progression of actions at some of the private NEIs, starting with the initial conversation with clients (hospitals) to the ultimate recruitment, selection, and placement of a nursing student.

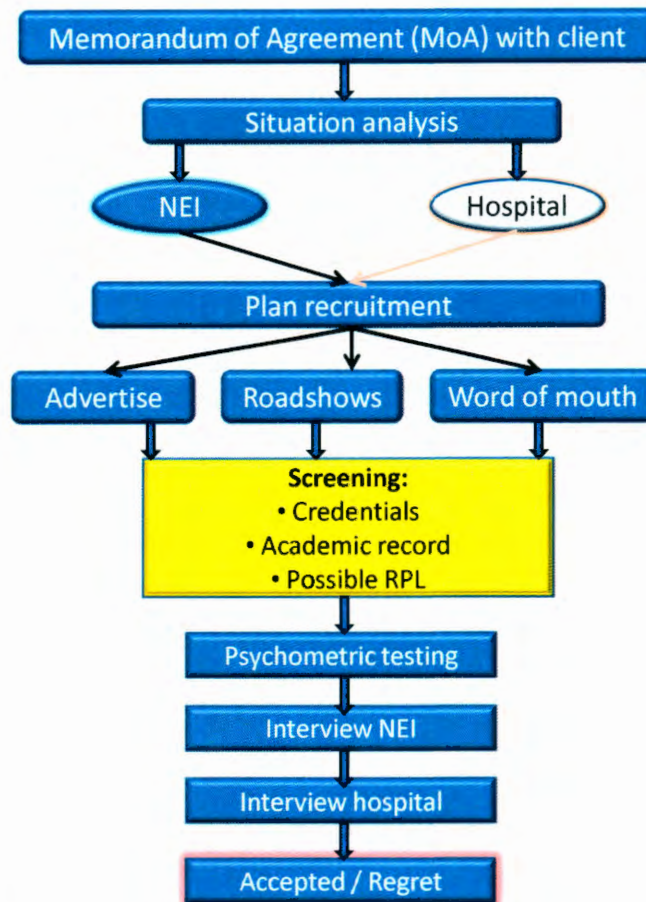


Figure 3-2: A flow chart depicting current recruitment practices

The recruitment process starts with conversations between the hospitals and the NEI. A memorandum of agreement (MoA) is signed, in which the expectations and commitment of the various role players are outlined. A thorough situation analysis is then performed to establish (a) the resources available at the NEI, and (b) the resources and requirements of the hospital, if the NEI is linked to a hospital group.

The NEI's resources include human resource capacity, and physical resources (in terms of availability and size of lecture rooms / venues and equipment). The estimated requirements of nurses for the hospital (the number of nurses to be trained), and the number of student posts available at each hospital are also included in the situation analysis. It needs to correspond with the number of students that both the hospital and the NEI are accredited for with SANC.

The recruitment plan is then compiled by the NEI, but the hospital is included as a partner in the entire process, as the newly recruited students will be appointed by the hospital. (Please note that there are differences between the different hospital groups, and not all hospital groups employ first-year students.) The various advertising and recruitment campaigns are then launched. After successful recruitment, the process of application and selection starts. As the focus of this study is recruitment, the latter steps do not form part of this study.

Recruitment of employees (or students) influences both the quality and the number of applicants (Sage Training Academy). It further entails creating a pool of suitable candidates from which a possible selection can be made (Management Extra 2009:1). Marketing of the nursing profession and recruitment of nursing students aims at creating this pool by encouraging potential applicants who possess the required aptitude, skills, and knowledge to apply for nursing training.

In a spotlight interview conducted in January 2008 by the International Centre for Human Resources in Nursing (ICHRN) with Eric Buch, a board member of the Global Health Workforce Alliance (GHWA), the following question was posed: "What do you see as the most pressing challenge confronting health human resource policy makers in the African region?" Buch replied that the goal, rather than the challenge, was to get the funding that is needed to improve the education of health workers in order to achieve the numbers required, and the desired quality (ICHRN 2008). His answer sums up the essence of the problem perfectly – the focus should not merely be quantity, but also quality, and neither can be achieved without proper funding.

In order to achieve the desired quality and numbers of applicants, an active recruitment plan needs to be initiated (see Chapter 5). Recruitment, according to Sullivan and Decker (1992:283), is an interaction between three interrelated factors, namely an analysis of the job requirements, staffing needs, and selection of the candidate. McCaffery (2004:217) applied the same concepts when describing the recruitment and selection of staff in a higher education milieu. Bose's (2006:207, 211) conceptualisation of recruitment is consistent with that of Sullivan and Decker, except that Bose uses different terminology, namely "manpower planning".

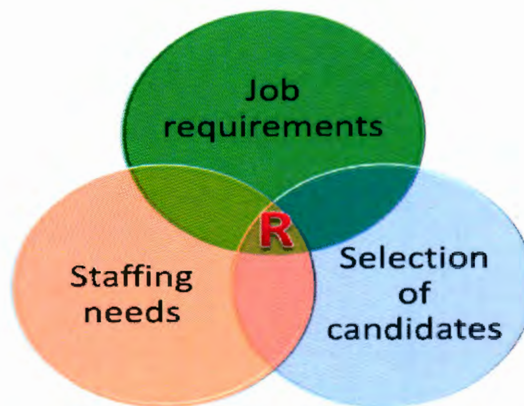


Figure 3-3: Interrelated factors in recruitment

The whole purpose of recruitment is to generate a pool of applicants that is large enough to allow selection (Bose 2006:207, 211) of the "cream of the crop". In this chapter, the focus fell on locating this pool of applicants.

3.2.4 Staffing needs

Before developing and implementing a recruitment strategy, it is necessary to establish the staffing needs of a particular facility or hospital (Roussel 2009:263; McCaffery, 2004:218). It should be remembered that the focus of this study has been the private NEIs connected to a private hospital group.

There is very little use in running an expensive and extensive recruitment campaign if the particular hospital or facility can only accommodate, say, two learners, and all learners have been selected from the facility's internal non-nursing personnel, as happened in one particular facility where, in my capacity as NEI principal, I had to place students.

As was the practice at the NEI where I was employed, discussions need to take place between the regional nursing manager, the hospital's nursing manager, the human resource manager, and the NEI to establish the current needs, and the future needs, of the hospital or facility.

From my own personal experience, I know that it is important to consider and / or include the following factors:

- The current number of vacancies in the facility, and the number of student posts available (also consider budget restraints, but take cognisance of Buch's statement provided at the bottom of this page);
- Past trends in terms of staff turnover;
- The average age of current staff and their projected retirement age, to enable proactive planning for replacements;
- The number of students that the facility is accredited for with SANC (it is illegal to exceed the number approved by SANC);
- The choice of learning opportunities available to students, to enhance work-integrated learning;
- The support available to students (mentoring, clinical supervision, and clinical accompaniment);
- Applicable legislation as prescribed by SANC, the DoE, and the DoL (as discussed in 3.5.2); and
- The current organisational climate and organisational culture.

(RCN 2006:1-6, and Roussel 2009:263)

PI Worldwide (n.d.), an international management consulting company that conducts behavioural assessment, includes the cultural fit of the company as one of the variables that must be taken into consideration before a vacancy can be filled. Newly recruited and appointed individuals need to have similar values to the rest of the group, to ensure that they fit in with the company (Cavell 2004:2). Students of Hospital Group A are permanently employed with the company, and it is therefore important to establish whether the prospective student will fit in with the current organisational culture of the hospital and the company. Important further is to incorporate the company's mission, vision and training plan and adhere to that in the proposed recruitment plan.

Taking all of the above into consideration, one needs to seriously take into account the current nursing staff shortage, and the recommendations made by Buch, who states that "It is important that posts be set at the number needed to deliver and not simply at what the budget has available" (ICHRN 2008). Unfortunately one cannot enthusiastically keep on to continue creating programmes and recruiting and

appointing students to fill the gaps. Serious consideration must be given to the legislation referred to earlier, and approval needs to be obtained from the respective regulatory bodies, which can be an arduous task for the novice nurse educator.

There are many different opportunities and situations that can be explored for recruitment. Focusing recruitment initiatives in areas where past efforts were successful should have positive outcomes (Sullivan & Decker 1992:283). However, in a study conducted by Thomas, Reznik and Dawes (1999:16), these authors found that focusing recruitment efforts and resources on candidates with a high probability of applying for a course or at an institution was a waste of precious resources. They found that students with a low probability of enrolling were much more amenable to increased recruitment efforts and resources should rather be focussed on these groups.

3.3 Research paradigm

The "lens" through which I viewed this second phase is one of constructivism and interpretivism, or natural inquiry, as described by LoBiondo-Wood and Haber (2006:133) and Guba and Lincoln (1994:105), and elaborated on in 1.10 and 2.3 of this study.

3.4 Research design

This third chapter deals exclusively with the second phase of the study. The "blueprint" for this second phase is still interpretive in nature (as elaborated on in 2.4), with predominantly a qualitative design. I made use of a qualitative, descriptive, exploratory contextual design (incorporating selected action research principles) to gain insight into the recruitment process as applied by various private NEIs. To structure the study, I made use of the first three of McNiff's guiding questions for action research (McNiff 2002), combined with an adapted version of the process-

planning model, as conceived by Zuber-Skerritt (2002:145). (Figure 3-1: Research process).

McNiff's (2002) first three guiding questions, and the second contextual circle of the adapted version of Zuber-Skerritt's (2002:145) process-planning model, focussed this second phase.

3.4.1 Adapted vision and context analysis

After the initial vision and first context analysis were completed successfully (Chapter 2), this second phase started with an adapted vision.

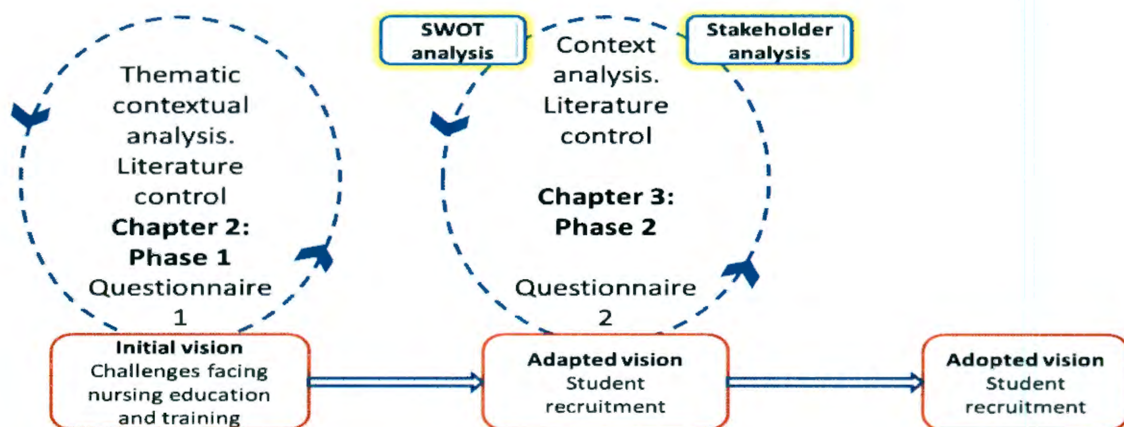


Figure 3-4: Phase 2

Here the focus was no longer broadly on the magnitude of the challenges facing nursing education and training, but more on the recruitment of students, and the challenges involved. I no longer asked the question "What issue am I interested in researching?" (McNiff 2002:13), but rather focussed on the collective need of the profession which I form part of.

My point of departure was to create an ideal vision (Nel & Wilkinson 2006:557) of a standardised recruitment plan, which would make recruitment in private NEIs effective and efficient (Figure 3-4).

I took an in-depth look again at the context in which my study would take place. A new context analysis (including a stakeholder analysis and a SWOT analysis – see

3.4.2) was conducted, and I took a brief look at the general vision for health care in South Africa. An extensive literature review and control was conducted to analyse all contemporary literature on the recruitment of nursing students for basic nursing training. From the literature, I derived valuable theoretical perspectives and directives. These are elaborated on in 3.10 and are combined with the feedback from Survey-Questionnaire 2. I have continually linked the theory learned from the literature review and control with my own experiences and knowledge, which has compelled me to continually reflect, interpret and evaluate my own practices, values, and belief systems. From the results of the literature review and control, I obtained definite direction to guide me in my design of Questionnaire 3 (Phase 3) and my creation of a recruitment action plan (Phase 4).

In this second context analysis, I therefore again addressed the first two questions proposed by McNiff, namely:

- "What issue am I interested in researching?" and
- "Why do I want to research this issue?"

However, during this second phase, the focus was directed exclusively at recruitment. The third question by McNiff, referring to my data gathering, interpretation and integration, was therefore also incorporated into this second phase, namely:

- "What kind of evidence can I gather to show why I am interested in this issue?" (McNiff 2002)

One of the steps in the second context analysis [as proposed by Zuber-Skerrit (2002:145) and illustrated in Figure 1.1] is the stakeholder analysis (see Figure 3-1), which will now be elaborated on.

3.4.2 Stakeholder analysis

In South Africa, the training of nurses (public and private) is regulated and influenced by various factors and various different role players that have varying degrees of influence on the type of candidate recruited. All of these role players have their own ideas about the required traits and characteristics of a newly recruited student nurse.

Zuber-Skerrit (2002:145) agreed that all stakeholders (internal and external) who will be affected by the decision should be included in the stakeholder analysis. The importance of collaboration between all role players is summarised in the 2008 Nursing Strategy, where it is stated that "Ensuring future supply of nurses requires close collaboration among all employers (public and private), nursing council, educators, nursing professional associations, and labour organisations. This approach will ensure success in determining the supply needs and ensuring that they are met" (RSA DoH 2008:16).

Some of the most significant role players that are important for the context of this study will be discussed separately. In no particular order, these role players include, but are not limited to, the stakeholders listed in Table 3-2.

Table 3-2: A summary of the SWOT analysis and stakeholder involvement

Stakeholder	Functional unit	Role of the stakeholder and functional unit, as relevant to this study	Significance for this study
The Department of Labour (DoL)	The Health and Welfare Sector and Education Training Authority (HWSETA)	The HWSETA registers the learnerships. The HWSETA functions as an ETQA.	Establishes student admission criteria. Financial support to students in the form of learnerships.
The Department of Higher Education and Training (DHET)	The South African Qualifications Authority (SAQA)	Programme registration. Functions as an ETQA for nursing programmes.	Establishes student admission criteria.
	The CHE	The CHE: programme accreditation.	Establishes student admission criteria (R.683 and proposed staff nurse qualification).
	The HEQC	The HEQC functions as an ETQA.	Establishes student admission criteria (R.683 and proposed staff nurse qualification).
The National Qualifications Framework (NQF); General and Further Education and Training (GFET)	Umalusi	Programme accreditation. Umalusi functions as an ETQA.	Establishes student admission criteria (R.2176 and R.2175).

Stakeholder	Functional unit	Role of the stakeholder and functional unit, as relevant to this study	Significance for this study
The Department of Health (DoH)	SANC	Professional regulatory body. Programme accreditation. The SANC functions as an ETQA.	Establishes student admission criteria. Regulates the number of students per NEI.
The Department of Basic Education (DBE)	School principals and school governing bodies	Provides a marketing and recruitment opportunity to the NEI.	Grants permission to allow involvement of nurse educators, and to allow recruitment on school premises.
Private hospitals	Directors and training managers	Partnerships and financial support.	A financial component, and student admission criteria.
	Managers	Provide training positions and clinical exposure.	Establishes student admission criteria and student numbers.
Related health care agencies	Managers	Create a pay scale and job description (vacation work).	Marketing and recruitment.
NEIs	Nurse educators	Overall involvement, from initial planning to the execution of the recruitment plan.	Marketing and recruitment. Adequate number of nurse educators needed.

3.4.2.1 The Department of Labour (DoL)

Recruitment efforts need to be directed at areas in which the probability for success is the highest (particularly if funds or time are limited). Requesting the Department of Labour to provide an estimate of the skills shortage in the particular area where recruitment is planned will save both time and money. The regional manager of the Department of Labour can be requested to assist with a situation analysis and a skills survey of the area in question.

Under the Skills Development Act 97 of 1998 (RSA DoL 1998), various SETAs (Sector Education and Training Authorities) were established. Learnerships were registered with the SETAs. According to the Health and Welfare SETA (n.d.), "Learnerships are intended to provide structured learning opportunities for employees that will culminate in the acquisition of qualifications that are registered

on the National Qualifications Framework". Currently the Health and Welfare SETA (HWSETA) registers all nursing learnerships, but funds only selected nursing students for learnerships.

The South African Qualifications Authority (SAQA) Act, Act 58 of 1995 (RSA DoL 1995), makes provision for the establishment and accreditation of the ETQAs (Education and Training Quality Assurance bodies). The Skills Development Act makes provision for *every* SETA to become an ETQA. SAQA accredited the HWSETA with ETQA status on 1 August 2001 (HWSETA n.d.). Therefore, all academic programmes presented by NEIs must be accredited by the HWSETA and SANC (3.4.2.3), and the programmes must adhere to SAQA's requirements, and to the National Qualification Framework's (NQF) level descriptors. The students recruited for the nursing programmes must comply with the minimum admission requirements as set out by the HWSETA, SAQA, and the various other ETQAs (the latter will be discussed in the sub-sections of 3.4.2).

3.4.2.2 The Department of Higher Education and Training (DHET)

In Chapter 2 of the 1996 Constitution, the Bill of Rights (RSA 1996:14) stipulates that every South African citizen has the right to basic education, including adult basic education and further education.

Currently, according to the National Qualifications Framework Act, Act 67 of 2009 (RSA 2009), formal education in South Africa is divided into the following three categories:

- General and Further Education and Training (GFET);
- Higher Education (HE); and
- Occupations and Trades (not relevant to this study).

In nursing education, the enrolled nursing auxiliary (ENA) qualification and the enrolled nurse (EN) qualification fall within the GFET band, while the bridging enrolled nurse qualification to the professional registered nurse qualification are on Level 5 of the NQF. The new proposed staff nurse qualification (SANC regulations not yet gazetted) will be placed at NQF Level 5 (which falls in the higher education

band). Each of these bands and NQF levels have their own admission criteria. It is essential to incorporate these as at least minimum admission requirements in the recruitment plan.

Table 3-3 provides a comparison of the qualifications of the three largest private NEIs, as registered with SAQA.

Table 3-3: Outline of courses registered with SAQA and the NQF

Hospital group	**ENA**		**EN**		**Bridging EN to RN**	
	SAQA ID	**NQF level**	**SAQA ID**	**NQF level**	**SAQA ID**	**NQF level**
Mediclinic	71709 17132	3 4	17133	4		
Life Healthcare	10369	4	13827	4	13826	5
Netcare	10467	4	16702	4	16703	5

Hospital group	**Bachelor of Nursing**		**National Diploma: Staff nurse**	
	SAQA ID	NQF level	SAQA ID	NQF level
Mediclinic	59257	7	59236	5
Life Healthcare	NA	NA	NA	NA
Netcare	NA	NA	NA	NA

Source: (SAQA 2009)

In 2009, the Department of Higher Education and Training (DHET) was established. The implication of this for nursing education and training is that all nursing education and training (from NQF Level 5 and upwards) will now fall under the jurisdiction of the DHET, and student recruitment will have to incorporate the regulations of the DHET.

Higher education, also referred to as tertiary education, provides the highest level of education and includes various diplomas, degrees, and postdoctoral degrees. With the promulgation of the Higher Education Act 101 of 1997 (RSA DoE 1997), all nursing education and training from NQF Level 5 and upwards was relocated to higher education.

Admission requirements to higher education are a Grade 12 pass (RSA DoE 2005). According to the Act, all private institutions that offer a higher education qualification must register with the Department of Education (RSA DoE 1997). The newly formed Department of Higher Education and Training (DHET) is now tasked with this responsibility. The new proposed (but not yet promulgated) Staff Nurse Programme is a higher education qualification, and therefore all NEIs planning to offer this qualification have to apply to the DHET for higher education status. Currently some of the NEIs have provisional registration with the DHET as a higher education institution and are negotiating to affiliate with selected universities (verbal communication and confirmation between me and various head nurse educators and managers).

The Higher Education Act of 1997 (RSA DoE 1997), in conjunction with the Education White Paper 3 on Higher Education (RSA DoE 1997) and the National Plan for Higher Education (RSA DoE 2001), form the starting point for the overhaul of the higher education sector. Both the White Paper on Higher Education (RSA DoE 1997) and the Higher Education Act of 1997 (RSA DoE 1997) make provision for the Council on Higher Education (CHE) to establish the Higher Education Quality Committee (HEQC). The HEQC functions as the ETQA for higher education and sets the minimum standards for, among other things, nursing education programme requirements and admission criteria. It is therefore essential to look at the admission requirements for higher education, and to include these requirements in any nursing recruitment and marketing plan. The Council on Higher Education (CHE) has very specific admission criteria, which differ significantly from the admission criteria stipulated by SANC – the other ETQA for nursing education in South Africa (3.4.2.3). The HEQC manages quality assurance via the auditing of the education institutions, and the accreditation of the programmes that they offer (RSA DoE 1997).

For the purposes of this study, I shall therefore focus on the GFET and Higher Education and Training (HET) bands.

3.4.2.3 The Department of Health (DoH) and SANC

Under the jurisdiction of the Department of Health (DoH), SANC functions as one of the ETQAs for nursing. SANC advises the Minister of Health and the Department of

Health on issues related to nursing and nursing education and training. In the regulations supporting Nursing Act 50 of 1978 (RSA DoH 1978), and in Nursing Act 33 of 2005 (RSA DoH 2005), SANC stipulates the minimum requirements for any formal nursing training course. In addition, SANC imposes limits on the number of student enrolments per NEI. If the NEI and/or the nursing training course fails to meet these minimum requirements, SANC will not endorse the institution or the training (RSA DoH 2005:30). It is therefore essential that the minimum admission requirements are adhered to. These requirements need to be communicated to any aspiring nursing student during the marketing and recruitment phase. In South Africa a person cannot be legally employed as a nurse if he or she is not a (paid-up) registered or enrolled member with SANC (RSA DoH 2005:25).

3.4.2.4 The Department of Basic Education (DBE)

Two of the functional units (for the purposes of this study) of the DBE are:

- The NQF band "General and Further Education and Training (GFET)"; and
- The relevant high school principals and school governing bodies.

3.4.2.4.1 General and Further Education and Training (GFET)

General Education and Training (GET) includes all education and training from Grade R (also known as the Reception Year) up to Grade 9. Nursing training is not influenced by any alterations or stipulations on the GET band, as basic nursing training starts at NQF Level 3, which falls in the FET band.

Further Education and Training (FET) includes all education from Grade 10 to 12 in secondary schools and all education and training on NQF Levels 2 to 4 (which are equivalent to Grades 10 to 12 in schools) (RSA DoE 1998:14). It therefore currently includes both the R.2176 and the R.2175 nursing courses offered by the selected NEIs (NEA 2010:10). The R.2176, or ENA (Enrolled Nursing Auxiliary), qualification is placed at NQF Level 3 or 4 – depending on its registration and approval with SANC and SAQA. The ENA course is registered with SAQA as a "National Certificate: Auxiliary Nursing", ID 49993 (SAQA 2009). The R.2175, or Enrolled Nurse (EN) course, is registered as a "Further Education and Training Certificate: Nursing", ID 50019, and is placed at NQF Level 4 (SAQA n.d.).

Umalusi, as guided by the General and Further Education and Training Quality Assurance Act 58 of 2001 (RSA 2001), functions as the ETQA for both general and further education. All providers of FET must therefore be registered with the DHET. This registration process starts with the training institution becoming accredited with Umalusi. In its capacity as an ETQA, Umalusi monitors and moderates the achievement of learners at the various different education service providers, and the programmes that these service providers offer. It is essential that recruitment and marketing initiatives include the minimum admission requirements as set out by Umalusi. Another important Act is the FET Colleges Act, Act No. 16 of 2006 (RSA 2001), which replaces the repealed FET Act, Act No. 98 of 1998. The new Act is in line with the Education White Paper 4 on FET of 1998 (RSA DoE 1998).

3.4.2.4.2 The relevant high school principals and school governing bodies

The website of the Department of Basic Education contains a list of all the schools in the various different regions. The list provides contact details and addresses of all the schools in the regions (RSA DoE 2009). The part of the recruitment plans that will impact on the schools needs to be communicated (negotiated) and approved by the school governing bodies involved.

3.4.2.5 The South African Qualifications Authority (SAQA) and the National Qualifications Framework (NQF)

All nursing courses must be registered with the South African Qualifications Authority (SAQA) and listed according to the National Qualifications Framework (NQF) descriptors. The regulations of the South African Qualifications Authority Act No. 58 of 1995 established the South African Qualifications Authority (SAQA) as a juristic person and empower SAQA to act as yet *another* ETQA (Education and Training Quality Assurance body) for nursing education and training, by setting standards and conducting quality control (RSA 1995). Again, SAQA has its own minimum admission requirements that need to be adhered to. One of the greatest influencing factors that needs further consideration is SAQA's policy on RPL (recognition of prior learning), which might differ from the policy of other ETQAs and from the policy of the NEIs.

Sadly, the above regulatory bodies and councils (SANC, SAQA, HEQC, and Umalusi) disagree concerning certain critical issues, for example exit levels, and the placement of qualifications on the different NQF levels. This lack of consensus contributes to the confusion with regard to the various ETQAs. Much discussion and negotiation still needs to be done, but for the purposes of this study, it is important to note that there are several ETQAs, and that their admission criteria need to be included in any recruitment campaign.

3.4.2.6 Directors and training managers of nursing education (in private hospital groups)

Huber (2006:596) encourages nurse leaders to advocate for more funds for nursing education and training. In some but not all private NEI groups, nursing training is considered a cost centre, and is not generating any profit. Hence, some of the hospital groups may view such training as merely an expense. It is, therefore, crucial that the directors, and the management team, view nursing education and training as a future investment and part of the core business of the company – training employees to ensure the sustainability of the company or hospital group – and allocate funding towards it accordingly. Funding is not merely picking up the bill for the tuition fees at the external tertiary institutions, or having a training department. It also means that an appropriate amount of funds must be allocated towards marketing and the recruitment of students for the basic nursing courses. While thousands of rands are spent on recruiting and importing registered nurses from other countries, it is my view that an equal amount of money should be spent on recruiting potential students from South Africa. These students have a higher probability of staying in the country after their training has been completed, and thus render a higher return on the investment.

3.4.2.7 Hospital managers and nursing managers of the respective hospitals

Recruitment, selection and training of students are part of the NEI's service to its clients, that is, the various different hospitals in the group. Although the hospitals need competent, qualified personnel, it is the function of the formal training department of the NEI to, among other things, provide such staff, by initially matching applicants to the culture of the organisation. Delivering a skilled

professional is the core business of the NEI, thereby minimising the cost to the hospital.

As stated in 3.4.2.3, SANC decides on the number of students that each hospital is accredited for, but it is the decision of the hospital manager and the nursing manager to determine whether that number of training posts is available and budgeted for in their hospitals. (In some of the hospital groups, the head office carries the salaries of the first-year students, but from the second year of study, the various hospitals are responsible for the salaries and the benefits of the students – if applicable.) Before embarking on a marketing and recruitment campaign, it is important to establish what the needs of the hospitals are and to involve the hospitals' management teams from the start in the initiative and in the recruitment action plan.

3.4.2.8 Related health care agencies

It is best to include all relevant health care agencies in talks related to the recruitment plan. In the action plan, reference is made to the recruitment of school learners as a type of health care workers during weekends and holidays. Before this initiative can be promoted, the nursing agency needs to approve the initiative, as the learners will work through them (as temporary workers) at the various hospitals. As this is a new concept and there is not currently such a worker category on their books, the nursing agencies will have to create a remuneration scale for these learners, and compile a job description (personal communication with the Medi-Staff™ manager in 2007 and 2008). All aspects, including liability and patient confidentiality, need to be discussed before any marketing can even be considered.

3.4.2.9 Nurse educators

Current legislation in South Africa (RSA DoL 1995) emphasises the importance of employee participation in decision making in the workplace. Several authors (Roussel 2009:197-199, Stassen 2006:10, Kim 2002, Scott-Ladd 2001:xii; and Industrial Relations Victoria n.d.) have confirmed the advantages of including employees at all levels to contribute and participate in the decision making of plans that they have to execute. According to Kim (2002), "the basic assumption of participative management is that sharing managers' decision-making power with employees will enhance performance and work satisfaction".

It implies that if nurse educators are not included in the planning phase of the recruitment action plan, all efforts could be in vain. Because the nurse educators will have to initiate and execute the plan, and do all the follow-ups, it is imperative to ask the nurse educators for their suggestions and concerns about the recruitment and selection of nursing students. In Chapters 2, 3 (this chapter) and 4, the questionnaires that were distributed to the nurse educators are discussed. See Annexure C for a summary of the nurse educators' comments and suggestions on the recruitment strategies.

Currently there are 346 NEIs in South Africa, of which only 134 are dedicated education institutions. The remaining 212 NEIs are either hospital-based NEIs or old-age homes that do training (Solidarity Research Institute 2009:11). According to the WHO (2010), the nurse educator-student ratio varies greatly between developed countries (1:12) and developing countries (1:45).

Recruitment and retention of nurse educators might appear to be inappropriate in a chapter dealing with the recruitment of learners, but without adequate numbers of nurse educators, all efforts to recruit more learners will be in vain (Shipman & Hooten 2008). Mathis (2008:82) strongly supports the notion that more nurse educators should be trained, so that more nursing students can be accommodated. He emphasises the potential of online courses to train nurse educators.

According to the American Association of Colleges of Nursing (AACN 2009a) and Clark (2010), America has a shortage of 814 nurse educators. It had the negative effect that in 2008, 49,948 applicants had to be turned away due to faculty shortages (AACN 2009). This situation is not confined to America. Worldwide, applicants are turned away because there are not sufficient nurse educators (Thieman 2007, Aiken 2007:1299, and NickitAS 2008). It is clear that some countries are facing a critical shortage of not only nurses, but also nurse educators (Cook, Williamson, Salmeron, Burton & Goad 2011, Williamson, Cook, Salmeron & Burton 2010, Simms 2009; Potempa, Redman & Landstrom 2009, Shipman & Hooten 2008, and Garbee & Killacky 2008). The shortage adversely affects attempts to recruit and train more nurses (Ciraola 2008, Bartfay & Howse 2007, Buchan & Calman 2005:4, and Feldman 2004).

In South Africa, several nursing colleges were closed, supposedly due to lack of funding by government. Stakeholders such as DENOSA (2009) and the Minister of Health (Kloppers 2011, and The Precidency 2011) are now demanding the reopening of these colleges. I think it would be a good idea if adequate numbers of appropriately qualified nurse educators were appointed. In 2008, the Atlantic Philanthropies (2008) observed that South Africa's NEIs were under-resourced to increase the production of nurses. According to the Forum of University Nursing Deans of South Africa (FUNDISA), the 22 university-based nursing schools in South Africa are experiencing a severe shortage of nurse educators (FUNDISA n.d.). HWSETA (2011:47) estimated that South Africa currently requires a minimum of an additional 94 nurse educators and researchers. It does not include the nurse educators that will be required when the 106 closed NEIs are reopened (2.2). Personal communication with the CEO of FUNDISA, Prof Leana Uys, on 27 January 2012 revealed that, although most NEIs have been complaining about faculty shortages, the exact extent of the shortage is not known.

To execute a successful recruitment plan, one therefore needs to consider all the above stakeholders, and the environment in which this recruitment is to take place. Focusing on the environment, a comprehensive SWOT analysis must be done, where attention must be focussed on not only strengths and opportunities, but also weaknesses and threats.

3.4.3 SWOT analysis

Very few companies will claim that they do not search for and attempt to recruit the very best employees (or in the case of NEIs, nursing students). All companies should therefore have a recruitment plan in place for this purpose. Finding best practices in recruitment strategies, however, is not always an easy task. Dr John Sullivan, a leader in human resource management, and currently Professor of Management at San Francisco State University, explains this phenomenon by stating that "not all companies are allowed to talk in public about their best practices, and almost all are reluctant to brag about them in the media" (Sullivan 2006). It is, however, necessary to continually improve and develop one's own best practices.

Dr White, Dean of Engineering at the Georgia Institute of Technology, is quoted in a conference paper, as saying, "If we want a different outcome, we're going to have to do things differently. We're making too little progress doing more of the same thing" (Cuny & Aspray 2001:1).

White was referring to the recruitment of women in engineering. His statement, however, is just as relevant to the recruitment of nursing students. If recruitment efforts are to be more successful, it is necessary to look at what is being done. Instead of increasing our efforts, we should adapt our efforts and compile a cost-effective recruitment plan that will yield a higher success rate.

MedHunters, a health care job board, emphasises the need to "recruit through a cost-effective process of sourcing, pre-screening and selecting the ideal candidate" (Chambers 2008). It is therefore imperative to incorporate several different strategies and approaches in a recruitment action plan. Executing a SWOT analysis is a good place to start. Hence, a comprehensive SWOT analysis was conducted during this second phase of the study. Feedback on the results of the SWOT analysis is incorporated in the section dealing with the data analysis and reporting (see 3.10).

3.5 Methodology

The methodology described in 2.4 is relevant to this second phase as well. My aim was to enhance my own understanding of the world of recruitment, to enable me to bring about a measure of social change (Henning *et al.* 2004:3). The purpose of this second phase was therefore to obtain a clearer understanding of the factors that play a role in the recruitment of nursing students for private NEIs. This better understanding could result in changes being made to recruitment processes, with a consequent increase in the number and an improvement in the quality of students applying for training. It was envisaged that these improvements could gradually lessen the effect of one of the contributing factors in the current crisis in health care

(attributed to the nursing staff shortage), and thereby "bring about a measure of social change".

3.5.1 Qualitative design

The research design for this second phase of the study consisted of a descriptive exploratory contextual study based on a literature review and supported by a survey-questionnaire. This design enabled me to assess the nature of existing conditions or situations (McMillan & Schumacher 2006:317), and to gain new insights into the phenomenon of recruitment, and to understand the underlying concepts. I needed to establish which factors promote and which factors impede the recruitment of nursing students for nursing education and training in the private health care sector, and to decide whether it would be possible to address or manipulate certain factors, so as to optimise the recruitment process.

3.5.2 Research populations

The various populations relevant to this phase include the following:

3.5.2.1 Target population

The target population for this study consisted of the worldwide nurse educator community, which conforms to the eligibility criteria discussed in 1.12 and 2.5.2.1.

3.5.2.2 Accessible population

The accessible population for this second phase was all the nurse educators involved in the first phase (Group A), and the head nurse educators employed at the NEIs of the other two major hospital groups (Groups B and C). The inclusion of the head nurse educators in the population was subject to the approval of their managers and directors. The total accessible population became my sample population for Phase 2.

3.5.2.3 Sample selection

During this second phase of the study, I once again made use of the purposeful (comprehensive and convenient) sampling method for the selection of the participants for the second questionnaire. The rationale for including all the nurse educators employed by the three largest private hospital groups in South Africa, was

that collectively these hospital groups had a 85% market share in the private health sector while my study, at that stage had a South African focus. See 3.6.1 and 3.6.2 for further elaboration.

3.6 Questionnaire distribution and response rate

For the second round of data gathering, a questionnaire very similar to the first questionnaire was compiled. It again included closed questions soliciting biographical data, but also contained two open-ended questions, namely the following:

> What do you perceive as the major challenges in the *recruitment* of learners/students for formal nursing education in the private sector? (You may indicate as many challenges as you wish.)
>
> If you were given the opportunity to change / influence the *recruitment* process, what changes would you suggest or implement? (You may indicate as many changes as you wish.)

Survey-questionnaire 2 was distributed to the various groups at different time intervals. Hence, I will discuss the distribution and response rate of the questionnaire separately, in sections 3.6.1 and 3.6.2, respectively. However, in the rest of the chapter the results will be combined and discussed as a unit. It is primarily for logistical reasons, as will be explained. Figure 3-5: Data-collection process supplies a visual overview of the various phases.

3.6.1 Questionnaire 2: Group A

In 2008 I conducted an analysis (not reported here) of the in-house recruitment policies and procedures of Group A, the NEI where I was employed. I also conducted an informal analysis of the effectiveness of the student recruitment practices in Group A. This baseline data served as a starting point for compiling the recruitment action plan and follow-up questionnaires.

In May 2008, I requested permission from my training manager at the time at Group A to distribute Questionnaire 2 to all the nurse educators working at the NEI of that particular hospital group. Permission was granted. See Annexure B for documentation pertaining to permission to implement Questionnaire 2. The questionnaire was piloted using colleagues not included in the survey. No changes to the questionnaire were required or suggested. In June 2008 the questionnaire was distributed to the same group of nurse educators used in the first phase (Group A). It included both respondents and non-respondents. When I conducted the second context analysis, I requested my colleagues to reflect on their own current practices and to identify best practices and limitations, and to provide me with suggestions on how to improve the recruitment process.

During this round, 28 of the 46 nurse educators (60.87%) responded. According to the University of Texas (2010), this is a very good response rate for an electronic survey (2.8.).

3.6.2 Questionnaire 2: Groups B and C

In June 2011, three years after the initial second survey-questionnaire was designed, a similar questionnaire (also known as Survey-Questionnaire 2) was created online (web-based). A web-based survey generator known as SurveyMonkey™ was used to generate this questionnaire.

The questionnaire had been piloted in 2008, but I tested it again to determine the ease of use of this online instrument. My supervisors scrutinised the survey-questionnaire. I then used six registered nurses (RNs) to test the questionnaire. The group consisted of:

- Three university-employed lecturers who are currently studying for their PhD degrees.
- One RN employed by a private hospital group, who was working in the human resource department (also reading for her PhD). She also had contract employment with a university.

- One RN employed in a public hospital. She forms part of the hospital's senior management team. She is also reading for her PhD and has contract employment with a university.
- One RN employed as practice manager and clinical trials coordinator at a physician's practice. At the time, she was enrolled for a study coordinator's course.

Feedback from the group was noted, and slight changes were made to the questionnaire. The hyperlink to the web-based survey and a request for participation were sent to the 11 head nurse educators employed at the other two major hospital groups (Groups B and C). Group A was excluded in this round, as the members had completed the questionnaire in 2008.

Unfortunately, even after submission of various confirmation documents and proposals, permission was not granted by Group C's research board to include the five head nurse educators from this group in the study. Hence, the survey focussed on the other major hospital group (Group B).

Data collection was done by means of the Web. (The results have been published on SurveyMonkey™.) Data were protected by means of a unique survey owner-generated password, and I am thus the only person who has access to the raw data.

The response rate for Survey-Questionnaire 2 (Groups B and C) was 54.5% if one includes all the participants that were invited in 2011. A response rate of 30% for online surveys is considered acceptable (Hamilton 2009). If, however, I exclude the five head nurse educators who did not participate because permission to participate was not granted (Group C), the response rate for Questionnaire 2 in 2011 is actually 100%.

3.7 Data-collection process

In the data-collection phase, two main objectives were followed, namely collection of data from the literature, and collection of data from the participants (Figure 3-5). Data collected from the literature were included in the analysis and reporting of the data (3.10). The literature that was consulted includes scientific writing in peer-reviewed journals and textbooks, and grey literature, which was not of a purely academic nature, but is very relevant to the topic of recruitment.

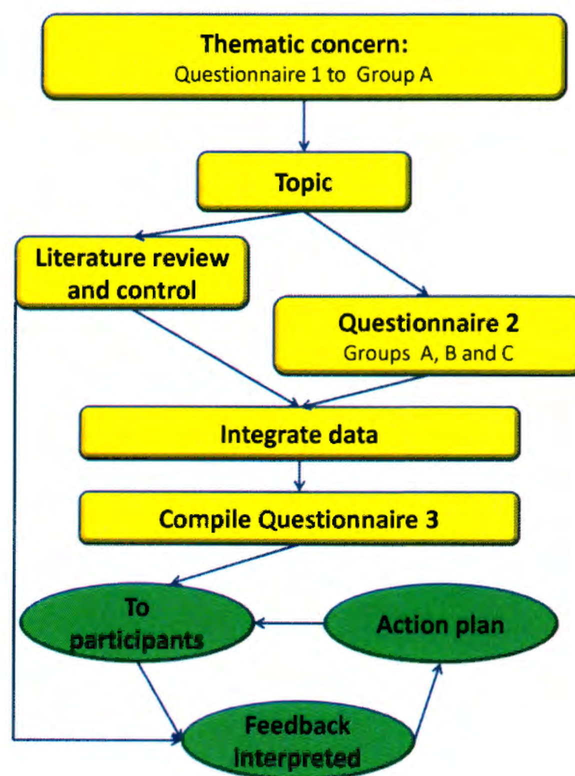


Figure 3-5: Data-collection process

3.8 Ethical considerations

The ethical considerations explained in 1.13 and 2.6 all applied in the case of this second phase and were conscientiously adhered to.

3.8.1 Beneficence

The principle of beneficence (USA 1978:6) was ensured by way of the following:

3.8.1.1 The right to freedom from harm and discomfort

See 1.13.1.1. As described in 3.6.1 and 3.6.2, permission to carry out the study (and, by extension, this phase) was requested from my employer (Group A), the University of the Free State, and the various training managers in charge of the other NEI groups (Groups B and C). Where permission for participation was not granted (Group C), I did not try to coerce the head nurse educators to participate. The questionnaire was structured in such a way that no harm could come to the participants. No sensitive information was collected.

3.8.1.2 The right to protection from exploitation

See 1.13.1.2. No participant was exploited, and all feedback was integrated and is reported on collectively. Participation was voluntary and anonymous.

3.8.2 Respect for human dignity

In the email sent to all participants (see Appendix B), the principles of voluntary participation, permissible withdrawal from the study, and no negative consequences to non-participants (USA 1978:5.10) were clearly communicated.

3.8.2.1 The right to self-determination

See 1.13.2.1. As in Phase 1 (2.6.2.1), participation was voluntary, and participants could withdraw at any time. It was communicated in the covering letter that accompanied the questionnaire.

3.8.2.2 The right to full disclosure

See 1.13.2.2. All participants were fully aware of the purpose and planned outcome of the study. See Annexure A for the covering letter.

3.8.3 Justice

Justice (as explained in 1.13.3) includes respecting the privacy of my participants and treating them fairly (USA 1978:8). The principles of justice (USA 1978:8) were ensured by way of the following:

3.8.3.1 The right to fair treatment

See 1.13.3.1. All conduct with participants was honest and open. There was no financial gain for any participant.

3.8.3.2 The right to privacy

See 1.13.3.2. Participants' identities were not linked to their responses, and complete anonymity was ensured.

3.9 Trustworthiness

To confirm the authenticity, or trustworthiness, of this second phase of the study, the concepts proposed by Lincoln and Guba (1994) and explained in 1.15 were applied.

Credibility and dependability were ensured by way of peer evaluation (critical friends), and data and between-method triangulation. Possible transferability was ensured by means of the sampling method that was selected, and by the leaving of a well-described data trail. A dense description of methods and results further contributed to the dependability of this phase of the study. Confirmability was achieved by consulting my supervisors and colleagues while I interpreted the data, to ensure objectivity. I used these concepts to defend the trustworthiness of my study.

3.10 Data analysis and reporting

In a qualitative research environment, the ideas generated from the data obtained are more important than being able to obtain complex definitions and statistical analyses (McMillan & Schumacher 2006:417). Furthermore, unlike the case in quantitative research, in a qualitative approach, data gathering and data analysis tend to occur either concurrently or sequentially (Cormack 2000:189).

Data analyses of the results from the second questionnaire were done by myself under the supervision of my supervisors. Applying Lacey and Luff's (2009:6-7)

steps, as explained in 2.9, an initial data analysis was performed in 2008 immediately after the data from Group A had been received. The responses were coded (the qualitative component), and the frequency was calculated (the quantitative enhancement). Twenty-five broad themes were identified. In 2011, the data were revisited, and the data analysis was refined, following the recommendations of McMillan and Schumacher (2006:364). The responses from Group B were also analysed and incorporated in this stage. The 25 themes were re-explored and clustered together. Finally, five broad themes were selected. These five themes include aspects such as candidate-related challenges, the effect of the negative image of nursing on recruitment; NEI and employee-related challenges; and legislation. Although not in these specific clusters, the broad themes were incorporated in Questionnaire 3, Phase 3 (see Chapter 4).

To enhance the validity of data interpretation, a third data-analysis cycle was executed in 2012. Four colleagues with extensive research experience and expertise were invited to a co-coding session, where the data from the second questionnaire were re-evaluated and sorted into groups, categories, and themes. One of my co-supervisors was present to observe the proceedings. My colleagues' classification of the content was slightly different from mine. (See Figure 3-6: Co-coding of results from Questionnaire 2 for a visual overview of my colleagues' collated input.)

The nurse educators of Groups A and B listed various "challenges" in response to the first question of Questionnaire 2, namely

Question 1: *What do you perceive as the major challenges in the recruitment of learners / students for formal nursing education in the private sector? (You may indicate as many challenges as you wish.)*

During the process of data analysis, it became evident that some of the respondents had formulated their challenges in such a way that they would appear to be suggestions to address the challenges, rather than the challenges themselves. Their responses were more an answer to the second question, namely

Question 2: *If you were given the opportunity to change / influence the recruitment process, what changes would you suggest or implement? (You may indicate as many changes as you wish.)*

On reporting on the data, the decision was made to combine the responses to the two questions. Hence, the challenge that was identified and the suggestion that was proposed to address the challenge will be discussed as a unit. In interpreting the results, I occasionally included personal experience that I had acquired that was relevant to these topics. The literature control that was conducted to confirm the validity of the challenges mentioned, and the data confirming the validity of the suggestions proposed, will be included in the data analysis.
The data obtained from the second questionnaire were reported on according to the process depicted in Figure 3.6.

For ease of reading, and to facilitate understanding of the data presentation, the following will be done:

- Items in green refer to group identified;
- Items in yellow refer to the different categories identified;
- Items in pink refer to the different themes;
- All direct responses from participants will be indicated in blue and in italics, enclosed in inverted commas, and highlighted in grey, for example "*participant response*".

Direct responses will be inserted (without being introduced every time) to support statements made. Please note that the responses are included verbatim without any correction of language, grammer or spelling.

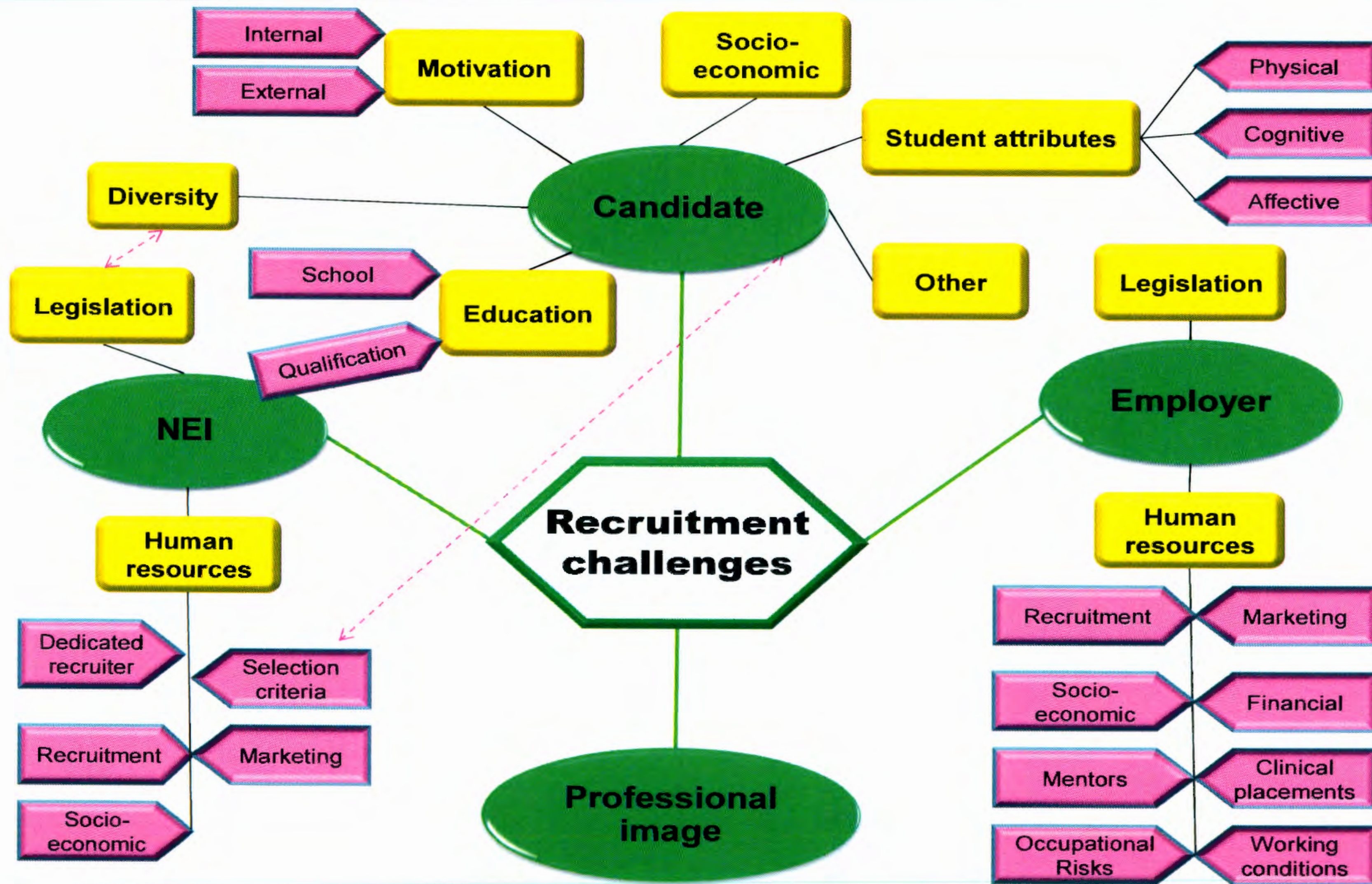


Figure 3-6: Co-coding of results from Questionnaire 2

3.10.1 Challenges related to the recruitment of candidates

The first group of challenges identified by the co-coders were challenges related to the candidate. Recruitment of the right type of candidate for nursing education presents both opportunities and challenges. Six major categories emerged, namely

- student attributes;
- diversity;
- socio-economic factors;
- motivation;
- education; and
- others.

More detail on these categories and their respective themes are discussed in the following section.

3.10.1.1 Student attributes

In the responses to Question 1 (challenges in relation to recruitment), three of the respondents referred to recruitment of the correct candidates, and a fourth respondent referred to the quality of the candidate:

> "*To have a selection process to recruit the correct candidate.*"

A suggestion that emerged in the responses to Question 2 was

> "*They need to adhere to some kind of criteria that we as nurse educators put together.*"

The requirements and qualities of the nurse have changed significantly over the past few centuries. In the late nineteenth century, the requirements of a nurse were that "she must be a good woman; she must be a tender woman; she must be a brave woman" (Wilson & Wilson 1893). Although these traits are still relevant and important in contemporary nursing, additional requirements and traits have been added over the years. It has become clear that nursing involves much more than the mere washing of patients and the emptying of bedpans. Skilled care, knowledge, and assistance of the individual in need of help are the core of nursing (ICN n.d., RSA DoH 2005a, and Henderson 1966:15).

Before embarking on a recruitment campaign, it is essential that the recruiter has a clear vision of the characteristics required of the prospective student nurse (Mellish *et al.* 2001:295) and the specific requirements of nursing as a profession (job). Although this study focuses on the recruitment of students, in essence the future nursing workforce is being recruited. Vasuthevan (2008), and the Forum on the Future of Nursing (FoNEC 2010:8), supports the need for standardisation of recruitment prerequisites, or criteria, by both the public and the private NEIs.

Compiling this set of recruitment qualities or standards is only possible if a thorough job analysis is done, where it is established what needs to be done, and by what type of person (Muller *et al.* 2006:254-255, Booyens 1998:217, Roussel 2009:557, and PI World n.d.). From the job analysis, the job description and job specification emerge. Some authors use the term "person specification" (blacksacademy.net 2003), which appears to be similar to the term "job specification". The term "person specification" describes the specific measurable and justifiable attributes or characteristics of the "ideal" candidate (City University London n.d.). Because these selection standards or criteria (responsibilities, performance expectations, values, behaviours, and skills required) will be used in the selection phase, they need to be included from the start of the recruitment process, and applied throughout.

Finding potential applicants with the necessary attributes and aptitude for nursing is crucial, because "[n]o amount of training and motivation can really offset the error of appointing the wrong person for the job" (Stanton, in Booyens 2006:319).

The question that arises, however, is:

- What can one perceive as reasonable requirements for nursing? (Pischke-Winn, Andreoli & Halstead 2003:2)

Different authors, NEIs, and organisations use different person specifications to determine the "reasonable" characteristics, qualities, and requirements for nursing students. If one combines the profile of the prospective nursing student as described by the University of North Carolina (2009) and that described by Mellish *et al.* (2001:295), a comprehensive list can be compiled containing the minimum requirements for physical health and affective and cognitive abilities. Most of these

aspects ought to be covered in a selection checklist. For the purposes of this study, however, a combination of the five criteria set by City University London (n.d.), Rodger's Seven-Point Plan (blacksacademy.net 2003:) and Fraser's Five-Fold Grading System (blacksacademy.net 2003) was used. This combination yielded the following person specifications:

- Physical make-up / impact on others (health, physique, bearing, speech, manner);
- Adjustment (emotional stability, stress coping mechanisms, ability to get along with people);
- General intelligence and motivation (goal setting, determination, consistency);
- Special aptitudes (mechanical, manual dexterity, facility in the use of words and numbers);
- Attainments (education, qualifications, training, work experience);
- Knowledge, skills, and competencies;
- Innate abilities (natural quickness of comprehension, aptitude for learning);
- Interests (intellectual, practical, physical, artistic, social);
- Disposition (acceptability, influence over others, steadiness, dependability, self-reliance);
- General attributes;
- Circumstances (domestic, family); and
- "Other".

To ensure holistic recruitment (and ultimately selection) of nursing students, Bloom's taxonomy (Bloom 1956, Businessballs.com 2010, and Waltz, Strickland & Lenz 2010:95-101) was used to ensure that all aspects would be included. Bloom's taxonomy was used mainly because it contains the three domains as a prerequisite for learning to take place, and the nursing student, once selected, will undergo a formal training course.

The above 12 person specifications can thus be grouped into the three overarching categories of psychomotor factors (physical skills), affective factors (psychological, feelings, emotions, and behaviour) and cognitive factors (intellectual capabilities). I added the category of "other" specifications, to allow for specifications found in the

literature that are relevant, but which cannot easily be categorised into the above-mentioned groups. These four categories will now be elaborated on. Please note that race and culture will not be discussed under the section on student attributes, but will be discussed under the section on diversity (see 3.10.1.3).

3.10.1.1.1 Physical attributes

Although the respondents did not discuss the physical requirements of nurses in much detail, there were comments such as

"To recruit the "correct" student".

This statement is open for interpretation and can refer to various attributes. The following suggestion was linked to the above statement made by the respondent:

"Psychomotor Tests"

Although there was no elaboration, the suggestion might imply that certain physical attributes require attention, as the term "psychomotor" refers to physical activities and coordination, among other things. It might be that the nurse educators did not include physical aspects because they might have thought that it was obvious that certain physical attributes are needed to be able to nurse a patient.

Physical wellness, health, and strength, and disabilities, will be discussed in depth in this section, as these factors contribute directly to one's ability to carry out the different activities required in the nursing profession. As gender and age form part of the physical make-up of a person, these factors will be included here.

(i) Wellness, health, and strength

Because of the physically demanding nature of the nursing profession (ANA Continuing Education n.d., and AllNursingSchool n.d.), it is essential that all nursing students maintain a certain degree of wellness and health. With long, unsociable working hours, most employers require a person that has the physical capacity to work several 12-hour shifts per week. Endurance is therefore a highly valued quality in nursing. Each NEI (nationally and internationally) also has its own requirements in relation to the physical health of its students.

Reading through the different NEI prospectuses, one finds, for example, that the Atlantic and Cape Community College (ACCC) in New Jersey requires a full physical

examination, rubella screening, and a tuberculin test before admission to their nursing course (ACCC n.d.). The United Kingdom's National Health Service (NHS) (2010) and the University of Southern Queensland (Queensland Government 2002) require that a health checklist be completed. However, according to the prospectuses that I skimmed through, several tertiary institutions in South Africa, and some of the private NEIs, do not perform a health pre-screening for prospective nursing students at all. Each NEI therefore structures its own screening according to its own needs and policies. Mellish *et al.* (2001:295), however, strongly urges that a medical examination be performed before a candidate is accepted into nursing training. Current labour laws in South Africa make provision for such assessments and examinations (RSA DoL 1998:7).

The physical requirements for nursing include that the nursing student must have certain physical-motor abilities. Non-negotiable abilities might include, but are not limited to, the following:

- fine and gross motor abilities to handle equipment and patients;
- a full range of motion movements;
- the ability to bend down (for example, while attending to a patient or a child);
- physical endurance, and the ability to work a 12-hour shift; and
- visual, auditory and tactile abilities (Mellish *et al.* 2001:295).

The latter requirement might include the ability to obtain information using a stethoscope, for example, or the ability to hear alarms from monitors (Carolina 2009, and Mellish *et al.* 2001:295).

(ii) Disabilities

Taking the above requirements into consideration, the impression might have been created that persons with physical disabilities cannot be accommodated in nursing training, due to the fact that they might encounter various obstacles and challenges in this very physical profession. Evidence found in the literature, however, refutes these assumptions and shows that it is possible to employ a person with a disability for nursing training, but never to the point where patient care and safety or the dignity of the nursing student are compromised. In the very inspirational tutorial DVD

titled *Nursing with the hand you are given: A message of hope for nursing students with disabilities*, Susan Fleming, a nurse educator born without a left hand, demonstrated that she is able to carry out certain basic nursing procedures. She insists that nursing with a disability is a possibility, and that institutions only need to make some adjustments to accommodate such a person. Hanson (in Pischke-Winn *et al.* 2003:2) summarises the situation when he asserts that "[f]or many people, career opportunities are limitless, while for people with disabilities, career opportunities are few".

At the 2003 Students with Disabilities: Nursing Education and Practice conference (10-11 April) held in Chicago, Illinois, the president and CEO of Access Living (Chicago), Marca Bristo, a Registered Nurse who broke her neck in 1977 during a diving accident, advocated for allowing people with disabilities to train and work as nurses. Bristo clarified the role of nurses with disabilities in the following statement:

> "No nurse does everything. We're trained to be able to do everything, but once we've had that training, we do what everybody in the world does, we follow our hearts and we pick the path that we want to do and that we're best at. What makes you think that disabled people are any different? Most of us are not going to choose a part of the profession that we will not be successful in. It defies logic. We want to get raises, we want to get promotions. So if a disabled person cannot do a particular type of nursing, it is more than likely you are not going to see too many of us there trying to do it" (Pischke-Winn *et al.* 2003:11).

Donna Maheady (2006, 2003) published two books, namely *Leave No Nurse Behind: Nurses Working with disAbilities* [*sic*] and *Nursing Students with Disabilities: Change the Course*, which provide ample evidence that it is possible to train and work as a nurse if you have a disability.

(iii) Age

Because of legislation prohibiting discrimination on the grounds of age (AllNursingSchool n.d., and RSA 2004:7), most NEIs are reluctant to prescribe an age limit for prospective students in their prospectuses, and limited information is, therefore, available about the ideal maximum age for a nursing student. The NHS

(2010), however, clearly states that they have no upper age limit restrictions for entry into nursing. It is, however, a good managerial and business principle to calculate the return on the investment (ROI). If a company spends, for example, R60,000 per annum on a student (salary, benefits, and tuition), it would obviously want to receive a reasonable return on its investment, and age would consequently be an aspect that would be considered. It is widely accepted that the age of internal applicants tends to be less important, as most companies encourage career progression and stimulation of interest if the employee expresses the desire to expand his or her knowledge, skills, and career path.

Traditionally it was the young adult or school leaver that entered nursing training, but more recently there appears to be an influx of more mature students into nursing – the so-called "second-career" workers or students (Donelan, Buerhaus, Desroches, Dittus & Dutwin 2008, AllNursingSchool n.d., and Kenny, McLennan, Nankervis, Kidd, Connell & Buykx 2007:80). It has specific implications for recruitment and training, as the needs of the mature student differ from the needs of the adolescent (Jeffreys 2004:15, and; Kenny *et al.* 2007:85).

Some authors argue that as a person gets older, there is a tendency towards a general decline in cognitive function (Merck Manual of Geriatrics 2006), and the ability to recall recent memory might decrease (American Academy of Family Physician 2006). It makes studying and the recall of new information a challenge for older students. Jeffreys (2002:15) opposes this perception, stating that the literature is inconsistent, and that, as such, it yields contradictory findings. She further argues that the more mature students cannot be viewed as a homogeneous group, and should not be treated as such (Jeffreys 2002:16). These arguments notwithstanding, the NHS still requires of students who have not been involved in full-time education for "some time" to provide evidence of recent academic studies (NHS 2010) to prove their ability.

(iv) Gender and sexual orientation

It is considered unconstitutional to discriminate against an applicant on the grounds of gender, sexual orientation, or sexual preference (RSA 2004:7). Neither gender nor sexual orientation should have any influence on the recruitment process, and,

indeed, these factors do not play any role in the ability of a person to nurse a patient effectively and safely. In a profession traditionally dominated by females, it is essential these days to include both males and females in the recruitment initiative. See Figure 3-7 for a breakdown of the gender distribution of nurses per province.

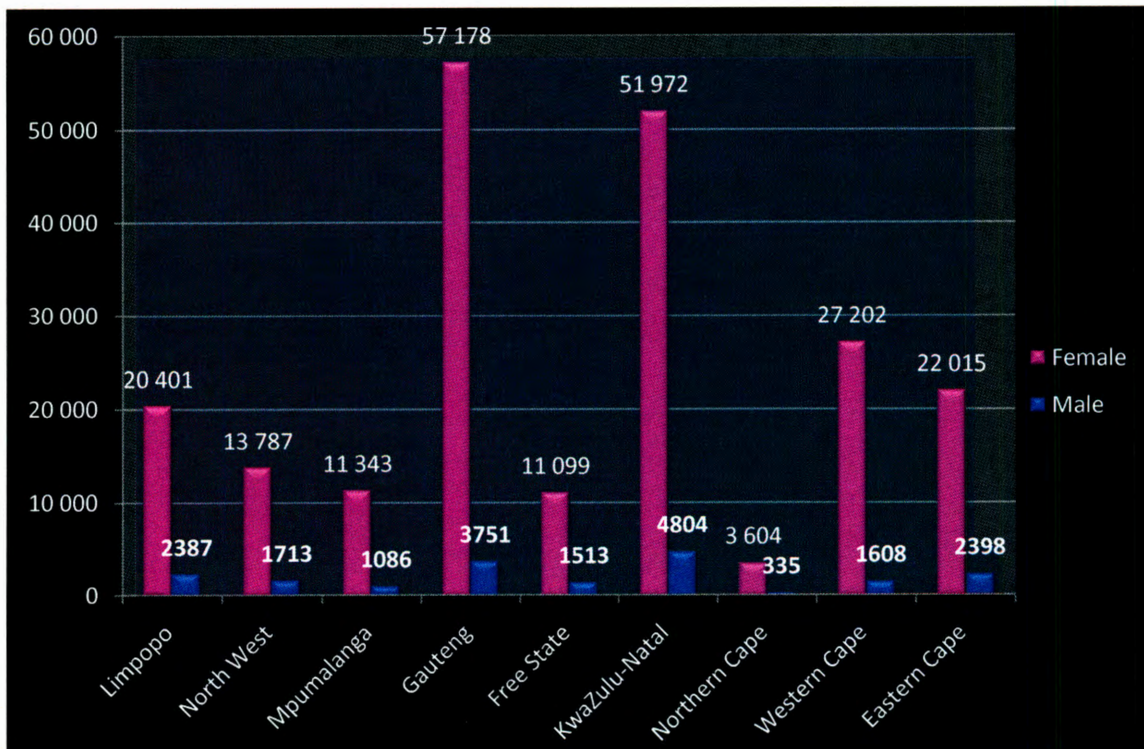


Figure 3-7: Gender distribution of nurses in South Africa
Source: Author (Adapted from SANC 2011)

Worldwide there is a significant under-representation of males in the nursing profession (Nevidjon & Erickson 2001). According to the American Association of Colleges of Nursing (AACN 2008), men constitute only 5.8% of the nursing population in the USA. The situation in South Africa is not much different, with only 8% (or 18,514) of nurses on SANC's register and rolls being male (SANC 2010). A suggestion from one respondent was *"More male learners"*.

Men tend to be reluctant to enter the nursing profession, as there are unique challenges to this profession, and there is a stigma in society towards male nurses (Kulakac, Ozkan, Sucu & O'Lynn 2009:676). There is also a lack of support systems for male students who are trying to break the perceived gender barriers (Jeffreys 2004:20). Kulakac *et al.* (2009:678) quoted a respondent who stated that his school

teacher told him that "Some idiots choose nursing by mistake". Statements such as these make it very difficult to recruit men into nursing. Bonetr (1994), as cited by Tang, Pan and Newmeyer (2008), found that males have a lower self-efficacy for occupations traditionally dominated by females. Self-efficacy refers to an individual's perception of his ability to execute the required behaviour in a given situation (Plug *et al.* 1991:318).

Kimball and O'Neil (2002:6) emphasise that priority should be given to recruiting minority groups into nursing (see the section on diversity in 3.10.1.3). To enhance the recruitment of men into the nursing profession, children need to be exposed to men who are nurses (LaRocco in O'Lynn & Tranbarger 2006:247), and the general public needs to be educated on the acceptability of nursing as a career for men (see the section on marketing and recruitment in 3.10.2.1.3).

In 2002, the Oregon Center for Nursing launched an awareness campaign to recruit more men into nursing, and at the same time increase the interest in nursing as a profession (OCN n.d.). Please refer to their website to view the poster (http://www.oregoncenterfornursing.org/index.php?mode=postersandmore). The medical devices, pharmaceutical and consumer-packaged goods manufacturer Johnson & Johnson (n.d.) also joined the campaign, and they made available several posters and video clips to use as recruitment media. Their posters to encourage males to enter the nursing profession are available on their website (http://www.discovernursing.com/free-materials-brochures).

In a study conducted by Bernard Hodes Group, male nurses reported that, according to them, "more knowledgeable career counselors" at school was the most important requirement to enhance the recruitment of men in nursing (LaRocco in O'Lynn & Tranbarger 2006:247). Suggestions that emerged from the Bernard Hodes Group study (LaRocco in O'Lynn & Tranbarger 2006:247) were to place advertisements promoting nursing as a career in men's magazines, to allow high school boys to shadow male nurses, and to arrange to have a male nurse visit schools to promote the nursing profession. Male-to-male recruitment could be one of the most effective strategies for recruiting more men into nursing (Williams 2006:4). Scott (2001:5) states that there is a need to reach out to men with regard to nursing. In 2010, in a

survey conducted by Alexander (2010:54) among 84 high school learners in Malaysia, it was found that 61.9% of the respondents indicated that nursing was not only an occupation for females, and 61.9% of the respondents indicated that men are just as good at caring as women are.

The University of South Carolina, Columbia held an exclusive camp for schoolboys interested in nursing (LaRocco in O'Lynn & Tranbarger 2006:250). Even though no feedback could be found in the literature on the success rate of this initiative, it will hopefully pave the way for many more similar initiatives.

Debra Williams, a freelance writer for MinorityNurse, affirms that we need to develop "innovative, stereotype-busting recruitment strategies" (Williams 2006:1) that will attract more male students into the nursing profession. Recruitment should be "male friendly", and male nurses should be actively involved in these initiatives (Alexander 2010:58-59).

3.10.1.1.2 Affective attributes

As nursing contains an emotional component (AllNursingSchool n.d.) and a physical component, attention needs to be directed at affective factors as well. A response from a respondent echoed this:

> *"Finding students who passionately want to nurse rather than ones who are just interested in a paying job."*

Jeffreys (2004:42) mentions affective variables such as attitudes, values, and beliefs, and motivation and self-efficacy. These factors do not only shape one's personality, but also influence one's beliefs and attitudes towards learning and task performance (Jeffreys 2004:42). As indicated by this comment:

> *"...attracting students who show commitment"*

Referring once again to the criteria mentioned in 3.10.1.1, and adding traits identified by Carolina (2009) and Mellish *et al.* (2001:295), the following affective and emotional aspects, and adaptive mechanisms and personality traits, are highlighted for inclusion in a recruitment campaign:

- Adjustment (emotional stability, stress coping mechanisms, ability to get along with people);
- General intelligence and motivation (goal setting, determination, consistency);
- Innate abilities (natural quickness of comprehension, aptitude for learning);
- Interests (intellectual, practical, physical, artistic, social);
- Disposition (acceptability, influence over others, steadiness, dependability, self-reliance);
- General attributes;
- A strong desire to help others, as this is the essence of nursing;
- The capacity to realise that the needs of the patient enjoy priority over one's own needs;
- Ethical decision-making abilities, and to be able to distinguish between right and wrong and adhere to the ethical code of the profession; and
- The ability to commit to decisions made and choices exercised.

Although the literature indicates that "a strong desire to help others" is one of the essential personality traits of nurses, and that, by implication, the candidate must enjoy working with people, one respondent to Questionnaire 2 suggested that there was more to the ideal candidate than just a desire to help others:

> *"Regte kandidaat, bedoelende een wat nie net wil verpleeg omdat hul daarvan hou om met mense te werk nie."*
>
> *Translation: "The right candidate, meaning one that doesn't just want to nurse because he or she likes working with people."*

Some respondents indicated that finding applicants that are people-orientated (that is, that like to work with people) was a challenge:

> *"Finding the best 'people-orientated' candidates rather than just candidates that are strong in the academic field."*

Related to the desire to help others, Heacock (2010) identifies attributes such as diplomacy skills, patience, diligence, and communication skills as being important.

> *"They are only used to working on computers and cannot conduct a proper interview."*

The prospective student must also have a caring and compassionate nature (Heacock 2010, and Prater & McEwen in Mkhize & Nzimande 2007:8) and show resilience (McGee in Mkhize & Nzimande 2007:8). It would serve any recruiter well to also study the examples of affective behaviour required from a nurse, as suggested by Waltz, Strickland and Lenz (2010:99-100), where verbs or nouns such as "listen", "comply", "courtesy", "participate", "support", and "volunteer" are used.

There are several psychometric assessment instruments available to test the affective domain of the prospective student (Potential Unlimited). Even though selection does not form part of this study, it is important that the recruiter is familiar with the relevant test / applications used, to enable him or her to recruit students that exhibit those traits that are required and assessed.

Affective factors form a critical part of who students really are. Jeffreys (2004:43, 44) warns that if there is a lack of cultural congruence (that is, fit between the student's affective factors and those of his or her surrounding environment), adjustment will be difficult for the student, resulting in poor academic performance, and, consequently, lower student retention rates. As the ultimate aim of recruitment is retention of the student as an employee, these factors cannot be ignored or viewed as less important than the other factors.

Closely linked to ethical decision making and other affective factors are cognitive abilities, which need to be well defined and scrutinised.

3.10.1.1.3 Cognitive attributes

Since the nursing student is not merely an apprentice, the training course includes a formal learning component. Kelly (2006:1) describes a situation where her nursing students were confronted by a member of the public, who enquired whether a college degree was necessary for an occupation where one merely had to "hand out bedpans and pills". A respondent confirmed this misperception:

> *"People are surprised at the high education standards needed for the courses."*

These misconceptions are not rare or isolated cases. In my own experience as a head nurse educator, several similar comments were heard. Disturbingly, often these comments came from Registered Nurses in senior positions. It is essential that these misconceptions about nursing as a cognitively undemanding job are addressed (see the section on the "image of nursing").

"Scientific Profession - Academy on it's own"

Nursing needs to be portrayed as a cognitively challenging but rewarding career. Gordon (2005:204) reflects on this cognitive component when she states that

"Nurses are educated, not born."

To enable the student nurse to successfully complete his or her studies, certain cognitive abilities are essential. One of the respondents, however, felt that students are not adequately prepared for the cognitive component.

"Not prepared for adult education"

Recruitment should focus on students who have the cognitive ability to successfully complete the academic component of the training.

[Recruit] "Students who will pass our programme"

Cognitive abilities may include the ability to:

- Gather, interpret, and analyse information to enable the student to plan, prioritise, and carry out nursing care.
- Think critically and analytically, and apply problem-solving skills.
- Have the ability to comprehend three-dimensional and spatial relationships in order to, for example, estimate the depth of wounds and accurately administer injections.
- Communicate effectively with others. (Communication skills are essential, to enable conversation with patients, family, and members of the multidisciplinary team. They are also one of the critical cross-field outcomes of all SAQA-registered nursing courses.)

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- Communicate fluently in English – including speech, writing, and reading abilities. The language of instruction of most of the NEIs in South Africa is English.

(Carolina 2009; Mellish *et al.* 2001:295)

The above notwithstanding, one respondent was concerned that the focus should not be the cognitively developed (academically strong) candidate:

> *"Finding the best 'people-orientated' candidates rather than just candidates that are strong in the academic field."*

3.10.1.1.4 Other attributes

Other attributes that cannot be classified as physical, affective, or cognitive include aspects such as language, religion, criminal background, and technical aptitude. These aspects are discussed in this section.

(i) Language of instruction

Five of the respondents indicated that the difference between their mother tongue and the language of instruction at the NEI presents them with unique challenges. It is therefore important to recruit students who are fluent in the language of instruction. Letseka and Breier (2008:97) indicate that in universities where the medium of instruction is English, the dropout rate for students who do not speak English is higher than for those students who have English as their first language.

Proficiency in the language of instruction is a SAQA requirement for any student registered for a nursing training programme in South Africa (SAQA n.d.). However, very often one finds that the language of instruction is different from the mother tongue spoken by the students (Jeffreys 2004:21). One of the respondents claimed that

> *"Learners have to write a grammar test in order to establish language skills."*

Ineffective trans-cultural communication can present a barrier for students who are not fluent in the language of instruction. As a language barrier impacts not only on the recruitment of students, but also on academic success (retention), it is critical that the language of instruction be clearly stated in recruitment initiatives, and that

students who do not have the basic skills (fluency and comprehension) in the language of instruction not be persuaded to apply for admission.

> *"Language is a barrier"*

It does not amount to discrimination, but rather empathetically focuses on fairness towards the student, the institution, and the patient. If students with inadequate language proficiency are recruited and selected, then adequate support must be provided (Jeffreys 2004:22).

> *"Lack of internal infrastructure and language skills to deal with the kind of candidate to which this appeals as a career choice."*

Another approach to recruitment would be to reach out to historically black schools and advertise that nursing tutoring is also available and accessible to candidates whose *second* language is English (Scott 2001:5).

> *"Not all school use English as teaching medium and [English] is only a second language."*

According to the latest available data from the 2001 census (StatSA), illustrated in Figure 3-8, only 8.2% of South Africa's population has English as its home language. This percentage actually dropped since the preceding census of 1996. (Data from Census 2011 will only be available in 2013.) This is significant if one takes into account that in many NEIs in South Africa, the language in which students receive instruction and tuition is English.

Receiving tutoring in a language different from their mother tongue poses a challenge for students. My suggestion is that students should be provided with mentors from the same ethno-linguistic group than that of the student. It is expected that this will greatly benefit the student. If there are mentors that share the students' home languages, this information should be communicated in the recruitment campaign.

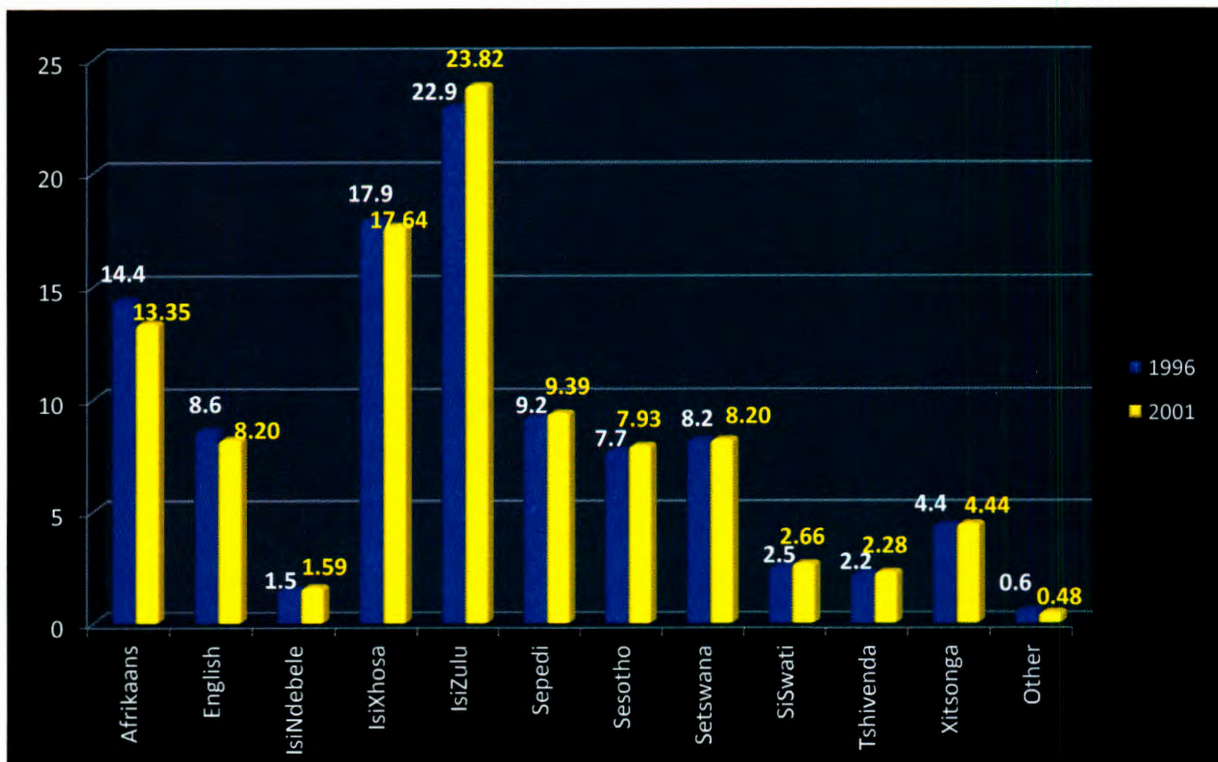

Figure 3-8: Language distribution (%) in South Africa

Source: Author (adapted from StatSA)

(ii) Technology

Depending on which department students are placed in during their clinical rotation, they might need to work with electronic monitors and equipment. The student must therefore be comfortable with the use of technology and technical devices. The efficient use of technology is one of SAQA's critical cross-field outcomes for basic nursing programmes (SAQA n.d.). The use of various types of electronic equipment in nursing should therefore be incorporated into the recruitment campaign.

Computer literacy is another requirement stipulated by many NEIs (UFS 2011:8). Students need to be computer-literate, so that they can do assignments and e-learning activities and write computer-based tests during their training.

(iii) Religion and / or ethical issues

According to the Basic Conditions of Employment Act, Act No. 75 of 1997 (RSA DoL 1997), and the Employment Equity Act, Act No. 55 of 1998, Chapter 2, Section 6.1 (RSA DoL 1998:7), no recruitment, selection, or rejection of an applicant (thus

including students applying for training) may be made on the grounds of religious conviction. Hence, all recruitment efforts must be carried out in a variety of settings, including people from different religions.

It is also important to note that, although students are expected to be knowledgeable about all the procedures within their nursing scope of practice, they are not expected to participate in any procedures that are in direct conflict with their religious beliefs and values. For example, for a Jehovah's Witness, this would apply in the case of terminating a pregnancy and administering a blood transfusion (Watchtower, n.d.). Section 15 of South Africa's Constitution makes provision for the refusal or conscientious objection to engage in certain procedures (Ngwena 2003:4, 9). However, it is expected of the student to study the underlying principles of such procedures and to take care of patients before and after such procedures. It should be clearly communicated during the marketing and recruitment process.

(iv) Criminal background check

Nursing is a highly ethical career, in which the nurse is working with the lives of vulnerable people. Therefore, it is imperative that all nurses and nursing students are of unimpeachable character. Chapter 3 of the Nursing Act (Act 33 of 2005) deals with criminal offences and related sanctions for nurses and nursing students (RSA DoH 2005).

SANC, as one of the ETQAs of nursing training is South Africa, also acts as the regulatory body for the nursing profession. If one looks at the number of people found guilty by SANC in disciplinary cases over the six-year period 2003–2008, the conviction rates are as follows:

- Medication-related: 17% (143 people found guilty out of 843 people implicated)
- Section 36 offences / mentally or physically not able to continue working as a nurse: 5.6% (47 people found guilty out of 843 people implicated)
- Fraud: 4.3% (36 people found guilty out of 843 people implicated)
- Sexual abuse of a patient: 3.7% (31 people found guilty out of 843 people implicated)

- Physical assault of patient: 2.3% (19 people found guilty out of 843 people implicated)
- Physical assault of colleague: 1.8% (15 people found guilty out of 843 people implicated)
- Theft: 0.5% (4 people found guilty out of 843 people implicated)

(SANC 2010)

If one considers these statistics, it is understandable why pre-screening of applicants is necessary to prevent applicants with previous convictions (which might be repeat offenders) from entering the profession. By eliminating these applicants, one indirectly protects both the public and the profession of nursing. Pre-screening information should ideally be made available during the recruitment phase.

> *"(Honesty) We have also experienced several false/ tampered senior certificates in the last 2 years - those copies are also certified by SAP. We are now checking every single senior certificate with Umalusi to ensure that the person has indeed passed matric with the subjects and symbols presented to us."*

Many institutions, both in South Africa and abroad, do a criminal background check on applicants. For example, I inspected the policy of the University of Kentucky College of Medicine (UKCOM, 2009:4). Their policy is clear about undisclosed criminal history by their students. Their policy states that "Failure to disclose *all previous convictions*, other than minor traffic convictions, will be considered falsification of records, and will be grounds for discipline up to and including withdrawal of conditional acceptance into UK health professions college/programs, and if discovered post-matriculation, termination of enrollment for the student". The NHS (NHS 2010) also stipulates that a criminal record check must be done, and that all convictions will be evaluated separately before the decision is made to include or exclude the applicant for training as a nurse.

According to the Johannesburg-based Employers Mutual Protection Service (EMPS 2007), background screening has become standard practice in South Africa, as more and more companies include this as part of their recruitment and selection process.

Statistical data shown in Table 3-4, obtained from the Employers Mutual Protection Service (EMPS 2007), indicate the extent of fraud detected by the EMPS on CVs and application forms. Nearly 4% of applicants had a positive (undisclosed) criminal record.

Table 3-4: Screening statistics – January 2007

- **Database check:** 5.67% of applicants checked were listed as criminals.
- **Criminal clearance:** 3.89% of applicants screened had a positive criminal record.
- **Financial clearance (ITC):** 21.55% of applicants have some negative financial record (default, judgments, etc).
- **Qualification verifications:** 4.31% of qualifications checked could NOT be verified.
- **Integrity tests:** 2.17% of applicants tested failed the integrity test.

(Data retrieved from EMPS 2007)

On the application form of the hospital group (Group A) used in Survey-Questionnaire 1 (see Chapter 2), there is a section pertaining to criminal record. The applicant also signs on the application form, declaring that all the information provided is true and accurate. Dishonesty is in most instances grounds for immediate dismissal.

3.10.1.2 Socio-economic factors

Many students often have additional family responsibilities, such as child care (Royal College of Nursing 2008:3), which makes studying and working at the same time a challenge. If financial hardship (Jennings 2002, Meadows *et al.* 2000 in Last & Fulbrook 2003:450, and Royal College of Nursing 2008:4) is also added to the equation, many students may just not be able to cope with the combined costs and challenges of nursing and studying.

3.10.1.2.1 Financial factors

It is a well-known fact that post-secondary education is not affordable for all, and that the cost incurred to attain a qualification may inhibit prospective applicants from applying to study or from completing their studies (Pool 2008:100, Mkhize &

Nzimande 2007:17, and Donelan *et al.* 2008:9). Consequently, if the employer (the hospital group) or the NEI does not provide financial assistance to the student, it can happen that the student will opt to study something else, where the return on investment (the salary after graduation) will be greater. This reasoning was confirmed by a number of respondents:

> *"Perhaps some form of incentive (financial or otherwise) for students with good marks in matric that will attract them to the nursing profession rather than studying at another institution - perhaps paying their uniforms/books/drafting a different contract for them."*

and

> *"Offer the potential student financial support, feel then we will attract the 'high flyers'."*

Some respondents indicated that the fact that many of the students are self-funded poses a problem:

> *"Cost factor as majority of 1st year students are self funded"*

However, not all respondents saw this as a problem. Another respondent actually suggested that: *"1st year student pay for themselves"*.

Although the respondents had different views on financial assistance, such assistance is an avenue worth considering if the number of enrolments is less than expected.

3.10.1.2.2 Accommodation

In general, for students to progress adequately with their academic studies, conducive living arrangements, among other things, are needed (Jeffreys 2004:92). Unfortunately, most private NEIs do not provide accommodation, and often students are required to commute from their place of residence, where their clinical placement is located, to the NEI for lectures. From personal experience I know that the distance travelled can easily exceed 250 kilometres a day, where students are required to attend lectures in Bloemfontein, but their residence and their clinical placement are, say, located in Bethlehem, approximately 250 kilometres away. If students opt not to commute, they will nevertheless have to pay for additional

accommodation in the city, and return to their place of residence over the weekend. It can be an expensive obligation for students, as explained by one of the respondents:

"Accomodation for pvt colleges - placed a burden on their finances."

Several authors refer to the fact that financial constraints are one of the major contributing causes of student dropout from higher education (Letseka 2007, and Letseka & Breier 2008). As student retention is one of the aims of a recruitment campaign, the NEI needs to take cognisance of these challenges. According to the respondents, a lack of accommodation poses a problem when recruiting students, and it, therefore, needs urgent attention.

The fact that the NEIs do not provide accommodation or financial assistance towards accommodation is not information that one would like to publicly share in a recruitment drive, but for the sake of transparency, these facts need to be communicated to all prospective students and parents, as they have a direct impact on student retention.

3.10.1.2.3 Transport

Related to accommodation is the need for transport to and from the NEI and clinical facilities (Jeffreys 2004:92-93).

"Transport of students- placed a burden on their finances. Students are often absent from work / class towards end of the month."

If the NEI does not provide transport, it is extremely important to make applicants aware of the situation. This awareness should ideally start during recruitment. Complaints about a lack of accommodation and transport are often heard from students and nurse educators.

"Geographical location, hospitals are very wide spread."

See also the comments in the section on accommodation (3.10.1.2.2), where it is mentioned that the student's place of residence is not always the same as the site of the NEI. Students therefore have to travel vast distances to attend compulsory contact sessions.

"Distance travelled for some learners"

3.10.1.3 Diversity

In order to redress previous inequities in South Africa, adherence to the Employment Equity Act, No. 55 of 1998 (RSA DoL 1998) and the Employment Equity Act of 2004 (RSA 2004:7) is essential. Huber (2006:596) and Jeffreys (2004:17) support this notion and suggest that a more diverse population of prospective students should be recruited for nursing education and training.

Two respondents merely indicated "*cultural differences*" as a recruitment challenge. It is a generally known fact that cultures differ, and that different cultures attribute different values to different things. The "Rainbow Nation" of South Africa has many different cultures that need to be considered when recruitment campaigns are planned. Several authors assert that, as educators, we need culturally meaningful strategies and applied knowledge to make it possible for us to do culturally congruent recruitment (Omeri & Ahern 1999, Timmons 2009, and Usher, Miller, Turale & Goold 2005). It will enable us to reach a more representative student population. The strategies described by the different authors are often designed to retain students, but this needs to be communicated in the recruitment campaign. It will communicate the message that differences are acknowledged and accommodated, and that support is available to students during the course of their studies. Speaking about retention, Jeffreys (2004:17) stresses the importance of adequate role models, support, and social integration, which needs to be made available when recruited candidates from different ethnic groups start their training. However, one of the respondents asserted that race and ethnicity should not be the most important factors to consider when recruitment is done:

> *"Recruiting students according to percieved ability and interest and not just on the grounds of race and etniticity."*

Benator (2010:258, 263) agrees, and questions attempts to make recruitment "more diverse". He opposes the notion of favouring people for selection into higher education "on the basis of their belonging to a particular racial group", stating that such a practice is "morally indefensible". His discussion on racial classification and disadvantaged black students versus privileged black students provides us with a different perspective on race considerations in student admissions. Waghid (2010:373-375) shares Benator's sentiments on the immoral practices of

"exclusionary procedures of affirmative action" (Waghid 2010:375) in student admission criteria and maintains that categorising black students as "disadvantaged" and in need of additional tutorial support unfairly stigmatises (and insults?) black students (Waghid 2010:373). Neither Benator nor Waghid promotes the inclusion or exclusion of any race group in recruitment or selection criteria. Both advocate for the inclusion of students that will be able to contribute to society, by producing solutions to challenges currently faced by society.

Timmons (2009) maintains that each academic institution should tailor its recruitment and retention programmes to suit its specific needs, and the needs of the culturally diverse student population that it serves. Taking the different views into account, it is, however, fundamental, before one starts on a recruitment campaign, to decide on the racial representation one would ideally like to achieve, if any, and to focus recruitment initiatives accordingly.

An important notion to keep in mind, however, is that diversity is more than just culture and race (Smit, Cronje, Brevis & Vrba 2009:235), as is illustrated in the figure below. Diversity includes a range of factors, such as age, education, religion, gender, ethnic group, and work background, to name but a few. Hence, if one wants to recruit a more diverse student population, ethnicity should not be the only focus.

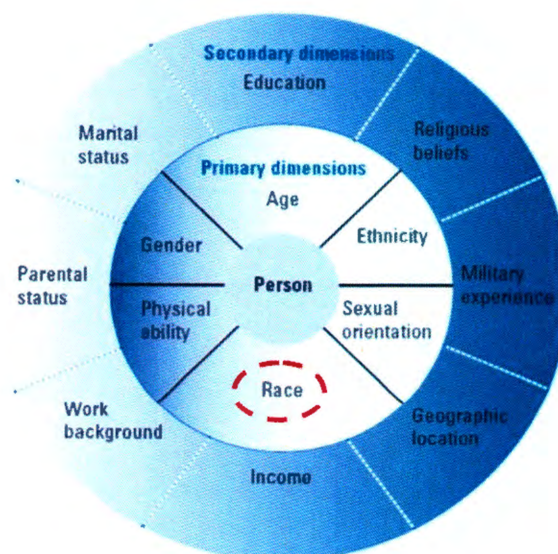

Figure 3-9: Dimensions of diversity

Source: Smit, Cronje, Brevis & Vrba 2009:236

3.10.1.4 Motivation

People are driven, or motivated, by different things. As nurse educators, we need to know what motivates a candidate to select nursing as a career. Motivating factors can be either internal, external, or a combination of both. According to the Nursing Strategy (RSA DoH 2008:8, 29), it is important to appeal to both internal and external motivating factors in any campaign marketing the profession of nursing, and to market nursing as a career of choice.

Respondents indicated that applicants, when applying for training, have hidden agendas, and that tending patients is not necessarily a priority with them:

> *"Students apply because they are desperate for work, they don't even come and find out what nursing entails."*

3.10.1.4.1 Internal motivating factors

Several authors have suggested reasons why people do not choose nursing as a career. One of the major reasons is the increase in career opportunities available to women (Hawkins 2001, Pool 2008:104, and RSA DoH 2008:11). The recruiter needs to be aware that he or she is "competing against" many other careers, and therefore needs to depict the career of nursing in such a way that it does not appear inferior to other careers. It relates directly to professional image. One of the respondents explained it as follows:

> *"Ander geleenthede buiten verpleegkunde / onderwys soos jare in die verlede waaraan veral dames blootgestel word vir hul loopbaan."*
> *Translation: "Opportunities other than nursing / teaching for woman, as was the situation many years ago."*

Several research studies have focussed on what causes students to withdraw from nursing courses, but few have focussed on what motivates a person to consider nursing as a career, or on the specific attributes that the successful nursing student would have. Drury, Francis and Chapman (2008) affirm that recruitment strategies must be evidence-based. Therefore, it is essential to research the factors that attract people to a career in nursing, and to address these factors in the recruitment plan (Drury *et al.* 2008). Mkhize and Nzimande (2007) investigate the factors that contribute to an interest in nursing as a career among school leavers. Their findings

are consistent with those of other authors (Hawkins 2001, Buerhaus, Donelan, Ulrich, Kirby, Norman & Dittus 2005, Mkhize & Nzimande 2007, Kelly 2006, Jrasat, Samawi & Wilson 2005, Overland 2005, Wells & Norman 2009:811, and Cone 2006) and can be summarised as follows:

- Having observed or interacted with a nurse / Having a positive nurse role model;
- If a family member or friend is a nurse;
- If one's mother is a nurse;
- The influences of friends, parents, and other family members;
- Exposure to work in a hospital;
- Having experienced a hospital environment (as a patient, or as a friend of a patient);
- Caring for a family member or friend;
- The desire or opportunity to care for others;
- The need for self-actualisation;
- The desire to have "important" work;
- The desire to have interesting work;
- The assumption of job security / flexibility / career stability / job security;
- Career advancement opportunities / Career progression/The different avenues that one can follow within nursing;
- The many job opportunities that nursing offers;
- The possibility that one could interact with diverse populations;
- The possibility that one could get paid while one studies / Financial support;
- Pressure from family, or economic pressures;
- Good prospects for travel;
- The candidate did not meet the entry requirements for other university courses (he or she is thus pursuing a career in nursing as a last resort); and
- Nursing is perceived as a career that is easy to get into.

From my own experience, I have observed that nurse educators and recruiters very often reject applicants if they are naïve enough to be honest in an interview and say

that nursing was not their first career choice. Why many nurse educators and recruiters feel so offended (insulted even) that our profession is not the first choice of someone else is a discussion that I would rather not go into now, but I do think some serious introspection is necessary. As far as this topic was concerned, one respondent commented:

> *"Recruitment of students should be done by Nurse Educators to ensure that students apply for the right reasons."*

A similar comment to the preceding one was:

> *"Finding students who passionately want to nurse rather than ones who are just interested in a paying job."*

I will give my own personal thoughts on the above. One of the cashiers in the supermarket where I shop always greets me in a friendly manner, she is always cheerful, and it appears as if she enjoys her work and is trying her best. I just wonder if I were to ask her whether it has always been her ambition to be a cashier in a supermarket, what her reply would be. My assumption is that she is "blossoming where God has planted her". Perhaps we as nurse educators should not act as gatekeepers and exclude people from a career in nursing if they are not as passionate about the profession as we are. Perhaps, if they received the right nurturing, they might blossom as nurses under our skilful hands.

I will conclude my personal reflection on the topic of first career choice with an extract from a blog, where an anonymous student wrote the following: "Well, maybe people are going into nursing for the wrong reason, but that doesn't mean it won't work out for nursing. It doesn't mean they'll be bad nurses" (Medscape n.d.).

3.10.1.4.2 External motivating factors

With regard to external motivating factors, the respondents indicated that they feel that many applicants are only interested in nursing training because of the job opportunity, financial rewards or support that nursing students receive during training. For example, one of the respondents made the following remark:

> *"Students see it as a job opportunity, not really knowing much about the profession."*

It would appear as if the respondents are under the impression that the external motivator of money is a much more important motivator than the internal motivators of passion for the vocation of nursing and a desire to help:

> *"To recruit student who wants to nurse not only earning a salary"*

But, just as some external factors can motivate students to apply, other external factors can inhibit students from applying. In this regard, one respondent responded as follows:

> *Peer pressure: Due to the above, peers reject the person who even dares to think about applying for nursing (this I saw when my children matriculated in 2005 and 2007). You only become a nurse if there are no other options available.*

3.10.1.4.3 Motivation and retention / attrition

Although retention of students is not discussed in this chapter, and is not the focus of this study, retention is nevertheless an indication of the motivation to continue with one's studies. One needs to scrutinise the dropout of students, and the respective contributing factors, and address these factors in the marketing and recruitment strategies, to ensure student retention. In a study by the NHS (2006), the basic finding was that prospective students require accurate and honest information **before** they can begin a training course.

According to Bateman (2009:568), 75% of all nursing students drop out of college. (The dropout rate was, however, much lower in the NEI where I was employed.) It is important to know why students drop out of nursing, so that one can address these problems in the recruitment campaign and present applicants with an honest and realistic representation of what nursing entails.

In a study by Wilson, McKinney and Rapata-Hanning (2011), the authors found that the following proved to be important contributors to student retention:

- The affirmation of the student's identity;
- Access to indigenous role models, mentors, and relevant clinical experiences; and
- A curriculum that includes indigenous content.

Again, stressing the importance of these factors, and accommodating them in the recruitment phase, could produce positive outcomes.

Several different reasons have been cited why students consider terminating their studies. For the nurse educators and human resource managers, it would prove to be worth their while to consider the reason(s) why people resign, and to address retention in their aim to recruit (or attract) suitable candidates that will stay with the company. Branham (2000:8) in one particular study found that 89% of managers believed that money was the major driving force behind resignations. In an informal conversation that I had with a nurse educator and colleague, the colleague mentioned something very insightful. Her comment was: "You know, management think people leave because of money, but it's not true. That's not the main reason. They leave because they think no one cares."

It is a very strong indictment on nursing education managers, but if one looks deeper, one finds several basic problems. It could be that students experience a lack of support from their lecturers or tutors or mentors, who are not prepared to offer them the necessary guidance. This lack of support contributes to student nurses not feeling valued (Last & Fulbrook 2003:453).

In her book *The 7 Hidden Reasons Employees Leave*, Branham (2005) discusses this very current topic. She states that very often employers argue that their best employees are lured away by other companies. What the employer neglects to recognise is the push factors – those crucial elements that pushes the door open and allow competitors to pull the employees through the door the current employer opened themselves. In another publication, *Keeping the People Who Keep You in Business*, Branham (2000) emphasises that when an employer resigns, the question should not be "Why are you leaving?" Rather, it should be "*Why are you not staying?*" Investigating the reasons why students terminate training might answer the latter question. Again, those reasons need to be evaluated and incorporated into the recruitment campaign.

According to Branham (2005, 2000), employees who resign do not always state the real reason for their resignation. However, a thorough investigation of the real reasons employees resign reveals the following reasons:

- The job or workplace was not as expected;
- There was a mismatch between the job and the person;
- Too little coaching and feedback were received;
- There were too few growth and advancement opportunities;
- There were feelings of not being valued or appreciated;
- There was stress from bring overworked, and a lack of balance between one's work and one's private life; and
- There was a lack of trust and confidence in the senior leaders.

I believe that in the case of some nursing training applicants who find the workplace different from what they expected, or that the nursing profession does not suit their personality, it could be that they have inaccurate perceptions of what nursing entails. In some cases, this could explain why the "wrong" people apply for nurse training, or why the ideal candidate does not apply. It should be addressed in the recruitment campaign.

Nearly all of the reasons listed above constitute factors that members of Generation Y often cite as being important to them in a work environment. One of the frustrations articulated by Generation-Y employees is the following: "How can I develop my leadership skills in my company when the executive team seems like they are stuck in the 1960s?" (Field n.d.)

So, if innovative leadership is what is lacking, and that is what Generation-Y members are looking for from an employer, why are companies not addressing this issue and engaging in efforts to correct it? Provision for innovation, technological advances, career development, and career advancement should be central to any nursing recruitment campaign.

In a study by the National Health Service (NHS) (2006), the following are presented as the main reasons nursing students drop out of nursing courses:

- Personal circumstances, including financial problems (27.8%);
- Failure in academic and clinical skills (25.2%);
- Unknown factors (22.2%);
- Transfer to another HEI or programme (9.1%);
- Student takes up other employment (8.6%);
- Illness (3%);
- Student is not satisfied with the quality of the programme (2.9%); and
- Unaccounted responses (1.2%).

As is evident from the above findings by the NHS, academic and financial reasons account for more than 50% of the causes of students' terminating their studies.

Harrigan, Gollin & Casken (2003:28) identifies certain other constraints for students (my own recommendations concerning possible interventions are given in brackets):

- Financial difficulties (students therefore need financial aid or assistance in the form of loans, bursaries, or scholarships);
- It is difficult to accommodate work and family demands / responsibilities (students need flexible class schedules, distance-learning courses, or weekend and evening classes);
- The transition from school to college is difficult (students need assistance and support);
- College level of work is difficult and students struggle to manage (academic support is needed);
- Campus bureaucracy is a concern;
- Credits cannot be transferred from community colleges to university, thus making articulation between courses (a change of course) difficult;
- Homesickness;
- Environmental stress;
- Conflict between parental pressure and the student's aspirations (support and counselling are needed, and should be made available); and
- Problems with low self-esteem.

Honest recruitment, interviewing, and selection are therefore imperative – matching the right person with the right job – and to do that, you need experienced recruiters (3.10.2.1.1) and interviewers and a comprehensive recruitment plan (Chapter 5).

Equally important is the availability of support once students have started the programme, to help students to stay in the programme. Support refers to guidance provided by the tutor and the mentor, but it includes financial support as well (the latter was discussed in 3.10.1.2.1).

Below is a response that underscores the need for support:

> *"Swop subjects around so that candidates are introduced gently and concentrate on reasons why candidate drop-out and don't make the process. Change mindset from blaming students for their drop-out to focus on what could have been done to retain them."*

3.10.1.5 Education

The co-coders subdivided the category of education into school education and post-school, or tertiary, education (NEIs).

3.10.1.5.1 School education

Many learners do not meet the entry requirements for a nursing programme because of low marks (Thacker 2005:58). The respondents confirmed this perception:

> *"Level of schooling, poor matric results"*
>
> and
>
> *"Our current recruitment criteria are not realistic for the pool of candidates we target (those who do not qualify for higher education in their matric results)."*

Another reason that applicants do not meet the entry requirements is that they had not taken science-related subjects at school (Southwick in Pool 2006). One of the respondents, however, felt that the prescribed subjects were an unrealistic requirement:

"The restrictions regarding subject choice. It requires learners to have pre-selected themselves for the profession at the age of 14."

Another respondent indicated that it was a challenge to find applicants with adequate marks and the right subjects:

"To recruit students with good matric marks as well as Maths and Science subjects"

The view that the academic requirements are too high was, however, not shared by all of the respondents. One respondent was of the opinion that the academic requirements should be raised:

"Increase the academic requirements."

Part of the marketing and recruitment drive should therefore include the raising of awareness concerning marks and subject choice. It needs to be done at different stages of a learner's high school career. An example of such an initiative is the University of Stellenbosch, which every year hosts a workshop on subject choice for Grade 9 learners (University of Stellenbosch 2012).

The subjects that the NEIs require (in line with DHET requirements) are, among others, Mathematics or Mathematical Literacy. There was an uproar from the nurse educators when the NEIs in Group A changed their requirements to conform with the requirements of SAQA and the Council on Higher Education, which stipulate that Mathematics or Mathematical Literacy is needed to gain entrance into a nursing programme. Not all respondents supported this change in requirements:

"The 'real' nurse has no maths, i.e. turning someone away who has no maths but has the passion to nurse."

Mathematics or Mathematical Literacy is now a compulsory high school subject (Myfundi 2005), so this requirement should not be a problem for young adolescents completing their school careers. This requirement is, however, still an obstacle for second-career adults, and for the lower-category workers who are already in the system. If they want to access further training to advance their careers, it might happen that many of them will not have this subject (Mathematics or Mathematical

Literacy) on their Senior Certificate. One of the respondents indicated that it was indeed a problem:

> *"For basic students the requirements are an obstacle. Maths."*

The suggestions proposed for the challenges mentioned include

> *"Give a bridging course for students without maths to help them to obtain the subject."*

While it is necessary to inform learners of these requirements, it may be a good idea to first "convince" the nurse educators of the rationale for including mathematics as a requirement. One respondent felt that the entrance criteria (the prescriptions with regard to subjects) were not realistic, and that suitable candidates are turned away because they do not have the required subjects and grades:

> *"Use more realistic entrance criteria."*

3.10.1.5.2 Tertiary education

For many years, SANC was the only ETQA for nursing training in South Africa, solely responsible for the setting of minimum admission requirements. Recently, however, several other role players have acquired ETQA status. It was discussed in 3.4.2.

Regardless of the minimum requirements set by the statutory bodies and ETQAs, the NEIs have the right to raise their education entry requirements in terms of subjects and grades (Mellish *et al.* 2001:295). Several NEIs in South Africa now require a National Senior Certificate for entry into a two-year nursing course, despite the Council's requirement of only a Grade 10. Mellish (2001:295) and Jeffreys (2004:23), however, stress that one should not focus on academic potential alone, but should consider other factors as well, such as the applicant's level of motivation (see 3.10.1.4). An applicant that is truly motivated to study nursing could, in spite of poor academic results, have a good chance of succeeding in his or her studies. Hence, one of the dangers of recruitment and selection is to assume that high academic achievement will necessarily correlate positively with high work performance (Management Extra 2009:6). From personal experience, I can attest to this disparity. I have encountered students that had obtained excellent results in

theoretical tests and exams, but that struggled with work-integrated learning (WIL), or with applying practically in the ward the theory that they had learned.

Consideration should also be given to applicants that might have had to contend with obstacles in their school career, causing them to obtain poor results for their Senior Certificate examination. Recruiters need to take cognisance of these factors (Jeffreys 2004:23), and if these students are recruited and selected, it could be that special arrangements will need to be made. A suggestion from one respondent was

> *"Swop subjects around so that candidates are introduced gently and concentrate on reasons why candidate drop-out and don't make the process."*

One of the main functions and responsibilities of the ETQAs is to maintain the standards of training, and to protect the public against inadequately trained health care providers. Nevidjon and Erickson (in Andrist, Nicholas & Wolf 2005:469) warn that South Africa's ETQAs for nursing could be tempted to lower the standards of qualifications so as to increase the production of nurses. These authors stress that such actions will have a detrimental effect on the nursing profession.

Some NEIs abroad require that applicants must be declared competent in cardiopulmonary resuscitation (CPR) before they can enrol for a course in nursing (ACCC n.d.). It is not yet a requirement in South Africa.

(i) Cut-off dates and replies

In my experience, the cut-off dates for application have been the subject of much controversy among nurse educators. Unfortunately, the registration process takes a long time to complete, particularly if all initial screening is done at one central point (as is the case with Hospital Group A). It means that prospective students need to apply early in the year, but then they receive confirmation of acceptance very late in the year, often as late as December.

> *"The fact that student application close very late and psychometric test are only written during September and the result are late and the prospective students only hear during December that they have been*

accepted, when some of them then already have other options to follow."

The process involved should therefore be clearly communicated to prospective students during the recruitment drive. The NEIs should inform the management teams of frustrations with regard to the registration process.

(ii) Levels of different nursing qualifications

Many stakeholders emphasise that the qualifications conferred by NEIs are on a lower NQF level compared to the qualifications conferred by universities.

> *"If somebody with a definite career goal want to reach the highest sport, they not necessarily going to make use of the formal nursing education in the private sector, for the opportunities is less than for those in a Higher Education institution like the universities."*

There is also the complaint that after the same amount of time spent studying, the students from the private NEIs exit training with only a basic qualification, while the university and public college students exit with an integrated qualification (general nursing, community nursing, psychiatry, and midwifery). See the Afrikaans comment below.

> *"Dat al die kwalifikasies o.a. Verloskunde, Psigiatrie en Gemeenskap-verpleegkunde nie met voltooing van dieselfde tydsduur of langer verkry gaan word nie"*

Notwithstanding the fact that this is a very real frustration for nurse educators, the difference between university training and the training offered by the NEIs, and the different advantages that the different institutions offer, should be clearly communicated during recruitment.

> *"The perception that formal education in the private sector leads to an inferior qualification."*

These are all factors that the prospective student should be made aware of, to empower him or her to make an informed decision.

3.10.2 NEI-related challenges and suggestions

NEI-related challenges and suggestions can be subdivided into two broad categories, with respective themes. These are human resource-related (HR) issues and legislative issues.

The maintaining of standards in the NEI was one challenge that was cited. In this regard, one respondent wrote

> *"Nurse Educators must devise something that can be used to ensure that standards will be upheld, I don't know what and how I am still thinking."*

3.10.2.1 Human resource-related (HR) issues

HR-related challenges and suggestions include factors such as the need for a dedicated recruiter, the need for effective marketing and recruitment strategies, selection criteria, and socio-economic factors that impact on recruitment.

A very important issue that emerged was the need to recommend alternative careers for those candidates who do not meet the admission criteria to study nursing. However, important as this issue may be, it pertains to selection, not recruitment, and it will therefore not be discussed in this study.

3.10.2.1.1 The need for a dedicated recruiter

The need for a dedicated recruitment team or person specially appointed to attend to recruitment issues was suggested:

> *"Dedicate a team including nurses to do recruitment"*
>
> *"Make recruitment part of a division of client services or appoint a RN for the job."*

There could be several different reasons for this suggestion. Nurse educators might feel that they do not have the time or the inclination to do recruitment, or it may be that they feel inadequately equipped to do recruitment and marketing. These challenges should be investigated and addressed. See the comment below from one of the respondents.

"Effective recruitment is a speciality and specific persons need to do that. In the private sector training, there is not enough time for the educators, with all other responsibilities, to do recruitment in the way to scoop the "cream of society" with effective strategies."

A few years ago, there was a game show on television called *The weakest link*, where contestants had to answer general-knowledge questions. Contestants that answered incorrectly were voted out of the game. If recruiters are not experienced and knowledgeable, they can easily become the "weakest link" in the marketing and recruitment process, doing more harm than good to the recruitment process. A skilled recruiter will have planning, administrative and record-keeping skills (Sage Training Academy n.d.:7), will display qualities such as empathy and passion, and will have good listening skills (Roussel 2009:264, 270). These characteristics are very important, as the outlook that the candidate adopts is shaped to a large degree by the way the recruiter behaves (Greenhaus n.d.:127).

Kimball and O'Neil (2002:29), Witt (AACN 2000), and Scott (2001:5) recommend that NEIs and health care facilities employ or hire dedicated and experienced recruiters to assist in finding suitable candidates for nursing education and training. One respondent supported this view:

"Make recruitment part of a division of client services or appoint a RN for the job." And "Dedicate a team including nurses to do recruitment"

Barbara Witt, Dean of Nursing at Auburn University, deployed a faculty member as a recruiter, who dedicates all of her time to recruitment and recruitment-related activities. Witt maintains that "A dedicated recruiter is a front-end investment that takes some years to pay off, but it's worth it" (AACN 2000).

Although there are costs involved in appointing or hiring a recruiter or a recruitment company to do the initial recruitment, doing this will save time for the nurse educator, since many private NEIs require their nurse educators to actively involve themselves in student recruitment activities.

3.10.2.1.2 Selection criteria

The nurse educator needs to be aware of the different selection criteria, and with these in mind, do the recruitment.

> *"They need to adhere to some kind of criteria that we as nurse educators put together."*

Recruiting and selecting the "right" candidate, who has a passion for nursing, is a suggestion that is often heard, and this was echoed by one of the respondents:

> *"Finding students who passionately want to nurse rather than ones who are just interested in a paying job."*

Focusing on minority groups such as male learners [3.10.1.1.1(iv)] was also suggested, and the recommendation to recruit more than the number of students needed, to make provision for the students who terminate their training:

> *"Try to recruit more than the required amount of students to compensate for failures."*

It is worth noting that the respondents did not include categories highlighted in the literature, such as recruitment from within [3.10.2.1.3 (viii)], or the recruitment of disabled students [3.10.1.1.1(ii)], second-career students [3.10.2.1.3(vii)], international students [3.10.2.1.3 (ix)] or students whose mother tongue is not English [3.10.1.1.4(i)]. It might be that the nurse educators are already recruiting and selecting from these groups of people, but, if they are not, then awareness of the possibilities within these categories should be shared with all role players involved in the recruitment of students.

Suggestions pertaining to selection were noted, but they will not be discussed here, as the focus of this study is recruitment. However, the suggestions relevant to recruitment have been incorporated, where applicable. The suggestions pertaining to selection will be included in a follow-up study.

3.10.2.1.3 Marketing and recruitment

Marketing and recruitment as HR functions involve various issues and a host of possible activities.

(i) Selling the training

One respondent indicated that the public are not well informed concerning nursing and / or nursing training:

> *"Learners are not informed, very little advertising is done."*

There are various ways to "sell" the NEI and the training to the public. Stephens (2000:1) asserts that selling training is much like selling any other product on the market. To succeed, one needs a comprehensive marketing plan to compete in a very competitive environment. This marketing plan should therefore include aspects such as physical placement, advertising, brand recognition and public image, packaging, and package design.

According to Rudd and Mills (2008:41), there are four Ps in consumer marketing that need to be taken into account, namely product, price, place, and promotion. When marketing higher education, an additional five Ps must be included, namely packaging, partnership, programming, positioning, and people. The authors also state that there are five unique features of higher education marketing that make selling the training extremely challenging. These are:

- Higher education is an intangible service that is being offered (it cannot be perceived with the senses);
- In higher education, the product and the service are inseparable from each other;
- Decision making by the student is often motivationally driven;
- Higher education is a perishable service that cannot be inventoried; and
- There is diversity and heterogeneity in the marketing process, the product, and the experience of higher education.

(Rudd & Mills 2008:43)

In selling the product of nursing training, effective product positioning, as defined by Assael (1992:555, 721), is imperative. There are two broad approaches that can be

used to position a product. The first is to focus on the consumer, and the second is to focus on the competition (Assael 1992:568). In this study, I have chosen to adopt the first approach. I will discuss the benefits of the product – in this case, nursing training – and how these benefits can be communicated to consumers, and how the product will address consumer needs. Communication to the target market is by means of advertising and other marketing strategies (Assael 1992:568). One of the respondents expressed the need to market nursing training at schools:

> *"Delegate somebody to visit schools in the region during the week with all the relevant information on the advantages of doing nursing training. Have information session with parents, teachers and children."*

One respondent shared a concern that there is a lack of awareness of training opportunities among certain population groups:

> *"Lack of awareness of the opportunities in socio-economic groups which will be ambitious in relation to the end."*

(ii) Open days at the NEI

Open days, if advertised and organised well, can be a very effective marketing tool. It is vital that the nurse educators be available to answer questions and to explain certain points about nursing training, and the nursing profession, particularly to the parents. The respondents echoed this view:

> *"To have an open day at the hospitals / learning centre to recruit students. When the students apply, not all of them know the process, requirements and that there is a selection process."*

The best ambassadors for nursing training may be students that are currently enrolled in nursing programmes. Opportunities should be provided where prospective students can talk to current students and ask questions that they may not feel comfortable asking the nurse educators. Rhodes and Bouic (2005:559) advise that current students should be briefed in advance about the type of information they may, and preferably should, share. An honest and realistic portrayal of what nursing training and the nursing profession entail must be given to the students. Prospective students need to be given accurate information. Current

students can also share some of their experiences with prospective students and explain how they manage to handle the pressure of work and study and how they see the future of the profession.

When inviting schools to open days, it is important to remember (as in any recruitment campaign) to include schools from the rural areas as well, as these schools have fewer opportunities of being exposed to such recruitment campaigns than is the case with schools in the cities (Mkhize & Nzimande 2007:19). Some respondents, though, are of the opinion that there is currently a bias towards the rural areas and previously disadvantaged population groups in recruitment campaigns:

> *"Nursing recruitment mostly done in rural areas and previously disadvantage areas."*
>
> *"Only EE recruitment imposed by employment equity act."*

(iii) Study guides

Proverto (n.d.), an educational publisher in South Africa, supplies a range of free study guides to Grade 9, 10, 11 and 12 learners and reaches between 4,000 and 6,000 high schools annually. These study guides are unique in the sense that they also contain information about courses, degrees, student loans, youth projects, teenage consumer products, brand awareness, learnerships, and career opportunities. Proverto also has a free supplementary career guide of 16 pages on health-related careers. Reference to nursing though is limited to two sentences, which state that nurses are employed mainly by hospitals, and that the provincial health departments coordinate the learnerships. In my opinion, much more could have been said about nursing than just those two sentences. One of the respondents made the following comment:

> *"Must first market nursing as a profession."*

The relevant NEIs should seize the opportunity and actively market both the nursing profession and nursing training in these study guides and the career guide.

(iv) Advertise and market on social media

Brand marketing is how a company (or NEI or hospital group, in the case of this study) displays itself to the public. According to Lake (b) (n.d.), brand marketing is the source of a promise by the company to its consumer. It is critical that an NEI constantly monitors its brand and reputation. One needs to establish who one's target market is, and what its values are, and design one's brand marketing according to that. It is therefore important to do research on your target market and determine what perception it has of your brand, because, as Stevenson (2000:1) puts it, "Perception is reality". Therefore, it is essential to know what the client or consumer's perception is, even if it differs from the perception of the NEI. On the subject of perceptions, one respondent made the following very vehement response:

> *"The nonsense the media tells the world of what is going on in hospitals. (R / N that have affair with doctor and make some time for pleasures in the linen room!!!) WE NEED TO MAKE THE COMMUNITY AWARE OF THE SCIENTIFIC NATURE OF OUR PROFESSION AND THAT WE DO NOT TAKE ONLY THOSE FOR TRAINING THAT DOES NOT HAVE ANYTHING ELSE TO DO WITH THEIR SPARE TIME AND HORMONES."*

It is important to mention here that the target market, that is, the clients, or consumers, of the participating hospital groups, can be categorised into four broad groups. They include the stakeholders (see 3.4.2), the personnel (medical, nursing, allied health), the health care users, and the students enrolling for training. Each of these groups should be considered when one engages in brand marketing, although, when it comes to the marketing of nursing training, the focus should be on the prospective students and their family, or support system.

When planning recruitment campaigns, one needs to acknowledge current students' experiences and perceptions (Andrews, Brodie, Andrews, Wong & Thomas 2005, and Alexander 2010:57) and establish what their motivation was in choosing nursing as a career (see 3.10.1.4), and use that information in one's recruitment and advertising campaign (Frase-Blunt 2002). Dr Kathleen Harr, Dean of the School of Nursing at Baker University in Kansas, emphasises the importance of recognising what attracts people to the profession of nursing, and applying this information in the

advertising campaign. At this particular school, they try to "portray nursing in its humanistic light" (Frase-Blunt 2002; AACN 2000) and appeal to the aspiring nurse's caring nature, for example, by using photographs in their advertising campaign showing a student nurse holding a baby.

Scott (2001:5) recommends that nursing schools should use media and promotional outlets to "advance messages about the schools' particular academic programs and about the rewards of a nursing career". In 1999 at Baker University School of Nursing, the enrolment for entry-level nurse training increased by 21%. The Dean attributes the increase in enrolment to "greatly intensified recruitment efforts" (Frase-Blunt 2002; AACN 2000). The school advertised on radio and in the newspaper, and in movie theatres. They also set up a huge display in one of the shopping malls in Kansas. It increased visibility, and boosted not only nursing training, but also the image of the profession of nursing in the community from which the students were recruited.

The respondents recommended that social networking websites such as Facebook be used as media for advertising, in addition to the traditional advertising media of television and radio:

> *"Facebook and Myspace: Have a (name of hospital group) link which gives this information ... the kids are always on these media."*

The feeling was that the focus should be on the nursing profession and the benefits of being a member of the profession, and the academic requirements to study nursing:

> *"Advertise on TV, Radio, Cinemas ... the current advertisement could be adapted with a message re minimal education requirements and contact details; email for additional information."*

Reflecting on my own experience when a full-page advertisement was placed in a local newspaper, and the overwhelming response that it produced, I can confirm the effectiveness of advertising. The reaction of some applicants was that they were not aware that this particular hospital group provided nursing training for undergraduate students. This view is echoed by Alexander (2010:57), who cites Al-Kandari and

Ajao (1998), stating "lack of information is one of the main barriers to recruitment". A suggestion from a respondent was

> *"Proper understandable prospectuses / advertisements in the press regarding application dates, course outlay, & content etc."*

According to Rudd and Mills (2008:44), educational institutions decide to market their institutions to create a surplus of students to enable them as institutions to select the students that will best suit them as an institution, in contrast to being forced to take all who apply, because of a decline in the number of student applications. The above authors further state that the student's decision to select a particular educational institution is based on "a complex mix of motivations" (Rudd & Mills 2008:43). If what Stevenson (2000:1) says is true, namely that "Perception is reality", a conscious effort must be made to influence prospective students' perceptions positively. One therefore needs to address the "packaging" of the product (nursing training, in this case), by making use of basic marketing principles. If an excellent product is poorly packaged, the consumer might view it as substandard in quality. The same principle applies to nursing training. If the flyers, calls for applications, advertisements, and announcements create the impression of substandard quality, then this is how the training will be perceived, and this could have a direct negative impact on the quality and quantity of candidates that the particular NEI attracts.

Even though key opinion leaders and role players do not form part of the target audience, they are the people who "have the ability to increase knowledge and understanding, to change personal and public opinion, attitudes and perceptions, to stimulate communication and debate, and to change behavioural intention" (UP 2007). It is therefore important to enter into conversation with the key opinion leaders and role players in the communities and the nursing profession, and to keep them informed of any recruitment planning and advertising efforts, and, if possible, obtain their approval and participation. Visits by national and international leaders in nursing would further boost the credibility of the training institution and training courses offered by the NEI.

Many best practices in advertising initiatives can be found. If one looks at the initiatives of the University of Pretoria's Faculty of Veterinary Science and their advertising campaign over the past few years (UP 2007), several possibilities for advertising nursing training can be borrowed from them. Their recruitment initiatives and projects, combined with advertising of their training course and the veterinary profession, include marketing strategies such as:

- Publications and advertisements in Proverto, in newspapers, and in veterinary and farming magazines;
- The distribution of high-quality promotional material (printed, and on DVD);
- Newsletters and online marketing, and postal distribution of material;
- Display posters in various languages at expos;
- Radio advertising and broadcasting of interviews in languages other than English; and
- Featuring in SABC TV programmes.

If one looks at the advertising initiatives implemented by the University of Pretoria's Faculty of Veterinary Science, it becomes clear that with motivation, resources, and a passion for the profession, many advertising and promotion possibilities exist. NEIs therefore need to take a serious look at what they as institutions are doing, and what is being done at other institutions. It is encouraging, however, to see that these suggestions are not "foreign" ideas, as these suggestions were also proposed by some of the respondents:

> *"More advertising to be done at school level and in local news papers"*
> *"Make a DVD of a day as a nurse in* (name of hospital group) *to use at schools."*

Another suggestion by one respondent was that nurses should speak up and be heard, and that a positive message must be spread. It links directly to the professional image of nursing (see 3.10.3).

> *"Nurses should be seen and heard more often in the media - with positive messages."*

(v) Marketing and recruitment at schools

Some nurse educators identified marketing and recruitment at schools as being a challenge for them. It is clearly a topic that requires further investigation, to establish the strategies, if any, that are applied by the NEIs, in an attempt to do recruitment at schools.

According to Heller and Lichtenberg (in Feldman 2003:57), there is an "unprecedented reduction in the nursing pipeline". Several reasons can be cited for this situation. School learners' lack of knowledge of the role and responsibilities of the nurse, combined with a diminished interest in nursing as a career, is a significant contributing factor. Dedicated marketing at schools is needed, as was indicated by one respondent:

> *"Recruit from Model C schools, problem though because they don't see nursing as a profession."*

From the responses of the nurse educators, it is evident that they are convinced that contact at school level should be initiated and maintained. Their suggestions echoed those proposed in the literature, and included contact at various stages, such as:

- Pre-school (target them young)

  "Visit the little ones: everybody that works in a hospital setting. Dress in your professional clothes. That includes the dr. dietician, dentist, nurse, secretary, etc.";

- Secondary school

  "Start with grade 7 or 8 learners for recruitment.";

- Before subject selection (Grade 10)

  "Staring a recruitment process early on school level and interesting pupils in specifically preparing for a career in nursing (e.g. regarding choosing subjects such as physiology and maths), then following up these students the next years to keep their interest (e.g. with a newsletter or electronically / by sms)"; and

- On career days and expos

  "Contact pupils at expo's etc when in Grade 10 - before subjects are chosen."

In the literature, several other authors (Harrigan *et al.* 2003:28, Heller & Lichtenberg 2003:60, Hoke 2006, Smart & Kotzer 2003:139, 146, LaRocco in O'Lynn & Tranbarger 2006:247, and Thacker 2005:61) confirm the importance of having a positive influence on school learners about nursing as a profession and a career. Kimball and O'Neil (2002:29) insist that children of all ages (including kindergarten age) should be included in the recruitment campaign. Many educational institutions report that they conscientiously market the nursing profession to kindergarten- and school-age children. In 2005 and 2006, nursing students from Vancouver Island University gave more than 40 presentations to school-age children. Their presentations included puppet shows, group sessions, and storytelling. During their interactions with the children, the nurses provided information on the duties and responsibilities of a nurse (Vancouver Island University n.d.). Unfortunately, there is no published data on the success rate of such ventures in Canada, but, as is evident from the above, other authors confirm the positive effects of showing children from a young age the prospects of nursing as a career. Students from minority groups have also stated that community outreach programmes should focus on the younger schoolchild (Harrigan *et al.* 2003:27, 28).

Dr Nancy Schoenrock, Dean of the Scott and White College of Nursing at the University of Mary Hardin-Baylor in Belton, Texas, also believes in "targeting them young" (Frase-Blunt 2002). Nevidjon and Erickson (2001) assert that some youngsters make a career decision as early as 10 years of age (Frase-Blunt 2002). Phipps (1995:19) cites several authors that support Schoenrock's view that children as young as 5 to 7 years "express occupational dreams". It implies that the sooner children are exposed to positive messages about nursing, the more inclined they will be to view nursing positively and to consider it as a career of choice (Heller & Lichtenberg in Feldman 2003:60). It needs to be remembered though that career counselling should be "age-appropriate" (Carlson 2004:1) and aimed at the cognitive level of the child, otherwise the message will be lost. Yantis (n.d.) has very interesting methods that she uses to convey positive messages to children of how

nursing can be a career of choice. She uses puppet shows, role play, and several active learning activities to convince the children. The children are encouraged to actively participate in the programme. The results of these efforts will, however, only become evident in later years.

Suggestions from the respondents are similar to the ideas expressed above:

> *"Visit the little ones: everybody that works in a hospital setting. Dress in your professional clothes. That includes the dr. dietician, dentist, nurse, secretary, etc."*

A further suggestion was: *"Start with grade 7 or 8 learners for recruitment."*

The literature confirms the views and suggestions of the nurse educators. In November 2004, student nurses from Graceland University, Missouri showed some Grade 6, 7 and 8 school learners a video portraying nursing as a career and gave a short presentation thereafter. Comparing the results of pre- and post-questionnaires that were administered to the school learners, the student nurses found that there was 48% more interest in nursing after the school learners had been presented with the information about the work and career possibilities available to nurses (Hoke 2006:7,14). It suggests that school learners' perceptions of nursing can be positively influenced by providing them with accurate information about the career possibilities in nursing.

In 2008, the Department of Nursing of Cleveland Clinic in Ohio hosted its 11th annual hands-on day for high school children interested in nursing as a career. At one Saturday session, the children were assisted to do procedures on simulated patients (manikins), to get the real feel of how it is to be a nurse. Joan Kavanagh, Director of Nursing Education at this institution, was very positive and excited about their initiative: "We wanted to provide as much hands-on activity as possible to get them really engaged, so they can really experience what nursing is all about. We want to excite these folks about the profession. They can pick a zillion careers, but we wanted to show them what is so special about nursing" (HealthFitness 2009).

De Sales University in Pennsylvania has another unique technique. They have a Saturday hands-on day, where they present a sponsored nursing camp for high school children interested in a career in nursing (Scott 2001; Frase-Blunt 2002). The Anne Arundel Medical Center's nursing division initiated a similar concept when they launched their Nurse Support Program. In August 2008, they presented a four-day workshop to 13 high school learners. These learners had the opportunity to receive basic CPR training, and to practise skills in the simulation laboratories and tour the Emergency Department. They were also allowed to "shadow" selected nurses in the nursing units (Fox 2009b). According to Fox (2009b), the children's feedback concerning the programme, and concerning the nursing profession as a future career of choice, was very positive. It relates closely to Bandura's theory that by observing a role model displaying admirable behaviour, children will gain confidence in themselves that they too can perform the work in question (Bandura in Ramachaudran 1994:2).

The need for schoolchildren to be taught CPR was also expressed by one of the respondents:

> *"Schools are now required to give CPR as part of the Life Skills subject. An ideal opportunity for the company to become involved."*

Tang *et al.* (2008) used the Social Cognitive Career Development Model as proposed by Bandura to evaluate the factors that influence self-efficacy and career choices in high school children. The factors that were found to influence self-efficacy are verbal persuasion, vicarious learning, task performance, and physiological arousal. According to Bandura (in Ramachaudran 1994:2), of these four factors, actual task performance, and subsequent mastering of a task, is "the most powerful influencing factor" in deciding on a career. Several other authors confirm the influence of these factors in career choice among school learners (Matutina 2008:112, Drenkard, Swartwout & Hill 2002).

(vi) Targeting under-represented and non-traditional groups

Traditionally, recruitment of students for nursing education and training in South Africa has been focussed on the school leaver – the matriculant that needs to make a career decision. Experience tells us that these efforts were then mainly focussed

on the young female adult. As the economic scene in South Africa changed, so did the profile of applicants for nursing training. There is ample evidence in the literature, and in the marketplace, that today's youth do not view nursing positively, and that young school leavers have a wider selection of career possibilities to choose from (Drury *et al.* 2008, Mkhize & Nzimande 2007:8, Matutina 2008:112, RSA DoH 2008:11, Kimball & O'Neil 2002:5-6, and Nevidjon & Erickson 2001). Against this backdrop, and the ever-increasing nursing staff shortage, has compelled all involved in the recruitment of nursing students to look beyond the traditional sources in their search for candidates (Kenny *et al.* 2007:80). Worthington (in Rhodes & Bouic 2005:557) recommends increasing diversity in recruitment by "targeting mature people, men and those with fewer academic qualifications". Non-traditional sources of students include second-career students, male students, students who speak English as a second language, and students with physical disabilities.

(vii) Second-career adults

Of the many possibilities, one possibility is to look at the mature (older) student who wants to make a career change (Drury *et al.* 2008, RSA DoH 2008:16, Williams 2006:4, andKenny *et al.* 2007:80). The Nursing Society™ (n.d.) also recommends looking at the "non traditional student who is a mature learner with relevant, prior education and / or experience". Jeffreys (2004:27) supports this notion, stating that such students are already familiar with work responsibilities and the work environment, and thus will adapt to new circumstances more easily.

One such recruitment initiative occurred in northeast Ohio. The Northeast Ohio Nursing Initiative (NEONI) held a career seminar for "dislocated workers" and "second career adults". Of the 200 attendees, 30% indicated that they would like to take part in a job-shadowing programme for nursing education (Anderson, Girod & Brzytwa 2003:133). Although this is only one recruitment initiative, the results show that recruitment efforts should not be restricted to school learners and young adults. The West Thames College in London (WTC n.d.) designed a nursing course for parents and working adults. They promoted the course by saying, "This course is sympathetically timetabled to enable students to meet childcare commitments. The

course involves attendance at times design to fit in with your work and home commitments" (WTC n.d.).

The University of Hawaii School of Nursing and Dental Hygiene (SONDH) held focus group discussions about recruitment and retention with Hawaiian, Samoan and Filipino nursing students and minority groups (Harrigan *et al.* 2003:25). The students voiced time challenges due to family and other responsibilities, suggesting that the NEIs "better accommodate students' extracurricular time constraints". They suggested several alternatives, such as weekend classes, independent study, and distance-learning courses. They felt that these alternatives would accommodate them, their peers, and their current circumstances (Harrigan *et al.* 2003:28). Their view was also expressed by a respondent (whose comment in Afrikaans is given below), who indicated that theory lessons should be kept to a minimum, and that alternative strategies such as e-learning and the use of technology should be employed.

> *"Beperk teoretiese klasbywoning tot die minimum en verander meer na in elektroniese mileu verbreed bv e-learning / multi media en tegnologie sodat by die hedendaagste trend in die buitelewe kan byhou."*

Making use of e-learning and distance education is another viable option. In South Africa, Unisa (n.d.) is the only dedicated university for open distance education. It is ideally suited to the working adult or the parent with childcare responsibilities. However, the nursing courses offered by Unisa are solely for nurses with an existing nursing qualification who want to further their education. Hence, the Unisa courses are not suited to someone who wants to make a career change to nursing. In South Africa, there is currently no distance education service provider offering undergraduate / basic nursing courses registered with SANC or SAQA.

Notwithstanding the discussion above, Jeffreys (2004:28) asserts that second-career students are not without potential challenges. Although recruiters cannot address these challenges during the recruitment phase, it will serve them well to be aware of these challenges and to communicate them clearly to potential applicants.

Some of these challenges include:

- The reluctance to adapt and change current practices and work habits;
- Preconceived or existing views that might be difficult to change; and
- Overconfidence in one's own academic ability, resulting in academic failure.

It is therefore clear that, while second-career students are a viable and rich recruitment possibility, there are challenges to the recruitment of such students.

(viii) Recruitment from within

Scott (2001:5) recommends that students that are already in nursing programmes should be encouraged and motivated to continue with further nursing education and training. Before this can be done, however, one must first recruit people into basic nursing training. A rich and relatively unexplored field is to look at the untrained health and social care staff employed by the hospitals, the so-called "health care workers", "care extenders", or "patient care technicians" (Rhodes & Bouic 2005, and Scott 2001:5). The latter are increasingly employed by hospitals as supplementary workers to help ease the nursing staff shortage (Scott 2001:5). These health workers are a more affordable category of worker, and are supposedly (views on this differ) helping with non-nursing tasks, for example the feeding and washing of patients and the running of errands in the ward. As these health care workers have a realistic idea of what nursing entails, and have already shown an interest in certain aspects of nursing, it may be easy to recruit them into nursing courses, and, at the same time, help them to progress with their career and encourage lifelong learning in nursing (Rhodes & Bouic 2005:558). It was also proposed by the World Health Organization and Sigma Theta Tau International (Nursing Society n.d.) at their 2006 convention. Having to carry out nursing tasks and "less favourable" work will then not come as a shock to them, as they will have been exposed to working with patients, and they will be familiar with the work demands of a nurse, such as having to work shifts on public holidays (Rhodes & Bouic 2005:558).

Many institutions worldwide have started recruiting from within. The Denver Children's Hospital reports a 20% success rate in their 2001 initiative to recruit non-nursing employees into nursing (Smart & Kotzer 2003:140). In a study published by

Rhodes and Bouic (2005:557), the Faculty of Health and Sciences at the University of Staffordshire held two "taster days" in an attempt to recruit untrained health care workers into nursing education. The concept of "growing your own", as used by the National Health System (NHS) Trust, is a well-known concept, and has proven to be successful over the years for the NHS. It is, however, important to consider the concluding statement that Rhodes and Bouic (2005:563) make in this regard: "It is important to achieve a balance of offering career progression to all those who want it, and at the same time not 'robbing' the local health services of their untrained workforce."

(ix) International recruitment

A suggestion not widely discussed in the literature is the potential for international recruitment. Heller and Lichtenberg (in Feldman 2003:63) report that the University of Maryland School of Nursing established relationships with China and Mexico to increase the student recruitment capacity of the US. Proposed adjustments included adaptation of the American curriculum to enable students in other countries to train according to US standards. In such cases, exchanges must be formed, and the students must either be sent to a US training school, or the faculty members of the international partner (for example, China or Mexico) must be trained to deliver the curriculum of the US in the participating country. For a recruitment and business opportunity of such scale to be beneficial to both countries, and to all parties involved, agreements will need to be entered into, but the prospects are promising and exciting, as long as one of the parties or countries is not exploited.

(x) Academic workload

Students are often surprised at and unprepared for the amount of academic work involved in a nursing programme (Jennings 2002; Meadows *et al.* 2000 in Last & Fulbrook 2003:450; Last & Fulbrook 2003:452). The respondents echoed this view:

> *"People are surprised at the high education standards needed for the courses."*

Honest and transparent recruitment is needed to prepare the potential applicant for the demands that will be placed on him or her.

Apart from the academic workload, students complain that there is an unequal balance between the academic work and the clinical practice, with too much emphasis being placed on the theoretical component (Fulbrook *et al.* 2000 in Last & Fulbrook 2003:450). The balance is, however, not the only problem. Students complain that there are gaps between the theory and the practice, and that nursing programmes lack integration (Last & Fulbrook 2003:452). Another complaint is that the course content is not always relevant to nursing (Last & Fulbrook 2003:453). These aspects need to be communicated in a recruitment campaign, and prospective students need to be informed about the scope and intensity of the programme before they commence their studies.

Due to the work-integrated nature of nursing programmes, it could be a challenge for students to fit their private lives into their study programmes (Jacksonville University 2012, and King's College 2012). One of the respondents expressed this challenge as follows:

> *"Difficulty balancing studies with full-time work and family commitments"*

(xi) Support from the NEI in the clinical environment

Students often experience high levels of stress during their clinical placements (Jennings 2002, and Meadows *et al.* 2000 in Last & Fulbrook 2003:450). They often perceive a lack of support from their university tutors during clinical placement (Last & Fulbrook 2003:454), especially during their first year (Last & Fulbrook 2003:452). It contributes to feelings of insecurity and uncertainty. One of the other complaints is that too many students are accepted per programme, which limits students' clinical exposure and compromises the learning opportunities available to them (Last & Fulbrook 2003:452). Finally, students are incorporated in the workforce, but do not always enjoy supernumerary status (Last & Fulbrook 2003:452, 454). It also limits their learning opportunities. Responses from participants confirm this problem:

> *"To assign students to the nursing school and be seen as employees on study leave, and not part of the workforce."*
> *"Talk of how previous students were moved out of units and then battled to complete the hours required for the qualification."*

The clinical placement of students and their supernumerary status therefore need to be negotiated with the clinical facilities.

3.10.2.1.4 Socio-economic factors

The socio-economic factors are the financial constraints imposed by the NEIs. Six respondents referred to the low financial reward that a career in nursing yields. If one combines this with the costly tuition fees (see Table 3-5: Programme price structure of selected NEIs), one can understand why potential students could perceive the financial reward as not being worth the financial input required to obtain a nursing qualification.

> *"The salary structure of nurses in general in comparison to other professions is still not in line (or attractive to prospective nursing students), especially keeping in mind that this is currently a scarce skill."*

Harrigan *et al.* (2003:28) report on a focus group discussion conducted with nursing students at the University of Hawaii School of Nursing and Dental Hygiene (SONDH). One of the suggestions that emerged from the discussion was the need for improved financial aid to students, as this will increase the recruitment of students into nursing programmes (see also 3.10.1.2.1). Huber (2006:596) supports this notion and urges nurse leaders to motivate for more funding for nurse education. According to NursingNetUK (2009), nursing and midwifery students in the UK who are enrolled for a nursing diploma programme receive a "non-means-tested bursary". It is a flat-rate maintenance grant with no contribution required from the student or his or her family. Students on the degree programme are financially supported by way of a "means-tested bursary, supplemented by a reduced-rate repayable student loan". Students with dependants or who are single parents also qualify for supplementary allowances. In addition, the NHS reimburses the student for travel costs incurred when travelling to clinical areas for rotations (NursingNetUK 2009).

On 29 May 2007, South Africa's then Minister of Education, Naledi Pandor, raised the concern that, although it is encouraging that more people desire to access post-

secondary education, "a significant barrier to access has been financial need" (RSA DoE 2007). It is well known that the cost of tertiary education can be considerable, and that the financial implications could prohibit otherwise promising applicants from applying for training and education. Kimball and O'Neil (2002:29) propose that learners can be assisted by the provision of scholarships and loans. Backes-Gellner and Tuor (2010:272) stress the importance of apprenticeship training in the recruitment process. In South Africa, the NEIs of some private hospital groups do offer scholarships in the form of a monthly salary, but the learners are then legally obligated by way of a contract to work for a predetermined period for the company. It provides the learner with some financial support while studying and guarantees employment after training. Scott (2001:5) proposes that "creative financial aid packages" be developed.

It is important to make parents and guardians aware of the cost of post-secondary education, to allow them sufficient time to prepare for this expense. The South African government created an initiative, the Fundisa Fund, to partially assist parents with this financial burden. The Fundisa Fund is a long-term collective investment where the parents invest a monthly amount, and the government contributes an equal amount towards the investment. The funds can then be used for post-secondary education and training (RSA DoE 2007).

Table 3-5 provides an outline of the costs involved in obtaining a nursing qualification (ENA, or EN). It is important to note that these fees include only the course fees, and no other benefits (such as accommodation) are included in these price structures. For comparison purposes, the price structures of two universities are included, although the universities do not offer the ENA programme or the EN programme.

Table 3-5: Programme price structure of selected NEIs

NEI	ENA	EN	Website for information
Mediclinic	Free. Only available to employees. Contractual obligation.	Free. Only available to employees. Contractual obligation.	No information available on website. Personal communication.
Netcare	R18,000	R19,400	http://www.netcare.co.za/144/nursing-and-ancillary-healthcare
Life Healthcare	R18,246	R17,992	Personal communication with campus manager during 2012
Healthnicon	R18,250	R18,250	http://www.healthnicon.co.za/index.php?option=com_content&view=article&id=8&Itemid=17
Thuto Bophele Nursing Academy	R24,230	R24,230	http://www.nursingacademy.co.za
University of Pretoria	1st year's basic nursing theory is in principle equivalent to ENA R25,300 – R33,000		http://programmes.up.ac.za/index.php?programme=339
University of Stellenbosch	1st year's basic nursing theory is in principle equivalent to ENA R26,023		http://www.maties.com/bursaries-loans-and-fees/what-will-it-cost/study-and-fees.html

It is important that in a recruitment drive all recruiters are open and honest about the costs involved in obtaining a nursing qualification.

3.10.2.2 Legislative issues

Various pieces of legislation impact on NEIs, and the type of student that may or should be recruited. However, the legislative challenges cited by the respondents refer to ETQAs and the year of community service enforced by the government.

Very little can be done to change legislation. The community service year at the end of the fourth year of training might be a daunting prospect for prospective students,

but at the entry level, students are only required to do the enrolled nurse course (R.2175). Those students are not required to do community service. These concerns (and the comment below) were noted, but are not included for the purposes of this study.

> *"Problems that community service poses – yet another year where potential candidates have been lost to the industry."*

The second suggestion, calling for the establishment of more NEIs, has been the cry for many years now. Accreditation of new NEIs takes very long, but it would appear as if the President, and the Minister of Health, is now attending to this matter, and one can only hope that this will bear fruit (The Presidency 2011). Respondents indicated that the limited number of NEIs is a problem, and recommended that more NEIs be established:

> *"More Nursing institutions approved by the council to make it possible for more students to study nursing from 'home'."*

As nurse educators, we cannot address this situation, but, again, prospective students need to be informed that it may not be possible for them to receive training in the place where they reside.

> *"Transport of students- placed a burden on their finances. Students are often absent from work / class towards end of the month."*

The limits imposed by governing bodies seems to be another challenge that nurse educators need to overcome. See 3.4.2 for a discussion of the powers of the various different ETQAs, and the limits imposed by them.

From personal experience, I know that very often applicants who have not been successful in their application to train voice their frustration over the nursing staff shortage. The limited number of student places available at the NEIs must be clearly communicated so as not to create unrealistic expectations among applicants.

> *"SANC allocated / approved number of students & intakes is restricting us- we want to train more- we have the ability. The process of changing the numbers of students is VERY cumbersome and does not assist the dire need for training of nurses."*

3.10.3 Professional image

Recruitment challenges identified by the respondents relating to the professional image of nursing included aspects such as:

- It has a negative image;
- It is a high-risk job; and
- There are negative patient perceptions.

Takase, Maude and Manias (2006) argue that the negative public image of nurses has a profound detrimental influence on recruitment of people into the profession. If one looks at the comments by the nurse educators, it is clear that they know that the negative image needs to be addressed, but they do not offer many suggestions on what should be done:

> *"Media portrays nurses as having loose morals, drunkards who are subservient to doctors and medical students, and poor. They 'murder' patients, as in "Binnelanders[1]"*

The respondents were, however, not ignorant of the fact that many of the negative perceptions out there are created by the nurses themselves:

> *"Our profession itself does nothing to correct this poor portrayal: Education in disarray, striking, smoking in uniform, alcohol breath when nursing patients, stealing, etc. The Caring aspect has gone out of nursing."*

Kurt Worrall-Clare, acting CEO of HASA (2006), states, "The healthcare industry needs to dispel the many myths about nursing among school-leavers and needs to reposition itself rightfully as a truly noble profession." Of the respondents' suggestions on how to correct the image of nursing, the following response is worth noting:

> *"Change the image of nurses in the media, i.e. we must market ourselves better. Inform the media of interesting findings in a research project ,e.g one M student of ours found interesting things about men and their concerns on having sex after a coronary bypass. This is*

[1] A local South African television series.

something the media will love and give the image of nurses as experts to be consulted. Another example is a study done on the effect rape had on the male partners of the victims. Again great media potential and something men will be interested in."

Addressing the professional image of nursing should be a priority and should be included in the final recruitment action plan.

One of the key issues in the 2008 Nursing Strategy was the enhancement of the image of nursing (RSA DoH 2008:29) and ensuring that professionalism is maintained at all times (RSA DoH 2008:16). Some members of the public still view nursing as "a risky, low-status, under-rewarded profession" (AACN 2000). Several authors (Scott 2001:5, Huber 2006:597 and Mathis 2008:66,93) agree that the image of the profession requires a radical "polishing". It can be addressed in various ways.

Strong emotions were expressed by some respondents concerning the subject of the image of nursing as a profession. The message was that nurses need to change the way the public perceives them to enable us to recruit better candidates into nursing:

"A more positive and professional attitude towards the profession. The nonsense the media tells the world of what is going on in hospitals. (R / N that have affair with doctor and make some time for pleasures in the linen room!!!) WE NEED TO MAKE THE COMMUNITY AWARE OF THE SCIENTIFIC NATURE OF OUR PROFESSION AND THAT WE DO NOT TAKE ONLY THOSE FOR TRAINING THAT DOES NOT HAVE ANYTHING ELSE TO DO WITH THEIR SPARE TIME AND HORMONES."

To facilitate this, the image of the nurse and the nursing profession need to be transformed. The American Hospital Association sums up the scenario accurately when it states, "In a single generation, health care has moved from a favoured to a less favoured employment sector" (AHA 2001 in AACN 2002).

In her book *Nursing Against the Odds*, Suzanne Gordon cites Anne Schott, a former Communication Director at the New York State Nurses Association, as saying

"Among nurses, there's a tremendous desire for a better image, but they all think that somebody else should make the change" (Gordon 2005:206).

In a 2011 survey conducted by Gallup, 1,012 adults from all 50 states of the US and the District of Columbia were randomly selected and asked to rate various occupations according to perceived honesty and ethical principles. Since 1999 (excluding 2001), nursing has consistently been the number one-ranked profession (Jones 2011). These results need to be communicated to the general public.

Drury *et al.* (2008) cite several authors who assert that there is a worldwide decline in the number of school-leaving Generation-Y members enrolling for nursing courses. They pose the question "Could it be that young people are not choosing nursing as a career simply because it isn't seen as 'cool'?"

One respondent expressed the same notion:

> *"Peer pressure: ... peers reject the person who even dares to think about applying for nursing (this I saw when my children matriculated in 2005, and 2007)."*

Pool (2006) asks the same fundamental question relating to the decline in enrolments for nursing courses, while focusing on the marketing of the nursing profession to Generation-Y members. What is worth noting is the lack of interest in nursing as a career among Generation-Y members. The findings from focus group discussions and interviews conducted with Hawaiian, Samoan and Filipino nursing students (Harrigan *et al.* 2003:28) suggest that the decline in enrolments can be attributed to misconceptions concerning nursing as a career. According to these students, certain aspects need urgent attention to sell the profession to prospective students. The first aspect mentioned was that nursing is viewed as "menial labor", instead of as a profession. It needs to be addressed in the marketing and recruitment campaign. An explanation of the contribution these students can make towards their communities, and to their families, should be included. Positive aspects that the students highlighted that need to be included are the following:

- The rewarding aspects of the nursing profession;

- The range of career possibilities; and
- The good remuneration and the respect that nurses receive.

Miller-Rosser (2006:8) refers to several studies conducted in Saudi Arabia, where university and high school students' perceptions of nursing as a possible career were evaluated. The findings were that some of the major reasons why girls prefer **not** to choose nursing were:

- Its image in society (it is not an honourable profession for a girl); and
- Cultural and social values (it is not acceptable for a woman to work).

In a revitalised recruitment campaign, the nurse recruiter needs to be aware of these taboos and stigmas and carefully try not to cross cultural barriers that will impact negatively on students once selected for the training programme.

3.10.4 Employer-related factors

It is important to mention once again that in some of the NEIs the students enjoy employee status with full compensation and benefits. It implies that the students need to contribute as workers. Respondents wrote:

> *"Private sector appears to disregard education and does not give students adequate opportunity in some centers."*

> *"Talk of how previous students were moved out of units and then battled to complete the hours required for the qualification."*

The respondents identified certain employer-related challenges, which can be categorised as human resource-related (HR) issues or legislative issues.

3.10.4.1 Human resource-related issues

The HR function of any employer entails various managerial functions, including personnel recruitment (HealthcareAdministrations.com 2011). The co-coders identified the following themes that can be categorised under human resource-related issues: marketing and recruitment, financial aspects, socio-economic aspects, clinical placements, working conditions, occupational risks, and mentors.

3.10.4.1.1 Recruitment and marketing

If hospitals want to attract the best talent, they need to get involved in recruitment and marketing. A respondent articulated these sentiments as follows:

> *"Hospitals more involve with the recruitment to make sure learners come from their area."*

There are several ways a hospital can market itself and recruit. Allowing potential students to do voluntary or temporary work in the hospital is one way that has been found to be effective.

(i) "Shadowing", or voluntary work

It would seem as if the collective opinion is that prospective and successful applicants should have the opportunity to do "shadowing", or voluntary work, and find out for themselves whether nursing as a career is what they want. A respondent suggested

> *"Allowing pupils to work in the hospital as volunteers during holidays to weed those who 'wonder' about nursing from those who want to nurse."*

Another suggestion to implement after selection has taken place was

> *"After being selected 1st years could work as volunteers before they commence their courses. This way we can identify the late comer, and those who do not really want to do it will terminate applications before cost for books, uniforms, etc was paid by company."*

"Shadowing" is a concept that is slowly emerging. Janet Sipple, Chair of Nursing at the Moravian College in Bethlehem, Pennsylvania, implemented "shadowing" as a method of exposing high school children in a safe and controlled environment to the profession of nursing. The children were assigned to nursing personnel that were preselected on the basis of having remarkable enthusiasm about the nursing profession. During the "shadowing", or "observorship", the children follow these professionals for the day, and, in so doing, obtain insight into the duties of nursing personnel (Frase-Blunt 2002). Reports of several other hospitals and NEIs that include "shadowing" in their recruitment initiatives can be found in the literature (Fox 2009a, Fox 2009b, Sheaffer, Andrade-Pulido, Martinez & Bishop 2006, Nationwide

Children's Hospitals, Columbus n.d., LaRocco in O'Lynn & Tranbarger 2006:247, Thacker 2005:60, Anderson *et al.* 2003:133, and Bumgarner, Means & Ford 2003).

I think it is an excellent idea if managed correctly. From my own personal experience though, I have some reservations and suggestions. If the prospective student is not allocated to a passionate, caring supervisor, the shadowing can actually cause more harm than good, scaring the person away from nursing for life.

One should also take into account that in a private hospital setting with private patients, there are several barriers that pose limitations, such as legal implications (indemnity) and patient confidentiality, to name but a few. But one should not be deterred by the barriers, as there is merit in the suggestion.

(ii) Temporary work

The National Institute of Standards and Technology (NISP) in the USA initiated a Student Temporary Employment Program (STEP), where students between the ages of 16 and 29 could apply to be placed in a workplace where they would be exposed to various fields. The aim of the STEP programme was not to fill vacancies, but for students to be exposed to their field of interest, for example engineering or computer science (NIST n.d.). In a similar development, the government of Prince Edward Island in Canada created a government-funded programme that provides wage support to island employers to enable these employers to utilise students (of age 16-29 years) for a limited period, usually eight to 12 weeks at a time. These temporary appointments have no cost implication for the employer, but expose students to the work environment (Canada n.d.). Exposure to a particular institution or employer assists in shaping the student's mind concerning future careers and career opportunities.

In nursing, exposure to a health-related environment would necessarily imply exposure to nursing training, as all nurses have to successfully complete some form of formal education, depending on the student's career prospects. Currently South Africa does not have any programmes or opportunities that compare with those in Canada or the USA. From personal experience, I know that in past years, before the year 2000, several hospitals and health care institutions allowed students to work as

novices or untrained nurses. They were assigned to an experienced nurse and did certain low-risk nursing tasks with the nurse. This practice gradually came to an end, and due to issues pertaining to privacy and patient confidentiality, and SANC regulations, it is no longer entertained. Some of the respondents, however, articulated that it would be a way to recruit more students into nursing:

> *"Allow grade 11 & 12 pupils to work during holidays as 'care workers'."*

Hence, a reconsidering of these practices could assist nurse educators to "sell" nursing training and the nursing profession to enthusiastic young people, while exposing them to the environment of nursing. The suggestion was made that it should be included as part of the selection criteria:

> *"Learners have to show proof that they have work in a Hospital as part of the recruitment criteria."*

Unfortunately, many private hospitals in South Africa are reluctant to allow school learners to do voluntary or temporary / vacation work during school holidays.

3.10.4.1.2 Socio-economic factors

Socio-economic factors that were identified that play a role include financial aspects, such as salaries and benefits, and work conditions, such as unsociable working hours.

(i) Financial factors

As far as financial factors are concerned, there are two constraints. First, there is the stakeholder constraint, where the employer does not make enough funds available for operational purposes (to enlarge capacity), marketing, and / or recruitment. Second, there is the constraint of lack of financial support for the students.

In NEI Group A, all students are viewed as employees with full salary benefits, even in their first year of training. In Groups B and C, however, it differs. Some students are funded from their second year on, and others are not funded at all. Unfortunately, the receiving of a salary also creates the impression that the student nurse is part of the workforce, and is indeed indicated as such on the personnel

index (PI). It has various implications, both positive and negative, as is illustrated by the comment below:

> *"To assign students to the nursing school and be seen as employees on study leave, and not part of the workforce."*

Apparently, not all nurse educators are convinced that funding a student is the solution. Very often one hears remarks to the effect that nursing students are "only here for the salary". Such remarks could explain why some nurse educators feel that students should not receive a salary. It is not consistent, however, with trends that are evident from the literature, where one sees a move towards compensation for student nurses, whether in the form of salaries or scholarships (Huber 2006:596; Kimball & O'Neil 2002:29).

In the literature, much reference is made to better compensation for nurses. Nurse educators support this view, but also highlight other issues, such as working hours and employer participation:

> *"The salary structure of nurses in general in comparison to other professions is still not in line (or attractive to prospective nursing students), especially keeping in mind that this is currently a scarce skill."*

The recruitment of academically strong students by providing additional benefits (for example, different contracts with hospitals) was also suggested:

> *"Perhaps some form of incentive (financial or otherwise) for students with good marks in matric that will attract them to the nursing profession rather than studying at another institution - perhaps paying their uniforms / books / drafting a different contract for them."*

(ii) Working conditions / Clinical placements

Students are placed in the clinical setting to enable them to encounter positive learning experiences (Levett-Jones, Fahy, Parsons & Mitchell 2006:55), but such clinical placements tend to be challenging (Mongwe 2001:106-119). For each accredited programme, SANC stipulates a minimum number of hours where work-integrated learning (WIL) should take place (SANC n.d.). On average, the minimum

is 1,000 hours per year. These clinical placements need to be negotiated with the service or hospital. The lack of supernumerary status of the student, however, poses a challenge, as one respondent pointed out:

> *"Private sector appears to disregard education and does not give students adequate opportunity in some centers."*

Clinical placement also entails that students must rotate between different areas of speciality and tasks, which, according to the respondents, tends to pose a problem:

> *"Talk of how previous students were moved out of units and then battled to complete the hours required for the qualification."*

From the responses, it would seem as if there are strong views related to working conditions, particularly from the post-basic educators, concerning course work and clinical placements. Again, this has been noted, but is not discussed in this study, as this study focuses on entry-level nurses.

(iii) Work-integrated learning

As all nursing programmes in South Africa entail a work-integrated learning (WIL) component, balancing one's time and resources between these two components can be considerably stressful for a student nurse. It is, however, not unique to the South African context, and several NEIs (Jacksonville University; King's College) and nursing-related websites (AllNursingSchool; EducationIndex.net) inform students about these challenges and provide tips on how to maintain a balance between one's studies and one's work. There are even relevant video clips available for the prospective student, such as *Work-Life Balance While Studying Nursing* on YouTube.

Again, the concepts of honesty and transparency come into play here. Including these factors in the recruitment campaign and making students aware of them before they apply to study should ensure that students make informed decisions about their careers.

(iv) Unsociable working hours

As nursing provides an essential service, it is obvious that most nursing personnel (and therefore nursing students as well) cannot work office hours. There are shifts that need to be covered over weekends, on public holidays, and after hours. Although SANC places a limit on the number of night duty hours a student may work (SANC n.d.), there are no limits on the number of weekend hours. In general, students work every alternate weekend. It must be clearly communicated during the recruitment drive, as the prospective student needs to prepare himself or herself mentally to work unsociable working hours. It would be a mistake to assume that all prospective students know about the working hours.

3.10.4.1.3 Occupational risks

Some of the respondents mentioned occupational risks such as exposure to HIV and other diseases as one of the human resource-related issues in nursing education recruitment. These risks, and the inadequate compensation (salary), could cause some young people to view nursing as being not worth the risk and exposure to disease, as was pointed out by one respondent (the summary of the Afrikaans response appears below):

> *"Blootstelling aan siektetoestande / besering in beroep met lae salaris wat nie die geld werd kan wees nie bv rugbesering / Hepatitis ens."*
>
> And
>
> *"Risk and exposure to infectious disease."*

3.10.4.1.4 Mentors

Only one respondent wrote *"mentorship"* as a challenge, but the respondent did not elaborate on what the challenge entails. Mentorship in nursing is very important for support and guidance to the student (Pellatt 2006:336, Myall, Levett-Jones & Lathlean 2008:1834), and the availability of mentors should be emphasised during the recruitment campaign. See 3.10.1.3 for a discussion on support by mentors for culturally diverse populations. The subject of mentorship to nurse educators is just as important as the subject of recruitment is, and needs to be addressed in a separate study.

3.10.4.2 Legislative issues

As an employer, the hospital has the responsibility to protect the student as far as possible and to prevent exposure to dangers. Providing indemnity, while optimising clinical exposure (see the Afrikaans response) is therefore imperative, as is emphasised by the following respondent:

> *"Optimaliseer praktykblootstelling in alle fasette maar verseker hul beskerming indemniteit, fisies, ens."*

Various pieces of legislation play a role in allowing students to work in a hospital setting. Apart from the Employment Equity Act (see the comment below),

> *"Only EE recruitment imposed by employment equity act"*

there is the Nursing Act (Act 33 of 2005), and all the acts related to the governing bodies and stakeholders, as described in 3.5.2:

> *"Guidelines by the SANC and Higher Education."*

Adhering to all the legislative prescriptions is essential if a hospital wants to operate within the boundaries of the law.

3.10.5 Précis

In the above section (3.10), the feedback from the respondents on Survey-Questionnaire 2 were reported on and confirmed by several sources, as found in the literature. A literature control was conducted throughout to confirm the results. Given the autobiographical style that I am using throughout this dissertation, I added my personal opinions and experiences where I felt these were appropriapriate. Grouping the responses in the four groups, with the respective categories and themes, ensured a structure for data reporting. This second survey-questionnaire formed the basis for my third and final questionnaire (Chapter 4), which ultimately led to the development of my action plan (Chapter 5). Hence, from here I proceeded to the third round of data collection.

3.11 Conclusion

This chapter provided an overview of the methodology used to collect and interpret the data. An integrated presentation of the data collected from the participants was provided, and a literature control to ensure that the follow-up questionnaire that will be used in Phase 3 includes all the relevant and important aspects, as identified by the respondents in Phase 2.

In Chapter 4, I included these aspects without referring to the literature again. Hence, a comprehensive description of the third phase of this study is laid out in Chapter 4.

Chapter 4
Phase 3 - Questionnaire 3

Your present circumstances do not determine where you can go;
they merely determine where you start.
Nido Qubein

4.1 Introduction

The fourth chapter starts with an **adopted vision** of student recruitment. In this chapter, I had given an outline of the execution of phase 3 of this study (it was represented by the coloured circle in Figure 4-1). I had attempted to corroborate the results from questionnaire 2, phase 2, with the purpose of enabling me to compile the third and final questionnaire. The findings/results of this final questionnaire were subsequently measured against data recorded in the literature to either confirm or refute the results of questionnaire 3. See Table 4-1, as well as Figure 4-1, for an overview of the processes that were followed during this phase.

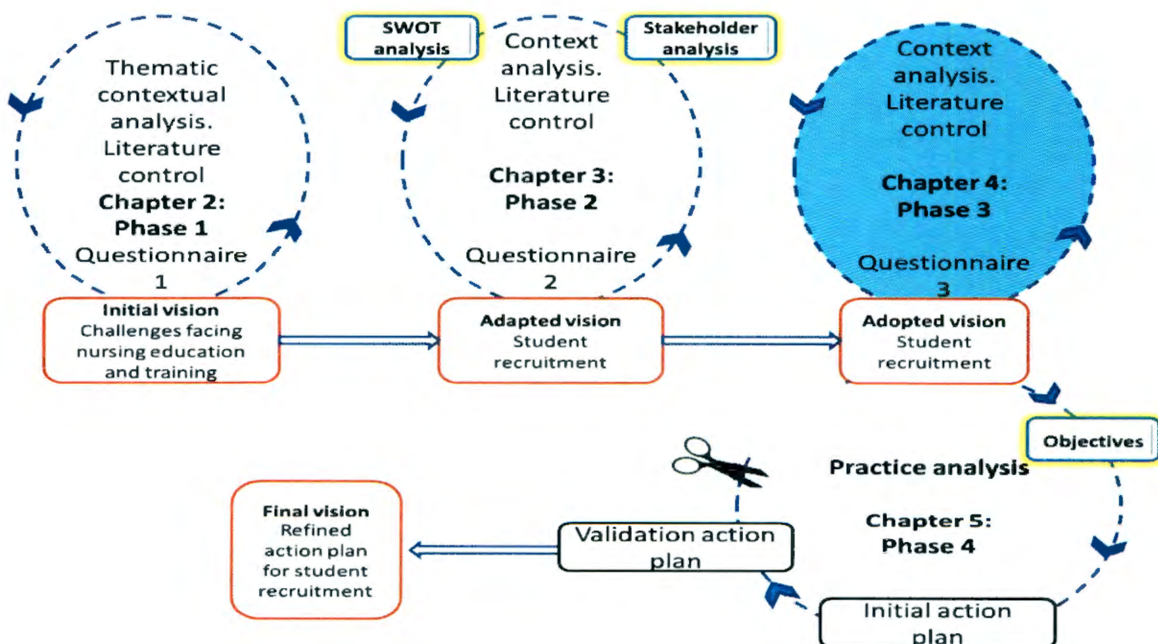

Figure 4-1: Process-planning model
Adapted from Zuber-Skerritt (2002:145)

Table 4-1: The research process (phase 3)

Phase	Actions	Sample	Sample size	Response rate	Data collection comments	Rationale
Phase 3 2011 Chapter 4	Quantitative design with qualitative enhancement Development of **Questionnaire 3** (28 closed questions, and seven open-ended questions) Analysis of data Literature control for Questionnaire 3	All participants of the previous three rounds of questionnaires as well as the following groups of people: • NEA members • FUNDISA members • STTI members • Nurse educators on Research-Gate™ and LinkedIn™ • International nurse educators (by means of snowball sampling) Sampling: purposive sampling method, and snowball sampling	Undeter-mined	Not possi-ble to dete-mine. 80 respon-dents complet ed the web-based survey.	Data collection was conducted by making use of Survey-Monkey™ to facilitate the process of data collection and the collating of responses.	To "confirm or refute" informa-tion collected by Question-naires 2 (phase 2) and 3 (this phase) and to add informa-tion from the literature review. Specifical-ly done to enrich the data that had already been collected.

This third phase emerged as a continuing effort to elicit current practices, best practices, as well as suggestions for best practices in student recruitment.

4.2 Research paradigm

Although my initial research paradigm had remained constructivist (naturalistic/ interpretive) (Guba & Lincoln 1994:105), I moved towards a pragmatic paradigm

during this third questionnaire (Mertens 2010:36). Working from within a pragmatist, as well as a constructivist paradigm, clearly influenced my choice of the research design and methodology for this study. I deliberately looked for the socially constructed truth, but also allowed my own *disciplined subjectivity* (McMillan & Schumacher 2001:411) to guide me while interpreting certain phenomena because my aim had been to collect data that could inform my action plan for enhancing student recruitment. The qualitative research performed in phases one and two, were now augmented by means of a quantitative survey, thus leading to a mixed methods research design.

4.3 Research design

The blueprint of the third phase was of a quantitative nature. In1.11.1.2, the quantitative nature of the third phase was discussed and explained. In this phase, a quantitative survey-questionnaire was compiled to gather quantitative data to assist me with quantifying data that enabled me to develop an action plan for student recruitment in private NEIs in South Africa. I was "asking people for their opinions in a structured way so that [I] can produce hard facts... to guide [me]" (Willis 2009 – 2012). These "hard facts" assisted me during the fourth phase (Chapter 5) where I created an action plan to recruit students for training in private NEIs.

However, for the purpose of structuring this third phase of the study, I made use of McNiff's third guiding question for action research: "What kind of evidence can I gather to show why I am interested in this issue?" (McNiff 2002); and the third contextual circle of the adapted version of Zuber-Skerritt's (2002:145) process-planning model (Figure 4-1).

4.3.1 Adopted vision and third context analysis

My initial vision had been to address the challenges that were influencing nursing education and training at private NEIs in South Africa. During the various phases of the study, the focus was changing and became firstly directed towards student recruitment and selection; and finally towards student recruitment (in private NEIs)

only. Therefore, my **adopted vision** for this phase became exclusively focussed on recruitment with the final aim/vision of a validated action plan to assist with student recruitment.

The evidential data were collected by means of a survey-questionnaire, in conjunction with a literature control. The qualitative feedback from the first two questionnaires was coded, categorised, and collated with the information from the literature review and control. Combined, these modes of information formed the basis of the third questionnaire (phase 3), as well as the next phase (Chapter 5, Action Plan) where the informed practice would be developed. Therefore, the vision and content analysis led to the practice phase (Zuber-Skerritt 2002:144) during which the action plan were created. The action plan was, therefore, integrated with the practice circle in Figure 4-1.

For this third phase, the responses of the second phase were analysed and collated with the data gathered in the literature control. The information was included in the third survey-questionnaire. Participants were invited to add additional information and suggestions.

4.4 Methods and methodology

Research methodology described the way in which data were collected and analysed (Burns & Grove 2005:23, Mertens 2010:2) and answered the "How do we go about?" question. The data collection methods and quantitative methodology selected for this third phase were greatly influenced by the answers I was seeking; founded on my own ontological and epistemological values and milieu.

4.4.1 Methodology: Quantitative

In 1.11.1.2 I had elaborated on the principles and qualities of a quantitative design. Compared to qualitative research, as used during phase 1 and 2, quantitative research tended to be more systematic and objective in nature. Numerical data were predominantly used to collect and analyse information (USC 2012).

4.4.2 Populations

In 1.12.1 the different populations were explained. Figure 4-2 supplied a visual overview of the population composition.

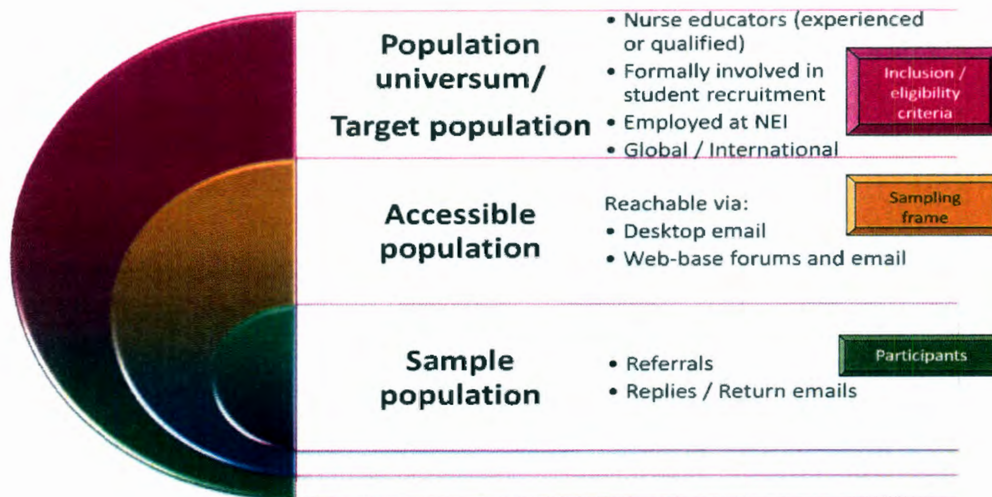

Figure 4-2: The various research populations

4.4.3 Sample selection

Originally, the participants were purposively selected for the third survey-questionnaire (again including all the nurse educators from the three largest hospital groups in South Africa). I did, however, revert to snowball-sampling by posting the URL of the survey-questionnaire on various international forums on the Internet. The latter techniques were specifically included to increase the knowledge pool and to create richer content from both South Africa and other parts of the world.

4.5 Questionnaire distribution and response rate

Survey-questionnaire 3 was exclusively distributed on-line, because I wanted to reach a larger than originally intended sample of the target population. The aim was to collect data that would be rich in content and not restricted to South African nurse educators only. It further had a cost and time implication, since my time for data gathering was limited.

During August 2011, I emailed the URL of the survey-questionnaire to all the respondents and non-respondents of questionnaires 1 and 2. I also emailed it to all the contact people on the South African Pretoria NEA (Nursing Education Association) distribution list. I further requested my colleagues to forward the URL of the survey-questionnaire to all their colleagues. I contacted the training managers/ directors of hospital Groups A and C to request permission for including their nurse educators in the third phase of the study. Despite reminders, no approval was received for inclusion of those nurse educators. The head nurse educators and nurse educators of Group B were, however, allowed to participate. An email was sent to the head nurse educators of Group B to invite them to participate in the on-line survey.

The CEOs of FUNDISA (Forum for University Nursing Deans in South Africa) and NEA were contacted and requested to distribute the link of the survey-questionnaire to all their South African members. They had approved the request and they distributed my email to all their members. The invitation for participation in the survey was also placed on LinkedIn™, Research Gate™ and the nurse educators' forum of STTI (Sigma Theta Tau International) with a request to complete the survey-questionnaire and to forward the link to their colleagues (snowball sampling).

Despite all the effort and emails, only 80 people responded and completed the survey-questionnaire.

4.6 Data collection process

Data were collected by using the web-based survey generator SurveyMonkey™. The survey had been closed on the 12th of December 2011 after which no additional data or responses could be added.

4.7 Ethical considerations

The general ethical principles that underlined my research were explained in 1.13.

The covering letter that accompanied the survey-questionnaire (Annexure C1) served as an indication that I had diligently adhered to all the relevant ethical principles.

These ethical principles and criteria were:

4.7.1 Beneficence

The principle of beneficence (USA 1978:6), as discussed in 1.13.1, was ensured by applying these two principles:

4.7.1.1 The right to freedom from harm and discomfort

There was neither harm nor any discomfort anticipated for any of the participants. However, if the participants experienced any discomfort, they could withdraw from the study simply by not submitting the questionnaire.

4.7.1.2 The right to protection from exploitation

The collected data were captured by using the SPSS software program. Since none of the data contained any identifiable information of the respondents, their identities were protected. I could not trace any of the information back to a specific respondent and, therefore, they were protected from any exploitation.

4.7.2 Respect for human dignity

The principles of voluntary participation, permissible withdrawal from the study as well as no negative consequence to non-participants (USA1978:5) were clearly communicated in the covering letter (1.13.2 and Annexure C).

4.7.2.1 The right to self determination

Voluntary, non-coercive participation was warranted by informing the participants of their right to discontinue their participation at any given time. Participation was,

therefore, based on an informed individual choice. Termination of participation from the study was easily accomplished by not submitting the survey-questionnaire.

4.7.2.2 The right to full disclosure

In the covering letter, I made the purpose of the survey clear to all participants. My contact details were available, should they have any concerns or queries (Annexure C).

4.7.3 Justice

Justice (as described in 1.13.3) included fair treatment of participants while respecting their privacy at the same time (USA 1978:8). The sub-elements of justice; and how they had been attended to; were described.

4.7.3.1 The right to fair treatment

All interaction with the participants was polite, non-discriminative, truthful and tactful.

4.7.3.2 The right to privacy

In the covering letter, it was emphasised to all participants that the information received would be handled with discretion and that no identifying information would be made available to anyone. Storage of data was discussed in 1.13.3.2.

4.8 Trustworthiness

In 1.15.2, the concepts of validity and reliability were described. For the purpose of this phase, the reliability and validity of the survey-questionnaire would be discussed.

4.8.1 Reliability

Reliability denoted the accuracy of the survey-questionnaire and focussed on aspects such as consistency, stability and repeatability (Burns & Grove 2005:374). Consistency indicated that; if the research was repeated in similar situations with a similar sample group; the results would be comparable. It was important to note that transferability of results were never the intent of the study. However, to ensure

reliability, the survey-questionnaire was tested, using colleagues and critical friends (excluded from the research process). Their feedback was incorporated into the instrument.

In order to ensure transparency of the research process, all participants received open and honest information about the research purpose and objectives.

This third survey-questionnaire had to be published on-line since it was web-based. I made use of a survey-generating program called SurveyMonkey™ to compile the survey-questionnaire. With this program, all the results were automatically analysed by using the SPSS software. Due to the nature of this program, the additional statictical calculations that could be performed, were limited. I could, therefore, not make use of the t-test or any similiar tests to establish the validity and reliability of the instrument. Most importantly, the instrument was tested prior to on-line publishing with the assistance of peer evaluators (1.10.2).

A data trail was available for scrutiny and it enhanced the internal consistency of the research process.

4.8.2 Validity

Validity referred to truthfulness. Did the instrument measure what it proclaimed to measure and were the results a true reflection of the concepts measured? (Polit & Beck 2006:329, Roberts & Priest 2006:41, Burns & Grove 2005:376). In this study, all key concepts were operationally defined to ensure an equal understanding by the reader and me of the concepts as they were applied. All concepts were either confirmed or refuted from literature to ensure that the conceptual definitions were aligned with the operational definitions (Burns & Grove 2007:217). Therefore, a sound research design contributed to ensuring construct validity (Burns & Grove 2005:230). Again, by making use of critical readers and testing of the survey-questionnaire, validly was ensured. The way in which validity was ensured was explained in 1.15.2.

4.9 Data analysis: Questionnaire 3

The data of the third survey-questionnaire were analysed quantitatively (Burns & Grove 2005:441) and the results were either confirmed or refuted by a literature control.

This final survey-questionnaire contained mostly multiple choice questions with only a limited number of open-ended questions. Although it might appear that the participants were subsequently forced to make choices, the options of the questions were comprehensive enough to ensure that none of the respondents were coerced to exercise a choice that they did not agree with wholeheartedly. The respondents could also omit answers if they wished to do so. Alternatively, they could also mark the option "Other".

In this survey-questionnaire, participants were asked to confirm or reject certain aspects of recruitment as applied in their current NEI. Best practices were also investigated while the perceptions of the participants about the recruitment in their NEIs were probed.

Findings from the third survey-questionnaire were eventually collated with all the directives (suggestions) found in the literature and finally used to design an initial action plan. This initial action plan marked the start of the fourth and last phase of my empirical research (Chapter 5).

4.9.1 Response rate per question

The response rate of the 35 questions was summarised in Table 4-2. It was evident that the open-ended questions had on average a lower response rate than the closed questions. Various possible explanations could be offered. To me, the most obvious reason would be that most open-ended questions followed after a closed question and required either an elaboration on the aforementioned statements or additional suggestions. It was my assumption that the respondents did not have any other comments about that specific topic and subsequently omitted a response.

It was important to note that, during the interpretation of the data, I made use of **N** to indicate the original number of respondents who answered the questionnaire. However, not all eighty (N=80) respondents had responded to every question or sub-section of every question. Therefore, I made use of (n) to indicate the number of respondents who responded to a specific question. The values (expressed as percentages) were subsequently taken into consideration according to the number of respondents per section and were automatically calculated by the SPSS program as embedded in the survey generator SurveyMonkey™.

Table 4-2: Response rate (Questionnaire 3)

Questionnaire 3 (N=80)				
Question	**Answered (n)**	**Omitted**	**Open / closed**	**Aspect/Context**
1	80	0	Closed	Informed consent
2	75	5	Closed	Gender
3	75	5	Closed	Age
4	75	5	Closed	Geographical location
5	74	6	Closed	Qualification
6	72	8	Closed	Work experience (in years)
7	72	8	Closed	Employment status
8	68	12	Closed	Employment sector
9	55	25	Closed	Recruitment: Division
10	58	22	Closed	Recruitment: Institution
11	42	38	Closed	Recruitment: Division
12	57	23	Closed	Recruitment: Institution
13	55	25	Closed	Recruitment: Division
14	53	27	Closed	Recruitment: School
15	34	46	Closed	Social media
16	54	26	Closed	Community partners
17	54	26	Closed	NEI-hospital collaboration
18	56	24	Closed	Financial assistance
19	17	63	Open-ended	Financial assistance
20	30	50	Closed	Disabilities
21	24	56	Open-ended	Disabilities
22	53	27	Closed	Learning needs

Questionnaire 3 (N=80)				
Question	**Answered (n)**	**Omitted**	**Open / closed**	**Aspect/Context**
23	17	63	Open-ended	Learning needs
24	17	63	Closed	Disabilities
25	38	42	Closed	Special needs
26	53	27	Closed	Male recruitment
27	29	51	Closed	Male recruitment
28	33	47	Open-ended	Male recruitment
29	57	23	Closed	Assistance to students
30	55	25	Closed	Employer related recruitment constraints
31	58	22	Closed	Image of nursing
32	57	23	Closed	NEI related recruitment constraints
33	35	45	Open-ended	Best practices
34	32	48	Open-ended	Suggestions
35	29	51	Open-ended	Comments and suggestions

Please note that the questions highlighted in grey, were follow-up questions of preceding questions and were, therefore, not always relevant to all respondents, therefore the high number of respondents not answering the questions.

4.9.2 Informed consent (Question 1; n=80)

A cover letter accompanied the survey-questionnaire (Annexure C1). The survey-questionnaire started with a cover page, explaining the objective and rational of the study, followed by a declaration (Annexure C2) stating:

> I have read the cover letter and hereby consent to participate in the survey.

It was the only compulsory statement in the survey-questionnaire that required a response from participants to indicate whether they were willing to participate. Only 1.3% (1) of the respondents chose to indicate that they did not want to participate. When selecting the "No" button, the respondent was immediately re-directed to the last page of the questionnaire, thanking him or her and allowing him or her to exit the survey. The respondents could not access the questionnaire again.

This final survey-questionnaire consisted of two sections. Section A contained the biographical data and section B the questions pertaining to recruitment *per se*.

4.9.3 Biographical information

The following biographical data pertaining to the respondents were obtained.

4.9.3.1 **Gender** (Question 2; n=75)

The gender distribution mirrored the gender male distribution found in nursing in general, with a respondent male-female ratio of 2.7%:97.3%. Five respondents did not respond to the question.

Currently there is a huge underrepresentation of men in nursing (Nevidjon & Erickson 2001). According to the American Association of Colleges of Nursing (AACN 2008), men represented only 5.8% of the nursing population in the USA. The South African situation did not differ that much, since only 8.01% (or 18 514) of nurses on the register and rolls of (SANC 2011) were men.

4.9.3.2 **Age** (Question 3; n=75)

The age of the respondents, as indicated in Figure 4-3, varied from 25 years to 65 or older, with the highest number of respondents in the 45 – 54 year age group (46.7%). In total, 74.7% (56) of the respondents were 45 years or older.

The age distribution correlated fairly with the statistics of SANC, and with recorded distributions in other published academic literature (Berlin & Sechrist 2002:50, Bartfay & Howse 2007:24-27, Cook *et al.* 2011:1-6, Feldman 2004:2, Garbee & Killacky 2008, Potempa *et al.* 2009:19-23, Roberts 2008:11-12, Shipman & Hooten 2008:521-523, Sims 2009:221-223, and Williamson *et al.* 2010:152-155).

In 2010 (2011 data were not yet available), 45% of the registered professional nurses on the register and rolls of the SANC were 50 years or older, while only 4% were younger than 30 years (SANC 2011). It painted an alarming picture of the replacement rate of the retiring nurses within the next 10 years and was indicative of the need to recruit more people into the nursing profession.

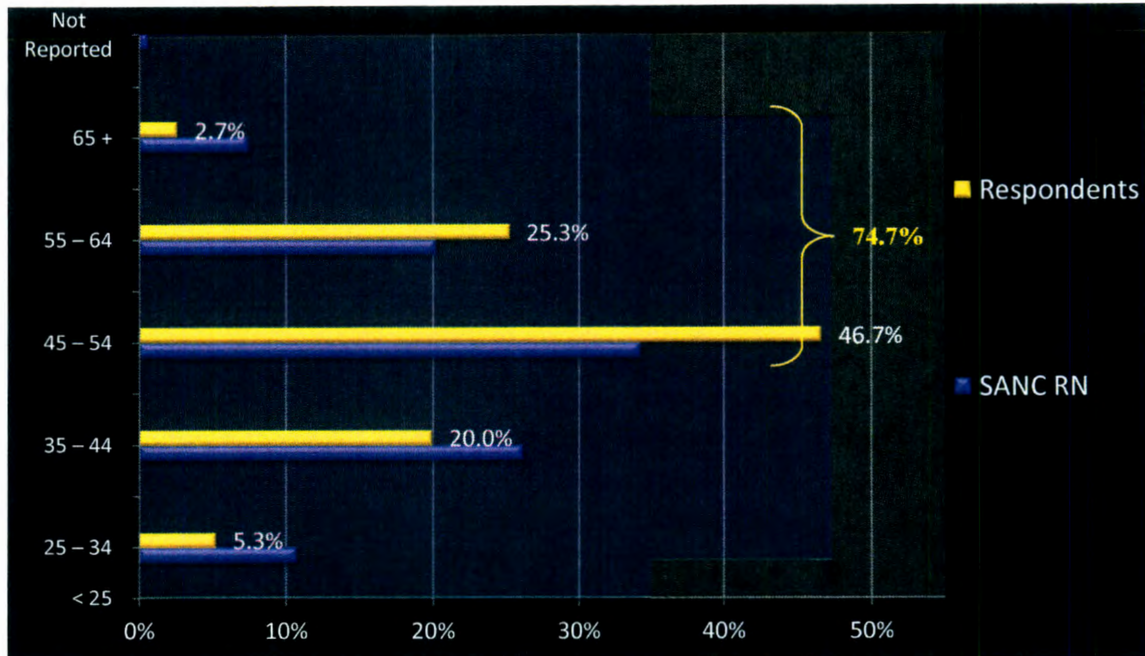

Figure 4-3: Age distribution of respondents in correlation with RN age distribution on SANC register (2010)

Source: Author (data adapted from SANC 2011)

4.9.3.3 Geographical location (Question 4; n=75)

90.7% (68) of the respondents were from South Africa, with only 8% (6) from North-America and 1.3% (1) from South America. There were no respondents from any other continent. While it might appear to be non-representative, this study focussed on the private NEIs in South Africa. Respondents from outside South Africa were not deemed essential, although their input contributed to the richness of the data.

4.9.3.4 Highest qualification level (Question 5; n=74)

Data about the highest qualification indicated that only 21.6% (16) of the respondents had a doctoral degree, while the majority had either a master's degree (27%) or an entry-level bachelor's degree (28.4%). Figure 4-4 visually presented these results.

Other qualifications were indicated by two respondents as a University Diploma and one indicated an Associate of Science qualification.

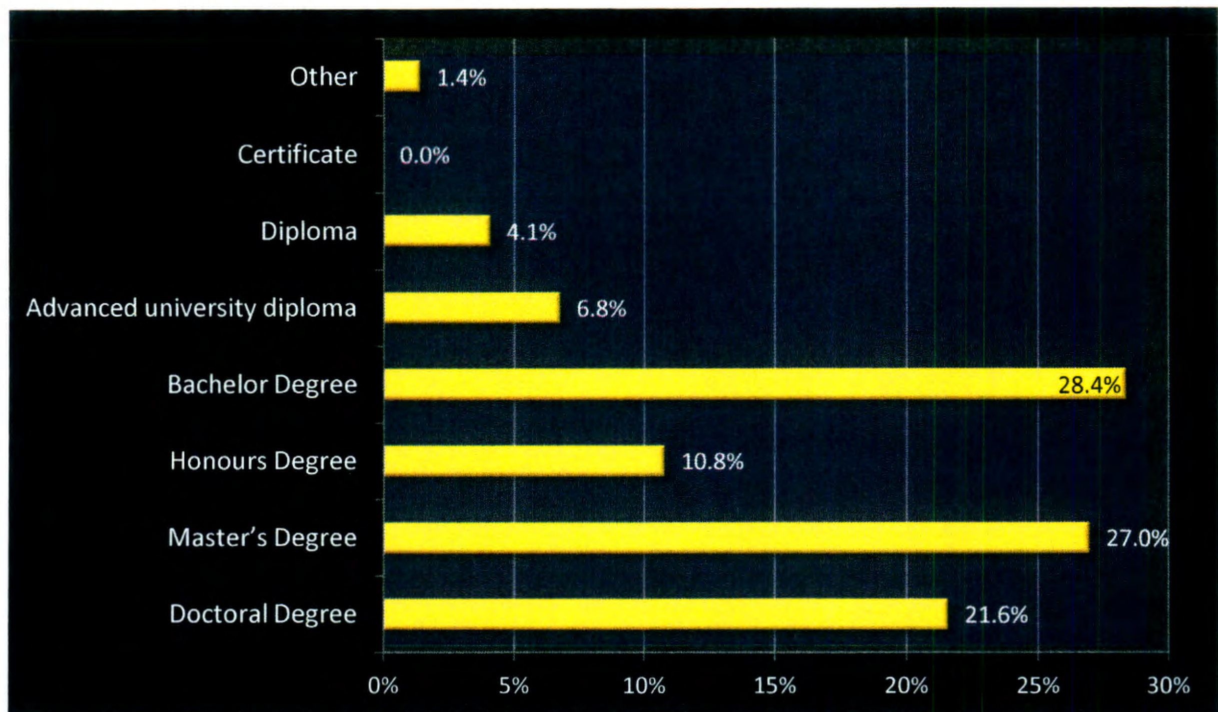

Figure 4-4: Highest qualification

This low number of doctoral prepared nurses correlated with the literature with regard to the low number of doctoral prepared nurse globally (FoNEC 2010:12, AACN 2005:5, Allen 2008:35, McNeil & Poulin 2011, Berlin & Sechrist 2002, Jackson, Peters, Andrew, Salamonson & Halcomb 2011:340-344, and Hinshaw 2001).

4.9.3.5 **Work experience** (Question 6; n=72)

40.3% of the respondents had less than 10 years' experience in the teaching milieu (Figure 4-5). Adding to this the many nurse educators (28%) that were 55 years or older (Figure 4-3), one could expect an exodus of experienced nurse educators going into retirement in the near future; with a less experienced nurse educator workforce, remaining in the academic setting.

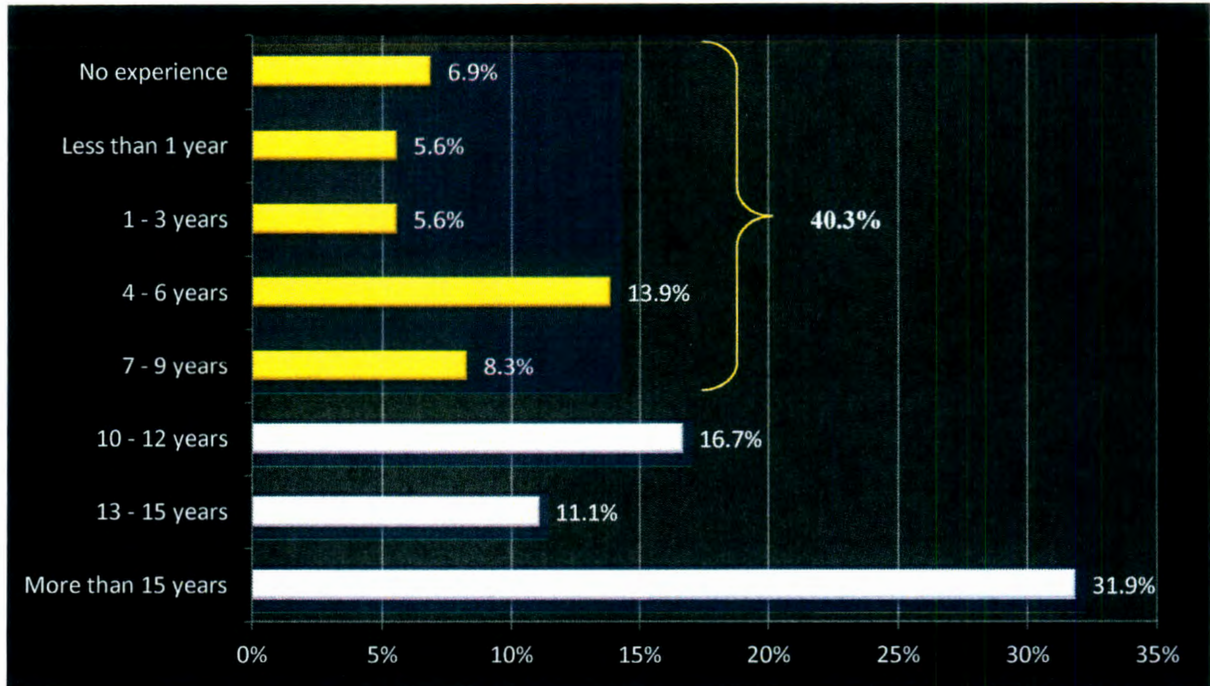

Figure 4-5: Years of experience in a teaching role

4.9.3.6 Current employment status (Question 7; n=72)

94.4% (68) of the respondents were employed, while 2.8% were self-employed and 2.8% were unemployed. No retired nurse educator participated in this survey.

The employment profile indicated that the answers and suggestions supplied by the majority of respondents were up-to-date and relevant as they were involved in nursing education at the time of the study.

4.9.3.7 The employment sector of the respondent (Question 8; n=68)

As indicated in Table 4-3, the respondents were from the private, public as well as parastatal NEIs. Only the military did not have a representative in this study. The respondents' responsibilities within the educational institution ranged from managerial to lecturer, clinical facilitator and/or mentor.

The value of the different representation as indicated in Table 4-3 was embedded in the fact that different categories of nurse educators sometimes interpreted and emphasised certain aspects differently and it was always valuable to receive the

perspectives and suggestions of all categories of nurse educators involved in student recruitment.

Table 4-3: Number of respondents in employment sector

	Manager / Head or Chair of Department	Programme head/Director	Lecturer Nurse or Educator	Clinical preceptor or Facilitator	Mentor
Private hospital group	7	1	7	9	**4**
Private hospital (independent)	0	0	1	3	0
Private nursing college/school/ institution (independent of hospital group)	6	2	8	**4**	0
Nursing college at a government hospital	2	1	7	0	0
Government (not military)	2	0	0	1	0
Military	0	0	0	0	0
University of Technology	2	1	4	1	0
University	0	5	11	5	3
Total	**19**	**10**	**38**	**23**	**7**

It concluded the section about biographical data, employment sector and job title. In section B, various open and close-ended questions were asked. The focus of the questions was on student recruitment and it entailed questions pertaining to recruitment activities, student support and nurse educators' perceptions.

4.9.4 Section B

Section B consisted of 27 questions, of which 20 were closed and the remaining seven questions were open-ended.

4.9.4.1 Recruitment per division versus per institution

This section started with two questions (Question 9 and 10):

- Is your division within the NEI actively recruiting students to train as nurses? (Questions 9; n=55)
- Is your institution actively recruiting students to train as nurses? (Questions 10; n=58)

The rationale for asking these questions was to establish whether the division or department took responsibility for recruitment or whether it was the responsibility of the institution. The options were either yes or no, because I assumed that an institution and division recruited or not. The fact that 25 and 22 respondents respectively skipped these questions could be an indication that the respondents were not sure whether recruitment was done or not. Adding a third option, namely "not sure" or "I don't know" might have prevented many respondents from skipping these questions.

Sixty percent (33) of the respondents (n=55) indicated that their respective divisions within the NEIs actively recruited students, while 75.9% (44) of the respondents (n=58) indicated that their institution actively recruited students to train as nurses. It was encouraging to know that recruitment was done at the relevant NEIs. Later in this chapter, I would explore the various recruitment activities and initiatives reported by these nurse educators.

4.9.4.2 Reasons for non-recruitment per division (Question 11; n=42)

At this question, the respondents had eight options to choose from and a ninth alternative option ("Other") where they could enter their own comments.

The responses were illustrated in Figure 4-6. Twelve respondents (28.6%) were employed at institutions where recruitment was not done at departmental level, but rather comprehensively at institutional level.

Ten respondents (23.8%) indicated that their division did not recruit because they received an adequate number of applications. Furthermore, it was impressive to

observe that 11.9% (5) of the respondents indicated that the NEIs had waiting lists for applicants. A further 2.4% (1) of the respondents indicated that they already had enough students. Neither of the options elaborated on the suitability of the applicants.

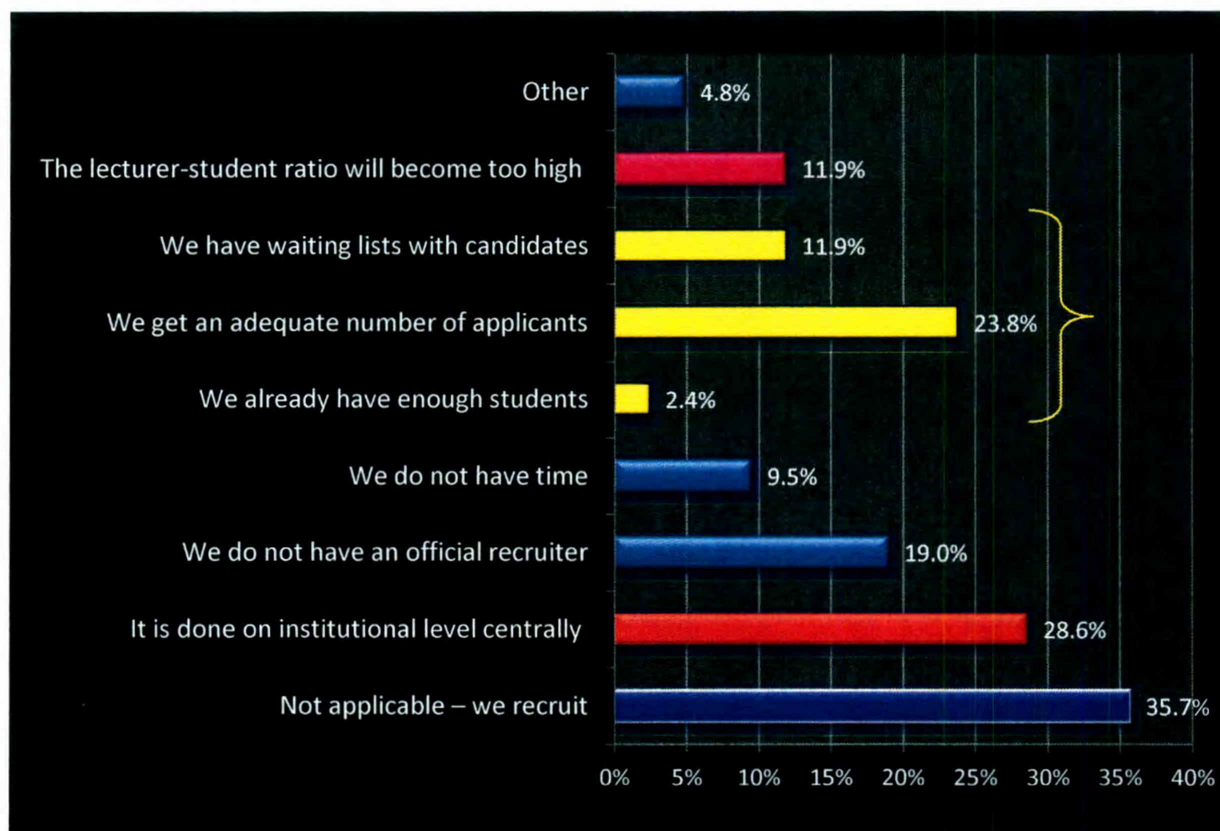

Figure 4-6: Reasons why divisions/departments do not recruit

On the other hand, some nursing schools and colleges also turn away thousands of qualified applicants mainly because they did not have adequate numbers of personnel at their disposal to train these students (NACNAP 2010, NLN 2004, Yordy 2006, and Berlin, Wilsey & Bednash in AACN 2005). A study conducted in 2005 by the National League of Nursing (NLN 2005) confirmed the validity of that state of affairs. At the time 147 000 qualified applicants were declined access to nursing training due to the shortage of Nurse Educators to train them. With faculty shortages and a global deficit of 4.3 million doctors, nurses and midwives (WHO 2011), higher education institutions were approached by governments and policy makers to assist them with the training of nurses.

As indicated by the study results, some private NEIs in South Africa were actively involved in the recruitment of quality candidates while other private NEIs did very little active recruitment due to various reasons. The fact that 11.9% (5) of the respondents indicated that they had waiting lists of prospective candidates, had been supported by a personal communication during January 2009 between me and director of training of Group C (details would be made available on request). The availability of applicants on waiting lists might open a new possibility of collaboration between the different NEIs that needed further exploration. However, it would not be discussed in this study.

Various authors suggested that there was a specific need for a dedicated recruiter (Kimball & O'Neil 2002:29, Witt in AACN 2000b, and Scott 2001:5). Nineteen percent of the respondents echoed this point of view by indicating that recruitment was not done because there was not an official recruiter. The lack of an official recruiter might explain the concerns verbalised by a school principal (Mkhize & Nzimande 2007:19) that NEIs did not recruit or market their courses at schools. The need for a dedicated recruiter was elaborated on in 3.9.2.1.1.

A further 9.5% (4) of the respondents indicated that recruitment was not done due to time constraints. A dedicated recruiter might also address such an obstacle. Mrs Beyers, the Principal of Healthnicon, South Africa, shared her initiative with me. Since mid-2010, they had appointed a person whose exclusive duty was the recruitment of students (NEA meeting, Pretoria, 2010). Barbara Witt, Dean of Nursing at Auburn University, also deployed a faculty member as a recruiter who was devoting 100% of her time to recruitment and recruitment related activities. Witt said: "A dedicated recruiter is a front-end investment that takes some years to pay off, but it's worth it" (AACN2000b). Although there were costs involved in hiring either a recruiter or a recruitment company to do the initial recruitment, it would save time of the nurse educator, allowing him or her to focus their attention on academic activities.

The last option in question 11 related to the increased student to lecturer ratio, where 11.9% (5) of the respondents indicated that it was the rationale for not recruiting. It might be based on various underlying contexts, e.g. there were

enough students or there was a faculty or nurse educator shortage. The negative impact of the faculty shortage on student numbers had been well documented (Berlin & Sechrist 2002:50, and McNeil & Poulin 2011). This aspect was discussed in my report about question 32. It was, however, evident at an early stage in responses to question 32 that more than 80% of the respondents indicated that their NEI did not have enough nurse educators to cater for a large(r) number of students.

[It is important to mention here that the format of this option might have been interpreted differently than what I have intend. The "lecturer-student ratio will be too high" indicated a too high a number of students per lecturer, but mathematically spoken, it should have read "the student-lecturer ratio will be too high". Therefore the results are only noted, but not used.]

4.9.4.3 **Recruitment in institution** (Question 12; n=57)

Twelve (21.1%) of the respondents indicated that their institution did not recruit (Figure 4-7). It corresponded with the responses to question 10, where 24.1% (14) indicated that their institution did not actively recruit students to train as nurses. Most importantly, in question 10 the emphasis was on nursing students, while the option in question 12 had a more general implication. That might explain the slight difference in the response rate.

Figure 4-7: Institutional recruitment methods

It appeared that a number of institutions had a marketing person and/or division. They marketed either the institution (12; 21.1%), or the nursing course (11; 19.3%), or the nursing profession (8; 14%). In total, 15 (26.3%) respondents indicated that each division assumed responsibility for their own recruitment, compared to 18 (31.6%) who indicated that it was done by a central office.

Respondents who chose the option "other", supplied these alternative responses (direct quotations):

> *"By word of mouth and good results produced."*
> *"Involved with recruitment only by assisting clinical institutions with their process of recruitment and by attending open days for schools."*
> *"Advert in newspaper."*
> *"We have an internal study programme. Employees apply for study leave and these applications go through the process of being approved or not. There is no recruitment in place."*

Of these comments; open-days, advertisements in newspapers and internal recruitment (internal study programmes) were enclosed in the other questions and were discussed where relevant.

4.9.4.4 Recruitment in the division (Question 13; n=55)

The question provided 22 different options to choose from and the respondents needed to indicate which of these options contained an action that their NEI was undertaking. Respondents could choose more than one option. Seventeen (30.9%) of the respondents indicated that their division did not recruit. The remaining 38 (69.1%) respondents indicated their recruitment activities as follow (see Table 4-4):

- visit schools to distribute information about the institution (34.5%);
- supply information with regard to nursing as a profession (36.4%);
- supply information about the different nursing courses offered by the institution (27.3%);
- distributing promotional material at schools (36.4%); and
- present a display stall at school career days (40%).

Four respondents included presenting certain subjects or themes at selected schools (7.3%), while only two (3.6%) indicated medical assistance during school sports events. A discussion of the literature overview about this aspect could be found in 3.9.2.1.3.

Campus tours for visitors were indicated by nine (16.4%) respondents. Some institutions made use of current students to assist during these tours (UF Law 2007). One of the respondents indicated at question 33 that their students were given a project for each student to recruit another student into nursing. Apparently, this project yielded positive results for that particular NEI. As an option, question 16 also included "partnership" with current students to recruit new students.

Advertisements in magazines were used by nine (16.4%) respondents; 14 (25.5%) made use of newspapers and five (9.1%) advertised on radio - with a specific focus on the various nursing courses. Budget constraints could influence these modes of recruiting. However, it might be a purely speculative assumption. No nursing training was seemingly advertised in the movie theatres, although 9.1% (5) indicated that they presented displays at shopping malls. Advertising by launching a competition did not appear to be a popular choice as only one (1.8%) respondent indicated that they make use of this option.

Table 4-4: Recruitment methods used by division

Options	Responses	Frequency
Not applicable – my division does not recruit.	30.9%	17
We visit schools and give information regarding the institution.	34.5%	19
We visit schools and give information regarding nursing as a profession.	36.4%	20
We visit schools and give information regarding the different nursing courses offered by the institution.	27.3%	15
We distribute/hand out promotional material at schools.	36.4%	20
We present a display stall at school career days.	40.0%	22
We provide medical assistance during school sport days.	3.6%	2

Options	Responses	Frequency
In our professional capacity, we present certain subjects or themes at selected schools.	7.3%	4
We advertise in newspapers with a specific focus on nursing courses offered by the NEI.	25.5%	14
We advertise in magazines with a specific focus on nursing courses offered by the NEI.	16.4%	9
We advertise by way of launching a competition.	1.8%	1
We advertise on radio (with a specific focus on nurse education).	9.1%	5
We advertise in the movie theatres (with a specific focus on nurse education).	0.0%	0
We advertise on social networks.	3.6%	2
We advertise on the company's / NEI's website.	14.5%	8
We present displays in shopping malls.	9.1%	5
We present campus tours for visitors.	16.4%	9
We hold week-end camps for potential students who meet the selection criteria.	1.8%	1
We present workshops on selected topics.	3.6%	2
Our division presents credit-bearing courses/modules that candidates can register for before commencement of studies.	3.6%	2
We provide academic assistance to school pupils who show interest in nursing.	10.9%	6
Other	3.6%	2

Eight (4.5%) respondents made use of electronic advertising on the website of their NEI and two (3.6%) advertised on social networks. The different types of social networks, and the discrepancies in responses, were elaborated on in question 15 (4.9.4.6).

Academic involvement of the nurse educators included different activities. Two (3.6%) respondents indicated workshops and another two (3.6%) credit-bearing courses. This practice was described by various authors (Thacker 2005:60,

Matutina 2008:112, Drenkard *et al* 2002, Scott 2001, and Frase-Blunt 2002). Six (10.9%) respondents provided academic assistance to school pupils who showed interest in nursing. This is in correlation with the South African initiative (RSA DoH 2005). This was one of the options that could have provided interesting feedback if it were placed as an open-ended question. Therefore, the extent or nature of the academic assistance provided was lacking in the provided data. Weekend camps were indicated by one (1.8%) respondent. Supporting evidence for this practice was found in the literature (Scott 2001, and Frase-Blunt 2002).

Two (3.6%) respondents indicated "Other" but eight responses were recorded. These responses included the following direct quotations:

"I don't know."

As well as:

"Advertisements placed by head office and clinical facilities, not by NEI."

Advertisements as a feature of recruitment was discussed already (3.10.2.1.3). Therefore, no further explanation was required.

"Job shadow opportunities for prospective nursing students provided by most of the clinical facilities."

Job shadowing was suggested by respondents in survey-questionnaire 2 and was discussed in 3.10.4.1.1. Although there were various legal implications to job shadowing (3.10.4.1.1), it remained a valuable recruitment initiative.

"Recruit employed staff with high performance records."

Internal recruitment was also discussed in 3.10.2.1.3. Therefore, no further discussion was needed.

Since the literature that supported all the topics above were cited in Chapter 3, it was not necessary to duplicate the data in this chapter.

4.9.4.5 Recruitment at schools (Question 14; n=53)

Various authors (Harrigan *et al.* 2003:28, Heller & Lichtenberg in Feldman 2003:60, Hoke 2006, Smart & Kotzer 2003:139 & 146, LaRocco in O'Lynn & Tranbarger

2006:247, and Thacker 2005:61) emphasised the importance of contact with learners at school and most of the authors agreed that contact should be established early in the school years already. Despite these suggestions, responses from the questionnaire indicated that no contact was instituted at pre-primary level and only one (1.9%) respondent facilitated contact during primary school. There appeared to be slight support for attempts to establish contact at the beginning of high school as indicated by four (7.5%) respondents. However, most of the contact happened during the final three years of school, with 19 (35.8%) indicating contact at the end of grade 10. Contact was also established by 13 (24.5%) respondents during the second last year (Grade 11) of the Further Education and Training (FET) phase. Four (7.5%) respondents initiated contact just before the cut-off dates for the NEI applications.

The option other yielded the following response (direct quotation):

> *"Participate in job shadowing and provide one-to-one nursing career guidance"*

Job-shadowing was detailed in 3.9.4.1.1, where an overview of the literature was supplied.

Although the following suggestion had been noted, it was excluded since it represented student-initiated contact (after selection had already taken place) and not contact initiated by the NEI during the school years:

> *"When they come to visit the school for admission."*

In addition, the following suggestion was only applicable to post-basic students and was, therefore, not relevant to this study:

> *"Following completion of basic or undergraduate training."*

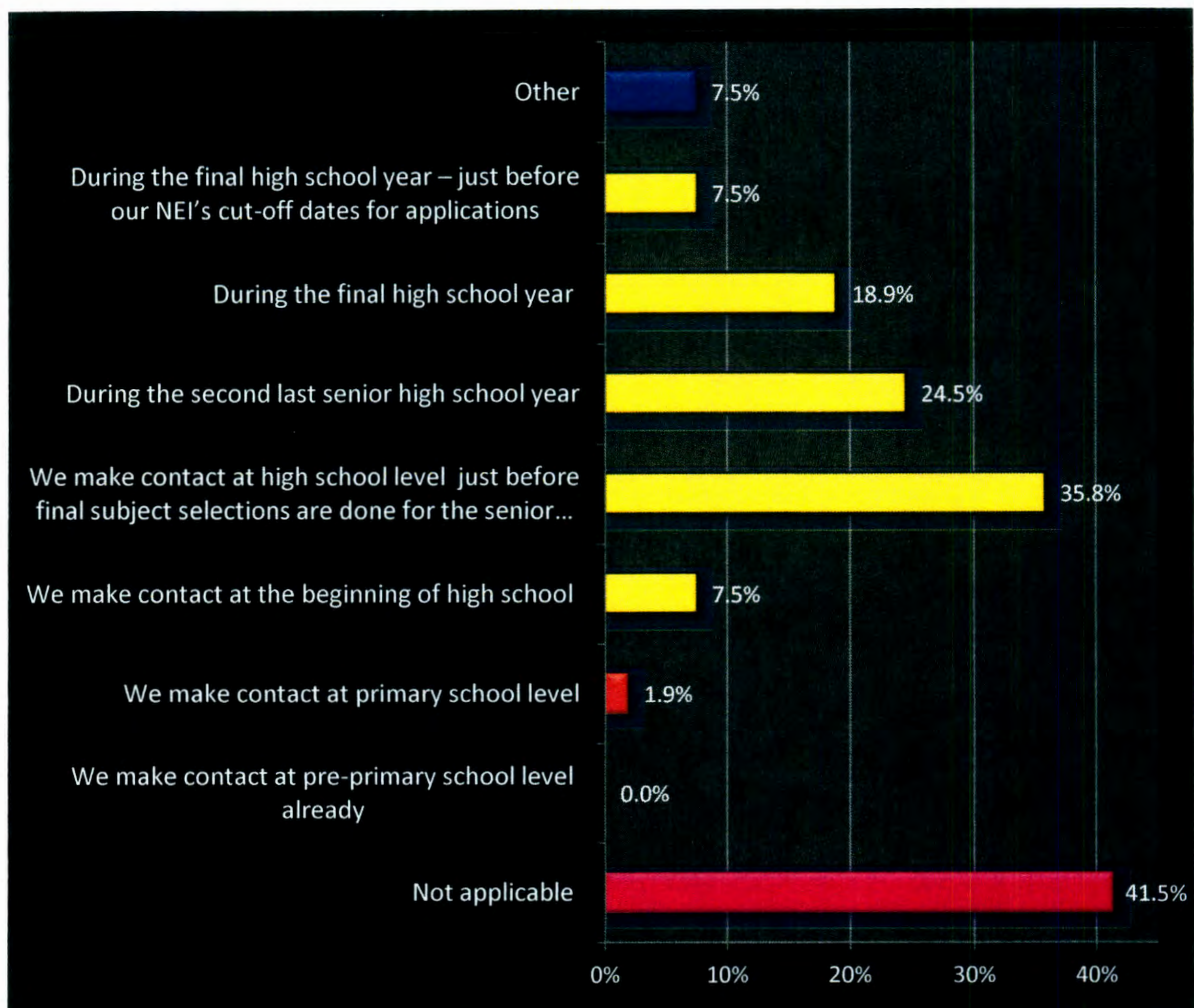

Figure 4-8: Contact with schoolchildren

4.9.4.6 The use of social media in recruitment of students (Question 15; n=34)
Although only two respondents, while answering question 13, indicated that their NEI used social networks to advertise, this question was answered by 34 respondents. It might be due to some confusion about the meaning of "social media", since 14 respondents chose the option "other". The "other" option elicited answers such as "*UNEDSA website*" (1); "*word of mouth*" (3); "*newspapers*" (4); "*none*" or "*we do not use*" or "*not applicable*" (8); "*I do not know*" or "*I am not sure*" (2); "*brochures*" (1), and an explanation about the pre-requisites for admission to the ICU course (1). Apart from the websites of hospitals, the above-mentioned options were actually not related to social media. A "not applicable" option might, therefore, have eased or guided the respondents more precisely.

The most popular or the most used social media application was the NEI's own webpage, as indicated by 18 (52.9%) respondents. Facebook was in a distant second place and was used by 5 (14.7%) respondents. Two (5.9%) respondents respectively indicated LinkedIn and BlackBerry Messenger. Fourth, with 2.9% in popularity, was Twitter, SecondLife and WhatsApp (1respondent each). It would appear as if Mxit was not used at all. Figure 4-9 provided an illustration of the various social media applications used for the recruitment of students. According to Nielsen/NetRatings (2008), the South African population spent a substantial amount of time on these networks. It might, therefore, prove to be beneficial for the NEIs in terms of student recruitment to maintain an on-line presence.

Web-based networking and electronic interactions were increasing in popularity and were becoming standard practice for the Generation Y members (Swenson 2008). Eldon (2008), a lead writer for VentureBeat, reported that the Peanut Lab, which ran various surveys for interested parties, had a captive audience of 27 million online individuals on various networks. According to a study executed by Peanut Lab (2008), more than two thirds (⅔) of the 4000 Generation Y respondents (67.95%) indicated that they were visiting at least one social network per day (BNET Market Wire 2008).

Figure 4-9: Social media used in student recruitment

According to Mathis (2008:82), social media had the potential to create a collaborative online community where everyone interested in nursing – from the prospective student, the retired nurse to even the nurse executive – could collaborate and interact. Mathis strongly felt that it was one of the fundamental principles that would "save" the nursing profession" (Mathis 2008:82).

4.9.4.7 Community partners of the NEIs (Question 16; n=54)

In this question, the focus was on the people or institutions with which the NEI could either partner or make contact with to assist with their recruitment efforts. Of the 19 available options for responding to this question, the following seven options elicited no response: parents; elders in the community; faith-based organisations; employment agencies; ambulance colleges; school librarians; and sport clubs to provide medical assistance during matches (Figure 4-10). However, evidence about the success of including these people or organisations in a recruitment campaign was abundant and had been substantially described in 3.4.2.

It would appear if many respondents (and also the relevant NEIs) focussed their attention on hospitals. Eighteen (33.3%) focused on the nursing personnel while seven (13%) focused on the non-nursing personnel in the hospital. A third (18) of the respondents also made use of current nursing students as recruitment partners. Still, in the nursing milieu, pre-nursing institutions were indicated by four (7.4%) participants, while two respondents (3.7%) made contact with the school nurse.

The respondents indicated that principals at schools (16.7%), educators (20.4%) and career counsellors (20.4%) were involved in recruitment partnerships. Charity organisations (3.7%) and community leaders (5.6%) were also indicated as partners. All these options were explained in Chapter 3.

The option "other" elicited these responses:

"Health facility board members."

"Central organisation arranging career days."

Health facility board members were discussed as stakeholders (3.4.2.3) and career days as a means of marketing (3.10.2.1.3).

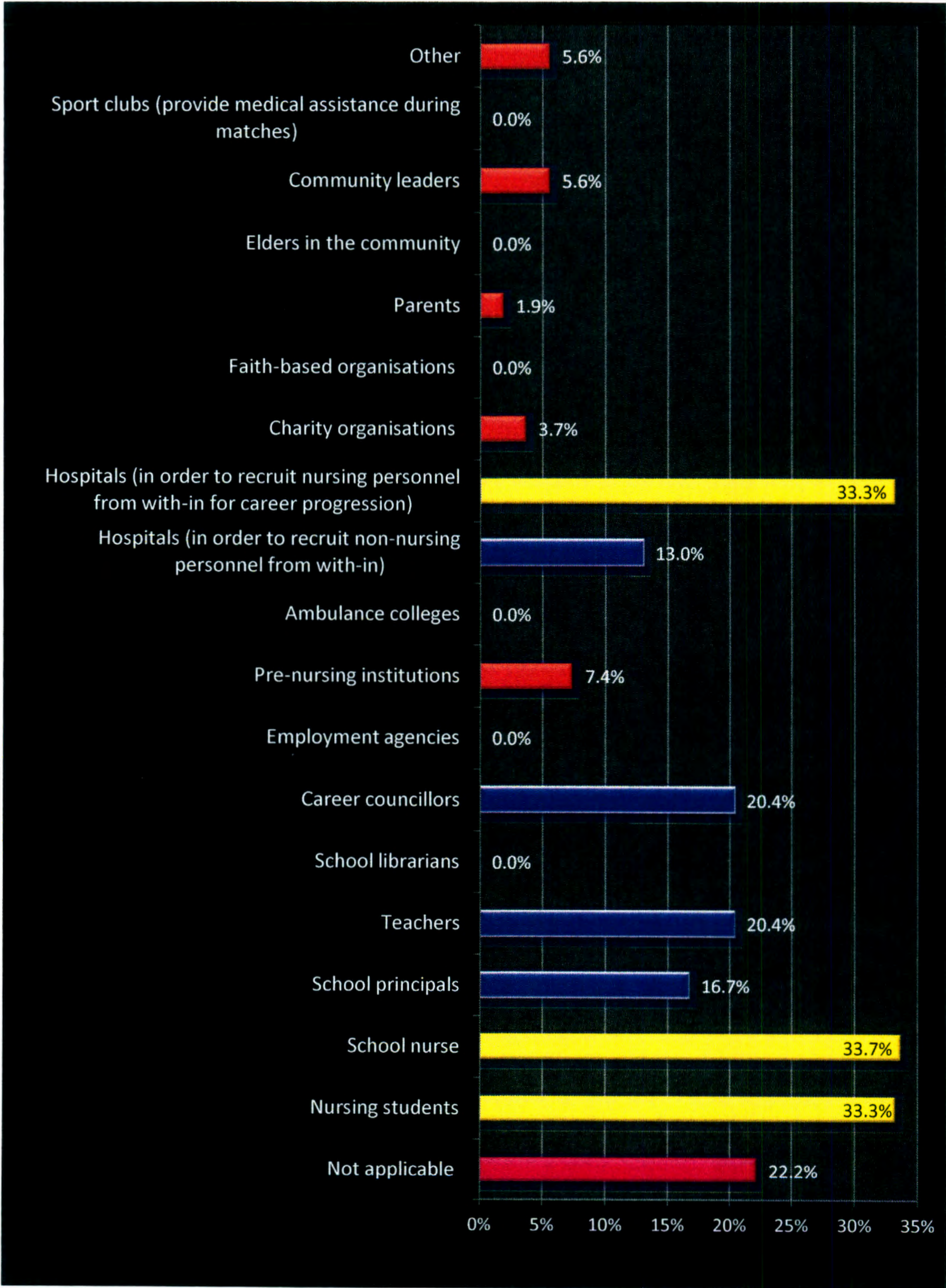

Figure 4-10: NEI partners in recruitment

4.9.4.8 **Hospitals as partners of the NEIs** (Question 17; n=54)

Twenty-five respondents in the previous question indicated that they collaborated with the hospitals in respect of recruitment. Question 17 was therefore a useful follow-up question to the previous one. Figure 4-11 supplied a summary of the responses.

Allowing non-nursing, external persons into the hospital included shadowing a nurse (20 respondents or 37%) and voluntary vacation work (7 respondents or 13%). To me, it came as a surprise since restrictions instituted by SANC, and indemnity, liability and patient confidentiality made these methods challenging at best (but exciting with huge potential, nevertheless). Support for the suggestion of job shadowing could be found in the literature (Fox 2009a, Fox 2009b, Sheaffer *et al* 2006, Nationwide Children' Hospitals Columbus n.d., LaRocco in O'Lynn & Tranbarger 2006:247, Thacker 2005:60, Anderson *et al* 2003:133, and Bumgarner *et al* 2003) and was discussed (3.9.4.1.1) as a possible recruitment method.

Twelve respondents (22.2%) indicated that they coordinated hospital tours for interested parties. In 3.10.2.1.3, open days and hospital tours were mentioned and confirmed in the literature (Rossiter & Yam 1998:217) as a feasible option.

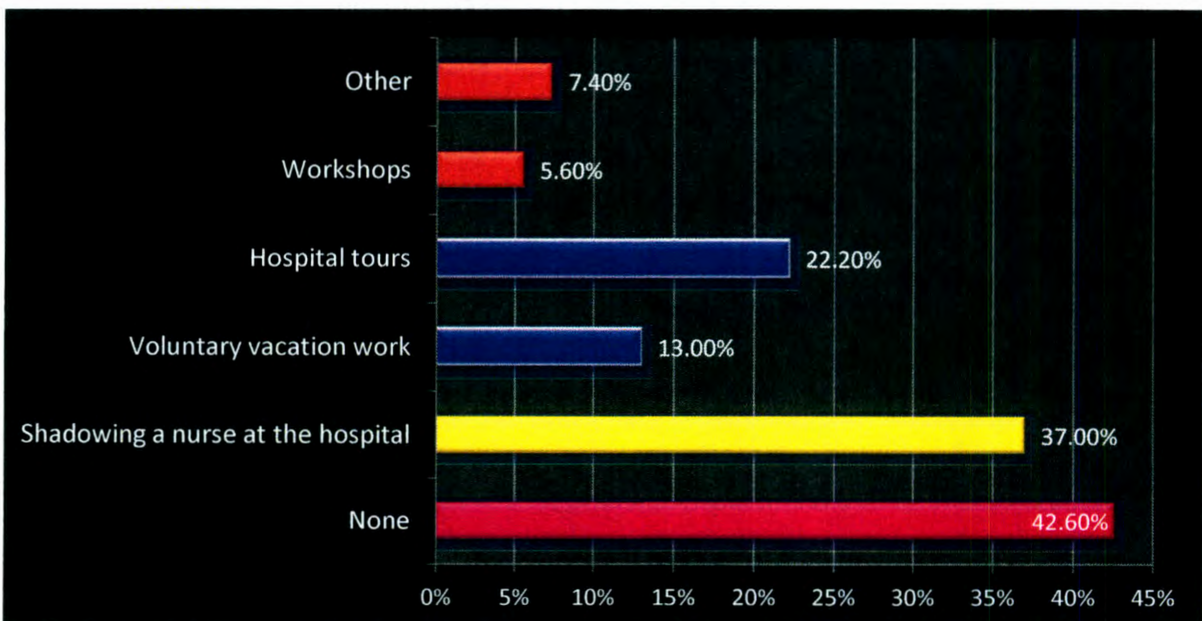

Figure 4-11: Initiatives where NEI partners with a hospital

Presenting workshops with or at the hospital (3 respondents or 5.6%) could be useful; depending on the target audience. Eley *et al* (2007:60) used this method with great success to inform people about health related careers.

The option "other" elicited these responses (direct quotations):

> *"Accordingly / Hospital level. Also must be SANC approved for clinical work."*
>
> *"Information sessions."*

I assumed that the first comment is a concern about the initiative of voluntary vacation work. As already mentioned, it involved aspects such as indemnity, liability and patient confidentiality and the respondent was rightfully concerned about these issues. In 3.10.4.1.1 these aspects were discussed and, at that point, I had also expressed my trepidation.

Hosting information sessions was discussed as part of marketing – selling the training (3.10.2.1.3). It was a widely used initiative and could be seen on various higher education institutions' websites, such as Georgetown University (2012) and Yale University (2012) and University of Wisconsin–Madison (2012).

4.9.4.9 Financial assistance to first year students (Question 18; n=56)

Twenty-eight (50%) of the respondents indicated that the NEI provided bursaries or scholarships to the first year students. Fixed salaries with a binding work-back contract were indicated by 32.1% (18) of the respondents, while salaries without any conditions encompassed only a single response (1.8%). Loans were indicated by 12.5% (7) of the respondents, while 14.3% (8) of the respondents said that they did not provide any financial assistance to students (Figure 4-12).

According to Letseka & Breier (2008:96), the attrition rate of students who received funding was substantially higher than for student who had to rely on their parents for financial assistance. It was an important aspect to consider since attrition and completion rate of students' qualifications was one of the goals of any educational institution.

Figure 4-12: Financial assistance provided by NEI

Twelve respondents chose the "other" option and; amongst others; their comments included (direct quotations):

Table 4-5: Direct responses about financial assistance provided by NEI

• *bursaries only to a portion of students;* • *learnerships for honorary students;* • *we sponsor one candidate per course - on merit;* • *National Student Financial Aid Scheme;* • *sign a contract;* • *course fee includes, e.g. books, uniforms, meal vouchers;* • *self-finance; and* • *student is only considered if in permanent employment for over a year or self-paying.*

The above comments indicated that not all students enjoy this benefit equally; despite the fact that financial assistance was available to some of the students, whether in the form of bursaries or learnerships. It was also an indication that there

were distinct differences between the respective NEIs and the level of financial support provided to the students. Financial support to students was discussed in 3.10.1.2.1 and 3.10.4.1.2.

4.9.4.10 Lack of financial assistance to students (Question 19; n=17)

Seventeen respondents answered this open-ended question, although only eight respondents indicated in the previous question that their NEI did not provide financial assistance. Two respondents indicated that this question was not applicable to them.

The responses included aspects such as inadequate funding. The limited funding included budget restraints from government, for example no subsidy or limited number of learnerships available. It further highlighted the fact that private NEIs were profit driven and that the ROI (return on investment) to provide financial assistance to students was too low. Table 4-6 provided direct responses.

Table 4-6: Rationale for NEIs not to provide financial assistance to students

Theme	Direct response
Private NEI	• *We are a private provider with no access to extra financial funds.* • *Students are self-funded. NEI is profit driven.* • *We are a small privately owned school.* • *Too many first years, with a big dropout rate due to theory. Huge costs to company.*
Budget constraints	• *Limited funds available.* • *Budget constraints.*
No Government subsidy	• *Department of Health bursary system does not make provision for bursaries to learners at Hospital schools. The HWSETA funding is inadequate/not accessible due to logistical challenges. Self-funded option currently applied.* • *Not getting any subsidy from government.*
Government subsidy	• *Funding by Government.*
Return on investment low	• *Previous return on investments low.* • *High dropout rate. Inexperienced. No track record of success in nursing.*

Some of the NEIs provided funding but not for first year students:

> *"We finance from the second to fourth year."*

It would appear that financial constraints at NEI level and previous experience (a low return on investment) were the major reasons for not providing financial assistance to first year students. Financial support to students was discussed in 3.10.1.2.1 and 3.10.4.1.2.

4.9.4.11 Students with disabilities (Questions 20 - 25)

Question 20 to 25 dealt with disabilities and students with special needs (related to a disability or limitation).

Students with disabilities were an underrepresented group that needed attention during the recruitment process despite the fact that it posed a paradigm shift in the perceptions and thinking of the nurse educator and manager. In section 3.10.1.1.1(ii), I had indicated that having a disability did not necessarily exclude one from training as a nurse. Although they ought not to be excluded, the question remained, however, whether they ought to be included in the recruitment campaign merely for the sake of being included? In other countries, they might be included (Zerbel 2009:1, Pischke-Winn *et al* 2003:11, NOND n.d., and ExceptionalNurse.com n.d.), but no information about nurses with disabilities in South Africa could be found during an online literature search. Despite the existence of the general DRM/ILM (South African Disability Rights Movement/Independent Living Movement) and the Disabled People South Africa (DPSA) organisations, their foci were general in nature (Jagoe n.d.) and not on nursing *per se*.

Various international support organisations; for example the Florida-based ExceptionalNurse.com (n.d.) in the USA and the National Organization of Nurses with Disabilities (NOND n.d.) in Chicago; advocated inclusion and promoted recruitment of people with disabilities into nursing. These organisations had online support systems available to prospective and current nursing students with disabilities. In 2003, the Rush University College of Nursing (Chicago) dedicated an entire conference to nursing students with disabilities (RUCN 2003). It would be apt to quote Bobby Silverstein: "How dare we not let people into a field that is crying out to heal our nation's ills. People with disabilities can and are doing those nursing jobs right now" (Pischke-Winn *et al* 2003:11).

On 29 May 2007, Minister Naledi Pandor (Minister of Education at the time) advocated: "Affirm excellence and reject mediocrity in the interest of nation building, socio-economic development and true liberation" in the education system (RSA DoE 2007). Recruiting the student with a disability into nursing was undeniably "challenging mediocrity" and needed further attention by policy makers; and research and introspection by faculty members and nurse educators.

4.9.4.11.1 Overview of the types of disabilities

The focus of question 20 was on students with special needs or disabilities. It appeared that some of the NEIs accepted and accommodated students with the following disabilities:

- learning problems (17 respondents or 56.7%),
- physical disabilities (14 respondents or 46.7%),
- psychological disabilities (8 respondents or 26.7%),
- cognitive disabilities (6 respondents or 20%), and
- other (6 respondents or 20%).

Figure 4-13 provided an overview. These disabilities were individually described (4.9.4.11.2 – 4.9.4.11.4).

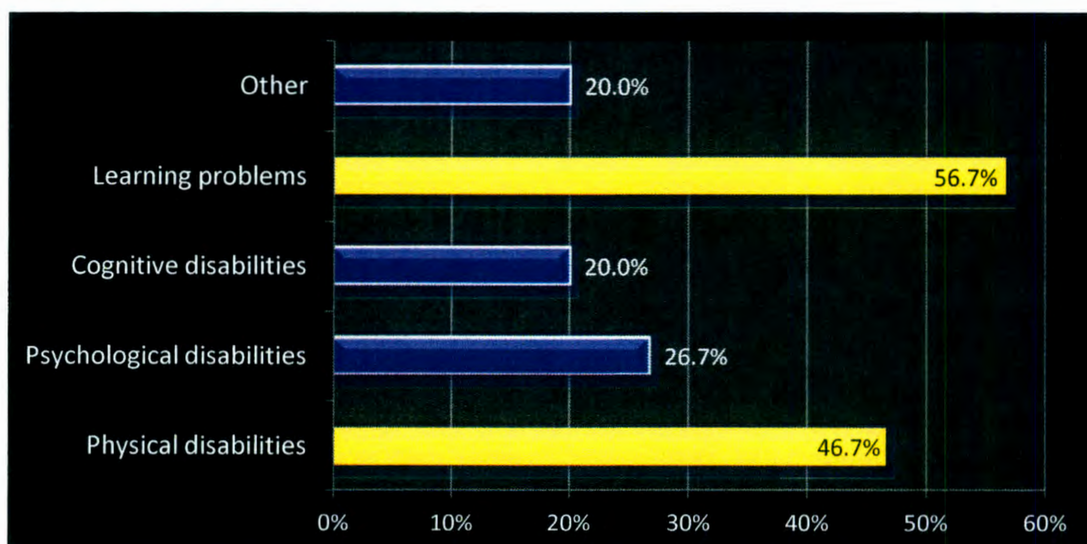

Figure 4-13: Types of student disabilities accommodated by NEI

Feedback on the option "other" was analyzed to create clearer insight into the accommodation of persons with disabilities (not mentioned in the previous four

categories). A more in-depth look was also taken at the specific categories falling within the descriptions of these disabilities. In Table 4-7, a summary of the direct responses provided by the respondents was supplied.

Table 4-7: Direct responses on type of disability accommodated by NEI

Themes	**Direct responses**
No accommodation	• *We can't - She must be able to work with above challenges.* • *None.*
Accommodation within reasonable margins	• *The physical disabilities should not be to the degree that it impedes the students function as a nurse, so no gross deafness, reasonable hand eye co-ordination.* • *Nursing requires students who are able to function regardless.*
Disability specified	• *Speech impaired*
Academically challenged	• *Academically challenged learners.* • *Most students don't excel academically.*
Irrelevant to question	• *I do however have some problems with the way students learn. OBE is not working well. Me personally also believe to present a class and the students MUST be involved in the class.* • *Poverty.*
Unsure	• *I don`t know.*

It was interesting to me that one respondent mentioned *"poverty"* as a challenge or disability that could be accommodated by the NEI. In my mind, poverty was seen as an obstacle or a limiting/restricting factor to access higher education. Financial support was discussed in 4.8.4.10.

Two other respondents hinted that the disability often only became evident after selection was concluded and the student already had commenced with the programme.

> *"During the programme the above are often identified, however not necessarily known at start of programme."*

"No specific screening done prior to entry."

It might imply (my personal interpretation) that disabilities and learning problems were accommodated because no prior screening was performed before selection. Disabilities and its limitations and possibilities for nursing as a profession were discussed in 3.10.1.1.1(ii).

Question 21, as an open-ended question, asked for a description of the choices selected in the previous question. While 30 respondents answered question 20, only 24 respondents answered this follow-up question. I grouped their responses into four broad themes. See Table 4-8.

Table 4-8: Direct responses about disabilities as reported by respondents

Theme	Direct responses
Physical disability	• *Students with hearing disability are accommodated by lecturer.* • *The disability must not hamper the student to do patient care at all.* • *We consider any disability that would not influence the applicant's ability to perform physical work e.g. epilepsy, deafness, etc.* • *We accommodate sight with corrective eyewear. Degree of deafness with hearing aide.* • *Speech impediment (stuttering) - encourage to go for therapy as well as student is assessed last on the list and the time extended for practica exams.* • *Physical disabilities - learner with abnormal foot - no adaptation needed – wears built-up shoe.* • *Physical disabilities - not hearing or sight disabilities So long as they can do the physical requirements for the job and they can pass the tests. We do make testing accommodations.* • *Student with half a hand.* • *The student can't have disabilities cause she is working in a specialised unit. Hear. Touch. DEATHNESS* (sic) *is going to be a problem. We will however take in consideration all aspects and if possible and let the candidate do a fundamentals before time.*
Psychological disability:	• *Not sure what a 'psychological disability' is. If mental illness (e.g. history of depression, PTSD etc. then we do not elicit history of this on recruitment but any mental illness that eventuates does not preclude the student from continuing education at the institution.* • *Psychological disabilities difficult to assess, but we offer counselling service.* • *Some student are discovered to have psychological problems after they have registered.*

Theme	Direct responses
	• *Psychological disabilities - Support system - psychologists or social workers available for learners.*
Learning needs and or cognitive challenges:	• *Some of the R2175 course learners are adults with Grade 10 and with no biology/mathematical subjects. Experience problem with calculation of medication.* • *Learning problems.* • *Learning disabilities - writing disabilities.* • *Learning problems - academic support programme available.* • *We do find that a lot of our applicants have difficulty with learning.* • *Those with borderline matric scores are admitted and remedial programme offered to all academically weak learners.* • *Learning problems - Academic development programme as well as at risk group identification with relevant interventions.* • *We offer academic and clinical assistance for students with learning challenges. For example a theoretical or clinical extension with remediation sessions.* • *Some student are discovered to have dyslexia after they have registered.*
General comments	• *Provided the candidate is able to fulfil all nursing roles despite the handicap.* • *Selection criteria applied which includes psychometric profiling to identify potential amongst learners from academic and socially challenged backgrounds.* • *Most student come from socioeconomic challenged background.* • *If a student meets the selection criteria then he/she is allowed to up training, because they are self-funded.* • *Nursing students view this opportunity as a way to get a job, therefore their attitude is their biggest challenge.* • *All.*

4.9.4.11.2 Physical disabilities

The first theme (of question 21), physical disabilities, was described in 3.10.1.1.1(ii) and in question 20 where 46.7% (14) of the respondents indicated that their NEI could accommodate certain physical disabilities. These disabilities included (in varying degrees): sight, hearing, speech and gait. One respondent indicated that no disability could be accommodated.

Question 24related to both questions 20 and 21. In this question, the respondents were asked to indicate which disabilities their NEI could accommodate (a list was provided). Of the six options available (Figure 4-14), 52.9% (9) of the respondents indicated that their NEI catered for students who were hearing impaired, but only 17.6% (3) indicated accommodating visual impairment. Speech impairment was accommodated by 23.5% (4) of the respondents' NEIs. Another 35.3% (6) indicated that students with lower limb disabilities with gait problems (not wheelchair bound) were accommodated, while 11.8% (2) indicated that students who were wheelchair bound could be accommodated. Upper limb disabilities (hands and/or arms) were indicated by 29.4% (5) of the respondents, although only one respondent mentioned any upper limb disabilities at question 21.

Of those respondents who indicated "other" at question 24, three respondents wrote *"none"*, while two wrote *"N/A"* and one wrote *"I don't know"*. Options such as "not applicable" or "unsure" might have prevented these comments or prevented 63 respondents from skipping the question.

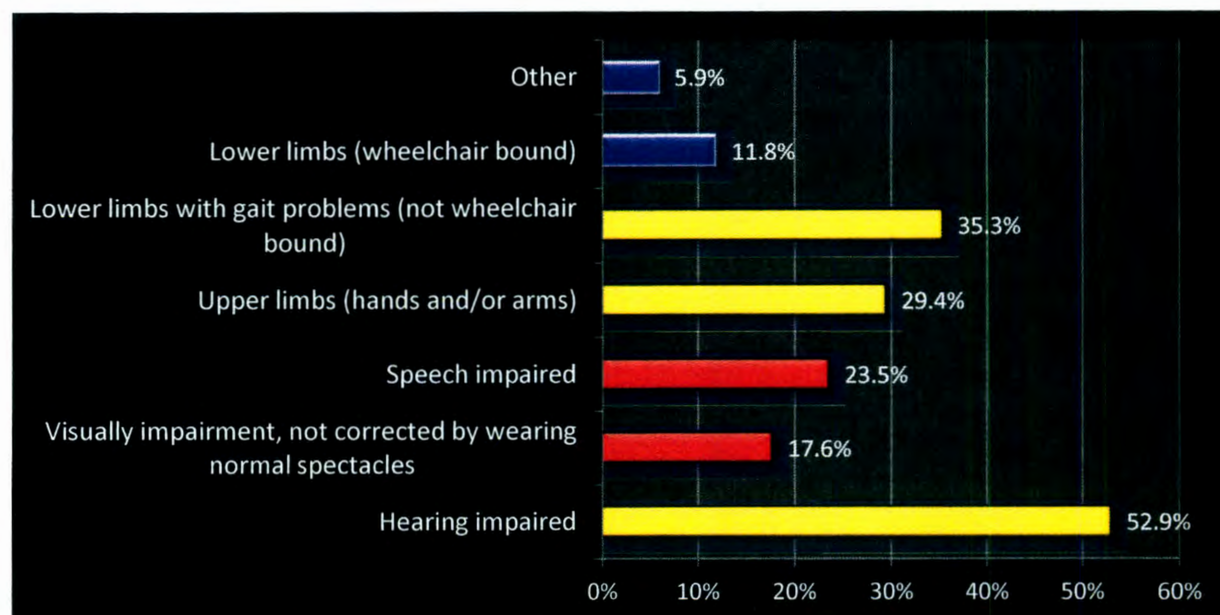

Figure 4-14: Types of physical disabilities accommodated by NEI

Evidence of the training possibility of a nurse; even in the presence of a physical disability; could be found in the literature and were presented in 3.10.1.1.1(ii). In an electronic article on NurseTogether (2009), a nurse born with a hearing disability

(deaf) told about her challenges and triumph to train as a nurse. Various other articles about nursing with a disability could be found in the literature.

4.9.4.11.3 Psychological disabilities

Psychological disabilities were indicated by 8 respondents in question 20 and described by 4 respondents in question 21. It included aspects such as depression and PTSD (post-traumatic stress syndrome). It would seem that there was no special focus on the exclusion of students with psychological disabilities during either the recruitment or selection process. However, all these aspects had specific implications for pre-screening and selection (not the focus of this study).

Respondents did, however, mention that professional support in the form of social workers and psychologists were available, should the student experience any psychological problems during the course of their training. In question 29, 94.7% (54) of the respondents indicated that confidential counselling was available to the students. However, 3.5% (2) of the respondents indicated that the students had to pay for these services. The availability of these support systems should, however, be considered for inclusion in the recruitment campaigns of the NEIs.

Confirmation of support provided to students with psychological challenges or disabilities could be found on the websites of other institutions and universities, such as the University of Milan (2012), the University of York (2012) and the University of Pretoria (UP 2012).

4.9.4.11.4 Students with special learning needs and cognitive challenges

In question 20, seventeen respondents (56.7%) indicated that their NEI accepted students with learning problems. In question 21, nine respondents provided examples to substantiate their answers. Problems identified ranged from learning and writing problems to challenges with calculations. Even reading problems were cited as challenges:

> *"Some student are discovered to have dyslexia after they have registered."*

In question 22, the respondents were asked whether their NEIs made provision for students with special learning needs. Twenty-seven respondents avoided answering the question, while 15 (28.3%) indicated "yes" and 38 (71.7%) indicated "no".

Question 23 also focussed on learning disabilities. In this instance, the respondents had to provide an explanation of the type and the extent of the learning disability that the NEI provided for. Seventeen respondents answered this question. I grouped their responses into three themes (Table 4-9). These themes would be discussed separately.

Table 4-9 Direct responses about learning disabilities as reported by respondents

Theme	Direct responses
Language barrier addressed	• *A large % of our students have a language problem - academic support to improve language ability.* • *Poor language skills - no specific program; rather it is individually addressed in class and practice.* • *N/A.*
Student support system provided by institution	• *Minimal learning disability or physical disability. University has department dedicated to assisting students with handicaps and tailors response to each student as required.* • *They get support from the Academic Development Practitioner.* • *They can attend a year course to help them to be on the standard and level and M-count of what we ask from other students who do not have learning needs.* • *ECP programmes.*

Theme	Direct responses
Remedial assistance and accommodations made by lecturer	• *Remedial and accompaniment of the learner in the clinical areas.* • *Remediation, tutorial classes.* • *Small classes, doing remedial with them.* • *Continuous monitoring in place to address challenges timorously, and institute remedial measures, e.g. additional tuition/use of multimedia/ assignments/self-study.* • *Cognitive disability - student support.* • *Academically challenged school background where learners do achieve a Grade12 qualification with poor symbols. The learners are provided with academic support/ mentoring to assist with the attainment of required learning outcomes.* • *Poor math skills - no specific program; rather it is individually addressed in class and practice.* • *Accommodations/tutors.* • *Tutoring.* • *Testing accommodations, use of typed versus written data and homework is allowed.* • *Planning on introducing study techniques next year.* • *Poor study techniques - study methods being taught.*

The respondents indicated that language barriers were addressed by remedial interventions. Providing tutoring in a language other than the mother-tongue was discussed in 3.10.1.1.4(i).

The theme of remedial assistance surfaced again in question 29, where 50 respondents indicated that their NEI provided remedial academic assistance to the current students. Of these respondents, 76.9% (40) indicated that the remedial assistance was free of charge to the student. Of the remaining 19.2%, five (9.6%) of the respondents indicated subsidised assistance and another five (9.6%) indicated that the service was provided to the students at a fee. The survey-questionnaire did not probe the extent of the charged remedial assistance. Two respondents indicated "not applicable".

Academic remedial assistance as a method of enhancing student attrition was a well-described phenomenon and could take on various formats (Seidman 2012:261). Tinto (1993:182) had described the need for academic support to students as early as 1993 and emphasised it again in 2005 (Tinto 2005:3). He further highlighted the fact that the students' study skills needed improvement (Tinto 1993:183). Jeffreys

(2004:65) supported this notion. The lack of study techniques was identified as a problem by two respondents. The respondents, however, did not elaborate on the extent of the problem, but rather on the remedial steps they were taking. Nonetheless, if academic remedial assistance was available at the NEI, it should be emphasised during the recruitment drive.

4.9.4.12 Students with other special needs or requirements (Question 25; n=38)

This question focussed on the students' personal special needs, such as lack of technology skills and childcare responsibilities. Figure 4-15 supplied an overview of the possible options and the represented responses.

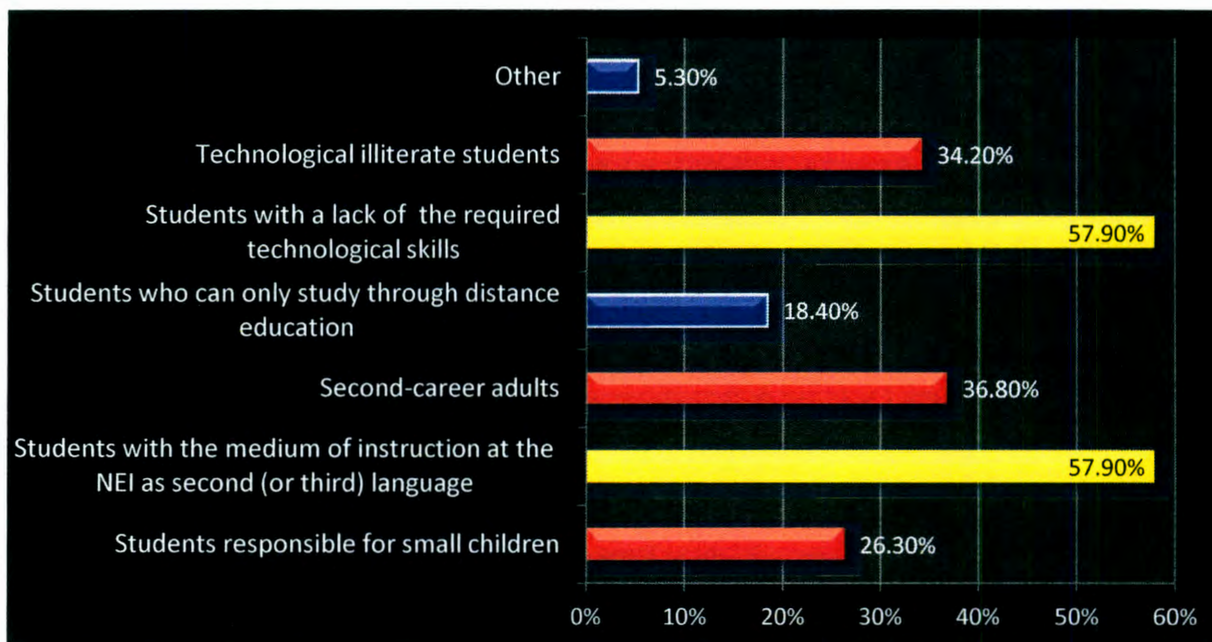

Figure 4-15: Students with special needs

4.9.4.12.1 Technological skills and literacy

Twenty-two (57.9%) respondents indicated that they made provision for students with a lack of the required technological skills and 13 (34.2%) accommodated the technological illiterate students. It was an important intervention, since it was imperative that nurses and nursing students had basic information technology (IT) skills (McCannon & O'Neal 2003:337, and Barnard, Nash & O'Brien 2005:4). Although various authors indicated that the younger generations were computer

literate and embraced the use of technology (FoNEC 2010:21), personally I experienced that many of the students who were selected for training were lacking even the most basic computer skills. It was encouraging to observe that more than 50% of the respondents indicated that they were accommodating these students with limited IT-skills, while it also confirmed my personal experience. The issue was also dealt with in 3.10.1.1.4(ii).

In response to the option "other", two respondents wrote:

> *"Computer course is compulsory in the 1st year."*
> *"Introduction to basic IT skills done."*

These confirmations were indicative of support provided to students with limited computer and IT skills. This information about IT skills support and training should, therefore, be included in the recruitment message.

4.9.4.12.2 Language of instruction

Twenty-two (57.9%) respondents indicated that the NEIs made special provision for students to whom the medium of instruction at the NEI was a second (or third) language. The correlation between drop-out rate and language of instruction had been well-documented (Letseka & Breier 2008:97, and Jeffreys 2004:22). It would, however, appear that not all NEIs made special provision for these students. One respondent wrote:

> *"All classes presented in English, but no other accommodation for languages."*

If the NEI made special provision for students whose mother-tongue was not the language of instruction at the NEI, it could be a very powerful recruitment and marketing (selling) tool for the NEI. Language of instruction was mentioned in 3.10.1.1.4(i).

4.9.4.12.3 Second-career adults

The influx of more mature students –the "second career" workers or students – into nursing had been well-documented (Donelan *et al* 2008:1/14, AllNursingSchool n.d:1/2, and Kenny *et al* 2007:80) and discussed under 3.10.1.1.1(iii). Since these

students' experiences and needs might differ from the needs of the adolescent that entered nursing training, a certain degree of acknowledgement might be necessary to support the more mature student (Jeffreys 2004:15, and Kenny *et al.* 2007:85). From the responses to question 25, it appeared that the more mature students were accommodated by some of the NEIs (14 respondents or 36.8%). Again, as with all the other aspects, this aspect could be used as a powerful marketing tool during a recruitment drive.

4.9.4.12.4 Students with childcare responsibilities

Another group of potential students had additional responsibilities, such as the care of small children; e.g. their own children or children put in their care/custody due to various circumstances like the death of a family member. According to Jeffreys (2004:86); and Pryjmachuk and Richards (2007:125), nursing students with child-care responsibilities experienced high levels of stress (self-reported). I assumed that, if special provision were made for these students, it would ease some of their stress and would assist them with completing their studies. In the survey-questionnaire, more than a quarter of the respondents (10 respondents or 26.3%) indicated that their NEIs did provide for these students.

The "other" option motivated one respondent to write:

> *"Only one clinical facility provides care for children."*

If special provision was made for this group of people, they might consider training as nurses at such a NEI, which made it more important for the NEI to include this message in their recruitment campaign.

4.9.4.12.5 Distance education

In question 25, seven of the respondents (18.4%) indicated that they made provision for students who could only study by means of distance education. Distance and online learning as an option was discussed in 3.10.2.1.3(vii) as a method of accommodating students who were not able to travel to the NEI due to time, financial or logistical reasons (Harrigan *et al.* 2003:28). However, I assumed that the distance education students did not form part of the basic, undergraduate student population (the focus of this study), since no NEI was currently accredited by SANC to present

the R.425, R.2715 or R.2176 programmes via distance education mode. Therefore, this component would be excluded from the recruitment action plan.

4.9.4.12.6 Other

Responses provided to the "other" option included: *"Nil"*, *"N/A"* and *"none"*.

Another respondent wrote *"Transport challenges"*. Transport was more fully described in 3.10.1.2.3, and was referred to again in the discussions of question 29.

Since 42 respondents skipped the question, the inclusion of an eight option, i.e. "not applicable", might have contributed to a higher response rate.

4.9.4.13 Male population (Question 26 – 28; n= varied)

Questions 26 – 28 focussed exclusively on the male population. The male population was also discussed in 3.10.1.1.1(iv).

Of the 53 responses to question 26, the majority of the respondents (42 respondents or 79.2%) indicated that they did not deliberately focus their recruitment efforts on the male population. However, Kimball and O'Neil (2002:6) emphasised that the recruitment of minority groups into nursing ought to be prioritised.

Question 28, as an open-ended question, probed for reasons that explained the lack of emphasis on the male population during the recruitment drive. The respondents provided 33 answers that I categorised into five themes. Some of the responses could be grouped under more than one theme (Table 4-10).

Table 4-10: Rationale for non-emphasis on male population during recruitment

Theme	Direct response
Female profession	• *Nursing mainly for females.* • *No Idea. Female dominate work maybe.* • *Nursing still woman profession.* • *Company does not see this as necessary in female dominant profession.* • *To difficult – limited work to be done by male nurses. They are limited to duties of male nurses.*

Theme	Direct response
No gender focus or bias	• *University has no gender bias.* • *We choose the best suitable student, no matter colour or gender.* • *We aim to take the best candidate, regardless of race, gender.* • *We are not involve in recruitment, any one is treated equally should they apply to further their studies at our institution* • *We focus on anyone interested in doing nursing and who qualifies. We do have males, a small proportion, not so many applicants.* • *Recruitment is channelled towards all sectors of the population, including both male/female potential candidates.* • *They are included in the recruitment efforts, but we do not currently have male role models to assist us during the recruitment.* • *Nursing is marketed to males and females equally.* • *The NEI only advertises, the choice depends on individuals, but we do get a lot of male applicants and accept those who meet the requirements.* • *Recruitment is not gender-specific.* • *Why should we deliberately focus on them? They are not excluded.*
Adequate number of applicants (gender not specified)	• *Enough applications.* • *Has not been necessary.* • *Too many suitable applicants already.*
Adequate number of male applicants	• *Male applicants come spontaneously.* • *Males were focused predominately about 5 years ago. We now from the recruitment drive and history of applicants have sufficient males from which to select.* • *Male applicants numbers have soared - thus their numbers are increasing "naturally".* • *we always have sufficient numbers of males applying...too many actually.*

Theme	Direct response
Miscellaneous	• *Not applicable; None; Unknown.* • *No reason; No need.* • *Not important.* • *Haven't thought about it that way.* • *Time pressure.* • *Recruitment does not seem to be a priority in my facility.* • *Do not know why this is not done as my division does not actively participate in the recruitment process.* • *On provincial level study leave allocation, males are considered to address equity.*

4.9.4.13.1 Reasons for non–emphasis on male population

As illustrated in Table 4-10, the reasons for not specifically focussing on the male population during recruitment included aspects such as perception of a female profession; no specific gender focus or bias; receiving an adequate number of applicants; receiving an adequate number of male applicants; and miscellaneous.

(i) Perception of nursing as a female profession

Five respondents (15.15%) echoed the traditional view that nursing remained a female dominant occupation and, therefore, it explained the lack of focus on male recruitment. The dominance of women in nursing was undisputedly true (4.9.3.1). The literature also confirmed that it was a worldwide trend (Snyder 2010:4).

If the NEI specifically wanted to recruit more men into nursing, they might first have to change the perception of the nurse educators, as illustrated in this response:

> *"Why should we deliberately focus on them? They are not excluded."*

However, male recruitment might simply not be viewed as a burning issue, since one respondent indicated: *"Haven't thought about it that way."*

We needed to "understand what keeps men out of female jobs" (Williams 1993:2); more specifically out of nursing; and to address those aspects in the recruitment campaign. Please refer to the discussion about men in nursing (3.10.1.1.1) and the image related topics (3.10.3. and 4.9.4.18).

(ii) No specific gender focus or bias

Eleven respondents (33.3%) indicated that they considered gender as irrelevant, that their institution was not biased towards any gender and that they aimed at recruiting and selecting the best candidates; irrespective of their gender.

A response that stood out was:

> *"Why should we deliberately focus on them? They are not excluded."*

Importantly, Williams (2006) emphasised that the profession needed a deliberate focus on the male population; not only to remedy the disproportional gender distribution, but also as a means of alleviating the nursing staff shortage. She subsequently focussed on the use of gender-specific role models in the recruitment efforts.

One of the respondents mentioned that the lack of male role models in nursing to assist in the recruitment effort was a reason why they did not focus their recruitment activities on male students:

> *"...we do not currently have male role models to assist us during the recruitment."*

(iii) Adequate number of applicants

It was encouraging to observe that three respondents indicated that the number of male applicants had increased; that the skew gender distribution was correcting itself and, as a result, there might be little need for additional attention given to male recruitment. Another three respondents, however, indicated that there was already an over-supply of candidates and, therefore, there was no need for male-specific recruitment. One just hoped that the over-supply was indicative of a high number of male applicants and not that the number of faculty members were of such a nature that more students could not be accommodated (FoNEC 2010:24). Corresponding information could be found in 4.9.4.17.

(iv) Miscellaneous

In the miscellaneous category, the responses varied from *"no need"*; *"don't know"* and *"not important"* to comments that recruitment was conducted on provincial level.

Time constraints were also mentioned as a reason for not focusing recruitment on men. The comment *"Haven't thought about it that way"* might also be more representative than it appeared on face value. My personal opinion was that very often, recruiters just did not consider male-exclusive recruitment for nursing training. All of these issues might be addressed if a dedicated recruiter or recruitment team was appointed (3.10.2.1.1).

4.9.4.13.2 Recruitment specifically focussed on the male population

(Question 27; n=29)

Sixty-five percent (19) of the 29 respondents who answered question 27, indicated that this question was not applicable to them. Thirty-one percent (9) of the remaining respondents indicated that they included male role models in the recruitment campaign (Figure 4-16).

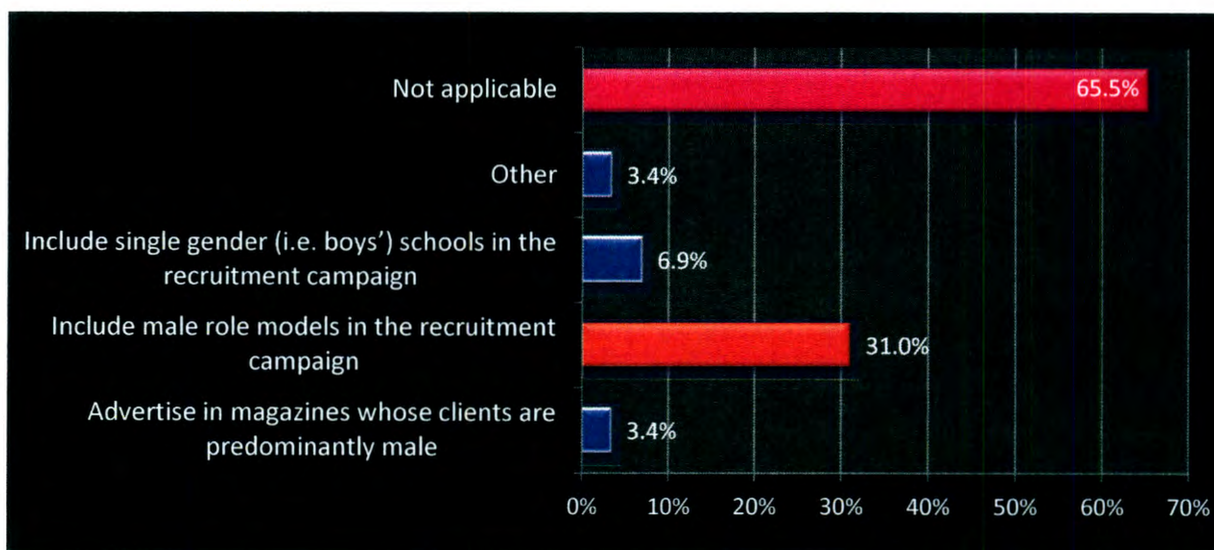

Figure 4-16: Deliberate recruitment efforts focusing on male population

Single gender schools (2 respondents or 6.9%) were also targeted, while only one (3.4%) indicated that his/her institution advertised in magazines whose readers were predominantly male.

(i) Male role models as part of recruitment campaign

Although 31% (9) of the 29 respondents indicated that they included men in their recruitment campaign, the lack of male role models also provided an explanation why men were excluded during the recruitment campaign [4.9.4.13.1(ii)].

> *"...we do not currently have male role models to assist us during the recruitment."*

Williams (2006) emphasised the importance of having male role models available for male recruitment. According to Williams (2006), the drop-out and failure rates for men in a nursing programme were higher, in comparison with women. She associated this phenomenon directly to feelings of isolation and a lack of support by the male student. Since the emphasis in this instance was on male support, male role models and male inclusive terminology, a NEI that wanted to recruit more male nurses into their programmes would have to tailor their recruitment campaigns in such a way that men would be aware that they would be accommodated and that a support system was available to them (Williams2006).

(ii) Single gender schools

Although two respondents (6.9%) indicated that they did recruitment at boys-only schools, evidence in the literature about similar projects were scarce and illusive. George (2005:230) quoted a male nurse who said: "Nobody really ever mentioned nursing to me in high school and I didn't know that I could. It's pretty tough coming from an all-boys school." From personal experience, I could confirm that these perceptions are vivid. When I suggested a recruitment initiative at a boys-only high school, the hospital manager gave an uncomfortable laugh and replied: "No, I do not think so!"

To enable the NEI to recruit more young men into nursing, they would have to consider the public perceptions, the marketing message, the marketing material provided (Williams 2010) and including boys-only schools in their recruitment campaign.

(iii) Other

Other responses included that the NEI had an adequate pool of male applicants from which they could select. This response corresponded with 4.9.4.13.1(iii):

"Identify suitable male applicants from our recruitment pool."

Another response indicated that, although there was a focus on recruiting men, it was not continuous:

"From time to time, but not at all recruitment campaigns."

It would be fair to conclude that one needed to establish; before commencement of a recruitment drive; the required gender distribution and plan recruitment activities accordingly.

4.9.4.14 Student support (Question 29; n=57)

Student support services aimed at assisting students by reducing obstacles and facilitating academic activities. Question 29 focussed on the support and assistance provided to the students. Twelve themes were covered and the answer-options ranged from "free of charge to the student" to where the students had to cover the expenses themselves. See Table 4-11 for a summarised overview on the choices and the response rate.

Table 4-11: Assistance provided to registered students

	Free of charge to student	Subsidised	Student pay in full	Not applicable	Frequency
Accommodation	2.0% (1)	18.4% (9)	38.8% (19)	40.8% (20)	49
Transport	10.6% (5)	17.0% (8)	27.7% (13)	44.7% (21)	47
Recreational facilities	13.6% (6)	18.2% (8)	15.9% (7)	52.3% (23)	44
Uniforms	20.4% (11)	33.3% (18)	38.9% (21)	7.4% (4)	54
Study material (study guides only)	27.8% (15)	24.1% (13)	44.4% (24)	3.7% (2)	54

Textbooks	7.4% (4)	7.4% (4)	77.8% (42)	7.4% (4)	54
Remedial academic assistance	76.9% (40)	9.6% (5)	9.6% (5)	3.8% (2)	52
Confidential counselling	87.7% (50)	3.5% (2)	3.5% (2)	5.3% (3)	57
Career counselling	76.1% (35)	10.9% (5)	6.5% (4)	6.5% (3)	46
Medical aid / medical insurance	4.1% (2)	44.9% (22)	22.4% (11)	28.6% (14)	49
Medical disability coverage	9.5% (4)	28.6% (12)	21.4% (9)	40.5% (17)	42
Pension / Provisional fund	4.3% (2)	45.7% (21)	15.2% (7)	34.8% (16)	46
Number of respondents who answered the question: **57**		Number of respondents who skipped the question: **23**			

Question 29 covered various areas, but the underlying principle was financial support. Since financial support was discussed in 3.10.1.2.1, I would not refer to the information at every sub-section. However, it was concerning that very few NEIs provided students with his type of assistance; despite evidence found in the literature (3.10.1.2.2 and 3.10.1.2.3) about the relationship between financial factors, like accommodation and transport, and student attrition (Jeffreys 2004:91-92).

4.9.4.14.1 Accommodation and transport

Accommodation and transport were discussed in 3.10.1.2.2 and 3.10.1.2.3 respectively.

4.9.4.14.2 Recreational facilities

One of the themes of question 29 was recreational facilities. Huesman, Brown, Lee, Kellogg and Radcliffe (2007:10) found that students who made use of the recreational activities provided by the institution, had a higher success rate academically. Twenty-three of the 57 respondents (52.3%) selected "not applicable" in this case. Only 13.6% (6) of the respondents' NEIs provided recreational activities to the students free of charge. Another 18.2% (8) respondents' institutions provided subsidised recreational activities. Lindsey and Sessoms (2006) found that the

availability of recreational facilities had a positive effect on students' selection of the institution and on their intent to stay. In this light, it might be beneficial to include information about recreational activities, if available, in the recruitment message.

4.9.4.14.3 Uniforms

Since the wearing of uniforms was compulsory during clinical rotation, the purchasing of uniforms further contributed to the financial burden of the students. In question 29, 38.9% (21) of the respondents indicated that the students had to carry the costs of the uniforms, while only 20.4% (11) indicated that the NEI provided the uniform to the students free of charge. A further 33.3% (18) of the respondents indicated that the NEI subsidised the uniforms. Any financial assistance to the students should be included in the recruitment and marketing material.

4.9.4.14.4 Study material

Study material included study guides and textbooks. Textbooks were an essential and compulsory part of the nursing students' study material. Unfortunately, some textbooks were quite expensive. If one considered the price of a particular nursing textbook prescribed by many NEIs (exceeded R1000.00 on Amazon). For a beginner student, this was a substantial amount of money, especially if no financial assistance was provided.

Of the 57 respondents who answered this question, only 7.4% (4) indicated that their NEIs subsidised textbooks and an equal portion of the respondents indicated that their NEIs provided textbooks to the students free of charge. 77.8% of the respondents (42), however, indicated that their NEIs did not assist the students financially when acquiring textbooks.

With the acquisition of the study guides, the NEIs appeared to be slightly more generous, since 27.8% (15 respondents) of the respondents indicated that their NEIs provided the study guides to the students free of charge. Thirteen respondents (24.1%) indicated that study guides were subsidised, while 24 respondents (44.4%) indicated that there was no financial assistance provided for the study guides.

During recruitment, it was important that these potential expenditures ought to be clearly communicated to the prospective student.

4.9.4.14.5 Remedial academic assistance

Huesman *et al* (2007:8) found that if a student failed a module in the first year, the dropout rate (over a five-year period) increased significantly by 14%. The authors also found that the lower the grade obtained, the higher the probability of dropout became. It had huge financial implications for both the student and the NEI.

In this question, 76.9% (40) of the respondents indicated that at their NEIs, remedial academic assistance was provided to the students at no cost. However, five respondents (9.6%) indicated that at their NEIs, the student had to carry the financial cost for the remedial academic assistance. The question did not probe either the type of remedial assistance or the cost incurred. The availability of remedial academic assistance should, however, be emphasised during the marketing of the courses.

4.9.4.14.6 Counselling

In a study by Potter (1998:68), students identified a need for career counselling and for personal counselling. Later studies by other authors confirmed that, for the modern student, it remained a need (Morgan, Ness & Robinson 2003:151). In this study, it would appear that counselling; whether career or confidential (personal) counselling; was provided by the majority of the respondents' institutions free of charge. Free career counselling was indicated by 76.1% (35) of the respondents, while free personal (confidential) counselling was indicated by 87.7% (50) of the respondents. Less than 7% (3 respondents or 6.5%) of the respondents indicated that the students had to pay for these services. The availability of these types of support services needed to be communicated to prospective students and their parents.

4.9.4.14.7 Medical aid and pension fund

Medical aid and contributions to a pension fund were usually employee benefits and, therefore, these benefits would only be applicable to those NEIs who formally employ the students, for example hospital Group A.

Of the 49 respondents who answered the question about medical aid, 44.9% (22) indicated that they provided a medical aid subsidy. Two respondents (4.1%) indicated that the medical aid was available to students free of charge. A subsidised pension fund was also indicated by 45.7% (21) of 46 respondents. Two respondents indicated that the pension fund did not require any financial contribution from the students.

Since these types of benefits were not equally accessible or available to all students at all the NEIs, it remained an aspect that needed to be highlighted in the recruitment campaign.

4.9.4.14.8 Medical disability coverage

The last of the student support services listed in question 29 was medical disability. Like with the previous topic, disability coverage was usually a benefit when one was employed full-time. Only four respondents (9.5%) indicated that their NEIs provided medical disability coverage to the students free of charge. Another 12 (28.6%) indicated that it was subsidised by the NEI or employer.

As I had stated previously, all these benefits and services provided by the NEIs should be highlighted in a recruitment campaign, since these crucial aspects frequently distinguished one NEI from another.

4.9.4.15 Employer related constraints on recruitment (Question 30; n=55)

Question 30 focussed on employer (i.e. hospital) related constraints that had an influence on the recruitment of nursing students. The respondents were provided with six statements and they had to indicate their level of agreement or disagreement with these statements. Once again, not all students enjoyed employment status and, therefore, this question might have varying levels of applicability to the respondents. I further needed to mention that employer-related constraints, as identified by the respondents of Survey-questionnaire 2, were describedin 3.10.4.

It is important to mention that when I reported on the results of questions 30 to 32 of the survey-questionnaire, I combined the data for the Lickert scale ratings of "strongly agree" and "agree" to indicate respondents' agreement with the included

statements. Similarly, the data for the ratings "disagree" and "strongly disagree" were combined to indicate respondents' disagreement with a particular statement. In each case, the data were also reported as a percentage of the total number of respondents who rated the particular statement or selected the "not applicable" option. The tables used to summarise the data obtained, therefore, clearly distinguished between the number of respondents who answered a particular question ("n") and the number who either rated a particular statement or selected the relevant "not applicable" option for that statement (frequency).

A summary of the perspectives of the nurse educators' about the employer related constraints were depicted in Table 4-12 and illustrated in Figure 4-17.

Table 4-12: Employer related constraints on recruitment

	Agree + Strongly agree	**Disagree + Strongly disagree**	**Not applicable**	**Frequency**
Financial constraints: The hospital's budget does not provide adequately to allow sufficient numbers of students to be employed	60.4% (32)	24.5% (13)	15.1% (8)	53
Financial constraints: The hospital's budget does not provide adequately to allow for a recruitment campaign	54.9% (28)	27.4% (14)	17.6% (9)	51
The number of clinical placements in the hospitals are limited and therefore not all applicants that qualify for selection and training can be employed / accepted	81.8% (44)	13% (7)	5.6% (3)	54
Remuneration during training is inadequate	52.8% (28)	32.1% (17)	15.1% (8)	53
Unsocial working hours (students are expected to work weekends and during holidays)	53.8% (28)	42.3% (22)	3.8% (2)	52
Lack of mentors/preceptors for a large number of students	82.7% (43)	13.5% (7)	3.8% (2)	52
Number of respondents who answered the question: **55**	Number of respondents who skipped the question: **25**			

4.9.4.15.1 Financial constraints

Three of the statements assumed a financial contribution or partnership with the hospital. In 3.10.4.1.2(i), this topic was discussed and the results of question 30 were explained below.

(i) Training posts and remuneration of students

The first statement indicated that, due to the hospital's budget constraints, student posts were limited. In total, 60.4% (32) of the 53 respondents who either rated the first statement in question 30 or selected the relevant "not applicable" option for this statement, agreed that it was in fact one of the problems that limited the recruitment activities by the nurse educators since they could not recruit above the number of posts available.

The fourth statement in question 30 related to the number of posts available to students since it implied (in some hospital groups) receiving a monthly salary. Twenty-eight of the respondents (52.8%), agreed that inadequate remuneration during training was a constraint to recruitment.

The perceived inadequate remuneration during training was not an exclusive occurrence in South Africa. The Irish Government implemented a plan in 2010 to reduce student nurses' pay annually to the point where students would receive no salary from the hospital by 2015. According to the Irish Department of Health, the concept of paying student nurses a salary was a "unique" concept not widely implemented in the rest of Europe (TheJournal.ie 2010).

The lack of remuneration and financial support to students was, however, not a global standard. Although the hospitals in the United Kingdom did not pay the student nurses a salary, all student nurses registered for an approved programme, received financial support from the government in the form of bursaries (to cover tuition fees), stipends and/or grants (NHS 2012, and Vogelman, Moseley, Boyce, Seltz, Genday & Clifford 2011:109).

Chambers (2008) alluded to the fact that the work environment was a determining factor when candidates had to select employers (or in this case NEIs). Meaningful

compensation and benefits were one of the strongest recruitment pull-factors. Therefore, if the hospital or NEI provided funded training posts, this message should be central to the benefits communicated.

(ii) Financial contribution from hospital towards recruitment

Lack of hospital funds for a recruitment campaign was another constraint indicated by 54.9% (28) of the respondents. Importantly, not all hospitals were equally involved in the recruitment of students and, therefore, not all hospitals contributed to the recruitment of students. However, it was always beneficial if the hospital and the NEI partnered in the recruitment campaign. In the literature, various highly successful international initiatives could be found where the hospital collaborated with the NEI to share costs and to enhance student recruitment (AACN 2003).

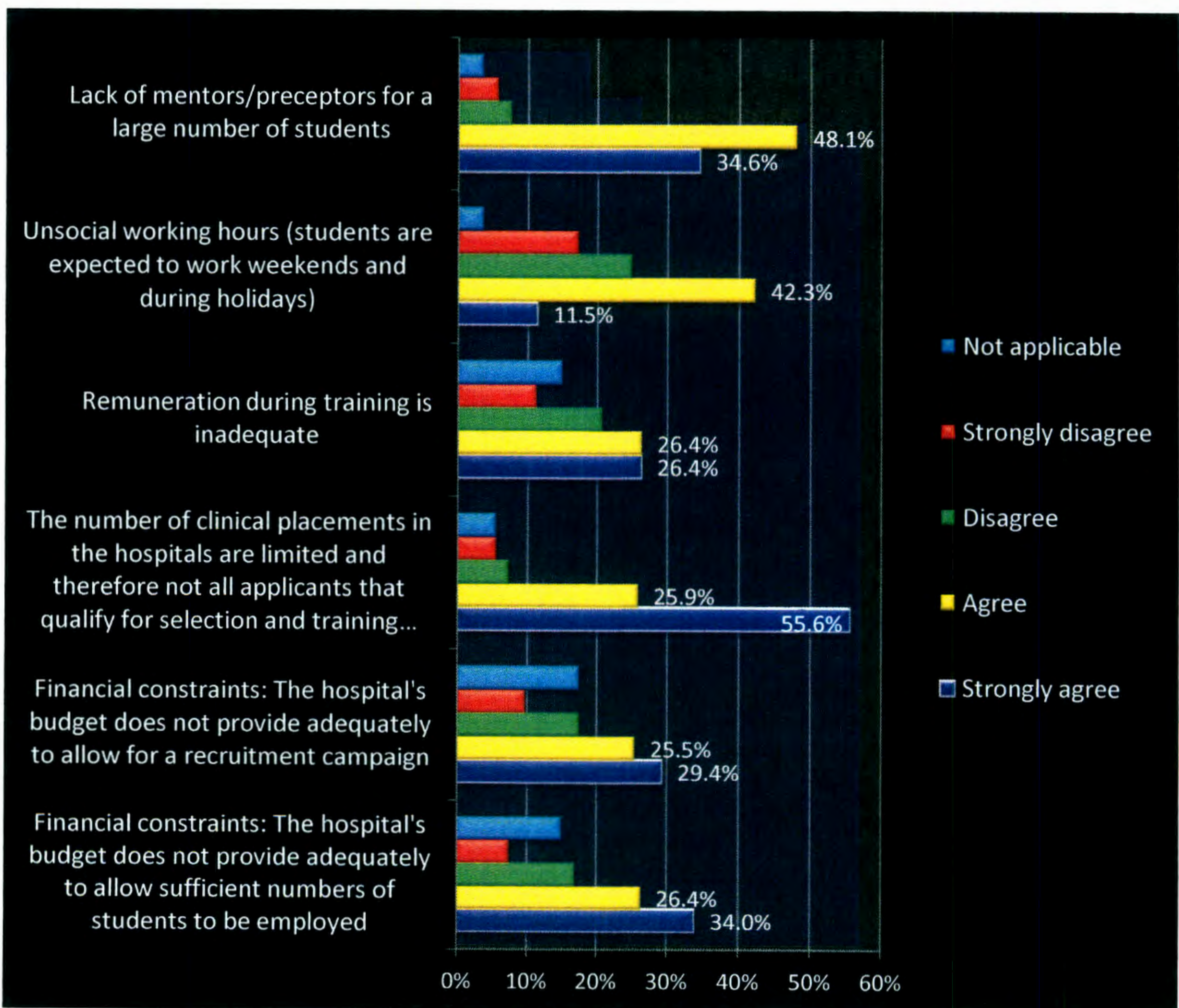

Figure 4-17: Employer related constraints on recruitment

4.9.4.15.2 Clinical placements

Related to the number of available training posts was the matter of clinical placements. Since work integrated learning (WIL) formed a major part of all nursing training, enough clinical placements were required for WIL to take place. SANC, as the ETQA of nursing training, further stipulated the number of students a clinical facility was allowed to accommodate at any given time. The hospital could allocate less, but not more students than the stipulated number prescribed by SANC. Forty-four (81.5%) of the respondents who rated the third statement in question 31, indicated that they perceived the limited number of clinical placements as a constraint on the number of students that could be recruited. In South Africa, nursing recruitment experienced unique challenges, since SANC needed to accredit the clinical facility before students could be placed there. Personal experience made me acutely aware of the fact that this accreditation process was, unfortunately, a lengthy process and it could take a number of years to get a facility accredited.

Inadequate access to a sufficient number of quality clinical placements were, however, not unique to South Africa or the private hospital groups. The AANC (2003) indicated that; although the NEIs wanted to expand their student enrolments; they were also limited by the number of clinical placements available to them. They were investigating closer collaboration between NEIs and hospitals in order to address this untenable situation. One of the solutions suggested by the AANC (2003) was to explore creative ways to "design clinical learning experiences that accommodate increased numbers of students and use of clinical space".

4.9.4.15.3 Working hours

In South Africa, SANC specified the number of WIL-hours a student ought to work per year. Most of the undergraduate programmes required an annual 1000 clinical hours per student. Twenty-eight (53.8%) respondents agreed that the unsocial working hours required from students might create a barrier to the recruitment of students. Unfortunately, nursing as an essential profession was not restricted to office hours only and, therefore, the students were exposed to and expected to work the required working hours and days – including weekends, public holidays and night duty.

4.9.4.15.4 Preceptors or mentors for the students

Preceptors, as defined by Lekhuleni, van der Wal & Ehlers (2004), could be defined as "a one-to-one reality-based clinical experience in which the student nurse is taught directly by a professional nurse". As stated in 4.9.4.15.2, SANC required a specific number of mentors and/or preceptors to be available for student support and clinical accompaniment (SANC 1992:7). Lack of sufficient numbers of mentors and preceptors restricted the clinical experience and, therefore, the number of students that could be accommodated. Pre-emptively, the same restriction also applied to the recruitment effort.

The vast majority of respondents (43 respondents or 82.7%), agreed that a lack of mentors or preceptors at hospitals posed a negative influence on the number of students that could be recruited.

From the results of question 30, it would appear that the most important employer related constraints on student recruitment were the inadequate number of student training posts; insufficient clinical placements; and a lack of preceptors or mentors in the clinical environment.

4.9.4.16 The image of nursing (Question 31; n=58)

Question 31 was a Lickert-scale type of question where the respondents had to indicate the degree to which they agreed or disagreed with the provided statements. Eight statements were provided about the image of the profession and its possible negative influence on the recruitment of people to train as nurses. In total, 58 respondents answered the question, although not all respondents indicated a choice at every statement. In Table 4-13, the responses to question 31 were summarised. I would like to remind the reader that the image of nursing was comprehensively discussed in 3.10.3.

Table 4-13: Negative image aspects influential to recruitment

	Agree + Strongly agree	Disagree + Strongly disagree	Not applicable	Frequency
1. Nursing is viewed as a female occupation	64.3% (36)	32.1% (18)	3.6% (2)	56
2. Male nurses are stereotyped as 'less masculine'	57.4% (31)	42.6% (23)	0%	54
3. The nurse is viewed as the hand-maid of the physician	67.3% (37)	32.8% (18)	0%	55
4. The perception that nursing provides limited career opportunities	51.9% (28)	44.5% (24)	3.7% (2)	54
5. Patients do not hold nurses in high esteem	69.9% (39)	29.1% (16)	0%	55
6. Perceived low remuneration as a professional	80.3% (45)	19.7% (11)	0%	56
7. Nursing is perceived as a high risk job	73.7% (42)	26.3% (15)	0%	57
8. The way nurses are portrayed in the media	92.7% (51)	7.2% (4)	0%	55
Other				4
Number of respondents who answered the question: **58**	Number of respondents who skipped the question: **22**			

4.9.4.16.1 Stereotyping of nurses

The data reported in 4.9.4.13 (male population) confirmed that the nursing profession was still largely viewed as a female occupation. Unfortunately, it was not only the public, but also some of the nurse educators and hospital managers who perpetuated this opinion.

Thirty-six (64.3%) of the respondents who either rated the first statement in Question 31 or selected the "not applicable" option for the statement, actually confirmed that the female image of the nursing profession hindered their recruitment efforts of men into the profession. In reaction to the statement that men in nursing were stereotyped as being less masculine, 31 (57.4%) respondents agreed that such a perception was another restricting factor in their recruitment endeavours. Evidence of this role classification could be found in the history books, but also in our recent literature where men reportedly still battled to be treated equally in nursing positions (McMurry 2011:23-24). Of great concern, however, was the fact that men were also exiting the profession at a faster rate than females (Fitzgerald 2002), which made recruitment of men into the nursing profession an even greater priority.

4.9.4.16.2 The status of the nurse

Over the years, the status of the nurse had changed considerably. However, despite the mid-1800s when Florence Nightingale had embarked on the scientific method of nursing care (Watson 2010:107), the nurse was assuming a subservient role to the doctor. In 1913, Prof Beard wrote that the "trained nurse of the future" had, at that time, various responsibilities and one of the four role-players that she served was "the medical profession whose essential handmaid it is" (Beard 1913:2149).

These comments reminded strongly of the attitudes Florence Nightingale encountered after the Crimean War in 1860, when she established the Nightingale School at St Thomas' Hospital and appointed Mrs Wardroper as manager. Her initiative was met with considerable antagonism from various surgeons. The degrading status of the nurse was confirmed in the comment by Dr South: "Nurses were in the position of housemaids and needed only the simplest instruction" (Mellish & Brink 1993:20).

Ever since, the nursing profession had laboured to eliminate the "hand-maid of the physician" status. Unfortunately, a great number of the general population still treated nurses according to this stereotype of the profession. In a survey conducted by Donelan *et al.* (2008:143), the general public was requested to articulate the first word that came to mind when they heard the word nurse. Four percent of the respondents said "assistant to the doctor".

In my study, more than two thirds (67.3% or 37 respondents) of the 55 respondents actually confirmed that the above-mentioned "hand-maid" perception of nurses negatively affected recruitment activities. Therefore, it was essential; as in any recruitment campaign; to emphasise the interdependent and the independent role of the professional nurse. A definite focus should be place on the career progression, career possibilities and areas of speciality.

Twenty-eight (51.9%) of the 54 respondents confirmed a lack of career opportunities in nursing was another obstacle of the recruitment journey. Apart from the hand-maid status, many people were unaware of the vast range of career possibilities available to a nurse. The profession and the NEI needed to market the unique features of the nursing profession if they wanted to attract bright and eager students.

4.9.4.16.3 Patients' perception of nurses

The regard that patients had for nurses was another element that influenced the status of the profession. 69.9% (39) of the respondents agreed that nurses were not held in high esteem by their patients. In a study performed by Mokoka, Oosthuisen and Ehlers (2010), the authors confirmed the same view. However, other authors contradicted such a perception. Since 1999 (excluding 2001 after the 9/11 disaster in New York), the American public was rating nurses the highest of all listed professions in respect of honesty and ethical behaviour (Jones 2011). The survey, however, did not investigate the status and career desirability pertaining to the nursing profession. It might explain the apparent contradictory comments and results. Donelan *et al.* (2008) also shared the concern that; despite the seemingly high regard the members of the public were holding of the nursing profession; this opinion was not reflected in the number or quality of the applicants received. The answer might be found in Donelan's study when 12% of the respondents said that their first thoughts about nurses were "hardworking, long hours, stress and overworked" (Donelan *et al.* 2008).

At the option "other" in question 31, one respondent provided a possible explanation why the public did not hold nurses in high esteem:

"Nurses' truculent attitude, lack of caring, view of their profession as a 'job' to be fulfilled with the minimum of enthusiasm or concern lead to nursing being viewed as a poor option."

The recruitment campaign needed to effectively address these negative perceptions in order to change the way the public perceived the nursing profession.

4.9.4.16.4 Perceived low remuneration and high risks of the profession

In my study, 45 (80.3%) of the respondents agreed that the perceived low remuneration of professional nurses contributed to the difficulty of recruiting students for the profession. Personal communication with a nurse educator (2012/06/24) confirmed this, but as she explained "The media portray the lower category salaries as that of the professional nurses. The media do not understand the rankings in nursing." As nurse educators we could not directly improve the inadequate remuneration, but we needed to influence the message that reaches the public.

The risks associated with nursing were another obstacle in the recruitment endeavour, with 73.7% (42) of the respondents, agreeing that it posed recruitment challenges. Various authors questioned whether the risks associated with a nursing career were worth the strenuous working conditions and low financial compensation (Mokoka *et al.* 2010). Once more, these conditions were undeniable facts and it would be dishonest and unethical to deny that there were certain risks associated with a nursing career. However, during the recruitment campaign, the recruiters needed to focus on the positive elements and on the fact that adequate training was provided; which included students being taught how to protect themselves.

4.9.4.16.5 The way nurses are portrayed in the media

Despite all the above-mentioned negative issues, it would appear that the way nurses were portrayed in the media generally was contributing the most to the negative image and the related problems to recruitment. Ninety-three percent (51) of the 55 respondents, agreed that the portrayal of nurses in the media was a recruitment constraint.

In a BBC News (2012) article, the journalist stated that members of the public were of the opinion that nurses were "too posh to wash" patients and that nurses had forgotten their role as "devoted angels, physician helpers, and bedpan engineers". The journalist argued, however, that nursing entailed much more than this public view, but elaborated that TV-series such as *Gray's Anatomy* did not emphasise nursing and the role nurses played in the daily care of the patients. The University of Dundee found that the portrayal of nurses as "brainless, sex mad bimbos" had a definite negative effect on the recruitment of learners into nursing as they were reluctant to pursue a career in nursing based on these portrayals (BBC News 2012).

In the study conducted by Donelan *et al.* (2008), 22% of the respondents indicated that they had viewed media footage about striking nurses. Eleven percent of this group indicated that they had less respect for nurses as a result of viewing the strikes. It implied that certain groups of nurses were responsible for the way nursing was portrayed in the media. During nursing recruitment campaigns, these negative images ought to be counteracted by positive messages and by professional role models.

At the option "other", respondents wrote about the attitude of their fellow nurses and the influence it had on the public image and challenges related to the community year of nurses.

It was, therefore, evident that the way nurses were portrayed in the media, and the way the public perceived nurses (with all the associated negative connotations) might have definite negative consequences on the recruitment of nurses for training.

4.9.4.17 NEI related constraints on recruitment (Question 32; n=57)

Question 32 was another Likert-type question with nine statements that required of respondents to indicate the degree to which they agreed or disagreed with the respective statements. Fifty-seven respondents (71.25%) answered this question. In Table 4-14 the responses are summarised.

Table 4-14: NEI related challenges impeding on recruitment

	Agree + Strongly agree	Disagree + Strongly disagree	Not applicable	Frequency
1. No marketing specific to nursing as a profession is done	61.4% (35)	33.4% (19)	5.3% (3)	57
2. No marketing specific to nursing education is done	63.2% (36)	31.6% (18)	5.3% (3)	57
3. NEI not visible in the community – potential applicant is unaware of NEI	60.7% (34)	35.7% (20)	3.6% (2)	56
4. Cut-off dates for application are too early in the year	35.7% (20)	57.1% (32)	7.1% (4)	56
5. Replies (letters of acceptance) are sent to students too late during the year, namely after they have already accepted other propositions	38.2% (21)	52.7% (29)	9.1% (5)	55
6. Although the basic professional qualifications are similar, the academic qualifications differ and the achieved outcomes differ between a university and a college / private NEI.	62.5% (35)	33.9% (19)	3.6% (2)	56
7. Not enough nurse educators to cater for a large number of students	79.0% (45)	17.6% (10)	3.5% (2)	57
8. The NEI's simulation laboratories cannot accommodate more students	72.2% (39)	25.9% (14)	1.9% (1)	54
9. The NEI's lecture rooms cannot accommodate more students	69.1% (38)	29.1% (16)	1.8% (1)	55
Other				2
Number of respondents who answered the question: **57**	Number of respondents who skipped the question: **23**			

4.9.4.17.1 Lack of marketing activities

More than 60 % of the respondents, who either rated the first two statements in question 32 or selected the relevant "not applicable" options for these two statements, agreed that no marketing was done to either market the profession (35 respondents) or the training (36 respondents). Marketing was an integral part of recruitment. Most of the questions in section B of this survey-questionnaire focussed on marketing and recruitment and, as such, the topic had been thoroughly discussed in this chapter and in 3.10 of the previous chapter.

4.9.4.17.2 Community visibility

Fitzgerald (2002) emphasised the importance of nurses being visible in the community in order to make people aware of nursing as a profession and a career. Nearly sixty-one percent (34) of the respondents in my study, confirmed that their NEIs lacked visibility in the community and that potential applicants were unaware of the existence of the NEI. Section B of this third questionnaire focussed on visibility and creating awareness. In the action plan (Chapter 5) methods to increase visibility were formulated.

4.9.4.17.3 Internal NEI processes

The majority (57.1%) of the respondents disagreed that the cut-off dates for applications were too early in the year. In addition, 53% of the respondents agreed that letters of acceptance were sent within a reasonable time. In a study done by Gallup (Ott, Blacksmith & Royal 2012), one of the respondents commented about stress factors related to applications:

> When you interview or even just apply, and you don't hear from anyone in the organization for a long time or ever. Couldn't they at least e-mail or send a postcard or a thank-you note for sending in your application, or maybe give you a call and say they are still considering you or that they have made another choice? Something would be nice.

(This topic was also described in 3.10.1.5.2.)

In this context, it was important to evaluate the situation in a NEI at the time and to compare the feedback received from the applicants. Only then would one know

whether the timing of the various processes were realistic and fair to everybody involved.

4.9.4.17.4 Programmes offered and qualifications acquired

Thirty-five (62.5%) respondents agreed that the difference between the academic qualification provided by universities and the NEIs, posed a problem for recruitment. It was important to take cognisance of the fact that the respondents, as nurse educators, who were employed at a university, might view it as an advantage and might have indicated that they disagreed with the statement. However, the same perception might pose a disadvantage or constraint for the nurse educators at nursing college level. (In 4.9.3.7, twenty-six respondents indicated that they were employed at a university and 10 at a university of technology.)

Although FUNDISA (NMMU 2012) emphasised the importance of having both degree (university) and diploma (college) nurses in the healthcare environment, the association highlighted the fact that the nursing profession should start to value the 20% graduate nurses produced in South Africa. At the quarterly NEA meeting (2012/06/01), Dr Vasuthevan also indicated a proposed change in salary structure for post-basic qualifications, where the title and the compensation for registered nurses with a Master's Degree will be higher than for those nurses with a post-graduate diploma. These factors might influence the choice the potential applicant was exercising with regard to the selection of either a university or a private NEI.

One respondent wrote:

> *"We also lose quite a few learners that terminate their programme and start at other institutions to do the four-year programme."*

Honest recruitment was of the utmost importance and applicants should be informed about the possible academic and career progressions and possibilities, should they choose to study at the private NEI. During the recruitment campaign, it was very important to focus on the positive aspects that the private NEI offered without attempting to bring the universities into disrepute. This topic was also discussed in 3.10.1.5.2.

4.9.4.17.5 Resources

According to FoNEC (2010:24), tens of thousands of qualified applicants were turned away from NEIs annually due to limited capacity. A large number of respondents, who either rated the last three statements in question 32 or selected the relevant "not applicable" options for these statements, agreed that resources such as lecturers (faculty members) and venues presented problems to recruiting and selecting more students. Not having an adequate number of lecturers for large numbers of students appeared to be an obstacle for 79% of the respondents and was also confirmed by Chepchieng, Mbugua and Kariuki (2006:80). The incapacity of the NEIs simulation laboratories (72.2%) and lecture rooms (69.1%) to accommodate large numbers of students appeared to be further impeding recruitment of more students.

According to AACN (2012a), there were1088 vacant nurse educators' positions in the USA at the time. The authors further sited insufficient lecture rooms and resources as additional constraints that prevented them from accepting more students into the training programmes. In a personal conversation (2012/06/01) with clinical facilitators of a private NEI-group, they indicated that their lecturer-student ratio was 1:100, which made demonstration of procedures and clinical accompaniment extremely difficult. They also mentioned that the venues were not adequately equipped to handle such large groups of students.

At the option "other", the following two comments were made:

> *"SANC constraints."*
>
> *"Available vacant funded posts."*

These comments implied that there were legislative (SANC) constraints and financial constraints to recruiting larger number of students. These aspects were adequately dealt with in 3.4.2.3.

From the above it is evident that there were various NEI-related constraints that needed attention and consideration during the recruitment campaign.

4.9.4.18 Best recruitment practices (Question 33; n=35)

In question 33, as an open-ended question, the respondents were asked to share the best recruitment practices; in their opinion; that were not mentioned in any of the previous questions. Only 35 respondents answered this question. I categorised the direct responses from the respondents into seven broad themes to facilitate reporting of the data (Table 4-15).

Table 4-15: Direct responses from respondents about best practices

Theme	Direct response
No active recruitment	• *NA (x1); None (x4); We do not have one; We do not have any.* • *Very few recruitment practises at this time.* • *Word of mouth.* • *Our recruitment is done by word of mouth - families tend to send all their members.* • *Open door policy to the community (rural areas). One-to-one information session with potential applicants. Career guidance to interested candidates to assist with choice between HEI/NEI's.* • *Producing excellent results.*
General comments	• *Be visible in the community, be positive about the occupation.* • *Restoring the image of the nursing profession in the eyes of the public.* • *Image of the profession would help. Unfortunately we're let down by our reputation.* • *High quality students and independent. Willing to learn and get actively involved in nursing management and different specialities.* • *Training restricted to province - overflow from other provinces fill up the total of students per HEI – NO PLACE FOR LOCAL STUDENTS.*
Contact via the schools	• *Visiting schools. Involved in the community, specifically at school level.* • *Visiting schools presenting Life orientation lessons.* • *Recruit high academic performers with ability to communicate on verbal and written level, at schools.* • *Adequately informing matriculates and young adults about the wide variety of opportunities in the nursing profession. Role modelling.* • *Copy the Mosvold programme for drs established in UKZN. In addition to going to high schools, stn (sic) work*

Theme	Direct response
	during holidays so that they are aware of the realities in nursing.
Marketing	• *We find that doing a Road trip, involving community media an excellent method, as well as national career exhibitions.* • *Nursing seminar.*
Hospitals	• *Job shadowing - especially if scholar needs to accumulate community hours to be accepted to medicine. A few have changed their career option from medicine to nursing.* • *Students work during holidays so that they are aware of the realities in nursing.* • *Local schools bring their interested students to the hospital to see what nurses do.*
Involving community leaders	• *Involvement of the community leaders - marketing.*
Using current students to recruit	• *Student nurses each given a project to recruit 1 other student to nursing – worked well.*

(i) No active recruitment

Twelve of the respondents indicated that their relevant NEI was not actively recruiting students. As a result, their comments were excluded, since these comments would not contribute to best practice.

(ii) General comments

Another five non-specific comments of respondents included, amongst others, reference to the need for the improvement of the image of nursing. These comments were regarded as either obstacles or mere suggestions and not related to best practice.

(iii) Contact via the schools and marketing

Five respondents gave examples of ways that they used to interact with learners at school. All their best practices were, however, covered in 4.9.4.5. Two of the respondents' comments referred to marketing and included reference to road trips, exhibitions and seminars. Road trips in the form of visits and as part of marketing actions at various places were already dealt with. I assumed that the comment

about recruitment at nursing seminars referred to the post-basic students (registered nurses who already held a basic nursing qualification), since learners from schools were not allowed to attend the nursing seminars. Once again, that comment was noted, but excluded.

(iv) Hospitals

Three respondents indicated that they partnered with hospitals by allowing learners from schools interested in a career in nursing to do job shadowing or vacation work. Hospital tours were also indicated as a best practice. These initiatives were all discussed in 4.9.4.8.

(v) Community leaders

Involvement of the community leaders, as discussed in4.9.4.7, was another suggestion.

(vi) Current students

A unique suggestion referred to making use of current students in the recruitment process:

> *"Student nurses each given a project to recruit 1 other student to nursing – worked well."*

The above comments proved that very few new best practices emerged from this question.

4.9.4.19 Additional recruitment suggestions (Question 34; n=32)

Question 34; as an open-ended question; asked for additional suggestions from the respondents about improving the recruitment of nursing students. Thirty-two respondents answered this question. Three respondents had no comments [NA and None (x2)]. Selection criteria did not form part of this study or questionnaire, but a few suggestions for future use or reference were provided.

The suggestions provided by the respondents were categorised into themes and grouped together; although some suggestions could fit into more than one category. All of these suggestions were confirmed by suggestions found in the literature and

appropriate cross references were provided for this purpose in Table 4-16 below. Since no new suggestions not previously discussed were elicited by this question, no further discussion followed.

Table 4-16: Recruitment suggestions made by respondents

Theme	Direct response
Selection criteria (not relevant to this study)	• *The potential pool of recruits in the rural areas by far exceeds the demand. We accommodate all the applications within selection criteria (subjects etc.) and then select by psychometric profiling.* • *Social skills need to be assessed.* • *Pre-test language, maths, biology and attitude.*
Schools [See 3.10.2.1.3(v)]	• *Start at primary school - not secondary school.* • *Nursing presence in high schools.* • *Target science-minded learners by providing bursaries* • *Club with teachers to improve their maths and physics which is what is required.* • *Nurse educators visiting schools and marketing nursing, some think it's just about cleaning and washing patients, they not aware of career path and different specialities.* • *In my opinion the targeting of Grade 10,11 & 12 suitable school going youth (identify those with acceptable grades) to mentor into the profession.*
Advertising and Marketing [See 3.10.2.1.3]	• *Recruit and promote the nursing profession as a whole and not only the training.* • *An honest/realistic marketing strategy, based on an analysis of the needs and opportunities actually available to school leavers in all areas of the country is essential. Nursing provides career/job opportunities which is a basic life expectancy – large numbers of recruits are available. Information and strategies are lacking.* • *Advertisements in different media, improvement of financial support for more open days for scholars.* • *Documentary program on the working day of a nurse / enrolled nurse / registered nurse.* • *Reality programme depicting the various nursing careers, following actual nursing students whether private or government institutions.* • *Media to inform public the difference between the categories of nursing. As well as actual role and function of a registered nurse.* • *Media: Nurses should be more visible in the media, focus on what is done well.* • *More in-house – tearoom, visible to all category nurse. Some people are not aware of courses.*

Theme	Direct response
Hospitals [See 3.10.4.1.1(i); 3.10.4.1.2]	• *Finding job opportunities for those qualified.* • *Job shadowing as pre-requisite to nursing career. Prospective students need to be exposed to nursing, prior to entering the profession.* • *Increase the number of clinical sites by offering incentives for the students to attend.*
Financial [See 3.10.4.1.2(i)]	• *Salary increases to match the years of training & clinical experience.*
Language [See 3.10.1.1.4(i)]	• *Potential nurses outside the city boundaries are discouraged by the fact that training is offered in English only and they don't want to move to the city specially those whose parents cannot afford it.*
Professional practice [See 3.10.3]	• *Make nurses accountable personally for their actions.* • *Emphasise professional status of nurses. Delineate professional nursing from 'workers' and sub-professional categories.* • *Nursing profession very lethargic regarding actively promoting itself and standing up for itself regarding remuneration and liberation from stereotyping of the profession.* • *Unify the profession and make one entry level education base.*
Miscellaneous:	• *Do not nag people to attend.*

4.9.4.20 Comments about the enhancement of recruitment (Question 35; n=29)

Question 35 provided the respondents with a final opportunity to provide any additional comments that they thought might contribute to improve the recruitment of students.

Like with questions 33 and 34, the responses were categorised and clustered together accordingly. Only one response of "NA" was counted. A few suggestions pertaining to selection were also found and noted. Since no new suggestions; not already covered in my research; pertaining to recruitment, were mentioned, I again provided appropriate cross references as proof in Table 4-17.

Table 4-17: Direct responses on enhancement of recruitment

Theme	Direct response
Selection	• *Do not recruit students that indicate that nursing is second option – these students do not commit to the profession.* • *During selection, students should be given simple tasks to perform - this will indicate whether the student is able to read, understand and do (intervention) - this will be valuable for future nurses.* • *Improve the prerequisite requirements so that there is a better retention rate.*
Financial [See 3.10.2.1.4]	• *Participating of government to provide bursary finding job opportunities for those qualified and funding improving work conditions and remuneration.* • *Look for financial assistance to cater for transport and food during practicals, sort of 'in kind by the university of rather social responsibility".* • *Students need to apply for bursaries and not given randomly. The bursary provide an easy path into nursing education as an employment opportunity and nursing becomes a means to an employment and not a calling to the profession.* • *They need to be paid a competitive salary.*
Equity [See 3.10.1.3]	• *Recruit more whites, Indians and coloureds.*
Image and the media [See 3.10.3; 4.9.4.16]	• *Involve younger role models in the recruitment of students - nurses that are dressed professionally and portray a successful image but are aged 25-35.* • *If the society can recognise the status nurses have as professionals.* • *A huge drive by nursing to improve the competencies and attitudes of nurses which will improve the image and the profession.* • *Stop complaining about the negative part of nursing in the media - promote the profession - look at ethics and the reasons for nursing.* • *Nursing is not seen as a profession as other professions are and we are so behind in our development. I think this is mainly because nursing has been seen as a "women's" profession and not enough men are in it yet. I foresee when men are more involved, nursing will be escalated to a more "esteemed" profession. Unfortunately, it is still a man's world.* • *The image of nursing has to improve.* • *Media should be used extensively to uplift the image of the nursing profession.* • *A huge drive by nursing to improve the competencies and attitudes of nurses which will improve the image and the profession.*

Theme	Direct response
Professional practice [See 3.10.3; 4.9.4.16]	• *A huge drive by nursing to improve the competencies and attitudes of nurses which will improve the image and the profession.* • *We need to keep our standards high. It's all about the patient.* • *Nurses should be treated with more respect by the multi-disciplinary team.* • *Acknowledgement to be given.*
NEI [See 3.10.2]	• *Attitudes of NEI, more involvement by SANC.* • *Private NEI's do not all have proven track records of academic and clinical excellence. Establishing more of the same models may not achieve the needed outcomes. NEI's who do not have formal access to clinical facilities, comprise the clinical training. Selective recruitment is not applied due to the financial motive of their business, and this may lead to a practitioner with limited skills.* • *Listen to the students.* • *Recruitment must be done very objective.*
Government and Legislation [See 3.10.4.2]	• *Governmental and private sector involvement must be increased.* • *Commu* (sic) (Most probably referring to the community year) • *Public private partnership.*

Since these suggestions were already incorporated in the other groups and themes, it were only noted and reported for the sake of comprehensiveness.

4.10 Conclusion

In this chapter, the feedback from the 80 respondents about Survey-questionnaire 3 were reported. The focus was exclusively on student recruitment. It did, however, happen that criteria and suggestions for selection were offered by the respondents at certain questions. These suggestions were adapted to fit into the recruitment design and those suggestions that were not suitable, were reported and kept for a possible follow-up study that would focus on selection of students.

The responses to the 35 questions and statements were confirmed and augmented by various literature sources. Since I was making use of an autobiography style, I added my personal subjective opinions and experiences where I felt it to be appropriate, but refrained from writing a narrative.

At times, feedback from the respondents was a revelation to me. Some of the respondents appeared to be ignorant about certain aspects of recruitment, while other respondents were unaware of recruitment as a phenomenon. It was, however, encouraging to experience the resonance of the passion, the pride, and the concern echoed by many of the respondents. I was hoping that, if nothing else, the completion of this third survey-questionnaire at least made the respondents think and allowed some reflection and introspection about their current recruitment activities. Maybe it would even encourage them to take a fresh look at recruitment of students at their institution.

I illustrated how I collected data by making use of a web-based survey-generating program. The results were analysed by the SPSS-program built into the survey generator. Qualitative data were categorised into themes and accordingly reported.

All the suggestions and areas of enquiry that were covered in the survey-questionnaire were eventually used to compile the action plan. None of the appropriate suggestions were omitted since the action plan was in essence also the confirmation and validation of the results of the second and third questionnaire.

Due to a clear indication that not all divisions or institutions did the recruitment themselves (as indicated by the data analysis in this chapter), I envisage that the validation of the draft action plan should be done by experts in recruitment at different NEIs. They ensured that actions or items that were only mentioned in the literature and commended on by the respondent could have been a valuable asset to the final action plan within a South African context, or can be omitted. This will be discussed in phase 4, Chapter 5.

I have illustrated how my initial vision was gradually changing to my adopted vision; with the view of realising the creation of an action plan. The first three circles of my

adapted process model were completed. The only outstanding element was the final, lower practice circle, which would lead to a final vision, namely the construction of the action plan that I had been designing as a result of my research findings.

Chapter 5
Action plan

"If you do what you have always done, you will get what you have always got"

Mark Twain

5.1 Introduction

Recruitment is a multi-phased activity which, when done arbitrarily, might not result in satisfactory results. Therefore, a well thought-through plan should be followed that explains the duties and responsibilities of all role-players. It would enable the process to proceed uninterruptedly. This chapter deals with that process as illustrated in the last circle of Figure 5-1 and as summarised in Table 5-1.

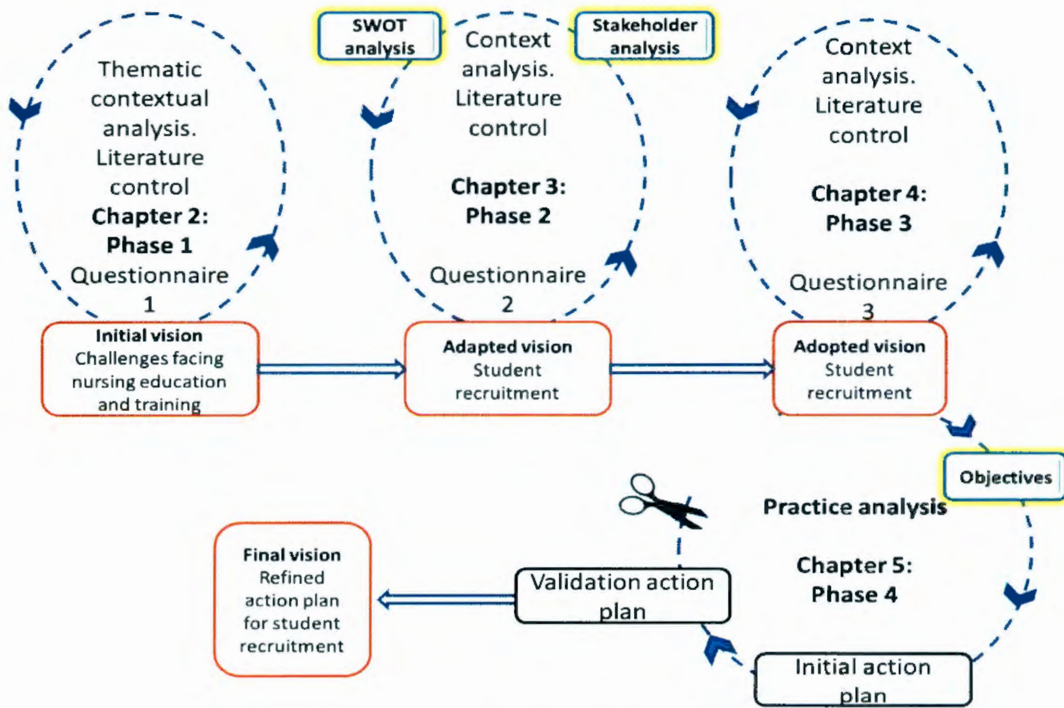

Figure 5-1: Process-planning model

(Adapted from Zuber-Skerritt 2002:145)

In the previous chapters, I had elaborated on my journey that brought me to this point; namely compiling a generic action plan that would assist NEIs with the

recruitment of high-quality candidates. This chapter would contain the cumulative result of the feedback that had been received from various role-players during Phases 1, 2 and 3. These results were supported and confirmed by literature reviews and controls.

Table 5-1: Research process (Phase 4)

Phase	Actions	Sample	Sample size	Response rate	Comments concerning data collection	Rationale
Phase 4 2011 Chapter 5	Development and validation of action plan	Seven participants from private NEIs were selected. Sampling: purposive sampling	7	100 %	Brainstorming during a validation meeting	To reach consensus on the general action plan

During the second and third phases of this study, I had obtained data from nurse educators, scrutinised the literature and consulted key opinion leaders in the field of nursing education. After that process, I compiled the preliminary action plan by making use of the recruitment models developed by Schreurs and Syed (2011); Middleton, Mason, Stilwell and Parker (1988); and Breaugh and Starke (2000). Thereafter, in collaboration with a validation group, I finalised the action plan. I will share this action plan with all the participants who were involved in my study. As suggested by Stenhouse (in Koch, Arhar, & Rumrill 2004:58), I will also publish the results in appropriate research publications. However, the ultimate decision to implement the plan remained the responsibility of the various head nurse educators / principals of the different private NEIs.

5.2 Theoretical foundation of the recruitment model

Various authors had proposed recruitment plans, strategies and models that focussed on different aspects of the recruitment process. However, the multi-faceted nature of recruitment, as described by Saks (in Everts, Anderson & Voskuijl 2009:419), was not really being captured by anyone of them.

According to Saks,

> "Recruitment involves actions and activities taken by an organization in order to identify and attract individuals to the organization who have the capabilities to help the organization realize its strategic objectives. In particular, such activities should generate a pool of desirable candidates; enhance their interest in and attraction to the organization as an employer; and increase the probability that they will accept a job offer" (Everts *et al.* 2009 2005: 419).

The reference framework of this study was informed by the recruitment models of:

- Schreurs and Syed(2011);
- Middleton, Mason, Stilwell and Parker (1988:8); and
- Breaugh and Starke (2000).

Various other models of recruitment had an influence on this study, such as the recruitment models of Microsoft™ and Nike™, which included dedicated recruitment teams for attracting or recruiting the best possible talent (Lefkow 2003). However, for the purpose of this study, I was focussing more on the academically validated models.

5.2.1 The recruitment model of Schreurs and Syed

Schreurs and Syed (2011) skilfully blended the perception of both the applicant and the organisation into a single model (Figure 5-2). In this model, a behavioural prediction was presented for military recruitment and job pursuit. This model was, however, equally applicable to general academic study and other career pursuits, such as nursing. The main point of departure was that the attitude of the job seeker (or student in the case of this study), on the one hand, was influenced by his or her beliefs, perceptions and expectations and, on the other hand, by his or her values, needs and personality traits (Schreurs & Syed 2011:38, 3.2.3; 3.10.1.1 and 3.10.1.4 of my study).

Although the potential applicant's characteristics and expectation were important, Schreurs and Syed also focussed on the organisation. The focus on the

organisation was crucial, because very often the nursing students were employed or were potential employees at the organisation. Compare this point of view with the discussion of the recruitment model of Sullivan and Decker (1992:283) in 3.2.3.

The recruitment model of Schreurs and Syed investigated the alignment of:

- the applicant and the organisation (P-O fit); and
- the applicant and the job (P-J fit) (Schreurs & Syed 2011:44).

Therefore, this model aimed at ensuring that the result was beneficial to both the applicant and the organisation when recruiting and appointing a specific applicant. In nursing, this process was incredibly important since the student ought to be compatible at various levels; i.e. at the NEI with a student group, subjective to the culture of the NEI; in the hospital with its specific organisational culture; and, very importantly, with the nursing profession.

The model also focussed on presenting a realistic job preview (Schreurs & Syed 2011:37). In nursing, it was very important to counter-act the various erroneous impressions about nursing. A corresponding realistic job preview was reflected in the action plan which included marketing of the NEI and marketing of the profession.

Interestingly enough, this model also referred to the influence and effect of the characteristics of the recruiter on the decision the applicant was making (Schreurs & Syed 2011:41,45). Appointing a carefully selected, dedicated recruiter (3.10.2.1.1) was included in my action plan.

The recruitment model of Schreurs and Syed had been developed in the form of an algorithm. Although my recruitment action plan was not consisting of consecutive steps, all the information of the original plan were included in my action plan and was duly reported in Chapter 3 and 4. The content of the action plan was of such a nature, that the nurse educators could utilise the information to compile an action plan of their own.

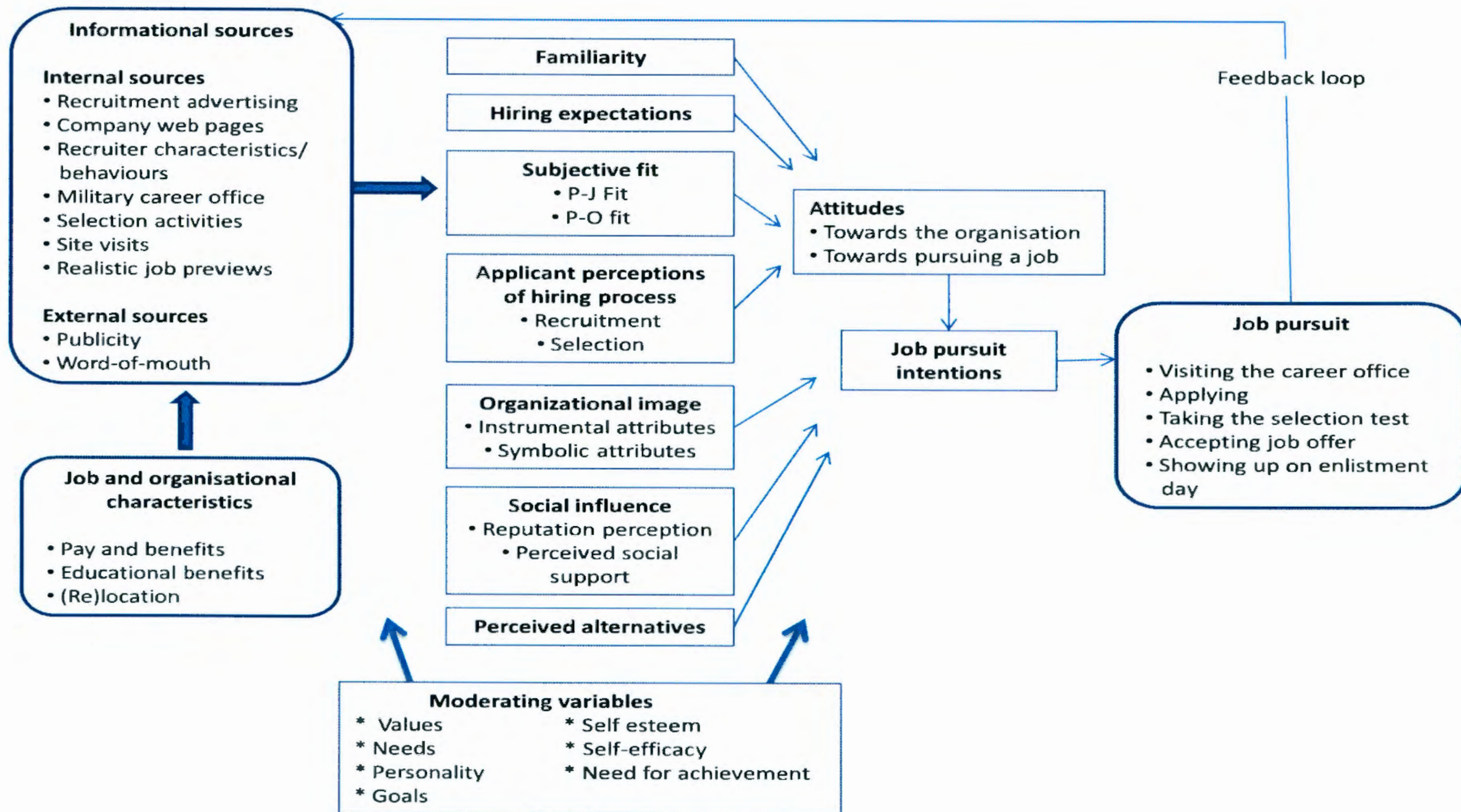

Figure 5-2: The recruitment model of Schreurs and Syed

Source:Schreurs & Syed (2011)

5.2.2 The recruitment model of Middleton, Mason, Stilwell & Parker

Middleton *et al.* (1988) had created a model for the recruitment and retention of minority students in teacher preparation programmes (Figure 5-3). Although this model focussed on the recruitment of minority groups, it was relevant to the recruitment of other students, e.g. like in my study; the recruitment of potential students for the training in nursing.

Although this model had been already 25 years old, the emphasis remained on structuring and following an organised plan and that specific goals and criteria were formulated before execution of the plan (Middleton *et al.* 1988:16,18). This action related directly to the compilation of an action plan, like the one that had been compiled in this study.

During the analysis phase of the recruitment model of Middleton *et al.* (Block 1, Figure 5-3), an analysis of current practices was proposed (Middleton *et al.* 1988:15). It related closely to the initial situation analysis that I had performed during the second phase of this study (3.4.3). In my illustrated action plan in Table 5-2, Section A, an initial situation analysis (referred to as SWOT analysis) was recommended. The situation analysis also forms part of the process planning model (Zuber-Skerrit 2002) and had been incorporated in the conceptual model for my study.

The acknowledgment and the involvement of various communities (Block 3) in the recruitment process (Middleton *et al.* 1988:15), were essential for successful recruitment. This involvement had been described in 3.4.2 and 3.10.2.1.3 and was included in the "general over-arching key focus areas" of Section A of my recruitment plan.

The required planning and the preparation prior to recruitment, as described by Middleton *et al.* had been adapted and integrated in my action plan. The various questions (where, what, how, why, who and when) were answered (Section A and B of the recruitment plan).

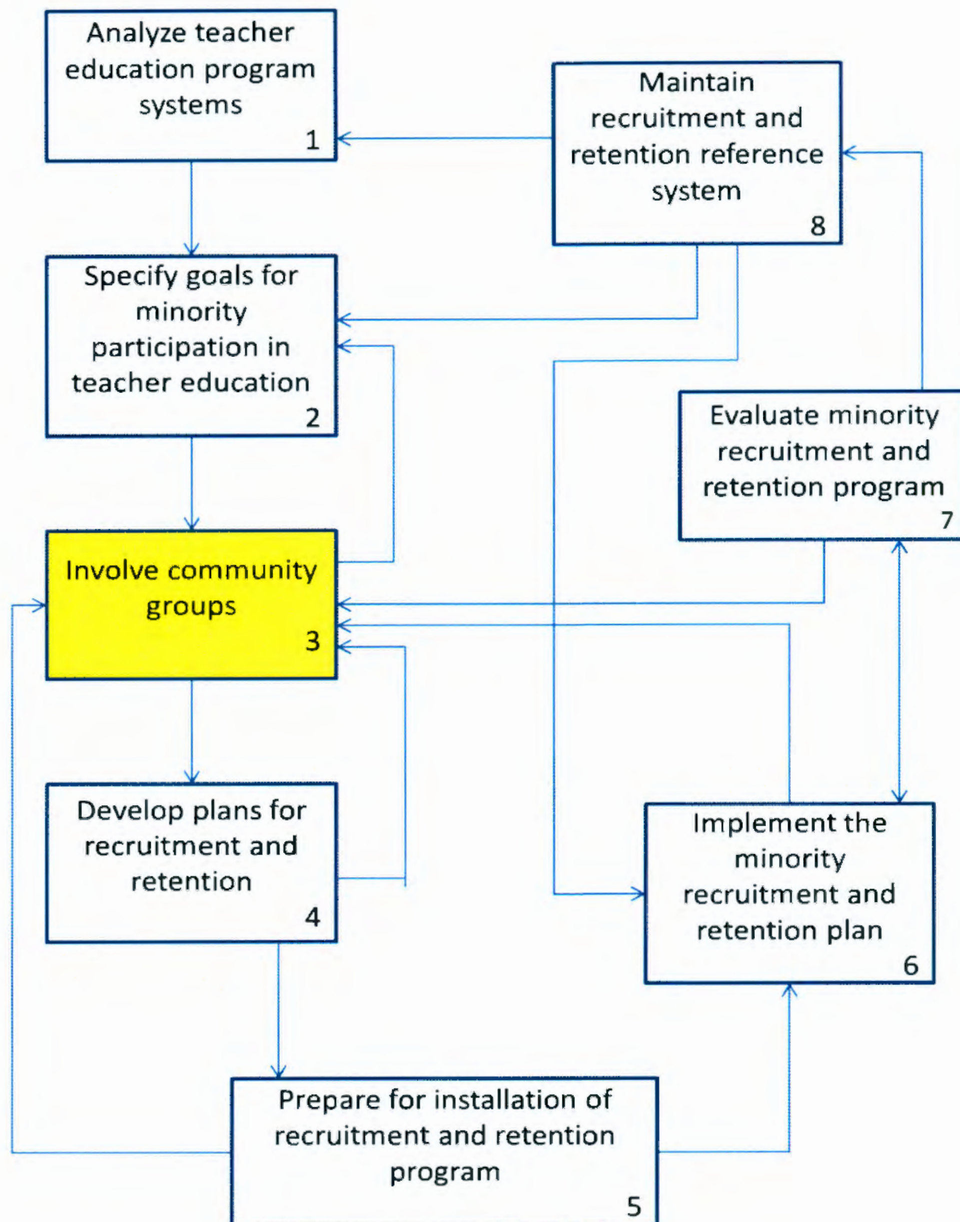

Figure 5-3: The recruitment model of Middleton, Mason, Stilwell and Parker and retention of minority student groups in teacher preparation programmes

Source: Middleton *et al.* (1988:18)

An evaluation of the process and the outcome after implementation of the recruitment process had been emphasised in the original model (Middleton *et al.* 1988:16, 17). Although the created action plan in my study had not been implemented, it was scrutinised and validated by a group of seven nurse educators, selected on the grounds of their employment at a private NEI and their involvement in recruitment of students. A recommendation that accompanied my action plan

advised that the original action plan should serve as a basis for recruitment of students and that each NEI should modify the plan to suit their specific situation and needs. The modified plan should then be implemented, continually evaluated, adapted and re-implemented.

Although retention or attrition of students was very important and also needed attention, it did not form part of my study (3.10.1.4.3). However, the model of Middleton *et al.* (1988) intentionally included this aspect as a component that might necessitate consideration when, in future, the current action plan needed to be revised and adapted.

5.2.3 The recruitment model of Breaugh and Starke

The proposed recruitment model of Breaugh and Starke (2000) encompasses the entire recruitment process (Figure 5-3); like Middleton *et al.* (1988), Breaugh and Starke (2000) had included retention in their respective recruitment models.

The created action plan in my study (5.3) related to most of the portrayed aspects in the model of Breaugh and Starke. Although retention per se did not receive specific attention in my action plan, it remained part of the rationale for selecting a specific type of candidate, and for firstly retaining him or her until completion of training and specifically for the nursing profession. Breaugh and Starke (2000:409) referred to this principle as "post-hire outcomes".

Breaugh and Starke (2000:409) emphasised the importance of compiling recruitment objectives (Block 1) and tailoring the recruitment process to attain these goals or objectives. This concept directly influenced the "when", "where", "who" and "with what" questions of recruitment (Block 2). Therefore, it were incorporated in my action plan.

In the first block (recruitment objectives) of the recruitment model of Breaugh and Starke, they suggested a situation analysis during which aspects such as job performance, diversity and number of applicants were investigated. As 5.2.2 stated, an initial situation and SWOT analysis formed part of my study (3.4.3) and had been recommended in my action plan (Section A).

Breaugh and Starke further focussed on the characteristics and attributes of the desired candidates by asking the prominent question: "What type of individual does the organisation want to recruit?" (Breaugh & Starke 2000:407). It was exactly the question I had endeavoured to answer in 3.10.1.1. Breaugh and Starke considered the number, type and quality of the ideal candidate. By utilising the information supplied by Breaugh and Starke, I composed the following four indicators about the type of candidate that should be recruited for nursing:

- Increase in the quality and quantity (number) of applicants.
- Student population will reflect predetermined parameters.
- A fair and representative student population is recruited.
- A fair and just procedure with equal opportunities for all was ensured.

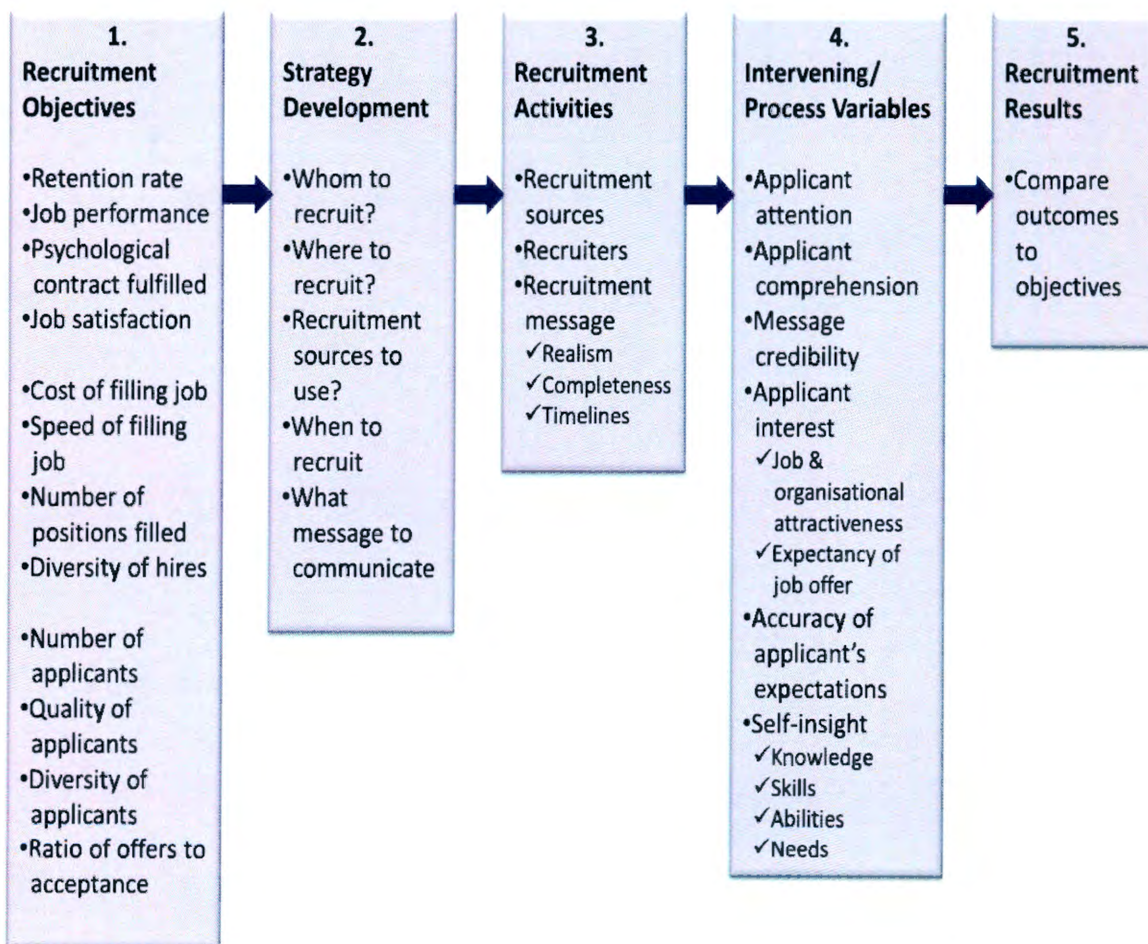

Figure 5-4: The recruitment model of Breaugh and Starke

Source: (Breaugh & Starke 2000:408)

After identifying the ideal candidates, a decision could be taken about the rest of the recruitment strategy (second block of the recruitment model of Breaugh and Starke); where and when to recruit; who to recruit and what recruitment message would be used. These concepts, with little adjustment had been used to guide the different actions of my plan.

The focus of recruitment activities (Block 3) required the involvement of the recruiter also (Breaugh & Starke 2000:414). I had included the appointment of a dedicated recruiter in Section A of my action plan. Evidence of the need of and value for a dedicated recruiter had been discussed in 3.10.2.1.1.

The fourth block related closely to the model of Schreurs and Syed (2011:38) where the expectations of the applicant are acknowledged. I had used it as a guideline and focussed on the delivered recruitment message. Section B of the recruitment action plan focussed; amongst other aspects; on the 'when', 'where' and 'to whom' the message should be delivered.

The last block of the model of Breaugh and Starke described the outcomes in relation to the objectives. It was only the last block that had been partially omitted and not used in my model (evaluating the outcome). It purely had been omitted since the action plan in this study had not yet been implemented. The process-planning model of Zuber-Skerrit also indicated that the plan, once compiled and implemented, ought to be evaluated. However, I had included (Section B of my action plan) an action for quality assurance and auditing, which aimed at measuring the outcomes of the objectives (Section B:8).

One of the goals of the model (Breaugh and Starke 2000:409) was the expected post-hiring outcome. Part of the emphasis of my study was to recruit students who would successfully complete their formal studies and who would also contribute significantly to the nursing profession and the hospital where they were placed as students.

In summary, the three models, in combination with various action plans (Garcia n.d., University of Ohio n.d., University of Dundee n.d., The University of British Columbia

n.d., and The Scottish Government 2007) were adapted and used in the compilation of the action plan in my study. The main trends from the final questionnaire (Chapter 4) also had significantly influenced my final action plan.

5.3 The action plan

The action plan that was being presented in this chapter did not follow a sequential order of prescribed steps to follow (like in an algorithm). In my view, an algorithmic model or plan would be too restrictive and prescriptive for this purpose. Instead, the decision was taken to allow the relevant NEIs to use or omit certain features in the plan and to enable the creation of their own algorithm for implementation.

During the compilation of the action plan, certain questions had been asked and integrated into the action plan:

- What features should be included in the plan?
- How might the plan be implemented?
- Where might the plan be implemented?
- At the relevant NEI, who should take responsibility for customising and implementing the plan?
- When should the specific features or activities of the plan be implemented and how frequently would it be reviewed?
- Would the plan assist in attaining the goals of the NEI?
- How could the impact of the plan be evaluated?
- What were the financial implications (costs) associated with the implementation of the action plan?

The action plan had further been based on the following key processes as originally suggested by Zuber-Skerritt (2002) - Figure 5-5 - and adapted in Chapter 1 for the purpose of this study:

- Utilising the results from the literature and the results from surveys (Phases 2 and 3).
- Situation and SWOT analysis (Phase 2).

- Developing a recruitment action plan with the marketing plan embedded in the recruitment action plan (Phase 4).

The following two steps had been part of the original model but since the plan was not implemented, it would not form part of my study:

- Implement recruitment action plan.
- Review results and goal attainment of the recruitment action plan.

Figure 5-5: The process-planning model of Zuber-Skerritt

Source: Zuber-Skerritt (2002)

The structure of the action plan (Table 5-2) is:

- Section A: The general (non-specific) over-arching key focus areas of the action plan for recruitment; and
- Section B: The specific features and activities of the action plan for recruitment.

Each section of the action plan consisted of seven descriptive columns, addressing the "where" (area/stakeholder), "what" (action), "how will I know" (indicator), "how" (method), "why" (rationale), "who" (lead responsibility) and "when" (time scale) guiding questions.

For the purpose of affording the participants during a validation meeting the opportunity to rate the usefulness of all the features and activities contained in the action plan; the action plan matrix in Table 5-2 included three colour-coded rating columns on the far right hand side. The three colours resembled those colours of a traffic light; namely green, amber and red. The participants had to choose from the three rating options; i.e. **E** (essential feature), **U** (useful feature) and **N** (not necessary). I was regarding "essential" as a participant's indication that the feature was essential and should definitely be retained in the action plan; "useful" as a participant's indication that the feature was useful and might be retained in the action plan, and "not necessary" as a participant's indication that the feature was redundant and should be removed/excluded from the action plan.

Section A in the action plan matrix (Table 5-2) contained eight rows representing general, over-arching key focus areas. These key focus areas were:

- NEI (Managerial level) – the dedicated recruiter(3.10.2.1.1);
- NEI – the recruitment plan in its entirety;
- NEI (Managerial level) – budget;
- NEI and stakeholders – awareness of the action plan;
- NEI and stakeholders – stakeholder requirements and requests (3.4.2);
- NEI and stakeholders – determine student diversity(3.10.2.1.3);
- NEI (Quality assurance) – monitoring of procedures (post-hiring outcome as described by Breaugh and Starke (2000:409); and
- NEI – (Quality assurance) – feedback.

Section B included eight (8) categories of possible recruitment activities/features; and a ninth category that was left open for participants' suggestions. These categories, was discussed in Chapter 3 and 4, were:

- Marketing and recruitment premises: academic and non-academic personnel [3.10.1.5.1 and 3.10.2.1.3(v)];
- Marketing and recruitment at schools premises (the focus would be on the learners) [3.10.1.5.1 and 3.10.2.1.3(v)];
- Web-based marketing and recruitment [3.10.2.1.3(iv)];

- Traditional (printed and electronic media) advertising methods for marketing and recruitment purposes (3.10.2.1.3);
- NEI related activities/features at the NEI premises (3.10.2);
- Hospital related activities/features (see 3.10.4);
- Role-players external to the school (3.4.2);
- Quality control activities/features [post-hiring outcome as described by Breaugh and Starke (2000:409)]; and
- Participants' additional suggestions.

Table 5-2 represented my initial action plan (before validation). It was important that the action plan did not contain specifics about the recruitment message that would be communicated by the NEI. Each NEI would determine its own focus areas in its marketing and recruitment campaign. The attention could be on any number of focus areas, such as (but not limited to):

- the type of candidate, e.g. men in nursing [3.10.1.1.1(iv)];
- students with disabilities [3.10.1.1.1(ii)];
- second career adults [3.10.2.1.3(vii)]; or
- the various benefits that the NEI provided (3.10.2.1.3).

I believed that it was important for a generic recruitment action plan to leave enough room for individual preferences of any NEI to be applicable, adaptable and practicable.

Table 5-2: First draft recruitment action plan

AREA (Where)	ACTION (What)	INDICATOR (How will I know)	METHOD (How)	RATIONALE (Why)	LEAD RESPONSIBILITY (Who)	TIME-SCALE (When)	E	U	N
Section A: The general over-arching key focus areas of the action plan for recruitment									
Rating scale:	**E = Essential feature**	**U = Useful feature**	**N = Not necessary**						
NEI: Managerial level	Appoint a dedicated marketing and recruitment person/team.	Appointment confirmed.	Create a specific post with a specific and unique job description for a recruiter. Advertise, interview and appoint an appropriate person(s).	A dedicated recruiter focuses all his/her attention and resources on marketing and recruitment.	NEI manager HR department.	Before commen-cing with the other recruitment activities.	E	U	N
NEI: Plan in its entirety	Develop a standardised procedure for fair recruitment. Action plan focuses exclusively on: • marketing the NEI, training and profession; and • recruitment of candidates. See Section B for specifics/details	Increased quality and quantity of applicants. Feedback from stakeholders.	All NEI policies, practices and procedures are assessed when developed and annually reviewed. Create the marketing and recruitment action plan, involve stakeholders and get commitment from team members. Link action plan to due dates and measurable outcomes.	Marketing and recruitment happens in a co-ordinated way according to the devised strategy.	All role-players who take part in the recruitment activities are allocated tasks and responsibilities. (NEI manager, HR member, recruiter, marketing representative and committee). See Section B for details	Annually.	E	U	N

Section A: The general over-arching key focus areas of the action plan for recruitment									
Rating scale:		E = Essential feature		U = Useful feature		N = Not necessary			
AREA (Where)	**ACTION (What)**	**INDICATOR (How will I know)**	**METHOD (How)**	**RATIONALE (Why)**	**LEAD RESPONSIBILITY (Who)**	**TIME-SCALE (When)**	**E**	**U**	**N**
NEI: Managerial level – budget	Compile a budget exclusively for: • marketing the NEI; and • recruitment of candidates.	An adequate budget is available (and approved) to fund marketing and recruitment.	Do situation analysis about priorities that need funding. Review resource allocation and identify funding priorities.	A dedicated budget for marketing and recruitment will enhance the output of the action plan.	NEI manager, HR member, recruiter, marketing representative and committee.	Annually, before submission of budget for sub-sequent year.	E	U	N
NEI & Stakeholders – awareness	Raise awareness about the action plan with relevant stakeholders.	Feedback from stakeholders.	Meetings and written communication with selected/relevant stakeholders. Ensure annual progress reports are provided by personnel responsible for recruitment and public relations.	Stakeholders can access details of the NEI's plans and progress and have the opportunity to contribute to future priorities.	Dedicated recruiter in conjunction with NEI manager.	Annually.	E	U	N
NEI & Stakeholders' requirements & requests	Involve stake-holders and employers (if any) to determine their requirements and requests in	Student population will reflect predetermined parameters by the	SWOT analysis (by employers) to estimate current and requested distribution.	Assist with compiling and prioritising the action plan in relation to student diversity and	Recruiter.	Annually.	E	U	N

Section A: The general over-arching key focus areas of the action plan for recruitment									
Rating scale:	E = Essential feature		U = Useful feature		N = Not necessary				
AREA (Where)	**ACTION (What)**	**INDICATOR (How will I know)**	**METHOD (How)**	**RATIONALE (Why)**	**LEAD RESPONSIBILITY (Who)**	**TIME-SCALE (When)**	**E**	**U**	**N**
	relation to student numbers and diversity.	stakeholders or employers.		numbers.					
NEI & Stakeholders – student diversity	Prioritise/ establish student distribution/ diversity.	A fair and representative student population is recruited.	See Section B.	See Section B.	See Section B.	See Section B.	E	U	N
NEI – monitoring	Quality management./.as surance.	A fair and just procedure with equal opportunities for all applicants are ensured.	Monitor recruitment procedures and data about applicants.	All applicants have the same opportunities as their peers to access information about the NEI's educational opportunities and are not discriminated against in the provision of offers, including the interview stage.	NEI manager in collaboration with recruiter.	Annually at the end of each recruitment cycle, before the next cycle.	E	U	N

Section A: The general over-arching key focus areas of the action plan for recruitment									
Rating scale:		E = Essential feature		U = Useful feature		N = Not necessary			
AREA (Where)	ACTION (What)	INDICATOR (How will I know)	METHOD (How)	RATIONALE (Why)	LEAD RESPONSIBILITY (Who)	TIME-SCALE (When)	E	U	N
NEI – feedback	Quality management/ assurance.	A fair and just procedure with equal opportunities for all applicants are ensured.	Review procedures and feedback from stakeholders, nurse educators, students and visitors.	Data gathering/ management includes mechanism for analysing data for monitoring and quality assessment purposes.	NEI manager in collaboration with recruiter.	Annually at the end of each -- recruitment cycle, before the next cycle.	E	U	N

Section B: The specific actions and features in the action plan for recruitment									
Rating scale:		E = Essential feature		U = Useful feature		N = Not necessary			
AREA (Where)	ACTION (What)	INDICATOR (How will I know)	METHOD (How)	RATIONALE (Why)	LEAD RESPONSIBILITY (Who)	TIME-SCALE (When)	E	U	N
1. Marketing and recruitment at school premises: academic and non-academic personnel									
Primary and secondary / high schools: Teaching and non-academic personnel	Meeting with principal.	Permission is granted. Working relationship is established.	At least annual meeting(s) with principal. Present information about level of involvement and knowledge contribution.	Acquire permission to conduct marketing and recruitment at school by getting involved at various levels.	Recruiter.	Begin-ning of each year.	E	U	N

Section B: The specific actions and features in the action plan for recruitment									
Rating scale:		E = Essential feature		U = Useful feature		N = Not necessary			
AREA (Where)	**ACTION (What)**	**INDICATOR (How will I know)**	**METHOD (How)**	**RATIONALE (Why)**	**LEAD RESPONSIBILITY (Who)**	**TIME-SCALE (When)**	**E**	**U**	**N**
Primary and secondary / high schools: Teaching and non-academic personnel	Meeting with career counsellor.	The career counsellor is familiar with nursing as a career, the academic requirements and possible career paths for nurses. Career counsellor emphasises gender equality in nursing.	At least annual meeting(s) with career counsellor(s).	Establish working relationship and perform a needs analysis.	Recruiter and nurse educators.	Beginning of each year.	E	U	N
Primary and secondary / high schools: Teaching and non-academic personnel	Meeting with teachers.	Teachers contact NEI if they need information about or assistance with presentation of content / modules.	At least annual meeting(s) with teachers and follow-up communiqué.	Establish working relationship and perform a needs analysis.	Recruiter and nurse educators.	Beginning of each year.	E	U	N

Section B: The specific actions and features in the action plan for recruitment									
Rating scale:		E = Essential feature		U = Useful feature		N = Not necessary			
AREA (Where)	**ACTION (What)**	**INDICATOR (How will I know)**	**METHOD (How)**	**RATIONALE (Why)**	**LEAD RESPONSIBILITY (Who)**	**TIME-SCALE (When)**	**E**	**U**	**N**
Primary and secondary / high schools: Teaching and non-academic personnel	Meeting with school media centre managers.	Media centre managers contact NEI when they need information. Media centre managers verbalises positive comments about nursing as a career.	At least annual meeting(s) with teachers and follow-up communiqué.	Provide career information (nursing). Arrange dates to do a career display in the media centre (possibly to co-inside with international nurses' day).	Recruiter and nurse educators.	Begin-ning of each year; And again before inter-national nurses' day.	E	U	N
Primary and secondary / high schools: Teaching and non-academic personnel	Meeting with school nurse (if available / appointed at school).	School nurse contact NEI when s/he needs information. The school nurse provides correct information to the learners when the latter	Annual meetings with the school nurse to partner with her/him in respect of promoting the profession and to make her/him aware of the training provided by the NEI.	The school nurse is a reachable contact person for the learners, should they require more information about nursing as a career. She/he might act as a positive role model.	Recruiter and nurse educators.	Begin-ning of each year; And again before inter-national nurses' day.	E	U	N

Section B: The specific actions and features in the action plan for recruitment

Rating scale: **E = Essential feature** **U = Useful feature** **N = Not necessary**

AREA (Where)	ACTION (What)	INDICATOR (How will I know)	METHOD (How)	RATIONALE (Why)	LEAD RESPONSIBILITY (Who)	TIME-SCALE (When)	E	U	N
		discuss a nursing career with them.							
Primary and secondary / high schools: Teaching and non-academic personnel	Meeting with sports co-ordinator.	Sports co-ordinator involves nurse educators on school sport days to provide medical assistance.	At least annual meeting(s) with sports co-ordinator and follow-up communiqué.	Allow NEI to provide medical assistance when school hosts sport days.	Recruiter.	Begin-ning of each year.	E	U	N
2. Marketing and recruitment at schools premises (the focus is the learners)									
Pre-primary	Various activities to promote the profession as a future career option.	Pre-school learners display an interest in nursing as a career. Verbalise positive feelings.	Activities such as: • dress up • creative activities (drawing and colouring/ painting) • story-telling and/or puppet show.	Priming the early pipeline. Creating a positive image of nursing as a profession and career.	Recruiter in collaboration with nurse educators and nursing students.	Second and fourth term.	E	U	N

Section B: The specific actions and features in the action plan for recruitment									
Rating scale:		E = Essential feature		U = Useful feature	N = Not necessary				
AREA (Where)	**ACTION (What)**	**INDICATOR (How will I know)**	**METHOD (How)**	**RATIONALE (Why)**	**LEAD RESPONSIBILITY (Who)**	**TIME-SCALE (When)**	**E**	**U**	**N**
		Acknowledge that all genders can be nurses.	Include male and female role models.						
Primary school	Talks about duties and responsibilities of a nurse. Emphasise the caring aspect.	Primary learners display an interest in nursing as a career. Verbalise positive feelings. Acknowledge that all genders and races can be nurses.	Presentations to learners. Include video-clips of positive nursing environments and activities. Include games and role-play. Include male and female role models.	Priming the early pipeline. Creating a positive image of nursing as a profession and career.	Recruiter in collaboration with nurse educators and nursing students.	Twice a year.	E	U	N

Section B: The specific actions and features in the action plan for recruitment									
Rating scale:		E = Essential feature		U = Useful feature		N = Not necessary			
AREA (Where)	**ACTION (What)**	**INDICATOR (How will I know)**	**METHOD (How)**	**RATIONALE (Why)**	**LEAD RESPONSIBILITY (Who)**	**TIME-SCALE (When)**	**E**	**U**	**N**
High school / Secondary school	Nurse educators become involved in presenting selected modules during life orientation.	Learners show interest in nursing – ask questions / debate the feasibility of the career option.	Acquire permission from school principal. Collaborate with teacher responsible for the specific subject.	Learners are exposed to a professional nurse outside the hospital milieu and verbalise positive feelings about the profession.	Young dynamic nurse educators (both genders and various racial / cultural representatives). Include nursing students as well.	Monthly, quarterly or as reques-ted by teachers	E	U	N
High school / Secondary school	Be a guest speaker at school about various health- related topics.	Learners engage in conversation. Display interest and verbalise positive comments.	Meet with principal and career counsellor. Conduct a needs analysis about relevant topics and agree upon topics, time and occasion.	Learners are exposed to a professional nurse outside the hospital milieu and verbalise positive feelings about the profession. The knowledge component is acknowledged.	Young dynamic nurse educators (both genders and various racial / cultural representatives).	Annual meeting with follow-ups as needed.	E	U	N
High school / Secondary school	Become involved in career days.	Learners engage in conversation. Display interest and verbalise	Host a display. Provide promotional material and information (verbal & leaflet) regarding	Learners are exposed to nursing as a possible career.	Recruiter in collaboration with nurse educators and nursing students.	Annual meeting with follow-ups as needed.	E	U	N

Section B: The specific actions and features in the action plan for recruitment									
Rating scale:		E = Essential feature		U = Useful feature		N = Not necessary			
AREA (Where)	**ACTION (What)**	**INDICATOR (How will I know)**	**METHOD (How)**	**RATIONALE (Why)**	**LEAD RESPONSIBILITY (Who)**	**TIME-SCALE (When)**	**E**	**U**	**N**
		positive comments. Parents make contact with nurse educator(s) or NEI.	profession, training and subject selection. Screen video-clips of "a day in the life of a nurse".		Young dynamic nurse educators (both genders).				
High school / Secondary school	Address learners about learning area selection.	Both learners and career counsellor have updated information about the profession, the training and the learning area pre-requirements. Prospective students are aware of the competency standards.	Arrange with career counsellor to address Grade 10 learners. Focus on subject selection during talk.	Various applications are rejected on the grounds of not meeting the required / prescribed learning areas.	Recruiter.	Begin-ning of fourth term.	E	U	N
High school / Secondary school	Provide academic assistance to selected learners.	Learners who might struggle with required academic	In collaboration with career counsellor, identify learners interested in nursing	Various prospective students' applications are	Nurse educators	As negotia-ted with school,	E	U	N

Section B: The specific actions and features in the action plan for recruitment									
Rating scale:		E = Essential feature		U = Useful feature		N = Not necessary			
AREA (Where)	**ACTION (What)**	**INDICATOR (How will I know)**	**METHOD (How)**	**RATIONALE (Why)**	**LEAD RESPONSIBILITY (Who)**	**TIME-SCALE (When)**	**E**	**U**	**N**
		performance are achieving higher grades.	as a career and provide academic assistance (when needed).	rejected on the grounds of inadequate academic results. Foster loyalty.		learners and their parents			
High school / Secondary school	Present credit-bearing courses (e.g. basic life support) at school.	The number of learners registered for the respective courses.	Acquire permission from school principal. Talk to learners and send communiqué to parents.	Learners can complete the module(s) before commencement of studies and then receive credit for module when NEI studies commence. Creates awareness and commitment.	Nurse educators.	As negotia-ted with learners and their parents.	E	U	N
High school / Secondary school	Increase visibility at achievers function.	Increase number of applications from that particular school.	Sponsor an academic reward for a subject required for nursing.	Increased visibility of NEI and displaying interest in academic achievers.	NEI manager.	Annually – fourth term.	E	U	N
High school / Secondary school	Marketing and recruitment amongst Grade 12 learners	Increase in number of applications from that particular	Present information to learners about nursing as a profession and marketing specific to	To increase interest in nursing as a career option and to increase applications.	Young dynamic nurse educators (both genders). Nursing students.	During final school year, before	E	U	N

Section B: The specific actions and features in the action plan for recruitment									
Rating scale:		E = Essential feature		U = Useful feature		N = Not necessary			
AREA (Where)	**ACTION (What)**	**INDICATOR (How will I know)**	**METHOD (How)**	**RATIONALE (Why)**	**LEAD RESPONSIBILITY (Who)**	**TIME-SCALE (When)**	**E**	**U**	**N**
		school.	NEI.			cut-off dates for applica-tion at NEI.			
High school / Secondary school	Marketing and recruitment amongst Grade 12 learners.	Learners verbalise interest in nursing as a career. Learners register for the career camp.	Hosting weekend camps for grade 12 learners who expressed an interest in nursing and who meet the required criteria.	Increase interest in nursing as a career option and to increase visibility	Young dynamic nurse educators (both genders). Nursing students.	During final school year – April or June school holidays.	E	U	N
High school / Secondary school	Increase visibility during extramural activities that may require nursing / first aid intervention.	Parents and learners are aware of NEI and the activities / involvement. Receive enquiries from parents.	Provide medical assistance during school sports events. Ensure the availability of information about nursing and nurse training.	Marketing and recruitment opportunity – increased visibility.	Young dynamic nurse educators (both genders). Nursing students	On an *ad hoc* basis	E	U	N

Section B: The specific actions and features in the action plan for recruitment									
Rating scale:		E = Essential feature		U = Useful feature		N = Not necessary			
AREA (Where)	**ACTION (What)**	**INDICATOR (How will I know)**	**METHOD (How)**	**RATIONALE (Why)**	**LEAD RESPONSIBILITY (Who)**	**TIME-SCALE (When)**	**E**	**U**	**N**
3. Web-base marketing and recruitment									
Website of the hospital	Provide link to the NEI website.	Increase Internet traffic (number of hits on website).	Provide an active link on the website of the hospital to the NEI. Consider a "pay-per-click" system for monitoring purposes.	Marketing and recruitment opportunity. Provide on-line information to prospective students and their parents.	Recruiter in collaboration with ICT-team.	As soon as possible. Before submis-sion of applica-tions starts.	E	U	N
Website of the NEI	Provide information about: • nursing as a career; • the NEI (include admission requirements and contact details); and • on-line application form with immediate response.	Increase Internet traffic (number of hits on website). Number of on-line application forms returned	Provide all relevant information on website. Ensure updated and active on-line application form.	Provide an alternative source of information. Allow prospective applicants to browse for information in the convenience of their own home and at their own time. Place and time restrictions are eliminated. It might be less intimidating than a face-to-face	Recruiter in collaboration with ICT-team.	As soon as possible. Before submis-sion of applica-tions starts.	E	U	N

Section B: The specific actions and features in the action plan for recruitment									
Rating scale:		E = Essential feature		U = Useful feature	N = Not necessary				
AREA (Where)	**ACTION (What)**	**INDICATOR (How will I know)**	**METHOD (How)**	**RATIONALE (Why)**	**LEAD RESPONSIBILITY (Who)**	**TIME-SCALE (When)**	**E**	**U**	**N**
				conversation or telephone conversation with an unknown nurse educator.					
Website of the NEI	Create a virtual tour of the NEI (access via the website of the NEI).	Increase Internet traffic (number of hits on website).	In collaboration with ICT-team,	Provide an alternative source of information. Allow prospective applicants to browse for information in the convenience of their own home and at their own time. Place and time restrictions are eliminated.	Recruiter in collaboration with ICT-team	Before submis-sion of applica-tions starts.	E	U	N
Website of the NEI	Create a virtual world where potential applicants can visit the NEI and hospital (different departments) in cyberspace.	Increase Internet traffic (number of hits on website).	In collaboration with ICT-team.	Provide an alternative source of information. Allow prospective applicants to browse for information in the convenience of their own home	Recruiter in collaboration with ICT-team.	Before submis-sion of applica-tions starts.	E	U	N

Section B: The specific actions and features in the action plan for recruitment									
Rating scale:		E = Essential feature		U = Useful feature		N = Not necessary			
AREA (Where)	**ACTION (What)**	**INDICATOR (How will I know)**	**METHOD (How)**	**RATIONALE (Why)**	**LEAD RESPONSIBILITY (Who)**	**TIME-SCALE (When)**	**E**	**U**	**N**
				and at their own time. Place and time restrictions are eliminated.					
Website of the NEI	Launch games and competitions on the website of the NEI.	Increase Internet traffic (number of hits on website).	In collaboration with ICT-team.	Draw prospective applicants to the website of the NEI. Hope that word-of-mouth marketing will spread the message to the public.	Recruiter in collaboration with ICT-team.	As soon as possible. Before submis-sion of applica-tions starts.	E	U	N
World-wide web	Establish general web-based advertising.	Increase Internet traffic on the website of the NEI. Consider a "pay-per-click" system for monitoring purposes.	In collaboration with ICT-team, advertise, e.g. on Google or on-line magazines and newspapers (not limited to examples only).	Increase the visibility of the NEI and reach the technologically savvy members of the public.	Recruiter and in collaboration with ICT-team.	Nego-tiable. Prefera-bly before the submis-sion of applic-ations starts.	E	U	N

Section B: The specific actions and features in the action plan for recruitment									
Rating scale:		E = Essential feature		U = Useful feature		N = Not necessary			
AREA (Where)	**ACTION (What)**	**INDICATOR (How will I know)**	**METHOD (How)**	**RATIONALE (Why)**	**LEAD RESPONSIBILITY (Who)**	**TIME-SCALE (When)**	**E**	**U**	**N**
World-wide web	Social media.	Increase Internet traffic on website of the NEI. Consider a "pay-per-click" system for monitoring purposes	NEI select targeted applications (e.g. Twitter and Mxit) and advertise on these applications.	School learners are aware of the NEI and that they provide training.	Recruiter and in collaboration with ICT-team.	Nego-tiable. Prefera-bly before the submis-sion of applica-tions starts.	E	U	N
World-wide web	Social media	Increase Internet traffic on the Facebook page of the NEI.	Create a Facebook page that is actively maintained by a nurse educator.	School learners are aware of the NEI and that they provide training.	Recruiter and in collaboration with ICT-team.	Negotia-ble. Prefera-bly before the submis-sion of applicati ons starts.	E	U	N

Section B: The specific actions and features in the action plan for recruitment									
Rating scale:		E = Essential feature		U = Useful feature	N = Not necessary				
AREA (Where)	**ACTION (What)**	**INDICATOR (How will I know)**	**METHOD (How)**	**RATIONALE (Why)**	**LEAD RESPONSIBILITY (Who)**	**TIME-SCALE (When)**	**E**	**U**	**N**
4. Traditional (printed and electronic media) advertising methods for marketing and recruitment purposes									
Local/ regional newspaper and magazines	Advertisement.	Increase in number of enquiries. Members of the public quote the reference number as displayed in the advertisement.	In local/regional newspaper and magazine, place advertisements about NEI, training available and career possibilities. Maybe partner with hospital group.	Provide information to general public and prospective applicants. Increase visibility.	Recruiter.	Before the submis-sion of applica-tions starts.	E	U	N
Local/ regional newspaper and magazines	Competition.	Number of returned competition entry forms.	Launch a competition in the printed media. The focus ought to be specifically on the NEI and the nursing profession.	Provide information to general public and prospective applicants. Increase visibility.	Recruiter.	Before submis-sion of applica-tions starts.	E	U	N
Radio	Advertisement.	Unsure whether it is measurable, unless NEI asks on application	Advertise on radio. Focus on the NEI and the training courses.	Awareness campaign. Public is aware of training and is provided with information.	Recruiter.	Daily.	E	U	N

Section B: The specific actions and features in the action plan for recruitment									
Rating scale:		E = Essential feature		U = Useful feature		N = Not necessary			
AREA (Where)	**ACTION (What)**	**INDICATOR (How will I know)**	**METHOD (How)**	**RATIONALE (Why)**	**LEAD RESPONSIBILITY (Who)**	**TIME-SCALE (When)**	**E**	**U**	**N**
		form: "Where did you find information about us?"							
Television	Advertisement.	Unsure whether it is measurable, unless NEI asks on application form: "Where did you get information about us?	Advertise on television. Focus on the NEI and the training courses.	Awareness campaign. Public is aware of training and is provided with information.	Recruiter.	Daily.	E	U	N
Movie theatres	Advertisement	Unsure whether it is measurable, unless NEI asks on application form: "Where did you get information about us?"	Advertise in the movie theatres. Focus on the NEI and the training courses.	Awareness campaign. Public is aware of training and is provided with information.	Recruiter.	Daily.	E	U	N

Section B: The specific actions and features in the action plan for recruitment									
Rating scale:		E = Essential feature		U = Useful feature		N = Not necessary			
AREA (Where)	**ACTION (What)**	**INDICATOR (How will I know)**	**METHOD (How)**	**RATIONALE (Why)**	**LEAD RESPONSIBILITY (Who)**	**TIME-SCALE (When)**	**E**	**U**	**N**
Shopping Malls	Combined: • Printed matter and personal contact; and • Banners and displays.	Difficult to measure.	Put up banners / displays in shopping malls. Have pamphlets available with information. Nurse educators and students to man the display area.	Inform public of NEI and training provided by NEI. Information is provided. Can combine it with addressing the image of nursing.	Recruiter. Young dynamic nurse educators (both genders, representative races). Nursing students.	During holidays when malls are busier.	E	U	N
5. NEI related (at premises)									
NEI	Open days.	Attendance register.	Host NEI-initiated open-days to showcase the NEI, lecture rooms and equipment. Use current students to provide information and assistance.	Learners (and parents) get a realistic view of the NEI and its infrastructure.	Nurse Educators. Students.	At least twice a year.	E	U	N
NEI	Campus tours.	Attendance register.	Host NEI-initiated campus days to showcase the NEI and surroundings. Use current students to provide	Learners (and parents) get a realistic view of the NEI and its infrastructure.	Nurse Educators Students.	At least twice a year and on request.	E	U	N

Section B: The specific actions and features in the action plan for recruitment									
Rating scale:		E = Essential feature		U = Useful feature		N = Not necessary			
AREA (Where)	**ACTION (What)**	**INDICATOR (How will I know)**	**METHOD (How)**	**RATIONALE (Why)**	**LEAD RESPONSIBILITY (Who)**	**TIME-SCALE (When)**	**E**	**U**	**N**
			information and assistance.						
NEI Research	Analysis of data about students who drop out / terminate training.	File all terminations of training according to reasons. Review annually.	Exit interviews with students who terminate training.	Knowledge about reasons for dropping out would assist with addressing those aspects during the recruitment phase. Prospective students have a realistic impression of the positive and negative aspects of the training.	HR – exit interviews.	Before student's last day at NEI.	E	U	N
NEI Research	Analysis of data about students who stay / continue with training.	Annual surveys amongst groups according to each year of study.	Surveys.	The positive aspects are strong points and are focussed on during the recruitment campaign.	Nurse educators.	Annually.	E	U	N

Section B: The specific actions and features in the action plan for recruitment									
Rating scale:		E = Essential feature		U = Useful feature		N = Not necessary			
AREA (Where)	**ACTION (What)**	**INDICATOR (How will I know)**	**METHOD (How)**	**RATIONALE (Why)**	**LEAD RESPONSIBILITY (Who)**	**TIME-SCALE (When)**	**E**	**U**	**N**
6. Hospital related									
Hospital	Meeting with Hospital and Nurse Manager.	Permission is granted. Working relationship / Memorandum of Agreement (MoA) is established.	At least annual meeting(s) with both. Present information about level of involvement, risks, precautions and indemnity.	To acquire permission to allow school learners in the hospital for: • tours; • shadowing a nurse at work; and • voluntary vacation work.	Recruiter	Begin-ning of each year	E	U	N
Hospital	Hospital tours. (Partner with the hospital).	Enquiries received. Feedback from hospitals. Attendance register.	Host hospital tours for interested groups of school learners.	Learners get a realistic view of the hospital and infrastructure.	Hospital and Nurse Manager. Recruiter. Nursing personnel of hospital. Managers of various division (e.g. theatre, pharmacy, rehabilitation, etc.)	Twice a year.	E	U	N
Hospital	Shadowing a nurse at work.	Enquiries received. Feedback from hospitals.	Place advertisement in local newspaper or visit schools and invite school	Learners get a realistic view of the hospital and its infrastructure.	Hospital and Nursing Manager. Recruiter. Nursing personnel	During school holidays.	E	U	N

Section B: The specific actions and features in the action plan for recruitment									
Rating scale:		E = Essential feature		U = Useful feature		N = Not necessary			
AREA (Where)	**ACTION (What)**	**INDICATOR (How will I know)**	**METHOD (How)**	**RATIONALE (Why)**	**LEAD RESPONSIBILITY (Who)**	**TIME-SCALE (When)**	**E**	**U**	**N**
		Attendance register.	learners. Send communiqué to parents – they have to give consent.	They gain first-hand experience of what nursing entails.	of selected units, who are extremely passionate and positive about nursing and who have expressed an eagerness to participate.				
Hospital	Voluntary vacation work.	Enquiries received. Feedback from hospitals. Attendance register.	Place advertisement in local newspaper or visit schools to invite school learners. Send communiqué to parents – they have to give consent.	Learners get a realistic view of the hospital and its infrastructure. They gain a first-hand experience of what nursing entails.	Hospital and Nursing Manager. Recruiter. Nursing personnel of selected units, who are extremely passionate and positive about nursing and who have expressed an eagerness to supervise the vacation workers. If compensation is involved, nursing agencies might need to be involved in discussions and negotiations.	During school holidays.	E	U	N

Section B: The specific actions and features in the action plan for recruitment									
Rating scale:	E = Essential feature		U = Useful feature		N = Not necessary				
AREA (Where)	**ACTION (What)**	**INDICATOR (How will I know)**	**METHOD (How)**	**RATIONALE (Why)**	**LEAD RESPONSIBILITY (Who)**	**TIME-SCALE (When)**	**E**	**U**	**N**
Hospital	Hospital-initiated workshops (NEI partners with hospital).	Enquiries received. Feedback from hospitals. Attendance register.	Place advertisement in local newspaper or visit schools to invite school learners. Send communiqué to parents.	Learners are introduced into the various components of nursing duties(not limited to nursing in wards). Get learners excited about nursing. Provide information about a health-related subject in which they are interested.	Recruiter. Nursing personnel. Nurse educators (provide a good cultural and gender mix).	During school holidays. During week-ends.	E	U	N
7. Role-players external to the school									
Parents	Contact parents and provide information about training at NEI.	Parents will contact NEI. Reference number on communiqué will be provided.	Communiqué via school.	Learners need their parents' permission (and often approval and support) to pursuit a career in nursing.	Recruiter.	At least annually.	E	U	N

Section B: The specific actions and features in the action plan for recruitment									
Rating scale:		E = Essential feature		U = Useful feature		N = Not necessary			
AREA (Where)	**ACTION (What)**	**INDICATOR (How will I know)**	**METHOD (How)**	**RATIONALE (Why)**	**LEAD RESPONSIBILITY (Who)**	**TIME-SCALE (When)**	**E**	**U**	**N**
Pre-nursing institutions	Present talks to the students and provide information about training at NEI.	Feedback from applicants.	Personal communication and leaflet with information.	Although the SANC does not acknowledge the existence of such institutions, the students who completed their training might be interested to further their studies.	Recruiter.	At least annually.	E	U	N
Employment agencies	Provide leaflets with information.	Possible feedback from agencies and applicants.	Personal communication and leaflet with information.	Second career adults might be interested in nursing training.	Recruiter.	At least annually.	E	U	N
Ambulance colleges	Provide leaflets with information.	Possible feedback from applicants.	Personal communication and leaflet with information.	Second career adults might be interested in nursing training.	Recruiter.	At least annually.	E	U	N
Charity organisations	Present talks to members. Provide information.	Possible feedback from applicants.	Personal communication and leaflet with information.	Leaders might be aware of community members who are interested in nursing and can direct them towards nursing training.	Recruiter.	At least annually.	E	U	N

Section B: The specific actions and features in the action plan for recruitment									
Rating scale:		E = Essential feature		U = Useful feature		N = Not necessary			
AREA (Where)	**ACTION (What)**	**INDICATOR (How will I know)**	**METHOD (How)**	**RATIONALE (Why)**	**LEAD RESPONSIBILITY (Who)**	**TIME-SCALE (When)**	**E**	**U**	**N**
Faith-based organisations	Present talks to members. Provide information.	Possible feedback from applicants.	Personal communication and leaflet with information.	Leaders might be aware of members of congregation who are interested in nursing and can direct them towards nursing training.	Recruiter.	At least annually.	E	U	N
Elders in the community	Talks with the elders in the community. Possible high visibility in the community by involvement in community projects.	Possible feedback from applicants.	Personal communication and leaflet with information.	If the elders view nursing in a positive light, they might influence the community positively towards a career in nursing. Elders might be aware of community members who are interested in nursing and can direct them towards nursing training.	Recruiter.	At least annually.	E	U	N

Section B: The specific actions and features in the action plan for recruitment									
Rating scale:		E = Essential feature		U = Useful feature		N = Not necessary			
AREA (Where)	**ACTION (What)**	**INDICATOR (How will I know)**	**METHOD (How)**	**RATIONALE (Why)**	**LEAD RESPONSIBILITY (Who)**	**TIME-SCALE (When)**	**E**	**U**	**N**
Community leaders	Talks with the community leaders. Possible high visibility in the community by involvement in community projects.	Possible feedback from applicants.	Personal communication and leaflet with information.	If the community leaders view nursing in a positive light, they might influence the community positively towards a career in nursing. Leaders might be aware of community members who are interested in nursing and can direct them towards nursing training.	Recruiter.	At least annually.	E	U	N
Sport clubs		Possible feedback from applicants.	Personal communication and leaflet with information.		Recruiter.	At least annually.	E	U	N

Section B: The specific actions and features in the action plan for recruitment									
Rating scale:		E = Essential feature		U = Useful feature	N = Not necessary				
AREA (Where)	**ACTION (What)**	**INDICATOR (How will I know)**	**METHOD (How)**	**RATIONALE (Why)**	**LEAD RESPONSIBILITY (Who)**	**TIME-SCALE (When)**	**E**	**U**	**N**
8. Quality control									
NEI	Audit / evaluate the recruitment process.	Results from audit / assessment.	Create and utilise an assessment tool to evaluate the marketing and recruitment initiative. Celebrate successes/best practices and adjust plan to eliminate/adjust less successful endeavours.	A recruitment plan that is evidence-based and updated annually.	Manager of NEI. Recruiter. Nurse Educators.	At the end of each cycle.	E	U	N
9. Additional suggestions									
							E	U	N

5.4 Validation of the action plan

The action plan had been compiled using feedback from the survey-questionnaires completed during Phase 2 and 3 combined with information found in the literature. After compilation, the action plan was scrutinised by my supervisors for applicability and congruency of content. After approval was received from my supervisors, a validation meeting was called. I had sent an invitation to the following NEIs and requested them to nominate a representative, involved in nursing recruitment, from each NEI to participate in the validation meeting:

- Group A (involved during Phases 1, 2, 3 and 4);
- Group B (possibly involved during Phase 3. Certainly involved during phase 4);
- Group C (involved during Phases 2, 3 and 4);
- Another 2 private NEIs not affiliated to a specific hospital / group (possibly involved during Phase 3. One NEI was definitely involved during Phase 4); and
- A University of Technology (possibly involved during Phase 3. Definitely involved during Phase 4).

The rationale for the selection of these participants was influenced by the fact that the first three hospital groups on the lists represented 85% of the major private hospital groups in South Africa. The nurse educators from these hospitals were included in the original sample for the completion of survey-questionnaires 2 and 3.

The participants included

- one manager of a NEI (involved in student recruitment and selection);
- an acting manager of a NEI (also involved in student recruitment and selection);
- three nurse educators who formed their NEI's student recruitment working group,
- one nurse educator newly appointed as a Nursing Manager at a private hospital (previously a nurse educator involved in student recruitment); and
- another nurse educator enrolled for her PhD but also involved with the recruitment of students at her own NEI.

I envisaged that each participant would bring a unique context-relevant perspective, which would have contributed to the feasibility of the action plan.

All the NEIs that had been invited, agreed to send a member to participate in the validation meeting.

5.4.1 Pre-arrangements

It was difficult to find a time and venue suitable and convenient to all the validation group members. Therefore, I decided to host the meeting on a Friday morning, prior to the quarterly regional Nursing Education Association (NEA) meeting since my validation team were all members of the NEA and confirmed attendance of the meeting. The duration of the validation meeting was limited to an hour in order to keep the members focussed and to prevent the discussion of unrelated topics. These arrangements seemed to suit all participants.

The action plan, accompanied by a cover letter was emailed to all participants on the 29th of February 2012 (2 days prior to the meeting). It enabled the participants to familiarise them with the content of the action plan, to reflect on it, to identify possible concerns and to formulate suggestions for improvement. Participants were requested to provide their working copies of the action plan for the meeting.

The venue of the NEA-meeting was the Lifehealthcare College of Learning. The campus manager offered me the use one of her lecture rooms for the duration of the validation meeting before commencement of the NEA-meeting.

5.4.2 The validation meeting

The validation meeting was held on the 2nd of March 2012 and seven (7) participants were present. Representatives of all the major NEIs that were involved during phases 2 and 3 were represented. However, the representative from one particular NEI did not show up for the validation meeting.

Coffee was served before the meeting started. Each participant also received a bag with some refreshments, a folder containing the informed consent form that needed to be signed, and an additional copy of the action plan and a pen. A facilitator was

also present for quality assurance purposes and for facilitating the meeting. The meeting started at 08:00 and lasted an hour, i.e. until 09:00.

5.4.2.1 Proceedings

I assumed the role of chairperson and welcomed everybody who was present. All participants were thanked for their presence and their envisaged contributions to the action plan.

5.4.2.2 Introductions

I started the meeting by introducing myself and the facilitator. In turn, the participants introduced themselves. It was followed by a quick overview and explanation by the facilitator of the rationale for the meeting. The purpose of my study and the envisaged outcome of the whole process were shared with the participants.

5.4.2.3 Ethical principles

The facilitator subsequently gave the participants the assurance that all information and contributions would be treated with confidentiality and ensured them that their responses would remain anonymous. Their responses would neither be associated with their names, nor with their employers/NEIs. The working document (draft action plan) on which the respondents wrote their comments, did neither contain the respondents' names, nor any other identifying information. The facilitator further requested the participants to remove or erase any identifying information, if any, from the working document.

Before signing the informed consent form, it was once again reiterated that participation was voluntary, that they would not receive any financial compensation for their participation and that they might withdraw at any time, should they wish not to participate any further. The no-harm disclosure was explained. After these explanations, the participants signed their Informed Consent Forms (Annexure D). All seven participants signed the forms. The facilitator collected the forms and planned to file it separately from the draft document on which they were working.

5.4.2.4 The validating process

The participants were asked to evaluate each component and action on the action plan separately as being either "essential", "useful" or "not necessary". After each component was evaluated the participants were requested to evaluate the action plan in its entirety. The aim was to establish whether it could be a generally practicable plan for student recruitment at private NEIs. It was emphasised that each NEI would need to adapt the plan in order to suit its own unique and specific needs and that not all actions or features would necessarily be utilised by all NEIs. We then proceeded by discussing the action plan as presented (Table 5-2).

Each action on the action plan was read out and a discussion followed about the feasibility and usability of that action. Every participant was afforded an opportunity to present her views, comments and concerns. Deliberation was allowed. However, there was no need to reach consensus on the various actions. After the discussion, each participant indicated their ratings on the action plan. The process had been repeated until all the actions were discussed.

At the end of the meeting the action plans, containing the participants' ratings and suggestions, were collected and I subsequently collated the data. Although I knew the participants, the action plans were collected by the facilitator and contained no personal information (such as names of respondents or hospital groups) and, therefore, the ratings were regarded as anonymous since no rating could be traced to the participant that gave that rating. I was taking field notes during the validation meeting that enabled me to write clear comments after receiving all the returned action plans.

At 9:00 the discussions were concluded. The facilitator thanked everyone once again and the meeting was adjourned.

5.4.3 Data analysis: Participant rating

The comments, suggestions and field notes from the validation discussion of the action plan are summarised in Table 5-3. The final ratings of the participants are also included in the summary. The reader ought to be aware of the fact that the

seven participants did not rate every action. Therefore, at some of the actions, only five or six respondents supplied ratings.

Table 5-3: Ratings and feedback from participants

Section A: The general (non-specific) over-arching key focus areas of the action plan for recruitment					
Rating scale: E = Essential feature U = Useful feature N = Not necessary					
AREA Where	**ACTION What**	**Summary of verbal responses from participants (my field notes)**	**E**	**U**	**N**
NEI: Managerial level	Appoint a dedicated marketing and recruitment person/team.	• In general, a dedicated recruiter appeared to be a good suggestion, although most of the respondents verbalised concerns about financial implications. • There was agreement that a very detailed job-description will be needed, should a dedicated recruiter be appointed. • Later discussions reverted back to this topic and the respondents indicated that the dedicated recruiter will need to be a professional registered nurse.	7	0	0
NEI: Plan in its entirety	Develop a standardised procedure for fair recruitment. Action plan focuses exclusively on: • marketing the NEI, training and profession; and • recruitment of candidates. See Section B for specifics/details.	• The respondents indicated that it was long overdue:"That is why our recruitment is in the bad state that it is – there is no plan." • Recruitment is done haphazardly. • Recruitment is not done consistently. • The recruitment efforts are not measured / evaluated. • There is no communication about recruitment. • A lack of integration of the process causes recruitment to be ineffective.	7	0	0
NEI: Managerial level - budget	Compile a budget exclusively for: • marketing the NEI; and • recruitment of candidates.	• It was deemed necessary, but respondents were again unsure about who would finance the recruitment costs. They suggested that it would need to be negotiated with the relevant role players (e.g. employer or hospital group).	7	0	0
NEI & Stakeholders – awareness	Raise awareness of the action plan with relevant stakeholders.	• Five respondents felt that it was crucial because the employer or hospital group ought to provide the money for the recruitment activities.	5	1	0

		• They indicated that some hospitals had unrealistic expectations because they did not always understand recruitment from the perspective of the NEI.			
NEI & Stakeholder requirements & requests	Involve stakeholders and employers (if any) to determine their requirements and requests about number of students and diversity.	• Especially relevant/related to SETA learnerships (3.4.2.1). • All of the respondents indicated that it was really an important action to include.	7	0	0
NEI & Stakeholders – student diversity	Prioritise/ establish student distribution/ diversity.	• All participants agreed that it was important.	7	0	0
NEI – monitoring	Quality management/ assurance (procedures).	• Six of the respondents agreed that quality assurance was absolutely important. They also suggested that it should be aligned according to the requirements of HWSETA since HWSETA provided the benchmark.	6	1	0
NEI – feedback	Quality management/ assurance (feedback).	• No additional comments or suggestions were provided here.	6	1	0

Section B: The specific actions/features in the action plan for recruitment					
AREA Where	**ACTION What**	**Verbal responses from participants**	**E**	**U**	**N**
1. Marketing and recruitment at school premises: academic and non-academic personnel					
Primary and secondary / high schools: Teaching and non-academic personnel	Meeting with principal.	• In general, the respondents felt that it was a necessary first step since one cannot engage with the educators or learners without the prior permission of the principal. • If the principal is not available, any person delegated by the principal can then be contacted. •	6	1	0
Primary and secondary / high schools: Teaching and non-academic personnel	Meeting with career counsellor.	• Include Heads of Department or Learning Areas as well.	6	1	0
Primary and secondary / high schools: Teaching and non-academic personnel	Meeting with educators	• Important, but the recruiter needed to follow the hierarchy or organogram (chain of command) at the school.	3	3	0

Section B: The specific actions/features in the action plan for recruitment					
AREA Where	**ACTION What**	**Verbal responses from participants**	**E**	**U**	**N**
Primary and secondary / high schools: Teaching and non-academic personnel	Meeting with school media centre managers	• Involve the IT educator as well. • It might be possible to arrange with the media centre managers to provide a display in the entrance hall or in a corner in the school hall.	2	5	0
Primary and secondary / high schools: Teaching and non-academic personnel	Meeting with school nurse (if available / appointed at school).	• Meetings with nurse or with any other health professional at the school, e.g. psychologist or speech therapist. • One respondent was concerned that the learners might have a negative view(image or perception) of the school nurse and that involving him or her, might be detrimental to the recruitment efforts. • Two other respondents, however, felt that it was a good person to involve since she formed part of the institutional memory. • Four of the respondents felt that it was a useful, but not an essential action.	2	4	1
Primary and secondary / high schools: Teaching and non-academic personnel	Meeting with sports co-ordinator.	• Concerns were raised about the degree of involvement with a sports coordinator. If it was expected of the NEI to provide medical assistance at sport events, aspects such as medical-legal risks and indemnity would need careful consideration. • There were enquiries about the qualification and level of training that the person should ideally have. It was suggested that the recruiter ought to have at least a Basic Life Support (BLS) qualification.	1	4	2
2. Marketing and recruitment at schools premises (the focus is on the learners)					
Pre-primary	Various activities to promote the profession as a future career option.	• Most participants agreed that the increased visibility of the profession would be good (useful but not essential).	0	6	0
Primary school	Talks about duties and responsibilities of a nurse. Emphasis is on the caring aspect.	• Good since it increases visibility and awareness. • Involve the nursing students – allow them to give the health talks at the schools.	2	7	0

Section B: The specific actions/features in the action plan for recruitment					
AREA Where	**ACTION What**	**Verbal responses from participants**	**E**	**U**	**N**
High school / Secondary school	Nurse educators become involved in presenting selected modules during life orientation.	• This suggestion was initially met with resistance since the major concerns (obstacles) were the time and cost constraints of involving the nurse educator. After a discussion, it was acknowledged that this action would only be possible at a selected few schools. • The agreed-upon suggestion was that the dedicated recruiter should be mainly responsible for these activities since it formed part of marketing and recruitment.	5	2	0
High school / Secondary school	Be a guest speaker at school about various health related topics.	• There was a strong feeling that the topics should not be restricted to HIV and STDs.	7	0	0
High school / Secondary school	Become involved in career days.	• No additional comments or suggestions were offered since all participants felt it was a high priority activity.	7	0	0
High school / Secondary school	Address learners about learning area selection	• Another priority action. • It was strongly suggested that contact should already be established during the first school term.	7	0	0
High school / Secondary school	Provide academic assistance to selected learners.	• In general, this suggestion created discomfort amongst the respondents. Again, questions about time constraints were raised. • Little support for this action was forthcoming from the respondents. • If this action was to be executed, the recruiter ought to be involved.	1	3	3
High school / Secondary school	Present credit-bearing courses (e.g. basic life support) at school.	• Ought to be executed by the dedicated recruiter. • A discussion evolved about when these courses should be presented. • Some respondents suggested that it could form part of the CSI (corporate social investment / responsibility) initiative of the NEI. • The participants, in general, felt positive about this suggestion.	0	6	0
High school / Secondary school	Increase visibility at achievers function.	• No comments or suggestions provided.	1	6	0

Section B: The specific actions/features in the action plan for recruitment					
AREA Where	**ACTION What**	**Verbal responses from participants**	**E**	**U**	**N**
High school / Secondary school	Marketing and recruitment amongst Grade 11 and 12 learners.	• Although the participants agreed that it was essential, no additional comments or suggestions were provided.	7	0	0
High school / Secondary school	Marketing and recruitment among Grade 12 learners (weekend camps).	• This suggestion was met with opposition and a big "NO!" was vented by most of the participants. • The major concern was about indemnity, risks and responsibilities. • There was a suggestion that, should it be hosted, Grade 11 learners should be included.	1	1	5
High school / Secondary school	Increase visibility during extramural activities.	• The participants were not very optimistic about this suggestion. Again, concerns about risks and responsibilities were voiced.	0	4	2
3. Web-based marketing and recruitment					
Website of the hospital	Provide link to the website of the NEI.	• Participants had a positive attitude about this action. No additional comments or suggestions were offered.	6	1	0
Website of the NEI	Provide information about: • nursing as a career; • the NEI (including admission requirements and contact details); and • on-line application form with immediate response.	• Participants had a relatively positive attitude about this action. No additional comments or suggestions were offered.	5	2	0
Website of the NEI	Create a virtual tour of the NEI (access via the website of the NEI).	• The participants reacted very positively and were excited about this action. The general feeling was that it was very time effective for the nurse educators and it was learner driven. No input (after creating the virtual tour) was needed from the nurse educators.	7	0	0
Website of the NEI	Create a virtual world where potential applicants can pay the NEI and hospital (different	• The majority of participant were of the opinion that it was a "nice to have" feature, but they did not consider it to be essential.	2	5	0

Section B: The specific actions/features in the action plan for recruitment					
AREA Where	**ACTION What**	**Verbal responses from participants**	**E**	**U**	**N**
	departments) an Internet visit.				
Website of the NEI	Launch games and competitions on the website of the NEI.	• The participants suggested that these games should be nursing games for primary school children. It did, however, needed the involvement of the IT educator.	1	6	0
World-wide web	Engage in general web-based advertising,	• No comments or suggestions	6	1	0
World-wide web	Social media	• No comments or suggestions	1	6	0
World-wide web	Social media (e.g. Facebook).	• Although rated overall as useful, the comments were not positive. • Discussions revolved around the possibility of negative comments on Facebook and the public image of the NEI. The conclusion that was reached was that the negative comments were in the public domain and it would serve the NEI better to be aware of these comments and complaints (and address it) than to turn a blind eye.	0	7	0
4. Traditional (printed and electronic media) advertising methods for marketing and recruitment purposes					
Local/ regional newspaper and magazines	Advertisement	• The focus should be on newspapers that were freely available to the public. • Rather publish health related articles in newspaper as opposed to advertisements that were company based / focussed.	6	1	0
Local/ regional newspaper and magazines	Competition	• No comments or suggestions.	2	5	0
Radio	Advertisement	• The participants were of the opinion that it would only be beneficial if the target audience was the parents. • It was suggested that instead of advertisements, the NEI should rather host or sponsor health talks on the radio.	2	4	1

Section B: The specific actions/features in the action plan for recruitment					
AREA Where	**ACTION What**	**Verbal responses from participants**	**E**	**U**	**N**
Television	Advertisement	• The composite feedback from the respondents was not too optimistic. It was suggested that, instead of advertisements, the NEI should rather broadcast documentaries on television. Involvement in television programmes such as "Hello Dokter" (sic) was also suggested. • Health talks on television was another suggestion.	0	6	1
Movie theatres	Advertisement	• The combined feeling was that it was good for visibility, but the participants queried the cost-effectiveness of such an idea. • The majority of the participants deemed this option unnecessary.	0	3	4
Shopping Malls	Combined: • Printed information and personal interaction; and • Banners and displays.	• This suggestion was mostly rated as useful, but not essential. • No additional comments or suggestions were offered.	1	4	2
5. NEI related (on premises)					
NEI	Open days.	• No comments or suggestions were offered.	4	2	1
NEI	Campus tours.	• No comments or suggestions were offered.	3	3	1
NEI Research	Analysis of data about students who drop out / terminate training.	• No comments or suggestions were offered, although it was rated as essential.	7	0	0
NEI Research	Analysis of data about students who stay / continue with training.	• No comments or suggestions were offered, although it was rated as essential.	7	0	0
6. Hospital related					
Hospital	Meeting with Hospital and Nurse Manager.	• Most of the participants regarded these meetings as essential, although the general opinion was that annual meetings (as suggested in the action plan) were not sufficient. The participants suggested more frequent meetings.	6	1	0
Hospital	Hospital tours (Partner with the hospital).	• The views of the participants varied between essential and useful. • No comments or suggestions were offered.	4	3	0

Section B: The specific actions/features in the action plan for recruitment					
AREA Where	**ACTION What**	**Verbal responses from participants**	**E**	**U**	**N**
Hospital	Shadowing a nurse at work.	• The participants were very excited about this suggestion as some of them were currently making use of this system; *"Yes, it works very well in our hospital".*	6	1	0
Hospital	Voluntary vacation work.	• This action resulted in mixed opinions and emotions. • Some of the participants opposed this suggestion since it had legal implications. • Other participants replied: *"We use it – it works well."*	5	1	1
Hospital	Hospital initiated workshops (NEI partner with hospital).	• The responses varied between essential and useful. None of the participants opposed this suggestion. • No further comments or suggestions were offered.	3	4	0
7. Role-players external to the school					
Parents	Contact parents and provide information about training at NEI.	• The responses were relatively evenly distributed amongst the choices. • No strong feelings emerged and no additional comments or suggestions were offered.	2	3	2
Pre-nursing institutions	Present talks to the students and provide information about training at NEI.	• Concerns were raised because, according to the participants, most of these people already did not meet the entry requirements for nursing.	2	2	1
Employment agencies	Provide leaflets with information.	• The participants were of the opinion that it was a viable option, but concerns were raised about placement fees. • My intent with this action was, however, that leaflets about nursing training ought to be displayed in the offices of these agencies. The intent was not that the agency should assist with the recruitment of students.	3	3	1
Ambulance colleges	Provide leaflets with information.	• It was deemed a useful action but not crucial. • It was suggested that the NEI should *"work with them as part of the recruitment".*	2	3	1

Section B: The specific actions/features in the action plan for recruitment					
AREA Where	**ACTION What**	**Verbal responses from participants**	**E**	**U**	**N**
Charity organisations	Present talks to members. Provide information.	• It was regarded as a useful additional endeavour since it increased the visibility of the NEI in the community.	1	6	0
Faith-based organisations	Present talks to members. Provide information.	• The general opinion was again that it was a useful action, but definitely not one of high priority. • No additional comments or suggestions were provided.	0	6	1
Elders in the community	Talks with the elders in the community. Possible high visibility in the community by getting involved in community projects.	• The importance of this action varied with the majority of respondents selecting the useful but not essential option. • *"Depending on the community. In some communities the elders do not have that big an influence anymore."*	2	4	1
Community leaders	Talks with the community leaders. Possible high visibility in the community by getting involved in community projects	• The community leaders received a higher rating than the elders in the community. Most of the participants were of the opinion that it was essential to involve the community leaders in dialogue. • *"Depending on the community. In some communities the elders/community do not have that big an influence anymore."*	6	1	0
Sport clubs		• No comments or suggestions were offered.	0	4	3
8. Quality control					
NEI	Audit / evaluate the recruitment process.	• All the participants agreed that it was extremely important and a definite high and essential priority.	7	0	0

After the eighth topic (quality control), I included a ninth row for additional comments or suggestions. Only three participants wrote comments. One of the comments was to replace the "nurse educator" in the action plan with "dedicated recruiter". To me, it was a good suggestion, but I would rather use both instead of choosing only one as it might be possible or ever beneficial to have an educator as a recruiter.

A second suggestion was to consider cell phone advertising. The other six members of the validation meeting supported this suggestion and, therefore, I will include it in my final action plan.

The last suggestion (Afrikaans quotation below) referred in summary to our public image in the hospitals. In hospitals, our advertisement was the nurses. The respondent shared a concern that the attitudes and behaviour of the nurses needed serious attention and correcting. The negative effect that the prevailing image of nursing as a profession had on recruitment was discussed in 3.10.3 and confirmed in 4.9.4.16.

> *"Ek weet als wat ons bespreek het is belangrik en kan werk. My gedagtes bly egter teruggaan na ons beste bron van advertensie, en dit is die hospitale waar ons werk, waar mense ons sien en beoordeel en waar al die stories vertel word. Ons sal 'n groot poging moet insit om die gedrag en attitude van ons verpleegsters te verbeter."*

5.4.4 The verdict

Only after the detailed discussion of the separate actions and features in the action plan, the final question was presented to the seven participants. They had to give an individual verdict about the feasibility of the action plan. They had to decide whether the action plan, after slight adjustments as proposed by the group, was feasible for the purpose of recruiting students for private NEIs in South Africa.

All seven (7) participants indicated that the presented action plan could be useful as a general or generic plan for the recruitment of students for private NEIs in South Africa. The respondents verbalised that they were convinced that, with slight adjustments, the action plan was practicable /feasible. The consensus was reached that, in principle, the action plan could be approved; although some of the aspects were less likely to be used at a specific NEI.

The meeting adjourned at 9:00 and each participant was thanked for their time, effort and contributions.

5.5 The final action plan

The original action plan consisted of 59 items with recruitment and marketing suggestions. I decided to eliminate all those suggestions that were indicated as "not necessary" by at least two of the seven participants in the validation meeting (28.57% reject rate) since it would yield at least a 70% acceptance rate. Deciding on the rate of acceptance was the prerogative of the researcher. However, my decision to use 70% as an acceptable rate of consensus was informed by various studies that had used the modified Delphi technique of reaching consensus. Although my research was not a Delphi study, I used their guidelines as guiding principles for consensus. The limits for consensus vary from 66% (Behrens, Doyle, Stern, Chuck & McDonnel 2006), to 75% (Carnes, Mullinger & Underwood 2010) and 83% (Armon, Stephenson, MacFaul, Eccleston & Werneke 2001:132 - 142). I, therefore, fixed my indicator of consensus on 70%.

By applying the above range, seven actions in Section B were removed from the action plan (see chapter 6 for the final action plan). The meeting with the sports co-ordinator (under the heading Primary and secondary / high schools: Teaching and non-academic personnel) was removed since four members of the validation meeting indicated it as a "useful" while two members indicated it as "not necessary". Support for this decision could be found in 4.9.4.4. During Phase 3, only two respondents indicated involvement during sport days (presupposing communication between the NEI and the sport co-ordinator).

From the theme of High school / Secondary school, three actions were removed. The first action was the provision of academic assistance to selected learners. Only one member of the validation meeting indicated it as an "essential" action while 3 indicated it as "useful" and another 3 as "not necessary". During the third phase of this study (4.9.4.4), only 6 respondents (10.9%) indicated that their NEI was applying this recruitment action.

The next action that had been removed was Marketing and recruitment amongst Grade 12 learners (weekend camps). Five members of the validation meeting voted

against this action by indicating that it was "not necessary". In the survey-questionnaire of Phase 3 (4.9.4.4), only one respondent indicated that the particular NEI hosted weekend camps for learners who were interested in a nursing career.

Increase visibility during extramural activities was indicated as "not necessary" by two members of the validation group, while four indicated it as "useful". This action was not specified in the third phase of the study and therefore little support could be found to justify this item in the action plan and, as a result, it was omitted.

Running an advertisement in the movie theatres was not done by any respondent during Phase 3 (see 4.9.4.4) and none of the members of the validation meeting indicated it as "essential". Four members rated this action as "not necessary" and subsequently this action was removed.

Contacting parents to provide information about training at the NEI was also removed. During Phase 3 (4.9.4.7), only one respondent indicated that their NEI included this action in there recruiting strategy. During the validation meeting, only two members indicated it as "essential". Therefore, this action was removed from the final action plan.

Contacting sports clubs was also removed as no respondent indicated it during Phase 3 (4.9.4.7) or rated it as "essential" during the validation meeting.

The final action plan that is presented in chapter 6, marks the accomplishment of the envisaged outcome (objective 5 - formulate a viable recruitment plan) of this study. Implementation of the action plan fell outside the scope of this particular study – (Chapter 1.6). Whitehead and McNiff (2006:22) warn against the social science perspective that action plans first need to be implemented. Their rationale behind this warning is motivated by the fact that the implementation of action plans would otherwise become a type of performance management tool.

5.6 Trustworthiness of the research

As described in Chapter 1 (1.15), the trustworthiness of my research was embedded in the methods used and the systems put into place to limit my own subjectivity. The purpose of the validation meeting was to establish credibility of the action plan and to confirm whether it was indeed a valid and reliable plan for recruitment of students at private NEIs in South Africa. The validation meeting was conducted by an independent facilitator who had conducted previous validation meetings and who was a qualitative research expert. The finalised, approved action plan was the result of the collated responses from respondents during Phases 1, 2 and 3 and subsequently validated by everybody present at the meeting on the 2nd of March 2012.

5.7 Conclusion

In this chapter, I have presented the reader with a preliminary action plan for the recruitment of students for nursing education at NEIs in South Africa. I demonstrated how I have ensured credibility of the process and the results. I described the concerns and contributions of all participants. Therefore I can pronounce, with a great level of confidence, that the final action plan presented in chapter 6 is practicable.

This final action plan presented in chapter 6 might be used and implemented at different NEIs. I sincerely hope that this action plan will be implemented and tested at NEIs in South Africa. Hopefully, future research will originate from this action plan to proof the applicability and value thereof.

Like with any research, certain limitations have been inevitable. In the following chapter, I shall describe the limitations that are supporting this study, the action plan and the recommendations that are presented.

Chapter 6: Conclusions, recommendations and limitations

"Opportunity dances with those already on the dance floor."
H. Jackson Brown, Jr.

6.1 Introduction

This research project was based on my conviction that we as nurse educators needed to make a conscious decision and effort to recruit the best and the brightest students for nursing. The escalating nursing staff shortage forced us to relook and rethink our current methods of and strategies for student recruitment. Recruitment could neither be left to chance, nor done haphazardly. It would cause irreparable harm to the nursing profession if recruitment efforts kept on yielding average nursing students, while other professions purposefully pick the cream of the crop. It forced us to ask the question: "How could I enhance my current recruitment practices?"

In the previous chapters, I had elaborated on the processes and participants who were involved with creating an action plan for the recruitment of nursing students. The focus remained on recruiting undergraduate students for basic nursing training at private NEIs in South Africa.

The activities that were involved in creating the action plan were based on the process model of Zuber-Skerritt (2002:145), which I had adapted to suit this specific situation (Figure 6-1). Additionally, it was augmented by various other recruitment models, such as those models created by Schreurs and Syed (2011); Middleton, *et al.* (1988:8); and Breaugh and Starke (2000) (Chapter 5).

The research process had been completed and the action plan was ready for implementation and evaluation by private NEIs in South Africa. The only outstanding matter was the discussion (Chapter 6) of the findings, implications and recommendations that were an obvious extension of the study. Identified and relevant limitations of the study would also be discussed.

6.2 Summary

This study consisted of four consecutive phases. The first phase (Chapter 2) started with the initial vision or aim of this study. I purposefully selected a single challenge influential to nursing education in the private sector to thoroughly interrogate that one challenge. I used a qualitative, descriptive and contextual research approach to guide this phase. A survey-questionnaire had been sent to my colleagues and I requested them to share their suggestions and frustrations in relation to nursing education in the private NEIs. I collated their inputs and funnelled it down to a single topic, namely student recruitment.

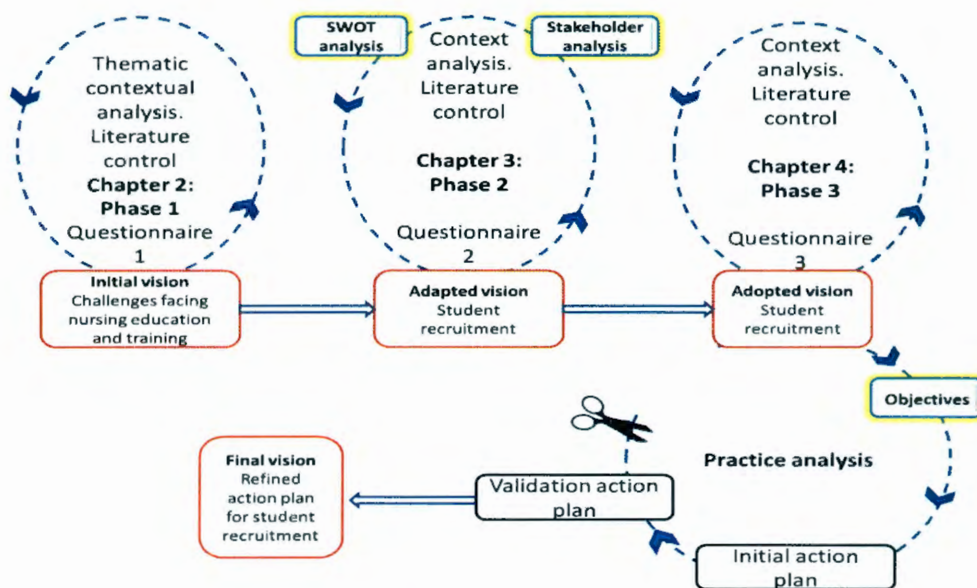

Figure 6-1: Process-planning model

(Adapted from Zuber-Skerritt 2002:145)

The selection of a specific topic gave birth to my adapted vision which signalled the beginning of the second phase (Chapter 3) of the study. Once more, I applied a qualitative research design. I sent a second survey-questionnaire to a larger sample group; including respondents from the three major private hospital groups in South Africa. This survey-questionnaire contained two open questions that focussed on challenges and suggestions about student recruitment at private NEIs in South Africa. The collated feedback confirmed the necessity of this research. The second phase ended at that point.

The third phase (Chapter 4) started with my adopted vision of student recruitment at private NEIs in South Africa. During the third phase, I was changing my design by deciding to embark on a quantitative design with a structured questionnaire that consisted mostly of closed-ended questions. This questionnaire contained all the reported challenges and suggestions from the previous questionnaires and from suggestions found in the literature. Singularly, it was a validation of the results from the previous questionnaires. The results were collated and interpreted by utilising the SPSS software program.

The fourth phase (Chapter 5) focussed on the product of this study; namely an action plan for the recruitment of students at private NEIs in South Africa. The action plan was constructed by making use of the data from the third questionnaire. A validation meeting was held to confirm the practicability of the action plan as a generic recruitment plan for NEIs. All participants at the meeting agreed that the action plan was applicable and feasible at private NEIs in South Africa. In accepting the action plan, the final stage of my vision was achieved; namely the creation of a general action plan for the recruitment of nursing students at the private NEIs in South Africa. The inevitable implementation of this action plan remained. Once implemented, the action plan subsequently ought to be improved by means of a continual process of formative evaluation by the private NEIs in South Africa.

In this study, I was guided by four over-arching and intertwined questions:

1. What were the challenges with regard to the recruitment of nursing students at private NEIs?
2. How could these recruitment challenges be addressed?
3. How could the efficiency of current recruitment processes be enhanced to ensure the recruitment of the most suitable nursing students for basic nursing courses?
4. How could future recruitment practices in private nursing education institutions be enhanced?

These questions were interrogated, the literature was scrutinised, peers were consulted and, finally, an action plan was produced. The answers to the four guiding questions were summarised.

6.2.1 Identifying recruitment challenges

Recruitment challenges were identified during Phase 2 (Chapter 3). In Chapter 3, I had elaborated substantially on the recruitment challenges as identified by the nurse educators and supported by literature (3.10). One of the major challenges remained the supply-demand paradigm (3.2.2), which indicated the severity of staff shortage, while the resources for addressing the staff shortage was still lacking. Addressing one of the aspects of the shortage motivated the rationale of conducting this study about student recruitment. The influential role players of the student recruitment process for nursing training were identified and their sphere of influence was duly explained (3.4.2).

The identified challenges of the respondents were separated into four groups; namely challenges related to the candidate (3.10.1), the NEI (3.10.2), the employer (3.10.4) and the professional image (3.10.3). In the subsequent categories and themes, those challenges were extensively discussed and illustrated by referring to direct responses from participants.

The characteristics of and requirements for the ideal nursing learner (3.10.1.1) were compiled from literature. Suggestions from literature about workable methods; for attracting these nursing learners to nursing training; were presented.

The prevailing dilapidated professional image of nursing as a career (3.10.3) was also highlighted as a stumbling block during the recruitment endeavour.

6.2.2 Addressing the recruitment challenges

Solutions for addressing the recruitment challenges were developed during Phases 2 and 3 (Chapters 3 and 4). Best practices and suggestions were investigated and various literature sources were consulted.

Phase 3 (Chapter 4) encompassed a survey-questionnaire with 35 questions which afforded respondents the opportunity to indicate the applicable recruitment methods and strategies they were using at their respective NEIs and to supply reasons why certain strategies were not used at all. Specific challenges; that were hindering

recruitment; received focussed attention. Certain perceptions of the nurse educators were reported and compared to information found in the literature (4.9).

6.2.3 Recruiting the best students

My aim was to enhance the current recruitment processes in order to ensure that the most suitable candidates were recruited for basic nursing courses. It was done during Phase 2 which had described the ideal candidate (3.10.1.1). It was followed by the creation of an action plan (Chapter 5) for assisting with the recruitment of high quality candidates (5.5).

Various measures and actions were included in this action plan. The purpose of the action plan was to supply nurse educators with a generically structured plan for creating an awareness amongst possible nursing students (within the nurse educators' sphere of influence) of nursing as a possible future career option. Marketing, recruitment and the various role-players; who needed to be consulted; were taken into account during the development of the action plan (5.5).

6.2.4 Enhancing recruitment practices in private nursing NEIs

The created action plan (Chapter 5, Phase 4) was specifically compiled to assist the NEIs with recruitment. The nurse educators in the various NEIs might use this generic action plan as a point of departure during the creation of a recruitment plan that would suit the specific needs of their NEI. Not all actions or features in the action plan (5.5) might necessarily apply to each NEI. Therefore, the NEIs needed to customise the plan for their own purposes and milieu.

When taking the above information into account, I could confidently proclaim that the four research questions; that had been formulated at the beginning of the study; were adequately addressed and answered.

6.3 Research findings

Data that were collected during all four phases of the research project indicated that a dire need existed for recruiting more nursing students who demonstrated professionally congruent characteristics. However, the findings indicated that recruitment was not always conducted in a structured and formal manner and it confirmed the need for an action plan that contained general actions and features that could be considered by the NEIs (5.4.3).

The findings also indicated that dedicated marketing and recruitment was necessary for informing the public about the profession, the career opportunities and the training (3.10.2.1.3 and 3.10.4.1.1). It was also essential to dispel the many myths about nursing as a career and as a profession (3.10.3).

When a NEI diligently focussed on recruitment, employing a registered professional nurse in the position of a dedicated recruiter would seem to be an investment worth making (3.10.2.1 and 4.9.4.2).

6.4 Implications and recommendations

Although it was originally created for the private sector, this action plan could potentially also be applied in the public health sector and in various other disciplines. Against the backdrop of our limited human and financial resources in South Africa, it is imperative that we collectively make a concerted effort to enhance the quality and quantity of the students recruited for our nursing profession.

6.4.1 Implementation of results

As depicted in Figure 6-1, my study exited the last circle before the process was concluded. Therefore, implementation and evaluation of the action plan (as suggested by Zuber-Skerritt) did not occur. As a result, I would recommend that the various NEIs should consider this action plan as their point of departure. During implementation, it needs to be adapted and modified to suit their circumstances,

needs, resources and budget. It would assist the NEIs with structuring student recruitment initiatives that are compatible with a specific NEI and in doing so, recruit students who are well suited for nursing education. This will, per implication, address one of the various causes of the nursing shortage: Ineffective recruitment of applicants.

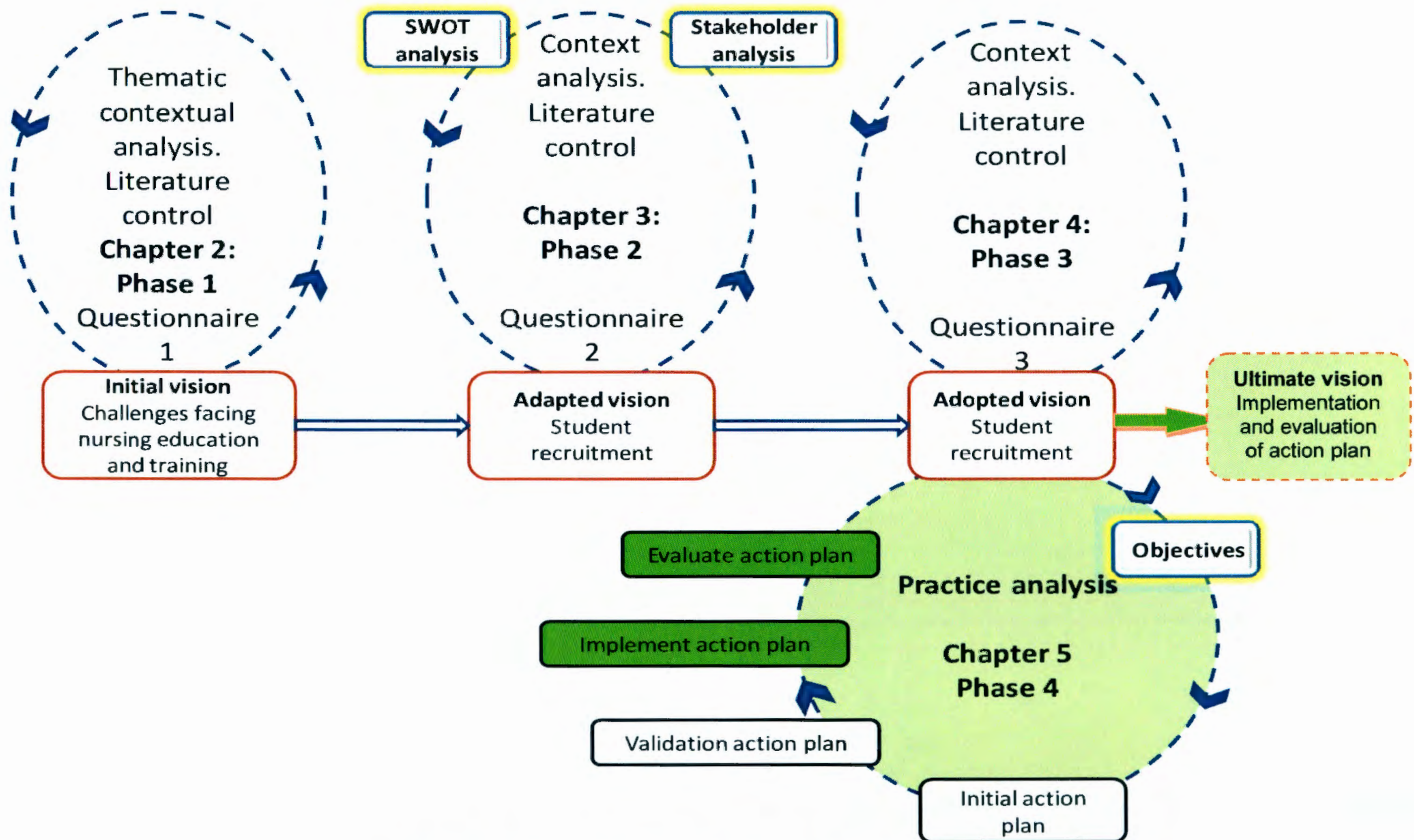

Figure 6-2: Final process-planning model

(Adapted from Zuber-Skerritt 2002:145)

6.4.2 Further study

I would recommend that this action plan be considered for implementation at private NEIs; and at public and parastatal institutions. Additional research is also necessary after the implementation of the action plan that would evaluate the effectiveness of the action plan in order to suggest necessary and scientifically sound amendments (Figure 6-2). This endeavour would complete the first cycle of the action inquiry for NEI specific implementation.

A second cycle of going into an action research mode is suggested (Figure 6-3). A refined action plan would eventually emerge when various of these cycles would be continually reviewed. It undoubtedly will improve the quality (efficiency and effectiveness) and the practicability of the action plan.

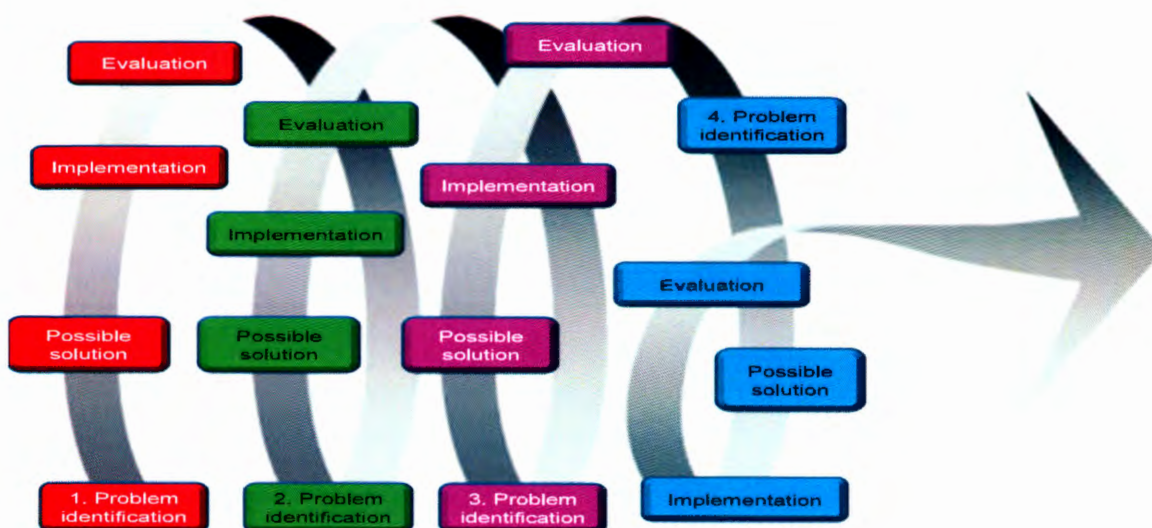

Figure 6-3: Action research cycles

Although student recruitment was and is very important, research in this regard should be largely expanded to also include student selection; and ultimately student and employee retention. Jointly, these three topics could form a beehive of activities for the purpose of directly increasing the number of students at NEIs and indirectly addressing the nursing staff shortage.

6.5 Dissemination of the information

After successful completion of this PhD-study, the action plan will be distributed to all the participants and to identified stakeholders who are steeped in nursing training and education. In order to share the results of this study with a wider audience of nurse educators – in particular the action plan – the publication of articles in appropriate peer-reviewed journals is envisaged. An abstract for a presentation at a national conference was already submitted and accepted. I shall be presenting a paper at the FUNDISA / NEA Conference during September 2012.

6.6 The Final Action Plan

The final action plan that will be distributed to all relevant stakeholders and participants is displayed in Table 6.1

Table 6-1: The final recruitment action plan

Section A: The general over-arching key focus areas of the action plan for recruitment						
AREA (Where)	**ACTION (What)**	**INDICATOR (How will I know)**	**METHOD (How)**	**RATIONALE (Why)**	**LEAD RESPONSIBILITY (Who)**	**TIME SCALE (When)**
NEI: Managerial level	Appoint a dedicated marketing and recruitment person / team.	Appointment confirmed.	Create a specific post with a specific and unique job description for a recruiter. Advertise, interview and appoint an appropriate person(s).	A dedicated recruiter focuses all his / her attention and resources on marketing and recruitment.	NEI manager. HR department.	Before the other recruitment activities start.
NEI: Plan in its entirety	Develop a standardised procedure for fair recruitment. Action plan focuses exclusively on: • marketing the NEI, training and profession; and • recruitment of candidates. See Section B for particulars / details.	Increase the quality and quantity of applicants. Feedback from stakeholders.	All NEI policies, practices and procedures are assessed when developed and annually reviewed. Create the marketing and recruitment action plan, involve stakeholders and get commitment from team members. Link action plan to due dates and measurable outcomes.	Marketing and recruitment happens in a co-ordinated way according to the devised strategy.	All role-players who take part in the recruitment activities are allocated tasks and responsibilities. (NEI manager, HR member, recruiter, marketing representative and committee). See Section B for details	Annually.

Section A: The general over-arching key focus areas of the action plan for recruitment						
AREA (Where)	**ACTION (What)**	**INDICATOR (How will I know)**	**METHOD (How)**	**RATIONALE (Why)**	**LEAD RESPONSIBILITY (Who)**	**TIME SCALE (When)**
NEI: Managerial level - budget	Compile a budget exclusively for: • marketing the NEI; and • recruiting candidates.	An adequate budget is available (and approved) to enable marketing and recruitment.	Conduct a situation analysis of priorities that need funding. Review resource allocation and identify funding priorities.	A dedicated budget for marketing and recruitment will enhance the output of the action plan.	NEI manager, HR manager, recruiter, marketing representative and committee.	Annually; before submission of budget for subsequent year.
NEI & Stakeholders – awareness	Raise awareness of the action plan with relevant stakeholders.	Feedback from stakeholders.	Meetings and written communication with selected / relevant stakeholders. Ensure annual progress reports are provided by personnel responsible for recruitment and public relations.	Stakeholders can access details of the plans and progress of the NEI and have the opportunity to contribute to future priorities.	Dedicated recruiter in conjunction with NEI manager.	Annually.
NEI & Stakeholders' requirements & requests	Involve stakeholders and employers (if any) to determine their requirements and requests in relation to number of students and diversity.	Student population will reflect predetermined parameters by the stakeholders or employers.	SWOT analysis (by employers) to estimate current and requested distribution.	Assist with the compilation and prioritisation of the action plan about student diversity and number of students.	Recruiter.	Annually.

Section A: The general over-arching key focus areas of the action plan for recruitment						
AREA (Where)	**ACTION (What)**	**INDICATOR (How will I know)**	**METHOD (How)**	**RATIONALE (Why)**	**LEAD RESPONSIBILITY (Who)**	**TIME SCALE (When)**
NEI & Stakeholders – student diversity	Prioritise / establish student distribution / diversity.	A fair and representative student population is recruited.	See Section B	See Section B	See Section B	See Section B
NEI – monitoring	Quality management / assurance	A fair and just procedure with equal opportunities for everybody is ensured. Procedures are aligned with the requirements of HWSETA.	Monitor recruitment procedures and data about applicants.	All applicants have the same opportunities as their peers to access information about the educational opportunities at the NEI and are not discriminated against in the provision of offers; including during the interview stage.	NEI manager in collaboration with recruiter.	Annually at the end of each recruitment cycle, before the next cycle.
NEI – feedback	Quality management / assurance	A fair and just procedure with equal opportunities for everybody is ensured.	Review procedures and feedback from stakeholders, nurse educators, nursing students and visitors.	Data gathering / management includes mechanism of analysing data for monitoring and quality assessment purposes.	NEI manager in collaboration with recruiter.	Annually at the end of each recruitment cycle, before the next cycle.

Section B: The specific actions and features in the action plan for recruitment						
AREA (Where)	**ACTION (What)**	**INDICATOR (How will I know)**	**METHOD (How)**	**RATIONALE (Why)**	**LEAD RESPONSIBILITY (Who)**	**TIME SCALE (When)**
1. Marketing and recruitment at school premises: academic and non-academic personnel						
Primary and secondary / high schools: Teaching and non-academic personnel	Meeting with principal.	Permission is granted. Working relationship is established.	At least an annual meeting with principal. Present information about level of involvement and knowledge contribution.	Acquire permission to conduct marketing and recruitment at school by getting involved at various levels.	Recruiter.	Beginning of each year.
Primary and secondary / high schools: Teaching and non-academic personnel	Meeting with career counsellor.	The career counsellor is knowledgeable in relation to nursing as a career and the academic requirements and possible career paths for nurses. Career counsellor emphasises gender equality in nursing.	At least an annual meeting with career counsellor(s).	Establish working relationship and perform needs analysis.	Recruiter and nurse educators.	Beginning of each year.

Section A: The general over-arching key focus areas of the action plan for recruitment						
AREA (Where)	**ACTION (What)**	**INDICATOR (How will I know)**	**METHOD (How)**	**RATIONALE (Why)**	**LEAD RESPONSIBILITY (Who)**	**TIME SCALE (When)**
Primary and secondary / high schools: Teaching and non-academic personnel	Meeting with Heads of Department or Learning Areas		At least an annual meeting.	Establish working relationship and perform needs analysis.	Recruiter and nurse educators.	Beginning of each year.
Primary and secondary / high schools: Teaching and non-academic personnel	Meeting with teachers.	Teachers contact NEI when they need information for or assistance with presentation of health-related content / modules.	At least an annual meeting with teachers and follow-up communiqué.	Establish working relationship and perform needs analysis.	Recruiter and nurse educators.	Beginning of each year.
Primary and secondary / high schools: Teaching and non-academic personnel	Meeting with school media centre managers .	Media centre managers s contact NEI when they need information. Media centre managers verbalises positive comments about nursing as a career.	At least an annual meeting with media centre managers and follow-up communiqué.	Provide career information about nursing. Establish dates to hold a career display in the media centre (possibly co-inside with international nurses' day).	Recruiter and nurse educators.	Beginning of each year and again before international nurses day.

Section A: The general over-arching key focus areas of the action plan for recruitment						
AREA (Where)	**ACTION (What)**	**INDICATOR (How will I know)**	**METHOD (How)**	**RATIONALE (Why)**	**LEAD RESPONSIBILITY (Who)**	**TIME SCALE (When)**
Primary and secondary / high schools: Teaching and non-academic personnel	Meeting with IT educator.	IT educator verbalises positive comments about nursing as a career. IT educator encourages and assists learners to play health-related computer games.	At least an annual meeting(s) with IT educator and follow-up communiqué.	Introduce nursing in a fun way to learners.	Recruiter and nurse educators.	Beginning of each year.
Primary and secondary / high schools: Teaching and non-academic personnel	Meeting with school nurse (if available / appointed at school). Could include any health professional employed or involved at the school	School nurse contacts NEI when she / he needs information. The school nurse provides correct information to the school learners when the latter discuss a nursing career with them.	Annual meetings with the school nurse to partner with her / him about promoting the profession and to raise her /his aware about the training provided by the NEI.	The school nurse is a reachable contact person for the learners, should they require more information about nursing as a career. She / he might act as a positive role model.	Recruiter and nurse educators.	Beginning of each year and again before international nurses' day.

Section A: The general over-arching key focus areas of the action plan for recruitment						
AREA (Where)	**ACTION (What)**	**INDICATOR (How will I know)**	**METHOD (How)**	**RATIONALE (Why)**	**LEAD RESPONSIBILITY (Who)**	**TIME SCALE (When)**
2. Marketing and recruitment at schools premises (the focus is the learners)						
Pre-primary	Various activities to promote the profession as a future career option.	Pre-school learners display an interest in nursing as a career. Verbalise positive feelings. Acknowledge that all genders could be nurses.	Activities such as: • dress up; • creative activities (drawing colouring / painting); and • story-telling and / or puppet show. Include male and female role models.	Preparing the early pipeline. Creating a positive image of nursing as a profession and career.	Recruiter in collaboration with nurse educators and nursing students.	Second and fourth school term.
Primary school	Talks about duties and responsibilities of a nurse. Emphasis is on the caring aspect.	Primary school learners display an interest in nursing as a career. Verbalise positive feelings. Acknowledge that all genders and races could become nurses.	Presentations to learners. Include video-clips of positive nursing environments and activities. Include games and role-play. Include male and female role models.	Priming the early pipeline. Creating a positive image about nursing as a profession and career.	Recruiter in collaboration with nurse educators and nursing students.	Twice a year.

Section A: The general over-arching key focus areas of the action plan for recruitment						
AREA (Where)	**ACTION (What)**	**INDICATOR (How will I know)**	**METHOD (How)**	**RATIONALE (Why)**	**LEAD RESPONSIBILITY (Who)**	**TIME SCALE (When)**
High school / Secondary school	Nurse educators become involved in presenting selected modules during life orientation.	Learners show interest in nursing – ask questions / debate the feasibility of the career option.	Acquire permission from school principal. Collaborate with educator responsible for the specific learning area.	Learners are exposed to a professional nurse outside the hospital milieu and verbalise positive feelings about the profession.	Young dynamic nurse educators (both genders and various racial / cultural representatives). Include nursing students. Recruiter.	Monthly, Quarterly, or as requested by educators(s).
High school / Secondary school	Be a guest speaker at school about various health related topics.	Learners engage in conversation. Display interest and verbalise positive comments.	Meet with principal and career counsellor. Conduct a need analysis (of the school about relevant topics) and agree upon topics, time and occasion.	Learners are exposed to a professional nurse outside the hospital milieu and verbalise positive feelings about the profession. The knowledge component is acknowledged.	Young dynamic nurse educators (both genders and various racial / cultural representatives). Recruiter.	Annual meeting with follow-ups when needed.
High school / Secondary school	Become involved in career days	Learners engage in conversation. Display interest and verbalise positive comments. Parents make	Have a display. Provide promotional material and information (verbal & leaflet) about profession, training and subject selection. Screen video-clips of "a	Learners are exposed to nursing as a possible career opportunity.	Recruiter in collaboration with nurse educators and nursing students. Young dynamic nurse educators (both genders).	Annual meeting with follow-ups when needed.

Section A: The general over-arching key focus areas of the action plan for recruitment						
AREA (Where)	**ACTION (What)**	**INDICATOR (How will I know)**	**METHOD (How)**	**RATIONALE (Why)**	**LEAD RESPONSIBILITY (Who)**	**TIME SCALE (When)**
		contact with nurse educator(s) or NEI.	day in the life of a nurse".			
High school / Secondary school	Address learners about subject selection.	Learners and career counsellor(s) have current information about the profession, the training and the learning areas pre-requirements. Prospective students are aware of the competency standards.	Arrange with career counsellor to address Grade 7 and 10 learners. Focus on learning area selection during talk.	Various applications are rejected on the base of not meeting the required / prescribed learning areas.	Recruiter.	Beginning of fourth school term.
High school / Secondary school	Present credit-bearing courses (e.g. basic life support) at school.	The number of learners registered for the courses.	Acquire permission from school principal. Talk to learners and send communiqué to parents.	Learners can complete the module(s) before starting with studies and then receive credit for module when NEI	Nurse educators. Recruiter.	As negotiated with learners and their parents.

Section A: The general over-arching key focus areas of the action plan for recruitment						
AREA (Where)	**ACTION (What)**	**INDICATOR (How will I know)**	**METHOD (How)**	**RATIONALE (Why)**	**LEAD RESPONSIBILITY (Who)**	**TIME SCALE (When)**
				studies commence. Create awareness and commitment.		
High school / Secondary school	Increase visibility at achievers function.	Increase in number of applications from that particular school.	Sponsor an academic reward for a learning area required for nursing.	Increased visibility of NEI and display interest in academic achievers.	NEI manager.	Annually – fourth term.
High school / Secondary school	Marketing and recruitment amongst Grade 11 and 12 learners.	Increase in number of applications from that particular school.	Present information to learners about nursing as a profession and NEI specific marketing.	Stimulate interest in nursing as a career option and increase applications.	Young dynamic nurse educators (both genders). Nursing students. Recruiter.	During final school year, before cut-off dates for application at NEI.
High school / Secondary school	Marketing and recruitment amongst Grade 12 learners.	Learners verbalise interest in nursing as a career. Learners register for the camp.	Hosting weekend camps for Grade 12 learners who expressed an interest in nursing and who meet the required criteria.	Stimulate interest in nursing as a career option and increase applications.	Young dynamic nurse educators (both genders). Nursing students. Recruiter.	During final school year – April or June holidays.

Section A: The general over-arching key focus areas of the action plan for recruitment						
AREA (Where)	**ACTION (What)**	**INDICATOR (How will I know)**	**METHOD (How)**	**RATIONALE (Why)**	**LEAD RESPONSIBILITY (Who)**	**TIME SCALE (When)**
3. Web-based marketing and recruitment						
Website of the hospital	Provide hyperlink to website of NEI	Increase Internet traffic (number of hits) on website.	Provide an active hyperlink on the website of the hospital to the NEI. Consider a "pay-per-click" system for monitoring purposes	Marketing and recruitment opportunity. Provide on-line information to prospective nursing students and their parents.	Recruiter in collaboration with ICT-team.	As soon as possible. Before submission of applications starts.
Website of the NEI	Provide information about: • nursing as a career; • the NEI (include admission requirements and contact details); • on-line application form with immediate response; and • career progression.	Increase Internet traffic (number of hits) on website. Number of on-line application forms submitted.	Place all relevant information on website. Ensure updated and active on-line application form.	Provide an alternative source of information. Allow prospective applicants to browse for information in the convenience of their own home and at their own time. Place and time restrictions are eliminated. It might be less intimidating than a face-to-face	Recruiter in collaboration with ICT-team.	As soon as possible. Before submission of applications starts.

Section A: The general over-arching key focus areas of the action plan for recruitment						
AREA (Where)	**ACTION (What)**	**INDICATOR (How will I know)**	**METHOD (How)**	**RATIONALE (Why)**	**LEAD RESPONSIBILITY (Who)**	**TIME SCALE (When)**
				conversation or telephone conversation with an unknown nurse educator.		
Website of the NEI	Create a virtual tour of the NEI (access via the website of the NEI).	Increase Internet traffic (number of hits) on website.	In collaboration with ICT-team.	Provide an alternative source of information. Allow prospective applicants to browse for information in the convenience of their own home and at their own time. Place and time restrictions are eliminated.	Recruiter in collaboration with ICT-team	Before the submission of applications starts.
Website of the NEI	Create a virtual world where potential applicants can 'visit' the NEI and hospital (different departments).	Increase 'traffic' (number of 'hits') on website	In collaboration with ICT-team	Provide an alternative source of information. Allow prospective applicants to browse for information in the convenience of their own home and at their own	Recruiter in collaboration with ICT-team.	Before submission of applications starts.

Section A: The general over-arching key focus areas of the action plan for recruitment						
AREA (Where)	**ACTION (What)**	**INDICATOR (How will I know)**	**METHOD (How)**	**RATIONALE (Why)**	**LEAD RESPONSIBILITY (Who)**	**TIME SCALE (When)**
				time. Place and time restrictions are eliminated.		
Website of the NEI	Launch games and competitions on the website of the NEI.	Increase Internet traffic (number of hits) on website.	In collaboration with ICT-team.	Draw prospective applicants to the website of the NEI. Hope that word-of-mouth will put the message in the public domain.	Recruiter in collaboration with ICT-team.	As soon as possible. Before submission of applications starts.
World-wide web	Engage in general web-based advertising,	Increase Internet traffic on website of the NEI. Consider a "pay-per-click" system for monitoring purposes.	In collaboration with ICT-team, advertise for instance, on Google or on-line magazines and newspapers (not limited to examples).	Increase the visibility of the NEIs and reach the technologically savvy members of the public.	Recruiter in collaboration with ICT-team.	Negotiable. Preferably before submission of applications starts.
World-wide web	Social media.	Increase Internet traffic on the website of the NEI. Consider a "pay-per-click" system for monitoring purposes.	NEI select a few applications (e.g. Twitter and Mxit) and advertise on these applications.	School learners are aware of the NEI and that they provide training.	Recruiter in collaboration with ICT-team.	Negotiable. Preferably before submission of applications starts.

Section A: The general over-arching key focus areas of the action plan for recruitment						
AREA (Where)	**ACTION (What)**	**INDICATOR (How will I know)**	**METHOD (How)**	**RATIONALE (Why)**	**LEAD RESPONSIBILITY (Who)**	**TIME SCALE (When)**
World-wide web	Social media.	Increase Internet traffic on the Facebook page of the NEI.	Create a Facebook page that is actively maintained by a nurse educator.	School learners are aware of the NEI and that they provide training.	Recruiter in collaboration with ICT-team.	Negotiable. Preferably before submission of applications starts.
4. Traditional (printed and electronic media) advertising methods for marketing and recruitment purposes						
Local / regional newspaper and magazines	Advertisement.	Increase number of enquiries. Members of the public quote the reference number as displayed in the advertisement.	In local / regional newspaper and magazine, place advertisements about NEI, training available and career possibilities. Maybe partner with hospital group.	Provide information to public and prospective applicants. Increase visibility.	Recruiter.	Before submission of applications starts.
Local / regional newspaper and magazines	Competition.	Number of returned competition entry forms.	Launch a competition in the printed media. Focus specifically on the NEI and the nursing profession.	Provide information to public and prospective applicants. Increase visibility.	Recruiter.	Before submission of applications starts.

Section A: The general over-arching key focus areas of the action plan for recruitment						
AREA (Where)	**ACTION (What)**	**INDICATOR (How will I know)**	**METHOD (How)**	**RATIONALE (Why)**	**LEAD RESPONSIBILITY (Who)**	**TIME SCALE (When)**
Cell phone	Advertisement or competition.	Uncertain whether it is measurable, unless on application form NEI asks: "Where did you get information about us?"	Request cell phone numbers from school and send bundle SMSs to learners (provided permission was acquired).	Awareness campaign.	Recruiter.	When registration starts.
Radio	Advertisement.	Uncertain whether it is measurable, unless on application form NEI asks: "Where did you get information about us?"	Advertise on radio. Focus on the NEI and the training courses.	Awareness campaign. Public is aware of training and is provided with information.	Recruiter.	Daily.
Television	Advertisement.	Uncertain whether it is measurable, unless on application form NEI ask: "Where did you get information about us?"	Advertise on television. Focus is the NEI and the training courses.	Awareness campaign. Public is aware of training and is provided with information.	Recruiter.	Daily.

Section A: The general over-arching key focus areas of the action plan for recruitment						
AREA (Where)	**ACTION (What)**	**INDICATOR (How will I know)**	**METHOD (How)**	**RATIONALE (Why)**	**LEAD RESPONSIBILITY (Who)**	**TIME SCALE (When)**
Shopping Malls	Combined: • Printed information and personal contact; and • Banners and displays.	Difficult to measure.	Prepare banners / displays in shopping malls. Have pamphlets available with information. Nurse educators and nursing students ought to be available at the display area.	Inform public about NEI and training provided by NEI. Information is provided. Can combine it with improving the image of nursing.	Recruiter. Young dynamic nurse educators (both genders, and all races). Nursing students.	During school holidays when malls are busier.
5. NEI related (at premises)						
NEI	Open days.	Attendance register.	Host NEI-initiated open-days to showcase the NEI, lecture rooms and equipment. Use existing nursing students to provide information and assistance.	Learners (and parents) get a realistic view of the NEI and its infrastructure.	Nurse Educators. Nursing students. Recruiter.	At least twice a year.
NEI	Campus tours.	Attendance register.	Host NEI-initiated campus days to showcase the NEI and surroundings. Use present nursing students to provide information and assistance.	Learners (and parents) get a realistic view of the NEI and its infrastructure.	Nurse Educators. Nursing students. Recruiter.	At least twice a year and on request.

Section A: The general over-arching key focus areas of the action plan for recruitment						
AREA (Where)	**ACTION (What)**	**INDICATOR (How will I know)**	**METHOD (How)**	**RATIONALE (Why)**	**LEAD RESPONSIBILITY (Who)**	**TIME SCALE (When)**
NEI Research	Analysis of data about students who drop out / terminate training.	File all terminations of training according to reasons. Review annually.	Exit interviews with students who terminate training.	Reasons for dropping out will assist with addressing those aspects during the recruitment phase. Prospective students have a realistic impression about the positive and negative aspects of the training.	HR – exit interviews.	Before student's last day at NEI.
NEI Research	Analysis of data about students who stay / continue with training.	Annual surveys amongst each group according to year of study.	Surveys.	The positive aspects are strong points and focussed on during the recruitment campaign.	Nurse educators.	Annually.

Section A: The general over-arching key focus areas of the action plan for recruitment						
AREA (Where)	**ACTION (What)**	**INDICATOR (How will I know)**	**METHOD (How)**	**RATIONALE (Why)**	**LEAD RESPONSIBILITY (Who)**	**TIME SCALE (When)**
6. Hospital related						
Hospital	Meeting with Hospital and Nurse Manager.	Permission is granted. Working relationship / Memorandum of Agreement (MoA) is established.	At least an annual meeting with both. Present information about level of involvement, risks, precautions and indemnity.	Acquire permission to allow school learners in the hospital for: • Tours; • shadowing a nurse at work; and • voluntary vacation work.	Recruiter.	Beginning of each year and then on *ad hoc* basis.
Hospital	Hospital tours (Partner with the hospital).	Enquiries received. Feedback from hospitals. Attendance register.	Host hospital tours for interested groups of school learners.	Learners get a realistic view of the hospital and its infrastructure.	Hospital and Nurse Manager. Recruiter Nursing personnel of hospital. Managers of various divisions (e.g. theatre , pharmacy, rehabilitation, etc.)	Twice a year.
Hospital	Shadowing a nurse at work.	Enquiries received. Feedback from hospitals. Attendance register.	Place advertisement in local newspaper or visit schools and invite school learners. Send communiqué to parents – they have to	Learners get a realistic view of the hospital and its infrastructure. They have a first-hand experience of	Hospital and Nurse Manager' Recruiter' Nursing personnel of selected units, who are extremely	During school holidays.

Section A: The general over-arching key focus areas of the action plan for recruitment						
AREA (Where)	**ACTION (What)**	**INDICATOR (How will I know)**	**METHOD (How)**	**RATIONALE (Why)**	**LEAD RESPONSIBILITY (Who)**	**TIME SCALE (When)**
			give consent.	what nursing encompasses.	passionate and positive about nursing and who expressed an eagerness to participate.	
Hospital	Voluntary vacation work.	Enquiries received. Feedback from hospitals. Attendance register.	Place advertisement in local newspaper or visit schools and invite school learners. Send communiqué to parents – they have to give consent.	Learners get a realistic view of the hospital and its infrastructure. They have a first-hand experience of what nursing encompasses.	Hospital and Nurse Manager. Recruiter. Nursing personnel of selected units, who are extremely passionate and positive about nursing and who expressed an eagerness to supervise the vacation workers. If compensation is required, nursing agencies might be involved in discussions and negotiations.	During school holidays.

Section A: The general over-arching key focus areas of the action plan for recruitment						
AREA (Where)	**ACTION (What)**	**INDICATOR (How will I know)**	**METHOD (How)**	**RATIONALE (Why)**	**LEAD RESPONSIBILITY (Who)**	**TIME SCALE (When)**
Hospital	Hospital initiated workshops (NEI partner with hospital).	Enquiries received. Feedback from hospitals. Attendance register.	Place advertisement in local newspaper or visit schools to invite school learners. Send communiqué to parents.	Learners are introduced into the various components of nursing duties (not limited to nursing in wards). Get learners excited about nursing. Provide information about a health-related subject in which they are interested.	Recruiter. Nursing personnel. Nurse educators (provide a good cultural and gender mix).	During school holidays. During weekends.
7. Role-players external to the school						
Pre-nursing institutions	Present talks to the students and provide information about training at NEI.	Feedback from applicants.	Personal communication and leaflet with information.	Although the SANC does not acknowledge the existence of such institutions, the students who completed their training might be interested to further their studies.	Recruiter.	At least annually.

Section A: The general over-arching key focus areas of the action plan for recruitment						
AREA (Where)	**ACTION (What)**	**INDICATOR (How will I know)**	**METHOD (How)**	**RATIONALE (Why)**	**LEAD RESPONSIBILITY (Who)**	**TIME SCALE (When)**
Employment agencies	Provide leaflets with information.	Possible feedback from agencies and applicants.	Personal communication and leaflet with information.	Second career adults might be interested in nursing training.	Recruiter.	At least annually.
Ambulance colleges	Provide leaflets with information.	Possible feedback from applicants.	Personal communication and leaflet with information.	Second career adults might be interested in nursing training.	Recruiter.	At least annually.
Charity organisations	Present talks to members. Provide information,	Possible feedback from applicants,	Personal communication and leaflet with information,	Leaders might be aware of community members who are interested in nursing and could direct them to pursue nursing training	Recruiter.	At least annually.
Faith-based organisations	Present talks to members. Provide information.	Possible feedback from applicants.	Personal communication and leaflet with information.	Leaders might be aware of members of congregation who are interested in nursing and could direct them to pursue nursing training.	Recruiter.	At least annually.

Section A: The general over-arching key focus areas of the action plan for recruitment						
AREA (Where)	**ACTION (What)**	**INDICATOR (How will I know)**	**METHOD (How)**	**RATIONALE (Why)**	**LEAD RESPONSIBILITY (Who)**	**TIME SCALE (When)**
Elders in the community	Talks with the elders in the community. Possible high visibility in the community by getting involved in community projects,	Possible feedback from applicants.	Personal communication and leaflet with information.	If the elders view nursing in a positive light, they might influence the community positively to pursue a career in nursing. Elders might be aware of community members who are interested in nursing and can direct them to pursue nursing training.	Recruiter.	At least annually.
Community leaders	Talks with the community leaders. Possible high visibility in the community by getting involved in community projects.	Possible feedback from applicants.	Personal communication and leaflet with information.	If the community leaders view nursing in a positive light, they might influence the community positively to pursue a career in nursing. Leaders might be aware of community members who are	Recruiter.	At least annually.

Section A: The general over-arching key focus areas of the action plan for recruitment						
AREA (Where)	**ACTION (What)**	**INDICATOR (How will I know)**	**METHOD (How)**	**RATIONALE (Why)**	**LEAD RESPONSIBILITY (Who)**	**TIME SCALE (When)**
				interested in nursing and can direct them to pursue nursing training.		
8. Quality control						
NEI	Audit / evaluate the recruitment process.	Results from audit / assessment.	Create and utilise an assessment tool to evaluate the marketing and recruitment initiative. Celebrate successes / best practices and adjust plan to eliminate / change less successful endeavours.	A recruitment plan that is evidence-based and updated annually.	Manager of NEI. Recruiter. Nurse Educators.	At the end of each cycle.

6.7 Limitations

Like in any research project, certain limitations were inevitable. I identified the following limitations of this study.

6.7.1 Sample selection

The most significant limitation of this study undoubtedly was the restricted focus on the more outstanding NEIs. Therefore, generalisability to all NEIs was not possible due to the exclusion of the small-scale NEIs and the public NEIs. However, generalisability was never the intent of this study.

The data were also limited to voluntary contributions by nurse educators and managers. Therefore, it did not necessarily represent the views, opinions and actions of the majority of nurse educators. As mentioned before, generalisibility to all NEIs was not the aim of the study.

6.7.2 Questionnaire(s) and data verification

The advantage of using questionnaires was the selection of a larger sample. If I had reverted to personal interviews, a far smaller and less representative (certain limitations in relation to clarification of data) sample would have been drawn. Since the data collection instruments (i.e. the survey-questionnaires) were anonymously completed, the data could not be verified with the respondents and the answers to certain open-ended questions could not be discussed with the respondents. Some of the questions in the survey-questionnaires presented obstacles; especially where only "yes" or "no" options were provided, e.g. questions 9 and 10 in survey-questionnaire 3 (4.9.4.1). Personal communication with various participants after the surveys led me to believe that those close-ended questions should also have included an "I don't know" option. This inclusion might have prevented a number of participants from avoiding to respond to some of the questions. This obstacle made the interpretation and reporting of the results challenging.

6.7.3 Technological limitations

As far as the second and third survey-questionnaires were concerned, nurse educators who did not have frequent access to the Internet might not have been able to complete the on-line questionnaire. In addition, nurse educators who were not familiar with on-line surveys or questionnaires might also have opted not to complete the questionnaire due to their perceived lack of skills.

Despite the mentioned limitations, I was convinced that the study was conducted in an ethical, fair and just manner. The benefits far exceeded these limitations.

6.8 Conclusion

This final chapter gave a condensed overview of the methods and methodology used to execute the study. I provided proof that all four research questions were sufficiently answered. I also reported that the product of the research (the action plan) was validated and ready for distribution to all relevant parties. Limitations were honestly reported. Recommendations for future research and an ultimate vision; namely the implementation and formative improvement of the plan; was expressed (6.4).

Against the backdrop of a lack of readily available, validated plans for the recruitment of students at private NEIs in South Africa; the provision of the action plan created in this thesis could add real value to those particular NEIs. Structuring student recruitment according to the described processes, might enable the NEIs to recruit more effectively and efficiently. It would address one of the contributing factors to the nursing staff shortage that compromised the provision of quality care to our patients. Because my action plan was created consultatively, all of us ought to think differently about recruitment. In the words of Albert Einstein:

"The problems that exist in the world today cannot be solved by the level of thinking that created them."

List of References

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Annexure

ANNEXURE A: **8-2**

Phase 1 (First survey-questionnaire) **8-2**

A1: Cover letter Group A participants **8-2**

A2: Survey-questionnaire 1 (Group A) **8-3**

ANNEXURE B: **8-5**

Phase 2 (Second survey) **8-5**

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B3: Cover letter to Group A participants (survey-questionnaire 2) **8-7**

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ANNEXURE C: **8-16**

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ANNEXURE D **8-29**

Phase 4 (Validation meeting) **8-29**

ANNEXURE A:
Phase 1 (First survey-questionnaire)

A1: Cover letter Group A participants

PO Box 31179
Fichardt Park
Bloemfontein
9301
irene.lubbe@[redacted].co.za

29 January 2007

Dear Colleague

I am doing a survey on the major **Challenges facing formal nursing education and training in the private sector.**

May I please ask your thoughts and inputs regarding the current situation? A questionnaire is attached herewith, with some questions. If possible, can you please complete this questionnaire and return it to me on or before 10 February 2007 – the questionnaire should not take you longer than **5 minutes** maximum to complete.

All information I receive from you will be handled as strictly confidential. If all goes well, I'll give you feedback regarding this survey on the next Tutor Meeting.

Your help in this regard is highly appreciated.

Yours sincerely

JC Lubbe R\N

Irene Lubbe
Head Nurse Educator
[redacted] Learning Centre: Bloemfontein

A2: Survey-questionnaire 1 (Group A)

Challenges facing nursing education & training in the private sector

Questionnaire 1

Instructions
* Mark all applicable boxes with an X
* Please note that grey blocks are optional
* E-mail response to
irene.lubbe@[redacted].co.za

*** Thank you for participating**
If you wish to receive feedback,
please include your e-mail address below

@[redacted].co.za

Division A

What in your mind poses the greatest challenge to formal nursing education in the private sector? (You may indicate as many as you wish to)

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Division B

Name ☐ (if possible, please indicate)

Gender
* Male ☐
* Female ☐

Age
* < 25 years ☐
* 25 - 34years ☐
* 35 - 44 years ☐
* 45 - 54 years ☐
* 55 - 64 years ☐
* 65 years or older ☐

Situated at:
* Bloemfontein ☐
* Curamed ☐
* Kimberley ☐
* Limpopo ☐
* Nelspruit ☐
* Pietermaritsburg ☐
* Santon ☐
* Tswane ☐
* Welkom ☐
* Western Cape ☐

Marital status

* Married
* Divorced
* Widow
* Unmarried

Currently employed by Head Office as:

* Manager
* Principal
* Nurse educator
* Tutor: basic
* Tutor: post-basic
* Assessor

Qualification (highest)

* Doctoral Degree
* Masters Degree
* Bachelor Degree
* Advanced university diploma
* Diploma
* Certificate

Year of experience in formal training

* < 1 year
* 1 - 3 years
* 4 - 6 years
* 7 - 9 years
* 10 - 12 years
* 13 - 15 years
* > 16 years

Total size of group you are responsible for

* > 10 students
* 11 - 20 students
* 21 - 30 students
* 31 - 40 students
* 41 - 50 students
* 51 - 60 students
* 61 - 70 students
* 71 - 80 students
* 81 - 90 students
* 91 - 100 students
* > 101 students

Size of group per contact-session

* > 10 students
* 11 - 20 students
* 21 - 30 students
* 31 - 40 students
* 41 - 50 students
* 51 - 60 students
* 61 - 70 students
* 71 - 80 students
* 81 - 90 students
* 91 - 100 students
* > 101 students

Thank you

Irene

ANNEXURE B:
Phase 2 (Second survey)

B1. Requesting permission from Group A

PO Box 31179
Fichardt Park
Bloemfontein
9301
irene.lubbe@[redacted].co.za
29 May 2008

[redacted] Head Office
PO Box 5228
Tiger valley

Dear Miss [redacted]

RE: Request for permission to send questionnaire / survey to the Nurse Educators in the [redacted] NEIs

In 2007 I started with my PhD in Higher Education at the University of the Free State. I am doing my thesis on student recruitment and selection. The registered title of my research project is: **Student recruitment and selection in private nursing education institutions in South Africa.** Attached please find a confirmation letter from my promoter, Dr Fanus van Tonder (e-mail: vTonderSP.RD@ufs.ac.za). If you need any additional information, please feel free to contact either Dr van Tonder of myself.

Attached, please find a second and third document that contains a cover letter and short questionnaire. May I please send these documents / questionnaire to all the Nurse Educators reporting to you? The questionnaire should not take them longer than **10 minutes** maximum to complete. May I please request that you complete one as well?

All information I receive will be handled as strictly confidential.

Should you wish to receive feedback regarding this survey, I'll gladly send it to you at the end of my study.

Your help in this regard is highly appreciated.

Yours sincerely

JC Lubbe R\N

....

Irene Lubbe
Head Nurse Educator
[redacted] Learning Centre: Bloemfontein

B2: Permission granted

MEDI-CLINIC LIMITED

Private hospital group

Medi-Clinic Offices, PO Box 456, Stellenbosch 7599 • T +27 21 809 6500 • F +27 21 809 6756
Strand Road, Stellenbosch 7600 • www.mediclinic.co.za

9 June 2008

To Whom it Concerns,

Research Project Irene Lubbe

I have given permission for Irene Lubbe to carry out her research questions in the Medi-Clinic Learning Centres amongst the Nurse Educators.

Kind regards

Avril Stroh
Medi-Clinic Manager Nursing Education

25 Years of Quality Care

B3: Cover letter to Group A participants (survey-questionnaire 2)

PO Box 31179
Fichardt Park
Bloemfontein
9301
irene.lubbe@[redacted].co.za
09 June 2008

Dear Colleague and Nurse Educator

As you might recall, I did a short survey early last year to determine what you as Nurse Educators viewed as the major **Challenges facing formal nursing education and training in the private sector.** The feedback I received was overwhelming and I thank each and every one who participated in the survey.

I am currently busy with my PhD in Higher Education at the University of the Free State and your feedback assisted me in selecting a topic for my dissertation. The registered title is: **Student recruitment and selection in private nursing education institutions in South Africa.**
For the purpose of this study, **recruitment** will be defined as the process of searching and screening for potential and suitable students / candidates. It further includes promotion of the profession, the training course as well as the Company. It includes, but is not restricted to motivating potential students to apply for the course. **Selection** on the other hand, refers to the different phases of the initial matching, testing and interviewing of the candidate. It ends with selecting those candidates that fully meets the requirements of the academic program, the ETQA, the Nursing Education Institution and the Company.

May I once again please ask your thoughts and inputs regarding this? A questionnaire is attached herewith, with four questions in Division A. (Division B is purely for statistical purposes and optional.) If possible, will you please complete this questionnaire and return it to me on or before 22 June 2008 – the questionnaire should not take you longer than **10 minutes** maximum to complete. You can send it via internal mail (anonymous) or e-mail the excel document back to me. For your convenience, the questionnaire is also attached to this letter.

All information I receive from you will be handled as strictly confidential. Again I'll send the summarized feedback to [redacted] and hopefully later to you in the form of a research article.

Your help in this regard is highly appreciated.

Yours sincerely

JC Lubbe R\N

Irene Lubbe
Head Nurse Educator
[redacted] Learning Centre: Central region

B4: Survey-questionnaire 2 emailed to Group A's participants

Student recruitment and selection in private nursing education institutions in South Africa.

Questionnaire 2

Instructions
* Mark all applicable boxes with an X
* Please note that grey blocks are optional
* E-mail response to
irene.lubbe@[redacted].co.za

*** Thank you for participating**
If you wish to receive feedback,
please include your e-mail address below

@[redacted].co.za

Division A

Question 1

What do you perceive to be the major challenges pertaining to the **recruitment** of learners / students for formal nursing education in the private sector? (You may indicate as many as you wish to.)

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Question 2

If you were given the opportunity to change / influence the **recruitment process**, what changes would you suggest or implement? (You may indicate as many as you wish to.)

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Division B

Please note that completion of this division is optional / **voluntary.**
Information gathered in Division B is for statistical purposes only.

Name

Gender
* Male
* Female

Age
* younger than 25 years
* 25 - 34 years
* 35 - 44 years
* 45 - 54 years
* 55 - 64 years
* 65 years or older

Situated at:
* Bloemfontein
* Kimberley
* Limpopo
* Nelspruit
* Pietermaritsburg
* Sandton
* Tswane
* Welkom
* Western Cape
* Other (please specify)

Qualification (highest)
* Doctoral Degree
* Masters Degree
* Honours Degree
* Bachelor Degree
* Advanced university diploma
* Diploma
* Certificate

Currently employed by Head Office as:
* Manager: Formal Training
* Training Manager
* Head Nurse educator
* Nurse educator: Basic
* Nurse educator: Post-Basic
* Other (please specify)

Year of experience in formal training
* None – not in a training post
* less than 1 year
* 1 - 3 years
* 4 - 6 years
* 7 - 9 years
* 10 - 12 years
* 13 - 15 years
* more than 16 years

Thank you

Irene

B5: Cover letter to Group B's participants (web-based survey-questionnaire 2)

189 Koorsboom Street
Magalieskruin
Pretoria
South Africa
0182
28 August 2011

Dear Colleague

May I please have **15 minutes** of your time?

I am a lecturer at a South African based university, busy with my Ph.D in Higher Education Studies and Nursing. I am currently registered at the University of the Free State (UFS), South Africa and my supervisors are:

- Dr SP van Tonder (Tel: +27[0] 51 401 9174; E-mail: vtondersp@ufs.ac.za);
- Dr L Roets (Tel: +27[0] 51 401 3536; E-mail: gnvklr@ufs.ac.za) and
- Prof AC Wilkinson (Tel: +27[0] 51 401 3776; E-mail: wilkinac@ufs.ac.za)

The focus of my thesis is the **recruitment of undergraduate nursing students** with an emphasis on private nursing education institutions (NEIs). However, I will make the data available to the public sector for possible application of the results.

The University of the Free State granted me permission to conduct the study. I am now entering the data collection phase and kindly request your voluntary participation. Your responses and information will be depersonalised to ensure the highest level of confidentiality and to ensure that no response will be traceable back to you. All participants' responses will be combined, enhancing confidentiality of data. This combined information will be presented in the form of tables and graphs and eventually result in an action plan for the recruitment of undergraduate nurses. After completion of my studies I shall publish the results to disseminate the information. You will not be remunerated for your contribution, but your participation will be valued.

The questionnaire consists of 10 questions (of which only a limited number are open-ended). If possible, please answer all questions. Should you however feel uncomfortable with certain questions, you may omit/ignore those questions. You can exit the questionnaire any time you wish to. Completion of the questionnaire will constitute consent for participation from your side. The URL to the questionnaire is http://www.surveymonkey.com.

Participation or non-participation will not negatively influence you. The academic value in completing the questionnaire will be your contribution to knowledge creation as well as a professional contribution to assist in the creation of an action plan that might assist in addressing the nursing shortage.

Should you have any queries or uncertainties regarding the questionnaire, please feel free to contact me at lubbejc1@unisa.ac.za or by telephone: +27(0) 12 429 6021.

Thank you for your time and contribution to my study.

Kind regards

Irene Lubbe

B6: Cover page on Group B's electronic survey-questionnaire

Dear Colleague / Nurse Educator,

Thank you for your willingness to complete the questionnaire. Once again I would like to emphasize the fact that your answers will be compiled with feedback from several other respondents and will therefore be depersonalized and kept confidential.

I request that you please complete this short 10 question survey on or before 07 September 2011. It should not take you longer than 10 - 15 minutes.

Should you have any queries, concerns or suggestions or if you wish to receive feedback at the end of the study, please contact me via e-mail: lubbejc1@unisa.ac.za Subject heading: Student Recruitment questionnaire.

Thank you for your participation.
Yours in education,
Irene Lubbe (+2712-4296021)

B7: Survey-questionnaire 2 (web-based) for Group B

Participant Information

1. Gender?

- Male
- Female

2. Your age?

- younger than 25 years
- 25 - 34 years
- 35 - 44 years
- 45 - 54 years
- 55 - 64 years
- 65 years or older

3. Geographical data: Your current location

- South Africa (SA)
- Africa (not SA)
- Europe
- Asia
- North America
- South America
- Australia

Professional development

4. Please indicate your highest obtained qualification:

- Doctoral Degree
- Masters Degree
- Honours Degree
- Bachelor Degree
- Advanced university diploma
- Diploma
- Certificate

Other (please specify)

5. Your years of work experience (as an educator/lecturer) in formal training and education:

- less than 1 year
- 1 - 3 years
- 4 - 6 years
- 7 - 9 years
- 10 - 12 years
- 13 - 15 years
- more than 15 years

6. Employment status:

- Employment status: Employed
- Self-employed
- Unemployed
- Retired

7. Indicate the employment sector where you are currently employed as well as current job position / title.

	Manager / Head or Chair of Department	Lecturer / Nurse Educator	Clinical facilitator	Mentor	N/A
Private hospital group	. Private hospital group Manager / Head or Chair of Department	Private hospital group Lecturer / Nurse Educator	Private hospital group Clinical facilitator	Private hospital group Mentor	Private hospital group N/A
Public hospital	Public hospital Manager / Head or Chair of Department	Public hospital Lecturer / Nurse Educator	Public hospital Clinical facilitator	Public hospital Mentor	Public hospital N/A
Military	Military Manager / Head or Chair of Department	Military Lecturer / Nurse Educator	Military Clinical facilitator	Military Mentor	Military N/A
Government (not military)	Government (not military) Manager / Head or Chair of	Government (not military) Lecturer / Nurse Educator	Government (not military) Clinical facilitator	Government (not military) Mentor	Government (not military) N/A

	Manager / Head or Chair of Department Department	**Lecturer / Nurse Educator**	**Clinical facilitator**	**Mentor**	**N/A**
Nursing college	Nursing college Manager / Head or Chair of Department	Nursing college Lecturer / Nurse Educator	Nursing college Clinical facilitator	Nursing college Mentor	Nursing college N/A
Academia – Private	Academia – Private Manager / Head or Chair of Department	Academia – Private Lecturer / Nurse Educator	Academia – Private Clinical facilitator	Academia – Private Mentor	Academia – Private N/A
Academia – Government	Academia – Government Manager / Head or Chair of Department	Academia – Government Lecturer / Nurse Educator	Academia – Government Clinical facilitator	Academia – Government Mentor	Academia – Government N/A
Academia - University	Academia - University Manager / Head or Chair of Department	Academia - University Lecturer / Nurse Educator	Academia - University Clinical facilitator	Academia - University Mentor	Academia - University N/A
Self-employed	Self-employed Manager / Head or Chair of Department	Self-employed Lecturer / Nurse Educator	Self-employed Clinical facilitator	Self-employed Mentor	Self-employed N/A
Not employed	Not employed Manager / Head or Chair of Department	Not employed Lecturer / Nurse Educator	Not employed Clinical facilitator	Not employed Mentor	Not employed N/A
Not applicable	Not applicable Manager / Head or Chair of Department	Not applicable Lecturer / Nurse Educator	Not applicable Clinical facilitator	Not applicable Mentor	Not applicable N/A

Other (please specify)

Recruitment challenges

8. What do you perceive to be the major challenges pertaining to the recruitment of learners / students for formal nursing education? (You may indicate as many as you wish to.)

Recruitment suggestions

9. If you were given the opportunity to change / influence the recruitment process, what changes would you suggest or implement? (You may indicate as many as you wish to.)

Best practices

10. Please share (all) your recruitment practices that, in your opinion, could be considered as good and effective.

[For easier viewing (and to see the questionnaire in the original format), please copy the URL of this survey (http://www.surveymonkey.com/s/RVBT2WX) into a new webpage on your browser.]

ANNEXURE C:
Phase 3 (Third survey-questionnaire: web-based only)

C1. Cover letter to all participants

189 Koorsboom Street
Magalieskruin
Pretoria
South Africa
0182
01 September 2011

Dear Colleague

May I please have **15 minutes** of your time?

I am a lecturer at a South African based university, busy with my Ph.D in Higher Education Studies and Nursing. I am currently registered at the University of the Free State (UFS), South Africa and my supervisors are:

- Dr SP van Tonder (Tel: +27[0] 51 401 9174; E-mail: vtondersp@ufs.ac.za);
- Dr L Roets (Tel: +27[0] 51 401 3536; E-mail: gnvklr@ufs.ac.za) and
- Prof AC Wilkinson (Tel: +27[0] 51 401 3776; E-mail: wilkinac@ufs.ac.za)

The focus of my thesis is the **recruitment of undergraduate nursing students** with an emphasis on private nursing education institutions (NEIs). However, I will make the data available to the public sector for possible application of the results.

The University of the Free State granted me permission to conduct the study. I am now entering the data collection phase and kindly request your voluntary participation. Your responses and information will be depersonalised to ensure the highest level of confidentiality and to ensure that no response will be traceable back to you. All participants' responses will be combined, enhancing confidentiality of data. This combined information will be presented in the form of tables and graphs and eventually result in an action plan for the recruitment of undergraduate nurses. After completion of my studies I shall publish the results to disseminate the information. You will not be remunerated for your contribution, but your participation will be valued.

The questionnaire consists of 35 questions (of which only a limited number are open-ended). If possible, please answer all questions. Should you however feel uncomfortable with certain questions, you may omit/ignore those questions. You can exit the questionnaire any time you wish to. Completion of the questionnaire will constitute consent for participation from your side. The URL to the questionnaire is http://www.surveymonkey.com[redacted].

Participation or non-participation will not negatively influence you. The academic value in completing the questionnaire will be your contribution to knowledge creation as well as a professional contribution to assist in the creation of an action plan that might assist in addressing the nursing shortage.

Should you have any queries or uncertainties regarding the questionnaire, please feel free to contact me at lubbejc1@unisa.ac.za or by telephone: +27(0) 12 429 6021.

Thank you for your time and contribution to my study.
Kind regards

JC Lubbe

Irene Lubbe

C2: Cover page with informed consent form on electronic survey-questionnaire (nr. 3)

Directions (Page 1 of electronic survey)

Dear Colleague

Thank you for your willingness to complete the questionnaire. Once again I would like to emphasize the fact that your answers will be combined with feedback from several other respondents and will therefore be depersonalized and kept confidential.

I request that you please complete this survey on or before **01/11/2011**. It should not take you longer than 15 - 20 minutes.

Should you have any queries, concerns or suggestions or if you wish to receive feedback at the end of the study, please contact me via e-mail: lubbejc1@unisa.ac.za Subject heading: Student Recruitment questionnaire 4.

Thank you for your participation.
Yours in education,

Irene Lubbe (+2712-4296021)

Informed consent:

The forth questionnaire included an informed consent clause, stating:

I have read the cover letter and hereby consent to participate in the survey.

Yes
No

C3: Questionnaire 4 (web-based only)

Section A

1. I have read the cover letter and hereby consent to participate in the survey:

YES ○
NO ○

Auto-response
Thank you for your time. You are now exiting the survey.

Biographical data

2. **Gender**

Male ○
Female ○

3. **Age**

24 and younger ○
25 - 34 years ○
35 - 44 years ○
45 - 54 years ○
55 - 64 years ○
65 years or older ○

4. **Geographical location**

South Africa (SA) ○
Africa (excluding SA) ○
Europe ○
Asia ○
North America ○
South America ○
Australasia ○
Other ○

Other (please specify): ____________________

Professional development:

5. **Highest qualification** (Please tick next to your highest qualification):

Doctoral Degree	o
Master's Degree	o
Honours Degree	o
Bachelor Degree	o
Advanced university diploma	o
Diploma	o
Certificate	o
Other	o

Other (please specify): ____________________

6. **Work experience**

Please indicate your experience as an educator/lecturer in formal training and education:

No experience	o
Less than 1 year	o
1 - 3 years	o
4 - 6 years	o
7 - 9 years	o
10 - 12 years	o
13 - 15 years	o
more than 15 years	o

7. **Indicate your current employment status (only click on the appropriate button):**

Employed	o
Self-employed	o
Unemployed	o
Retired	o

8. **Indicate the employment sector where you are currently employed as well as your current position / title (you may select more than one option).**

	Manager / Head or Chair of Department	Programme head/ director	Lecturer / Nurse Educator	Clinical preceptor / facilitator	Mentor	N/A
Private hospital group	○	○	○	○	○	○
Private hospital (independent)	○		○	○	○	○
Private nursing college/school/ institution (independent of hospital group)	○		○	○	○	○
Nursing college at a government hospital	○	○	○	○	○	○
Government (not military)	○	○	○	○	○	○
Military	○	○	○	○	○	○
University of Technology	○	○	○	○	○	○
University	○	○	○	○	○	○

Other (please specify): ____________________

Section B

9. **Is your division within the NEI actively recruiting students to train as nurses?**

YES ○
NO ○

10. **Is your institution actively recruiting students to train as nurses?**

YES ○
NO ○

11. **If your own <u>division</u> does not recruit, the reason will be: (Please choose all relevant options)**

Not applicable – we recruit	o
It is done on institutional level centrally	o
We do not have an official recruiter	o
We do not have time	o
We already have enough students	o
We get an adequate number of applicants	o
We have waiting lists with candidates	o
The lecturer : student ratio will become too high	o

- Other (please specify) _______________

12. **If your <u>institution</u> is recruiting, which of the following methods do they follow? (Please choose <u>all</u> relevant options)**

Not applicable – my institution does not recruit	o
Each division organises its own recruitment	o
Recruitment for the institution is done by a central office	o
We have a marketing **person** / division who markets the **institution**	o
We have a marketing person / division who markets the nursing **courses**	o
We have a marketing **person** / division who markets the nursing **profession**	o

- Other (please specify): _________________

13. **If your division recruits students, how does your division recruit?** (Please choose <u>all</u> relevant options)

Not applicable – my division does not recruit	o
We visit schools and give information regarding the institution	o
We visit schools and give information regarding nursing as a profession	o
We visit schools and give information regarding the different nursing courses offered by the institution	o
We distribute/hand out promotional material at schools	o
We present a display stall at school career days	o
We provide medical assistance during school sport days	o
In our professional capacity, we present certain subjects or themes at selected schools	o
We advertise in newspapers with a specific focus on nursing courses offered by the NEI	o
We advertise in magazines with a specific focus on nursing courses offered by the NEI	o

We advertise by way of launching a competition	o
We advertise on radio (with a specific focus on nurse education)	o
We advertise in the movie theatres (with a specific focus on nurse education)	o
We advertise on social networks	o
We advertise on the company's / NEI's website	o
We present displays in shopping malls	o
We present campus tours for visitors	o
We hold week-end camps for potential students who meet the selection criteria	o
We present workshops on selected topics	o
Our division presents credit-bearing courses/modules that candidates can register for before commencement of studies	o
We provide academic assistance to school pupils who show interest in nursing	o

- Other (please specify) ______________________

14. **If recruitment is done at schools, when do you make contact or recruit students? (Please choose all relevant options)**

Not applicable	o
We make contact at pre-primary school level already	o
We make contact at primary school level	o
We make contact at the beginning of high school	o
We make contact at high school level just before final subject selections are done for the senior high school years	o
During the second last senior high school year	o
During the final high school year	o
During the final high school year – just before our NEI's cut-off dates for applications	o

- Other (please specify) _______________

15. **Which of the following social media do you use to advertise/recruit students**? (Please choose all relevant options)

The NEI's own webpage	o
Facebook	o
Twitter	o
Mxit	o
SecondLife	o
WhatsApp	o
BBM (BlackBerry Messenger)	o
LinkedIn	o

- Other (please specify) _______________

16. **Whom in the community do you contact or partner with to assist with your recruitment?** (Please choose all relevant options)

Not applicable	○
Nursing students	○
School nurse	○
School principals	○
Teachers	○
School librarians	○
Career councillors	○
Employment agencies	○
Pre-nursing institutions	○
Ambulance colleges	○
Hospitals (in order to recruit **non-nursing** personnel from with-in)	○
Hospitals (in order to recruit **nursing** personnel from with-in for career progression)	○
Charity organisations	○
Faith-based organisations	○
Parents	○
Elders in the community	○
Community leaders	○
Sport clubs (provide medical assistance during matches)	○

- Other (please specify) ______________________

17. **Initiatives where the NEI partners with a <u>hospital</u> to implement the following actions to enhance recruitment of students (Please choose all relevant options)**

None	○
Shadowing a nurse at the hospital	○
Voluntary vacation work	○
Hospital tours	○
Workshops	○

- Other (please specify) ______________________

18. **Which of the following forms of financial assistance does your NEI offer to first year students?** (Please choose all relevant options):

Bursaries / scholarships	○
Loans	○
Fixed weekly / monthly salaries – no terms and conditions apply	○
Fixed weekly / monthly salaries , but they have to sign a contract to 'work-back' the time	○
My NEI does not provide any financial assistance to first year students	○

- Other (please specify) ______________________

19. **If your NEI does not provide financial assistance to first year students, what in your opinion would be the reason(s):**

20. **Do you accept students with the following challenges or disabilities?** (Please choose all relevant options)

Physical disabilities	o
Psychological disabilities	o
Cognitive disabilities	o
Learning problems	o

- Other (please specify) ____________________

21. **If you have answered yes to any of the options in question 19, please elaborate and provide more information on the disability that your NEI accommodates.**

22. **Do you make provision for students with special learning needs?**

YES	NO
o	o

23. Please specify/elaborate:

The extent of the learning disability: ____________________

The provision that you make: ____________________

24. **If you cater for students with <u>physical disabilities</u>, which of the following disabilities can your NEI accommodate**: (Please choose all relevant options)

Hearing impaired	o
Visually impairment, not corrected by wearing normal spectacles	o
Speech impaired	o
Upper limbs (hands and/or arms)	o
Lower limbs with gait problems (not wheelchair bound)	o
Lower limbs (wheelchair bound)	o
	o

- Other (please specify) ____________________

25. **Do you make special provision for the following students with special needs?** (Please choose all relevant options)

Students responsible for small children	o
Students with the medium of instruction at the NEI as second (or third) language	o
Second-career adults	o
Students who can only study through distance education	o
Students with a lack of the required technological skills (Technological illiterate students)	o

- Other (please specify) _______________

26. **Do you deliberately focus recruitment efforts on the male population?**

YES	o
NO	o

27. **If you deliberately focus recruitment efforts on the male population, how do you go about it?** (Please choose all relevant options)

Advertise in magazines whose clients are predominantly male	o
Include male role models in the recruitment campaign	o
Include single gender (i.e. boys') schools in the recruitment campaign	o
Not applicable	o

- Other (please specify) ______________________

28. **If you <u>do not</u> deliberately focus recruitment efforts on the male population, please provide reasons for this non-emphasis:**

____

29. **Do you provide the following assistance to registered students:** (Please tick all applicable options)

	Free of charge to student	Subsidised	Student pay in full	Not applicable
Accommodation	o	o	o	o
Transport	o	o	o	o
Recreational facilities	o	o	o	o
Uniforms	o	o	o	o
Study material (study guides only)	o	o	o	o
Textbooks	o	o	o	o
Remedial academic assistance	o	o	o	o
Confidential counselling	o	o	o	o
Career counselling	o	o	o	o
Medical aid / medical	o	o	o	o

insurance				
Medical disability coverage	o	o	o	o
Pension / Provisional fund	o	o	o	o

- Other (please specify) ____________________

30. **Please share your best recruitment practises (not mentioned above) with me.**

31. **Please share any suggestions that you might still have on how to improve the recruitment of nursing students.**

32. In your opinion, which of the following **employer related** (i.e. hospital) constraints influence the recruitment of students for nursing: (Please choose all relevant options)

	Strongly agree	Agree	Disagree	Strongly disagree	Not applicable
Financial constraints: The hospital's budget does not provide adequately to allow sufficient numbers of students to be employed	o	o	o	o	o
Financial constraints: The hospital's budget does not provide adequately to allow for a recruitment campaign	o	o	o	o	o
The number of clinical placements in the hospitals are limited and therefore not all applicants that qualify for selection and training can be employed / accepted	o	o	o	o	o
Remuneration during training is inadequate	o	o	o	o	o
Unsocial working hours (students are expected to work weekends and during holidays)	o	o	o	o	o
Lack of mentors/preceptors for a large number of students	o	o	o	o	o

- Other (please specify) ____________________

33. In your opinion, which of the following aspects regarding the image of nursing has a **negative influence** on the recruitment of students to study nursing as a profession: **(Please choose all relevant options)**

	Strongly agree	Agree	Disagree	Strongly disagree	Not applicable
Nursing is viewed as a female occupation	o	o	o	o	o
Male nurses are stereotyped as 'less masculine'	o	o	o	o	o
The nurse is viewed as the hand-maid of the physician	o	o	o	o	o
Perceived low remuneration as a professional	o	o	o	o	o
Nursing is perceived as a high risk job	o	o	o	o	o
Patients do not hold nurses in high esteem	o	o	o	o	o
The perception that nursing provides limited career opportunities	o	o	o	o	o
The way nurses are portrayed in the media	o	o	o	o	o

- Other (please specify) ____________________

34. The following NEI (nursing education institution) related aspects have a **negative influence** on the recruitment of students for training as a nurse: **(Please choose all relevant options)**

	Strongly agree	Agree	Disagree	Strongly disagree	Not applicable
No marketing specific to nursing as a profession are done	o	o	o	o	o
No marketing specific to nursing education are done	o	o	o	o	o
NEI not visible in the community - potential applicant are unaware of NEI	o	o	o	o	o
Cut-off dates for application are too early in the year	o	o	o	o	o
Replies (letters of acceptance) are sent to students to late during the year, namely after they have already accepted other propositions	o	o	o	o	o
Although the basic professional qualification is similar, the academic qualifications differ and the achieved outcomes differ between a university and a college / private NEI.	o	o	o	o	o
Not enough nurse educators to cater for a large number of students	o	o	o	o	o
The NEI's simulation laboratories cannot accommodate more students	o	o	o	o	o
The NEI's lecture rooms cannot accommodate more students	o	o	o	o	o

35. **Please add any comment that you think may contribute to better the recruitment of students.**

Thank you for participating in this survey. Your time and efforts are appreciated.

Sincerely
Irene Lubbe

[For easier viewing (and to see the questionnaire in the original format), please copy the URL of this survey (https://www.surveymonkey.com/s/StudentRecruitmentQ4) into a new webpage on your browser.]

Annexure D
Phase 4: Validation meeting

The e-mailed request, sent to selected Head of Departments/Campus Managers of NEIs:

> Dear Colleagues,
>
> I am doing research on the recruitment of nursing students, with a particular focus on private NEIs. The process has now progressed to the point where I have to create an action plan in order to set up a framework for student recruitment. I am planning a validation meeting for the 2nd of March where only 6-8 selected NEIs will be invited.
>
> I therefore kindly invite you as managers to attend the meeting or send a representative on behalf of the NEI to attend. The representative must be actively involved in student recruitment.
>
> The validation meeting will only last one hour and NO personal information of the participants or NEI will be collected.
>
> All aspects of confidentiality and anonymous contributions will be explained to the participants during the meeting on the 2nd of March 2012.
>
> The final action plan will be disseminated to all participants after assessment (for degree purposes) by the UFS.
>
> If you know of another person / NEI that you feel could also contribute, please send me their details and I shall gladly invite that NEI as well.
>
> I thank you in advanced.
>
> Kind regards
> Irene Lubbe

Abstract

Nurses form the cornerstone in achieving the millennium goals of the WHO with regard to health care. However, 57 countries worldwide are facing a severe health workforce crisis. Various solutions have been proposed to address the nursing staff shortage. One of the aspects that has been greatly neglected in South African research, however, is the initial recruitment of nursing students.

Despite the critical importance of recruiting the best possible students for nursing education and training, very few private Nursing Education Institutions (NEIs) have a specific recruitment plan geared towards student recruitment. There is considerable evidence in the literature that some NEIs lack strategic planning for the recruitment of their students and that they do not always include all relevant stakeholders when initiating a recruitment drive.

This study deals with the development of an action plan to aid with the recruitment of nursing students for private NEIs in South Africa. This study was structured around an adapted version of the process-planning model, as originally described by Zuber-Skerritt in 2002. Originally, a qualitative design with some quantitative enhancement was used. It was characterised by a descriptive, exploratory, and contextual focus. Three researcher-developed survey-questionnaires were used. During the last round of questionnaires, a quantitative approach, with qualitative enhancement was used. Final data analysis was done with the assistance of the SPSS software program.

This study concluded with a generic action plan that was validated by experts in the field of student recruitment.

Key terms:

action plan; higher education/higher education and training; nursing education/ nursing education and training; Nursing Education Institutions (NEIs); nurse; private hospitals; staff recruitment; student recruitment; shortage; South Africa (SA); South African Nursing Council (SANC); training.

Abstrak

Verpleegkundiges vorm die hoeksteen om die WGO se millennium doelwitte vir gesondheidsorg te bereik. Wêreldwyd is daar egter 57 lande wat tans 'n ernstige tekort aan gesondheidspersoneel ervaar. Verskeie voorstelle is al geopper om verpleegpersoneeltekorte aan te spreek. Een van die aspekte wat egter grotendeels in Suid-Afrikaanse navorsing oorgesien word, is die aanvanklike werwing van verpleegstudente.

Afgesien van die kritieke belangrikheid om die bes moontlike studente vir verpleegopleiding te werf, het baie min private verpleegonderriginstansies 'n bepaalde werwingsplan om studente te werf. Daar is voldoende bewys in die literatuur dat sommige verpleegonderriginstansies 'n gebrek aan strategiese beplanning ten opsigte van hul studentewerwing het en dat hulle nie altyd al die betrokke belanghebbers by die instelling van 'n werwingsveldtog betrek nie.

Hierdie studie handel oor die ontwikkeling van 'n aksieplan vir die werwing van verpleegstudente om opleiding by private verpleegonderriginstansies in Suid-Afrika te ondergaan. Die studie is saamgestel met die grondslag van 'n aangepaste weergawe van die prosesbeplanningsmodel wat oorspronklik in 2002 deur Zuber-Skerritt beskryf is. Aanvanklik is 'n kwalitatiewe ontwerp met behulp van kwantitatiewe bystand gebruik. Dit is deur 'n beskrywende, ondersoekende en konteksuele fokus gekenmerk. Drie vraelyste wat deur die navorser ontwikkel is, is aangewend. Tydens die laaste fase van die studie is kwantitatief gebaseerde vraelyste met behulp van kwalitatiewe ondersteuning aangewend. Die SPSS-sagtewareprogram is gebruik om die data behoorlik te analiseer.

Die studie, wat deur kundiges op die vakgebied van studentewerwing bevestig is, het met 'n generiese aksieplan geëindig.

Sleutelterme:

aksieplan, hoër onderwys/hoër onderwys en opleiding; verpleegonderrig/ verpleegonderrig en opleiding; Verpleegonderriginstansies (NEIs); verpleegkundige; private hospitale; personeelwerwing; studentewerwingtekort; Suid-Afrika (SA); Suid-Afrikaanse Raad op Verpleging (SARV); opleiding.