

**DESCRIPTION AND ANALYSIS OF THE PROCESS OF IMPLEMENTATION OF
THE NATIONAL QUALIFICATIONS FRAMEWORK (NQF) IN NURSING
EDUCATION (NE) IN SOUTH AFRICA**

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ABSTRACT

The intention of this study was to describe the implementation process of the NQF in nursing education at central and provincial levels in order to explore the change process. It deals with this process as follows:

- Implementation of NQF in nursing education.
- Organizational health at central and provincial levels
- The change strategies used at these levels.
- The implementation level reached.

It is a qualitative study of an ethnographic type to describe and document the implementation of the NQF as it occurred. The researcher who was part of the group that generated the culture of learning in nursing, directly participated in the activities and events as they occurred at this initial stage of implementation of the NQF. A discussion between the researcher and nurse educators took place on strategies used and whether they find the existing environment promoting changes. The research techniques used for gathering information were interviews and documents. With this information the researcher was able to reflect, make inferences and interpretations.

The state of nursing education was described within the organizational self-renewal strategies described by Owens (1998). The description of the process of implementing the NQF was viewed against the change strategies as described by Bennis, Benne and Chin (1969), which are the

empirical rational, normative re-educative and power coercive. The stage of implementation of the NQF in NE that has been achieved has been assessed using the NQF principles as a yardstick.

The data collected is largely qualitative and its analysis has been qualitative. The categories of the theoretical framework which are inputs (organizational health); process (change theories); and outcomes (awareness, planning, use and refinement) of the NQF principles, have been used to analyze the data.

The findings on organizational health reveal that nursing education is a healthy organization at both central and provincial levels. It has taken the opportunity presented by the NQF to address some of its organizational problems such as the Scope of Practice for nurses and midwives. There are, however, problems in making final decisions about the planned implementation of the NQF because of differences in vision about the future of nursing education. The movement of nursing education (NE) to higher education (HE) is hampering progress because the National Government is not implementing the Education Act No. 101 of 1997 which has moved NE to HE. Both the South African Nursing Council (SANC) and Natal College of Nursing (NCN) have no coherent human resources development policy.

At both the central and provincial levels of NE normative re-educative strategies are ones that have been used extensively rather than power coercive strategies. Empirical rational strategies were also made use of to identify the advantages of the NQF policy and to incorporate them into the planned changes.

There is full awareness and planning for the implementation of all the principles of the NQF. The principles of the NQF that are already in use and are being refined are integration of education and training, relevance, credibility and legitimacy. This is because they had already been in use in nursing education and practice before the inception of the NQF policy.

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CHAPTER 1

INTRODUCTION

The National Qualifications Framework (NQF) is government policy that cuts across the entire educational spectrum which includes nursing education (NE). This study will describe the implementation of the NQF in nursing education at central and provincial levels.

The National Qualifications Framework

Education in this new era is no longer seen as just a method of transmission of culture. It is a vehicle for human resources development which is expected to improve the quality of all people in a country. The move for the creation of the new policy framework for higher education transformation is grounded on the need to use the tax payers money effectively. In South Africa the conception of the NQF as a national policy was brought about by the inability of the higher education system to meet the moral, social and economic demands of the South African society, and the national and global challenges that should enable South Africa to become part of the international and global community (National Commission on Higher Education (NCHE), 1996).

This policy is the result of collaboration between the departments of education and labour in the inter-ministerial working groups of June 1994. Among the role- players was the national economic development and labour council in which business and labour were represented to work out the macro-economic strategy for higher education, relevant to the developmental needs of the country. The deliberations resulted in the South African Qualifications Authority (SAQA) Act of 1995 in terms of which SAQA was established to oversee the development and implementation of the NQF (NCHE,1996).

Therefore the introduction of the NQF in SA should be seen not as a post apartheid development, but as part of a natural educational development process which is world-wide. The NQF seeks to unify education and training so that all learning can be nationally recognised and thereby eliminate educational waste.

New structures that are being brought by the NQF, may mean that there has to be a shift from the present existing administrative structures in education institutions. The SAQA which has been set up to develop and implement the NQF has its own structures such as the National Standards Bodies (NSB's), the Standards Generating Bodies (SGB's) and the Education and Training Quality Assurance Bodies (ETQA's) into which the existing nursing education structures have to fit in.

The South African Nursing Council which has been the power-house of nursing and nursing education finds itself having to be slotted as a critical interest group under the NSB known as learning field 09 Health Sciences and Social services. This classification changes the power structure of the SANC in certain areas and it might cause problematic misunderstandings.

The implementation of the NQF and its principles is bound to bring about changes in the nursing education curricula. The NQF calls for standardisation of the curricula in the education system as a whole. This study will therefore examine how the legislated change will be implemented within the central, provincial and local institutional levels of nursing education.

The Nursing Education Situation

In 1944 the South African Nursing Council was established and this meant that nurses took over the control of nursing from the colonial Medical Councils. The development of nursing curricula became the responsibility of the SANC. Curriculum planning became centralised in order to standardise the professional preparation of nurses. In 1945, the first Colleges of Nursing were established in Johannesburg and in the Cape, and these were legalised through the Provincial Ordinance No. 12 of 1948. This enabled students to undergo theoretical training away from the hospital, although the Matrons of hospitals still controlled the training.

In 1956, the first degree programme in nursing was offered in South Africa at the University of Pretoria. In the early 1960's, the first type of integrated basic nursing programme was introduced. The duration of the course was four years, at the end of which successful candidates gained registration in general nursing and midwifery or orthopaedic nursing, and psychiatric nursing.

By 1968, five universities in SA offered basic degrees, but for white nursing students only. This was due to the disparity in education opportunities created by the Apartheid model of education (Gwele, 1994).

The legislation that was passed in 1977 to change the health care delivery system from a predominantly curative system, to a comprehensive health care system had implications for nursing education. In 1983, as Searle stated, various ministers of health had a vision that the comprehensive health care system would be built around the nurses as the main providers of health care. This vision necessitated a comprehensive approach to the education and training of nurses, in order to equip them with varied skills and a comprehensive body of knowledge to enable them to function in different settings (Searle, 1983).

The SANC through R.425 of 1985, put an end to the fragmented approaches to professional nurse preparation which meant that nurses took up to ten years of post matriculation studies to gain registration in only four basic areas of nursing disciplines. A new macro-curriculum was put in place, which would equip nurses with a varied and comprehensive body of knowledge in nursing, to enable them to function in various health care settings. This was called the comprehensive basic nursing education programme (CBNP) and its implementation commenced in 1985.

When the CBNP was introduced, the development of the micro-curricula was transferred to individual nursing colleges at local levels. The SANC only laid down the guidelines. This however, resulted in limited opportunities for students to transfer from one college to another due to the different curricula. With the inception of the CBNP, basic nursing education evolved from further education to higher education through university-college affiliation. This meant that SANC was no longer directly responsible for determining that the graduates had met the required level of competency before registering with the Council, but had transferred this responsibility to the universities and affiliated colleges. Some nurse educators criticised the change because it demanded too much effort and initiative from the tutor to solve problems brought by the change in order to make the system work (Uys, 1991). A study will be conducted on whether the NQF which is also a legislated change, centrally directed, will not meet the same difficulty.

Change in the curriculum from content-based to a problem-based way of teaching and learning without retraining nurse educators was an over-simplification of the process of implementing the CBNP. Nursing education was also expected to be transformed by the nurse educators who had been educated and trained under the old system (Gwele, 1994). This created problems which were the effects of legislated change. There was an element of power coercion in the adoption of the CBNP because it was legislated change. There was a tendency to wait for direction from the top when problems arose. Some nurse educators continued to teach as they used to do without changing. Feelings of inadequacy were expressed by some nurse educators in teaching critical thinking (Gwele, 1994).

Although the inception of the CBNP was a necessary change inadequate preparation and resources were not made at the planning stage. Had there been a plan for implementation, the abovementioned problems may have been avoided. For example students had to contend with the autocratic and bureaucratic organisational structures in nursing colleges where there was the traditional content-based curriculum. To make matters worse there was shortage of time to give individual attention to learners. Shortage of staff in the clinical areas prevented students from giving individual attention to clients which is essential in the practice of nursing. The staff attrition brought about among other things by the rationalisation of nursing colleges regionally, is compounding the problem by creating a shortage of manpower both in the teaching and the clinical areas of nursing.

Problem Statement

With this background, the implementation of the NQF in nursing education comes at a time when a fundamental change of national policy was inevitable. Racially segregated educational institutions had to give way to non-racial ones. The rationalisation of nursing colleges regionally, which was long overdue, has to be implemented at the very time of the introduction of the NQF. Affirmative action to redress the imbalances of the past compounds the problem by destabilising the professionally experienced staff. This has led to a major outflow of expertise through early retirement and the taking of severance packages.

In this environment of change, the NQF changes therefore have to be implemented by a "punch drunk" system which may not have found its feet after these changes. The question therefore arises about how the NQF will be implemented in nursing education centrally and provincially.

It is against this background of problems brought about by the implementation of the CBNP, that the implementation of the NQF in Nursing Education in South Africa has to be observed.

Objectives of the Study

The aim of this study is to describe and analyse the process of implementation of the NQF in nursing education at central and provincial levels, with the view to exploring the change process in nursing education. In particular the following questions will be asked:

1. Do the two levels of nursing education have the organisational health to implement the NQF successfully?
2. Do the two levels of nursing education use effective change strategies to implement the NQF?
3. Using the NQF principles as a yardstick which stages of implementation are demonstrated at central and provincial levels?

Definition of Concepts

South African Nursing Council

The South African Nursing Council is the Statutory body which exercises authority over nurses and the nursing profession, controls and exercises authority in respect of the education and training.

Institutional Level

Refers to the operational level of nursing education at universities, technikons and colleges of nursing.

Comprehensive nurse

Any registered nurse/midwife who, without supervision, can practise independently within his/her scope of practice in the fields of general nursing, psychiatric nursing, community nursing and midwifery.

Credit

Recognition by an accredited body that a learner has satisfied the outcomes of a unit of learning, expressed as a credit value at a specific level.

Outcome

That segment of a unit standard which is a statement of the required learner capabilities that must be demonstrated. Outcomes are specified by stated performances and assessment and range criteria.

Professional

A professional is a person who upholds the code of ethics and conduct of a specific profession and has achieved the essential and specific skills demanded by that profession, i.e. problem-solving, communication, etc.

Qualification

The formal recognition of the achievement of the required number and range of credits and completion of an integrated assessment and other possible requirements at a specific level on the National Qualifications Framework.

Central level

The central level in nursing education refers to the South African Nursing Council as the statutory body whose function is to oversee the implementation of the National Qualifications Framework in nursing education.

Provincial level

The provincial level refers to organs of the provincial government that deal with nursing and nursing education.

Local level

The local level refers to a nursing educational training institution such as a university, technikon or college.

Unit standard

A statement of the outcomes that are to be achieved by an individual in order to obtain credit for the unit together with identification and administrative information. Unit standards are nationally agreed and internationally comparable.

Significance of the Study

The principles of the NQF have become important because they are now the cornerstone of the national education policy as seen in the South African Qualifications Authority Act of 1995. Consequently its implementation is a national priority. However, the "success" or "failure" of the implementation of the NQF specifically its principles, will depend to a large extent on the mechanisms and processes adapted by the decision-makers in nursing education in formulating and introducing policy for its implementation in Nursing Education (NE). Above all, acceptance and understanding by the nurse educators at all levels, will determine the extent to which the principles of the NQF as envisaged by SAQA, will be attained in nursing education.

The introduction of the NQF across the educational spectrum as part of the political transformation of South Africa takes place concurrently with the integration of the racially separated education institutions. The description of this process of rationalisation which involves the re-education or re-location of manpower in NE institutions will have significant consequences for nursing education.

The introduction of the CBNP with a view to equipping nurses with a comprehensive knowledge to enable them to face the challenges of the holistic approach to health care was a revolutionary step to nursing education. The process of implementation of the CBNP is not yet complete. The

bringing of the NQF into NE at this stage is a change on change. This is bound to have both negative and positive effects. This is particularly so because the NQF like the CBNP is being introduced as a legislated change.

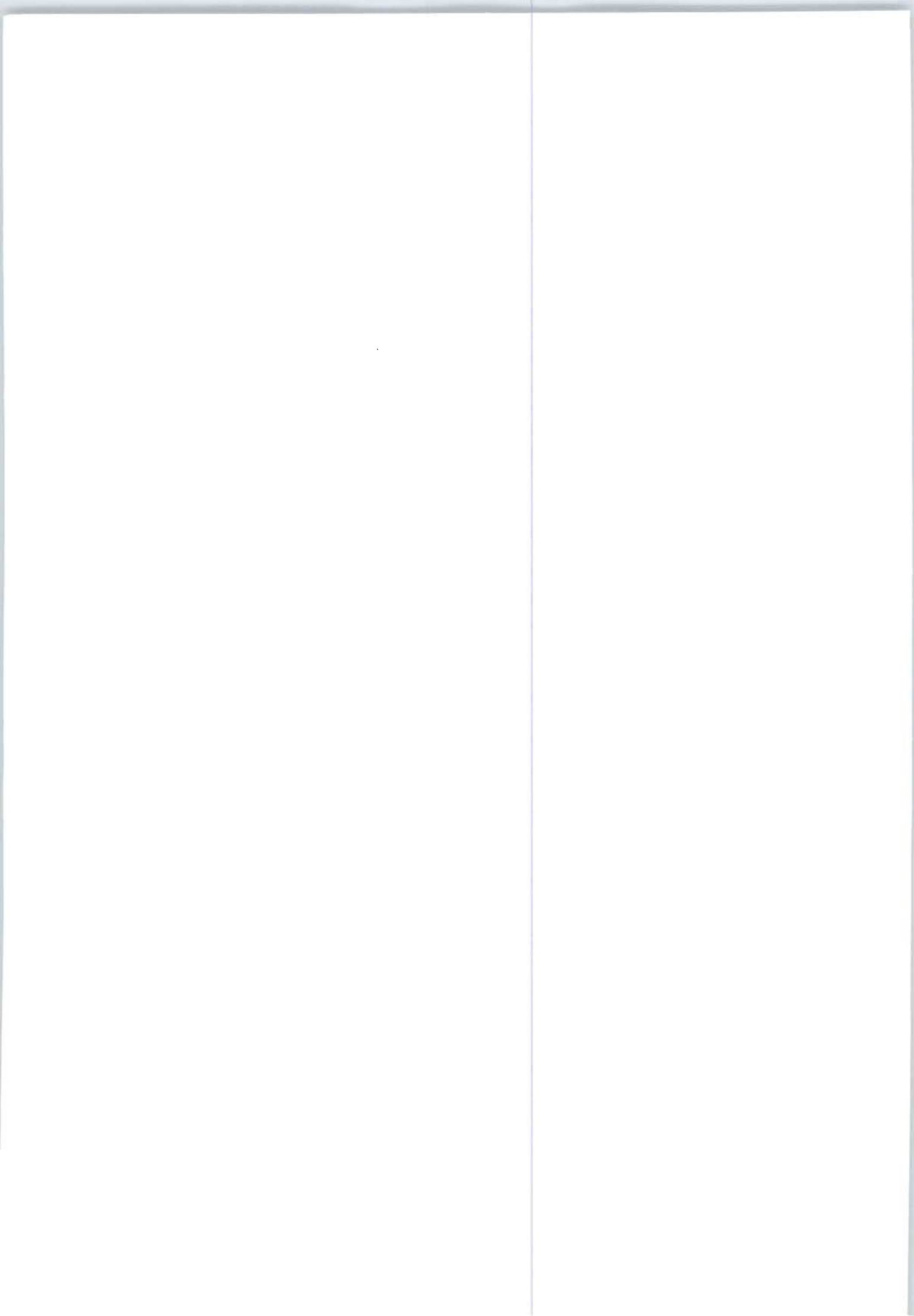
It remains to be seen whether the NQF will actually be implemented or pretence at implementation will take place to avoid the sanctions that often follow a change that is often brought by legislation (Owens, 1998). A study of implementation in this potentially power-coercive situation should be informative and lead to greater understanding of legislated change.

The NQF and the CBNP have at places common principles. This is because the CBNP was a legislated change to respond appropriately to the national developmental needs of comprehensive health for the entire community. This goal has national and international acceptance. It was to provide human resource development that CBNP was embarked upon to produce a comprehensive nurse who has both education and training in comprehensive health.

The underlying assumption is that a change becomes successful when the target group has accepted and internalised the change and made it its own (Owens, 1998). In respect of legislated change the predominant feeling is that of power and coercion. This is generally regarded as counter productive and likely to lead to the failure of the change because in general people do not want to be compelled but would rather change when they are persuaded and feel that the change is needed. In this study of the initial stages of the implementation of the NQF the focus will be on methods that will have been used to make nurse educators understand and accept the change. The vision of the State which has been adopted by the SANC is that the success of the NQF policy depends on its adoption and acceptance by all stakeholders.

Coercion in a democratic state is not the normal way of doing things. Consequently legislated change must be preceded by discussion about the nature of the change. This is to avoid the use of naked power and force on unwilling people which often does not guarantee the acceptance of the innovation at the end.

Legislators have a duty to ensure the success of the adoption of the legislation by using other strategies such as the Empirical Rational strategies and the Normative Re-educative strategies to mobilise support and understanding of the legislation even before it is enacted.



The NQF will also ensure the formulation of new flexible and appropriate curricula that will not provide for skills and knowledge only but should also have standards defined in terms of learning outcomes and suitable assessment practices. This means that learning will no longer be obtained through formal education only, but that it can take place at any setting, at any time, and through several means, provided it meets nationally required standards (NCHE, 1996).

Table 2.1 : Principles of the NQF

NQF is based on the following principles as set out in "Ways of Seeing the NQF 1995".

Principle	Definition: Education and Training should...
Integration	form part of a system of human resources development
Relevance	be and remain responsive and appropriate to national development needs.
Credibility	have national and international value and acceptance
Coherence	work within a consistent framework of principles and certification
Flexibility	allows for multiple pathways to the same learning ends.
Standards	be expressed in terms of a nationally agreed framework and internationally accepted outcomes.
Legitimacy	Provide for the participation of all national stakeholders in the planning and co-ordination of standards and qualifications.
Access	provide ease of entry to appropriate levels of education and training for all prospective learners in a manner which facilitates progression.
Articulation	provide for learners, on successful completion of accredited pre-requisites, to move between components of the delivery system.
Progression	ensure that the framework of qualifications permits individuals to move through the levels of national qualifications via appropriate different combinations
Portability	enable learners to transfer their credits or qualifications from one learning institution and/or employer to another.

Recognition of prior learning	through assessment give credit to learning which has been already acquired in different ways
Guidance of learners	provide for the counselling of learners by specially trained individuals who meet nationally agreed standards for educators and trainers.

The above-tabled principles indicate that the framework is intended to be a way of restructuring of the education and training system. It will encourage the formulation of new and flexible curricula to promote the upgrading of learning and to monitor the quality of qualifications (Dept. of Educ., 1995a).

According to the White Paper on Higher Education (Dept. of Educ.,1995: 2), the NQF will be the structure on which new levels or positions for the registration of national unit standards and award of qualifications are made. Eight qualification levels are proposed on the NQF. Each level will be described in terms of registered statements of essential outcomes. The NQF structure is divided into 3 main sections which depict three bands, viz: The General Education and Training Band in level 1 (one) with sub-levels and phases; The Further Education and Training Band from level 2 - 4 (two-four); The Higher Education and Training Band from levels 5 to 8 (five to eight) (Dept. of Educ.,1995).

Figure 1 : STRUCTURE OF THE NQF

LEVEL NQF	BAND	TYPES OF QUALIFICATIONS AND CERTIFICATES	LOCATIONS OF LEARNING FOR UNITS AND QUALIFICATIONS
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HIGHER EDUCATION AND TRAINING

8	Higher	Doctorates Further Research Degrees	Tertiary / Research / Professional Institutions
7	Education	Higher Degrees Professional Qualifications Advanced Diplomas	Tertiary / Research / Professional Institutions
6	And		
6	Training	First Degrees National Diplomas	Universities/Technikons/Colleges/Private/ Professional Institutions, etc.
5		Occupational Certificates Advanced Certificates	Universities/Technilons/Colleges/Private/ Professional Institutions / Workplace, etc.

FURTHER EDUCATION AND TRAINING

4	Further	School/College/Trade Certificates Mix of units from all	Formal high schools/ Private / State Schools	Technical Community Police/Nursing Private Colleges	RDP and Labour market schemes/ Industry / Training Boards /Unions Workplace, etc. ABET
3	Education and	School/College/Trade Certificates Mix of units from all			
2	Training	School/College/Trade Certificates Mix of units from all			

GENERAL HIGHER EDUCATION AND TRAINING

1	General	Senior Phase	ABET Level 4	Formal Schools (Urban / Rural/ Special)	Occupation/Work- based training/RDP Labour Market Schemes/ Upliftment Community	NGO's / Churches / Night Schools / ABET Programmes / Private Providers / Industry Training Boards / Unions
	Education	Intermediate Phase	ABET Level 3			
	And	Foundation Phase	ABET Level 2			
	Training	Preschool	ABET Level 1			

Level Descriptors

Level are the means of explaining the levels of the NQF in a particular context. The SAQA level descriptors provide a description of the eight levels of the NQF. The description is meant to assist the writer of standards or qualifications in assigning a unit standard, a standard, or a qualification to a particular level on the NQF. The tables below show the guidelines in the assignment of standards to levels.

SOUTH AFRICAN QUALIFICATIONS AUTHORITY

TABLES OF LEVEL DESCRIPTORS

TABLE 2.2. Nature of Processes

LEVEL	SKILLS	PROCEDURES	CONTEXTS
1	Limited in range	Repetitive and familiar	Closely defined
2	Moderate in range	Established and familiar	Routine and familiar
3	Well-developed range	Significant choice	Range of familiar
4	Wide-ranging scholastic or technical	Considerable choice	Variety of familiar and unfamiliar
5	Wide-ranging, specialized scholastic or technical	Wide choice, standard and non-standard	Variety of routine and non-routine
6	Wide-ranging, specialized scholastic or technical, and basic research, across a major discipline	Wide choice, standard and non-standard, often in non-standard combinations, in a major discipline	Highly variable routine and non-routine
7	Highly specialized scholastic or technical, and advanced research across a major discipline	Full range, advanced, in a major discipline	Complex, variable, and highly specialized
8	Expert, highly specialized, and advanced technical or research, both across a major discipline and inter-disciplinary	Complex and highly advanced.	Highly specialized, unpredictable

TABLE 2.3. Scope of Learning

LEVEL	Knowledge	Information Processing	Problem Solving
1	Narrow-ranging	Recall	
2	Basic operational	Basic processing of readily available information	Known solutions to familiar problems
3	Some relevant theoretical	Interpretation of available information	A range of known responses to familiar problems, based on limited discretion and judgement
4	Broad knowledge base incorporating some theoretical concepts.	Basic analytical interpretation of information	A range of sometimes innovative responses to concrete but often unfamiliar problems, based on informed judgement
5	Broad knowledge base with substantial depth in some areas	Analytical interpretation of a wide range of data	The determination of appropriate methods and procedures in response to a range of concrete problems with some theoretical elements.
6	Knowledge of a major discipline with depth in more than one area	The analysis, reformatting, and evaluation of a wide range of information	The formulation of appropriate responses to resolve both concrete and abstract problems
7	Specialized knowledge of a major discipline	The analysis, transformation, and evaluation of abstract data and concepts	The creation of appropriate responses to resolve contextual abstract problems
8	In-depth knowledge in a complex and specialized area	The generation, evaluation, and synthesis of information and concepts at highly abstract levels	The creation of responses to abstract problems that expand or redefine existing knowledge

TABLE 2.4. Responsibility

LEVEL	Orientation of Activity	Application of Responsibility	Orientation and Scope of Responsibility*
1	Directed	Under close supervision	No responsibility for the work or learning of others
2	Directed	Under general supervision and quality control	Some responsibility for quantity and quality, and possible responsibility for guiding others
3	Directed, with some autonomy	Under general supervision and quality checking	Significant responsibility for the quantity and quality of output, and possible responsibility for the output of others
4	Self-directed	Under broad guidance and evaluation	Complete responsibility for quantity and quality of output, and possible responsibility for the quantity and quality of the output of others
5	Self-directed, and sometimes directive	Within broad, general guidelines or functions	Full responsibility for the nature, quantity, and quality of output, and possible responsibility for the achievement of group output
6	Managing processes	Within broad parameters for largely defined activities	Complete accountability for achieving personal and/or group output
7	Planning, resourcing, and managing processes	Within broad parameters and functions	Complete accountability for determining, achieving, and evaluating personal and/or group output
8	Planning, resourcing, managing, and optimizing all aspects of processes engaged in	Within complex and unpredictable contexts	Complete accountability for determining, achieving, evaluating, and applying all personal and/or group output

TABLE 2.5. Learning Pathway

LEVEL	Education Pathway	Training Pathway
1	Entry to senior secondary education	Entry to career-based training
2	Senior secondary study beyond entry level	Training towards certification in sub-crafts and sub-trades
3	Continuing secondary study	Training towards certification in skilled occupations, crafts and trades
4	Entry to undergraduate or equivalent education	Training towards certification in advanced trade and technical occupations
5	Continuing undergraduate or equivalent higher education	Training towards certification in technological or paraprofessional occupations
6	Completion of undergraduate or equivalent higher education and entry to honours, masters, or equivalent higher education	Subsequent completion of professional certification, and entry to professional practice and / or managerial occupations
7	Entry to doctoral and further research education, and to research-based occupations	Professional practice and / or senior managerial occupations
8	Academic leadership, advanced research, and/or research-based occupations	Professional practice and / or senior managerial occupations

What the NQF is trying to achieve:

The commission is proposing a single co-ordinated system of HE that will overcome the fragmented and inequitable system of education inherited from the previous government, contribute to political, economic and educational reform and give effect to the principles and goals that have been mentioned.

In one of the proposals, the Commission would like to see quality enhanced and this will be possible by the inclusion of HE programmes in the NQF, as well as in a quality assurance system that will be developed within the SAQA. As one of the functions of HE is to provide learning programmes that lead to the award of a qualification, the Commission has proposed a programme-based definition of HE. This definition takes into consideration the levels of learning that have been suggested in the NQF. The national qualifications framework defines higher education "as learning beyond the proposed further education certificate, which will be at the level of the current Standard 10 certificate" (NCHE,1996).

Universities, technikons and colleges currently offer programmes that lead towards qualifications that are regulated by frameworks which are separate. This prevents horizontal as well as vertical transfer of credits and levels of achievement between institutions and programmes. A new higher education system requires a single qualifications framework to enhance mobility and progression and it should be part of the NQF. Refer to Figure 1.

The Commission would like to have in place programmes that allow for a minimum time frame of study for certain qualifications. For example, if a three-year degree can be completed within a shorter period of time, that should be recognised. Changes will have to be made on the existing qualifications before they can be incorporated into the NQF. The suggested new single higher education qualifications framework should form a structure/ladder which reflects different stages of achievement. For example, a higher education certificate qualification followed by a HE diploma and then a degree. These qualification titles should be approved by the SAQA and should be reflected separately on the levels of the NQF. The Commission anticipates that the nature of the qualification structure/ladder will vary depending on the field of study but emphasises the need for a common qualification-title/name for all the fields. This, for example,

may mean that an advanced diploma may not feature in some qualification structures/ladders, but should be at the same NQF level in the fields where it is featured. There should be a common understanding for fields to facilitate ease of reference with regard to funding and planning.

The separate qualifications frameworks that are in place at the moment do not make allowance for transfer and progression up the qualifications structures/ladders nor do they allow for exit points on degree and diploma programmes that exceed one year of study. The new qualifications framework should provide for exit qualifications within programmes that are run for more than one academic year. This will be in line with the NQF principles of articulation, progression and portability. The SAQA Act is establishing several National Standards Bodies (NSB's) responsible for the setting of standards in various fields of study. All HE programmes will be registered on the NQF, with NSB's determining the appropriate form of registration (NCHE, 1996).

Views on the NQF in SA

The National Qualification Framework (NQF) is expected to help to rectify SA's poor human resources record and to enhance world competitiveness. It is intended not only to improve quality of life but to contribute towards national developmental targets (Sandton, 1995).

Ashman (1995) reports that the introduction of the NQF brought an expectation that the gap between educational and training might be easily bridged. He sees a problem of parity of esteem between educational institutions even when they belong to the same class. In Britain the expectation that national vocational qualifications would bridge the gap between education and training were not met. These qualifications were in fact regarded as inferior to their equivalents in academic institutions. South Africa therefore has to guard against these problems in its attempt to integrate education and training particularly when working out a system of credit accumulation and transfer system within its NQF (Ashman, 1995).

Bellis (1995) has noted a concern among traditional educationists that educational standards will drop with the integration of education and training within the NQF. Other educationists see this as an opportunity for creativity in education (Bellis, 1995). According to Fenton 1996, the NQF is seen as a flexible system which will enable learning to develop not only in educational

institutions but at the work place as well. The interaction between training and education is an opportunity to learn and for the participants to internalise knowledge and skills. This modern and ever changing world requires conceptual understanding in which knowledge has to be applied creatively rather than just reproduced in examinations. As already mentioned above, the other objective of the NQF is the upliftment of the previously disadvantaged employees by recognising prior learning and making it portable across education and industry (Fenton, 1996).

According to Aber & Katz (1998), the conception of the NQF puts education and credit accumulation towards gaining qualifications of one's choice, as sometimes a lifelong endeavour. This is because the NQF is marketed as an enabling framework and as an element of social development. This sometimes raises expectations unreasonably and leads some students to believe that they are suitable to study and train for any qualification once they have obtained the matriculation certificate. These authors therefore see a need for students to have knowledge about their own stage of educational development. This should facilitate a choice of a relevant career. It should also make it possible for a student to identify gaps in education and address them before embarking on a career. One other challenge identified by Aber & Katz which the implementation of the NQF may have to address is whether bridging courses should not be made compulsory for students from deprived educational backgrounds before embarking on higher education studies (Aber and Katz, 1998). Problems have been particularly noted in some students whose personal development was not encouraged towards the development of the critical skills in education. The critical outcomes of education and training are the following:

1. Ability to identify and solve problems through critical and creative thinking.
2. Team and effective group work in dealing with organisations and communities.
3. Ability to organise and manage personal activities responsibly.
4. Ability to collect, organise and evaluate information critically.
5. Effective communication by using visual, mathematical, oral and written communication skills.
6. Effective use of science and technology.
7. Ability to demonstrate a holistic view of the world (Aber and Katz, 1998).

The implementers of the NQF may have to address education gaps in students lacking the critical outcomes.

Babb's views are that the broadening of education and training to encompass the entire population has raised fears about the dropping of quality and standards. The NQF is being implemented when the demand for quality education and training is greater than before. This is due to national and international competitiveness and the demand for proper use of the taxpayers money. In responding to the needs and expectations of the customer in education, the NQF is expected to promote continuous improvement. Training institutions are expected to be flexible and responsive to the needs of the clients and industry (Babb, 1998 a). According to Babb (1998a), each educational institution has the responsibility of providing quality education and training within the guidelines set. There is no prescription of how management of education is to be carried out. This is to enable education providers to have flexibility to develop quality products to suit their individual requirements (Babb, 1998 b).

The Skills Development Act No. 97 of 1998 has been linked to the NQF through the Sector Education and Training Authorities (SETA's). The aim is to develop new skills for retrenched workers to enable them to be marketable in the job market. SETA in its development and improvement of the skilled work force is intended to integrate with the strategies of the NQF and lead to the attainment of recognised occupational qualifications. Babb (1998c), explains that the retraining of the workforce should be a collaboration between the State and industry. A design of the skills development strategies should be worked out together with the monitoring system of the education training sectors. The implication of this set up is that quality assurance mechanisms could be implemented whether this kind of training falls under SETA's or the ETQA's of SAQA. A lot of planning between business, industry and SETA has to take place before training pathways can be operationally linked (Babb, 1998 c).

Babb, (1998 e) notes that the recognition of prior learning (RPL) creates confusion as to how it will be assessed within the NQF. The role of assessors will be important. They will have to do the following:

1. Collect evidence of how well an individual performs.
2. Evaluate whether an individual is competent or has not reached the required level of competence.
3. The assessors will have to manage the assessment process according to ETQA's/SETA principles and policies.
4. They will document and record criteria and forward the result of the assessment to relevant authorities.
5. The assessors will regularly review the process and implement changes which may be required. Different methods of assessment may be used in combination depending on the context (Babb, 1998 e).

Babb (1998 e) further reports that the assessment of RPL focuses on performance output rather than how the competence in the field was acquired. Therefore an individual can be assessed against a unit standard and be certified as competent or not competent by an assessor. Once competence has been assessed future training can be tailored to fit the individuals areas and needs of development. Sometimes partial or full training courses may be needed (Babb, 1998 e).

Outcomes - Based Education

Outcomes-based Education and Training (OBET) entails moving from learning that is described in terms of teacher inputs, and delivered through the curricula in the form of content, to focusing on what the learner will achieve at the end of the learning experience (learner outcomes) (NCHE, 1996).

Outcomes based education is flexible in that it recognises that learning can take place in any setting and that competence can be acquired at different times by learners. It also gives credits to learner's achievements at different levels provided they can demonstrate that they have acquired the necessary competence. It makes provision for the recognition of learning that occurs through the learners personal experience of knowledge and skills, this is the recognition of prior learning (RPL). This is done by awarding credits to learners for unit standards that they can demonstrate competence in, as set out in the outcomes (NCHE,1996). A discussion of the objectives model of education will be made since the outcomes- focused model is being labelled by some theorists as the objectives or product -focused model.

NURSING EDUCATION (NE) IN THE LIGHT OF NQF PRINCIPLES

This section will examine how far nursing education complies with the NQF principles that are laid out in Table 2.1. on page

Integration

Integration within the NQF consists in approaching education in a manner that unifies education and training. In the current state of NE, education and training have been unified since 1944 when the SANC took over the control of education and training of nurses from the British Colonial Medical Council. Unlike other disciplines nursing education has always integrated education and training (theory and practice) by requiring the acquisition of psychomotor, affective and cognitive skills (SANC, Int, 302/97). However the nursing colleges within NE present a problem which is not of their own making, in that the Departments of Health are holding on to the Colleges although "These colleges were intended as educational institutions where colleges councils and senates with educational objectives in mind would control functioning and academic standards" (Uys, Uys & Kotze, 1991:139). Therefore nursing education in colleges is kept marginalized by provincial health authorities and they are not truly part of the national higher education system.

There are still problems with the integration of education and training. The block system is still in operation. Uys (1991) states that "The practice of cramming theoretical teaching into a block and thus divorcing it from practical nursing, which is seen as its opposite pole, should surely be questioned from a professional and educational perspective" (Uys, Uys & Kotze, 1991-139).

The human resources development section of the department of health, has not developed a clear plan for building its human resources and staffing policies in respect of health services. The tendency is to use students as a significant part of staffing of nursing services in hospitals. Nursing education is expected to form part of a system of human resources development according to the NQF principle of integration.

Relevance

Relevance in the context of the NQF refers to appropriateness to national development needs and ability to remain responsive to them. Nursing education has always been relevant to the needs of individuals, families and communities in need of health care. It has continued to be responsive by moving away from being purely curative to becoming holistic in approach by including preventive, promotive, and rehabilitative health care. In so doing, NE has continued to match what is taught in education institutions with what is required in society and the employment sector.

Nevertheless, there is a conflict between hospital based and community-based health care. This is because the traditional training of nurses has been curative and hospital oriented while community health nursing requires preventive, promotive and rehabilitative nursing skills. The hospital-trained nurses are used to staff community settings for which they have not been adequately trained. This issue of relevance of NE for community needs is in the process of transformation to become appropriate to meet national and community needs.

Credibility

Although the process of moving NE to higher education was begun in 1986 and is still not complete State registered nursing educational qualifications have always had national and international value and acceptance. This was so because the SANC had standard qualifications for different categories of nurses. Even before this transformation of the education system certificates and qualifications from the Nursing Council enabled access to national and international institutions regardless of institutions from where the education took place.

There are at present problems between University-based NE that undoubtedly falls under higher education and the training that takes place in nursing colleges. This is because the nursing colleges are still under the firm hand of provinces and therefore cannot strictly fall under higher education despite their affiliation to universities. This creates problems of credibility between university-based nursing education and college-based nursing education. This is made worse by the lack of parity of esteem between holders of university degrees and holders of diplomas from university affiliated nursing colleges.

Coherence

The NQF is striving to bring a consistent framework of principles and certification. While there has been integration between education and training within nursing education there has been no linkage across other learning courses or programmes. The introduction of the NQF is expected to build bridges across providers of learning and programmes. New ground will have to be broken, in creating a consistent framework of principles across learning disciplines.

Flexibility

Flexibility within the NQF is intended to allow for multiple pathways to the same learning ends. In the past, gaining access to higher education was restricted by the issuing of professional qualifications and certificates which narrowly defined occupational fields. Gaining knowledge through experience and task performance was not recognised as pathways to learning. The only recognised method of learning was through formal instruction in learning institutions. Registration was only done based on qualifications, and not based on credits or outcomes. What the NQF is doing is to recognise that there are other methods of learning like experiential learning at the work place. In nursing education as it stands at the moment there has not been adequate recognition of prior learning gained from experience.

As the nursing council was in terms of the Nursing Act No.50 of 1978 the sole authority that controlled nursing education, the coming effect of the SAQA policy has to affect the position of the SANC. It will no more have the rigid control over NE. It is now part of a higher educational framework in which credits will be transferred across educational disciplines.

Standards and Legitimacy

Within the NQF standards must be expressed in terms of an agreed framework aimed at acceptable outcomes. To have legitimacy the participation of all national stakeholders must be sought in the planning and co-ordination of the agreed standards. The SANC has been up to now the powerhouse of nursing education. Under the NQF the SANC will operate within the field of Health and Social Sciences and has been incorporated within SAQA structures as a critical interest group as part of the national standard body.

Since NE enjoys international recognition because of its internationally accepted standards, the task which the implementation of the NQF entails, is to maintain standards. There is no lack of enthusiasm from nurses to enhance their nursing education status. Those who cannot get to residential universities, use distance learning. The result of this is that the University of South Africa (UNISA), which is the main provider of distance learning, has the largest nursing department in student numbers in the world. This has been criticised because it is questionable whether clinical skills can be taught effectively in this way (Uys, Uys & Kotze, 1991).

Access, Articulation and Progression

These NQF principles provide for ease of entry for learners at the appropriate level, on successful completion of accredited pre-requisites. This is followed by an award of a qualification within a framework that permits individuals to move through appropriate levels of national qualifications. In NE entry requirements for higher education courses is still the possession of a standard 10 certificate or an equivalent. There are no restrictions based on race, age or sex. In the case of articulation standards and entry requirements are set by educational institutions in consultation with universities with which they are affiliated. Consequently, there is little or no similarity in what happens in these institutions. As a result of these dissimilarities, articulation and progression are not possible.

In the case of nursing education for post basic courses, progression is difficult because there is fragmentation of courses which have not been put in a framework that makes it possible for individuals to move to higher levels of education.

Besides matriculation as an entry requirement, it is possible for a person who entered nursing with Std VIII and became an enrolled nursing assistant to do a bridging course for two years and become an enrolled nurse. If that person wants to progress further in the field of nursing, that person could do another bridging courses for two years to become a professional nurse. Articulation is practised in a limited way for persons who have been previously accredited in courses offered in general nursing to be given exemption to progress to other courses in their studies. Each education institution has its own course rating (Uys, Uys & Kotze, 1991).

Portability

Portability in the NQF context consists of enabling learners to transfer credits or qualifications from one learning institution and/or employer to another. This is a highly innovative area of the NQF. In nursing education transfer of credits or qualifications from one institution to another is still a problem. Even the curriculae have not been worked out to make credit-transfer possible. A lot of work has still to be done even in the area of certification because it is largely based on what the learner can do or say. Certification should rather be based on the integration of knowledge, understanding, skills, communication, problem identification, problem solving, reflection and application of knowledge to other situations and context (SANC doc 172/98).

Recognition of Prior Learning

It is hoped through the recognition of this principle of the NQF that credit will be given for learning acquired in different ways. Nursing education has not developed a system of assessing prior learning for the purpose of giving credits. This has to be done if prior learning has to be used as entry to higher education courses and to encourage older people to re-enter the learning environment.

Guidance of Learners

Counselling of learners is necessary to avoid waste in human resources. Guidance programmes can enable individuals to be slotted in education programmes for which they are suited. In this way national needs can be met. In nursing education, such programmes have not been developed. In summary, the application of the principles of the NQF to nursing education is given in Table 2.6.

Table 2.6: A Baseline Analysis of current NE in the light of NQF Principles

Principles of the NQF	Full Compliance	Some Compliance	Problem
Integration			✓
Relevance		✓	
Credibility			✓
Coherence			✓
Flexibility		✓	
Standards			✓
Legitimacy		✓	
Access		✓	
Articulation			✓
Progression			✓
Portability			✓
Recognition of prior learning			✓
Guidance of learners			✓

NQF IN GLOBAL CONTEXT

Although internationally there is agreement that there should be education qualifications framework, there are many differences and difficulties that have been identified. It is for this reason that South Africa is embarking on a single education qualifications framework. In Britain and Ireland it has been realised that problems are not limited to the binary approach of technikons and universities. There are problems of prestige between universities themselves and among technikons themselves. Therefore, even where there has been a single education qualifications framework, the employment sector is still wedded to the prestige of certain HE institutions, thereby giving them an unfair advantage over other institutions of higher learning in the employment market (Dept. of Education, 1994). The situation in a number of countries will now be reviewed.

New Zealand

In the last ten years New Zealand has been transforming its HE system from elitist to mass education. This has involved legislation involving several Acts of parliament aimed at improving the system of education.

New Zealand Qualifications Authority (NZQA)

The New Zealand Qualifications Authority was established in order to recognise qualifications gained in different parts of the country. The purpose of the NZQA in terms of the Education Act is to establish "a consistent approach to recognition of qualifications in academic and vocational qualifications". (Woodhouse, in Brennan, de Vries & Williams, 1997: p.68)

The NZQA is a means of implementing the nations' qualifications framework, which was expected to be consistent, coherent and comprehensive. It oversees the setting of standards for qualifications in post secondary schools. The post secondary education framework is expected to be a flexible system for gaining qualifications which recognise competency already achieved. The NZQA promotes and monitors inter-institutional course approval. The NZQA also moderates procedures and registers private training establishments. Although the NZQA by legislation can approve and accredit universities and their degree qualifications, this power is exercised by the New Zealand Vice Chancellor Committee (NZVCC). University entry for

school leavers follows an examination prescribed by NZVCC in consultation with the NZQA. Colleges and polytechnics set their own standards of entry depending on the level of the particular course (Woodhouse, in Brennan, de Vries & Williams, 1997).

The National Qualifications Framework (NQF)

The NQF is intended to recognise competencies acquired either in Senior Secondary Schools through courses offered by polytechnics and private tertiary establishments accredited by industry or through previous work experience. Their unit standards are assigned to each of eight levels. Each unit carries a credit rating of between one (1) and one hundred and twenty (120). According to Woodhouse, NZQA proposes to establish National Standard Bodies (NSB's) to represent major user groups connected with a particular field of education or training. Each NSB will have the task of analysing skills and knowledge in its scope for development of units and qualifications. Each unit will set standards for learners to achieve (statements of outcomes and associated performance criteria). Before this reform, universities were the only HE institutions that offered degree programmes. Now other institutions can offer degree subjects for accreditation and approval by the NZQA. This area of the NQF is still subject to controversy that has to be resolved. The significance of registration of NQF still has to be determined (Woodhouse, in Brennan, de Vries & Williams, 1997).

Philosophical Underpinning

The movement from an elitist to a mass education system involves including people who are already working in industry into the main stream of education, which brings together vocational training and academic training. This is done through the NQF, which strives to recognise competencies acquired through work experience, systematic training offered by accredited industrial training facilities, polytechnics and all post secondary learning institutions. The NQF assign unit standards which enable the learner to be slotted at the correct level in NQF structures (Woodhouse, in Brennan, de Vries & Williams, 1997).

The state supports the policy of having the NQF in order to standardise the education of the country through the participation of all role players in higher education institutions. What is significant about the New Zealand effort is that HE institutions have been given autonomy

despite the fact that they have to be accountable to the State for the public funding with which they are provided. The NQF initiative is accompanied by the setting up of structures under the NZQA to maintain and improve standards.

Through financial management reforms higher education institutions are geared towards the achievements of specified goals by Government. These goals and operational objectives are set out in a broad Charter specifying the mission of the HE institution. A charter is valid for five years after which period it has to be reviewed and presented to the Minister of Education for approval. The Ministry of Education has to monitor the performance in order to be able to determine whether targets have been met, both qualitatively and quantitatively. Funding is used as a lever to enable government to assess and influence the achievement of reforms in education.

In New Zealand another vehicle for monitoring performance and conformity to Government specific outcomes is the New Zealand Qualification Authority (NZQA) or its Academic Audit Units. This body was established to recognise qualifications (both academic and vocational). The NZQA promotes and monitors inter-institutional course approval. In respect of universities it has delegated its monitoring powers to the New Zealand Vice Chancellor Committee (NZVCC). The powers of the NZQA have been delegated to the New Zealand Polytechnics Programme Committee (NZPPC). For Colleges of Education the powers of the NZQA are delegated to the New Zealand Council for Teacher Education (NZCTE).

The success of the New Zealand NQF has yet to be determined although it has been in operation for over 5 years. The NQF of New Zealand and its implementation depend heavily on Government funding. It has, like all Government-driven undertakings, a potential to be over-bureaucratic. The danger of bureaucracy is that it is often paralysed by inefficiency and rising costs. The system relies heavily on legislation which sets out policies and good intentions. It is not often that policies are executed as planned.

The advantage of the New Zealand system is that institutional autonomy has been encouraged and strengthened on a massive scale. There is consultation in setting up goals and objectives of individual institutions in Charters. There is therefore what seems to be a contract between the tax

payer, as represented by Government, and individual institutions. This creates what looks like a partnership between the State and the individual institutions, which ought to promote the National interests. The NQF policy, as conceived in New Zealand, relies heavily on finance to induce co-operation from the individual institutions of higher learning. Should the State have financial problems its influence over the individual institutions would diminish proportionally.

The idea of the NQF is fraught with problems in that an attempt is being made to integrate academic and vocational training. To create interchangeable credits across the spectrum of academic and vocational training is a formidable undertaking. Time will tell how feasible this endeavour will be.

Ireland:

In Ireland there is a realisation that HE should be relevant and embrace the intellectual, cultural, economic and technological needs of a society. HE institutions are expected to act in partnership with the State in the realisation of the educational goals. The challenges of the State in Ireland in the field of higher education are the same as in South Africa because in their framework of charting their education future they have stated that flexibility in structuring courses has the potential to:

1. facilitate access
2. enable mature and part-time students to study for qualifications while employed
3. facilitate the better use of resources
4. facilitate students' transfer between courses and between the colleges and universities
5. facilitate the development of a wider range of subject opportunities within courses (Irish Dept. of Educ.,1995).

Higher education has opened up to a much wider range of students from diverse socio-economic backgrounds. Despite this, however, the poorer socio-economic groups are significantly under-represented in higher education. It is significant that in Ireland too it is felt that affirmative action has to be embarked upon in order for the disadvantaged majority to get HE. The complaint is that although compulsory education was meant to address the problem of access to education of the disadvantaged, those that benefited were the advantaged. There has therefore

to be organisational interventions to correct inequalities of entry and under-achievement of the disadvantaged classes (Irish Dept. of Educ, 1994). The above problem indicates what the South African education system may be faced with in providing access for all to higher education. The Irish third level of education is more or less similar to the South African system of education in that it has the further education and the HE component. In further education, vocational education and training, together with adult and continuing education, are catered for. In HE there is the binary system of universities and technikons. Vocational education and training overlaps with diplomas and occupational certificates that can be offered by universities, technikons and professional institutions. This underlines the need for the NQF because there has to be a common framework in which all these qualifications can be slotted and monitored at a national level (Irish White Paper on Education, 1995).

Like South Africa, the Irish White Paper states that "a major policy objective of Government is to promote equality of access to higher education, irrespective of social class, age or disability for all who have the capacity to benefit from it .."(Irish White Paper on Education, 1995 : 97).

Britain

The need to introduce changes in the education and training of people so as to respond to technological changes was identified almost two decades ago in Britain. It was felt that in order to achieve economic growth, centres of learning would have to produce people who have higher level cognitive skills, workers who would "need to have flexibility, initiative, problem-solving skills and an ability to re-learn throughout their lives."(Ashman, 1995 p.27).

In this way, the concept of having an occupation for life would then be replaced. In an attempt towards addressing the perceived challenges it was put forward that education and training would have to change their content and focus on the application of knowledge rather than have students who have gained knowledge that they cannot make use of in the work situation. Such a move would focus on learning, providing experience, as well as criterion-referenced, competency-based assessments rather than teaching, providing information and conducting paper-based examinations. This change would not only meet the needs of economic growth but would develop individuals who could take charge of their own learning as well as their lives and thereby

open access to more learning opportunities and promote equality (Ashman,1995).

Unemployment, as well as economic changes in Britain, resulted in the creation of new types of courses and qualifications that were additional to a complex system of accreditation and awarding bodies that already existed. It became clear that a framework against which all these qualifications could be measured was necessary as well as the introduction of common standards.

In the mid-1980's the National Council for Vocational Qualifications (NCVQ) for England and Wales was established, for implementing a framework for different levels of vocational qualifications. Its task was to give approval to qualifications, which had met key criteria. The requirements included: content based on clearly defined and agreed standards by all stakeholders, and a curriculum that would allow students to build up credits through assessment of competencies.

The credit accumulation and transfer systems is a new framework in London and Wales, and its responsibility is to give credits to a wide range of qualifications and portions of qualifications in academic and vocational areas. It allows students to transfer their credits or qualifications from one learning institution and/or employer to another. It also makes it possible for integration between education and training to take place.

From what has been discussed in the British system of both higher and further education, it is clear that as South Africa formulates its NQF it should make it flexible and responsive to technological changes, move away from fixed entry and exit points, allow for integration of education and training and move to outcomes-based learning (Ashman, 1995).

Although Britain has not devised a NQF cutting across HE, it developed credit models which took into account prior learning. A credit could be given for learning acquired from another institution or a credit could be given for learning acquired in a formal or non-formal setting. This Assessment of Prior Learning (APL) was sometimes used to create a framework whereby a centrally organised unit accepted students according to a formula of credits accepted by several institutions (Allen and Layer, 1995).

The focus of HE transformation

In Britain, there has been a move to make education relevant to the technological changes taking place in the country. In other words, education had to accommodate the outcome of economic growth and the provision of skills to achieve this objective (Ashman, 1995). There was no definite move towards a national qualifications framework. What was done was the creation of the NCVQ for England and Wales in the mid-1980's, which was charged with implementing a framework for different levels of vocational qualifications. Furthermore, the Further & Higher Education Act of 1992 abolished the binary line between polytechnics and universities, allowing polytechnics to become universities. No attempt has been made to create a NQF which brings together the academic and vocational training in HE (Robson, 1994). Britain, like other countries, has been in the process of converting its elitist HE system into a mass one.

The concern in Britain is about quality assessment in all HE. The fear of the public was that the expansion of higher education to meet massive needs of the country might lead to a drop of education standards. The State as the main funder of education wanted value for money by getting quality education. As public funds were used, it was necessary to have accountability from HE institutions on the quality of education they provided. Therefore the State used its funding mechanism to set up structures for ensuring quality assessment. This was done in two ways. First through the HE Funding Council for England (HEFCE) including Wales and Scotland. This body monitored quality in every subject against the mission statement of each educational institution. Secondly the Committee for Vice Chancellors and Principals (CVCP) established the Higher Education Quality Council (HEQC) which was to be responsible for assessing and auditing academic standards within universities (William in Brennan, de Vries & Williams, 1997).

The Higher Education Quality Council (HEQC) functions in an environment in which HE institutions audit their own quality of education internally. HEQC provides an external audit. The first purpose of all academic audits is accountability to the institution, other education providers and the State. The second is the enhancement of the standards and the quality of education (Jackson, 1996). The activities of HEQC are intended to promote the autonomy of

institutions of higher learning and to regulate their academic affairs in respect of quality assurance and enhancement of standards (Jackson, 1997).

British higher education is moving towards a collaborative regulatory regime which embraces the mandatory and the voluntary quality assurance mechanisms in HE, on the recommendation of the National Committee of Inquiry into Higher Education (NCIHE) often cited as the Dearing Report (HMSO, 1997). There is now the Quality Assurance Agency (QAA) of 1998 which is devising new policies that will change “the national focus of regulation, from one concerned primarily with the quality of the educational process and the students’ learning experience, to one concerned primarily with the quality of the outcomes of the educational process. The term standards-based quality assurance will be used...to describe the overall approach” (Jackson, 1998 p.133).

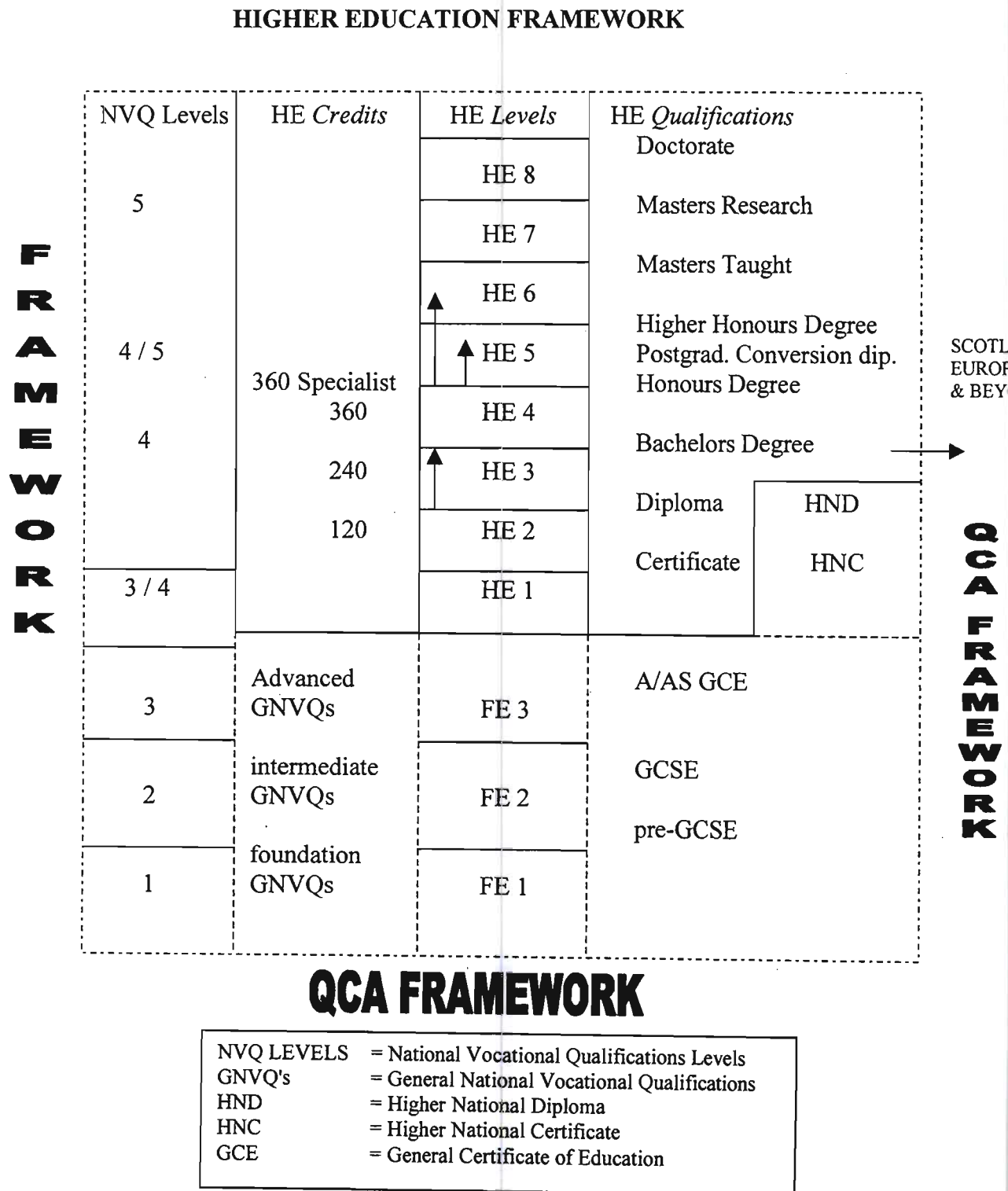
The standard-based quality assurance recommended by the NCIHE differs from the unit-standard approach that is being worked out by South Africa in that it is largely focused on the programme and qualification and not on the units that make up the qualification (Jackson, 1998). The NCIHE recommends among other things that there should be a National Qualification Framework (NQF) based on agreed credits and level of achievements in the United Kingdom (UK). In developing this framework, the quality assurance agency has to see that quality and standards in HE are not lowered (Jackson, 1998).

The QAA has challenged role players in HE to make submissions of their views about the NQF through a consultation paper. What the QAA proposes is intended to provide public assurance that quality and standards will not be affected by the creation of an umbrella framework of qualifications in the UK. There is an intention to develop institutional codes of practice and institutional reviews and the strengthening of the existing external examiner system with feedback on quality and standards to the QAA (Greensted and Slack, 1998).

The NQF that the UK is devising while having separate qualifications and credits framework for academic and vocational learning is intended to develop mechanisms for articulating the two domains and create learning opportunities that can “access both academic and vocational

qualification frameworks” (Jackson, 1998; 223). The UK NQF is intended to have flexibility to promote lifelong learning. It is also intended to have flexible diverse curricular arrangements, which will make learning accessible to all sections of society. Refer to Figure 2 which shows the HE framework for England, Northern Ireland and Wales that is being developed by the Qualifications and Curriculum Authority (QCA) (Jackson, 1998).

Figure 2: HE framework for qualifications and credit proposed in the Dearing Report (HMSO, 1997) for England, Northern Ireland and Wales (Scotland has a separate framework) shown in relation to the framework now being developed by the Qualifications and Curriculum Authority (QCA)



U.S.A

The system of HE in the USA is also in the process of transformation to meet socio-economic demands. Traditionally quality assurance in the USA system of HE had been done by voluntary self-regulation through professional accrediting organisations and regional agencies. This process was free of State control (Dill, in Brennan, de Vries & Williams, 1997).

By 1990, through a process of assessment, two-thirds of the states in the USA had induced public institutions of HE to implement various forms of student assessment through regulations. With the 1992 HE Act came an attempt to involve the Federal Government in quality assurance. This was done through financial inducements on State governments, to regulate quality in order to be illegible for Federal aid. Before this process was completed congressional policy changed and this form of financial aid was abandoned. This meant that since 1995 there was no longer national standards for academic accreditation in the USA (Dill, in Brennan, de Vries & Williams, 1997).

The President's Working Group in 1995 proposed a Council for HE accreditation which was intended to recognise and co-ordinate existing accrediting bodies. This idea was accepted by universities because it would preserve the non-governmental HE accreditation and disseminate information. Whether this arrangement will continue in the long run, remains to be seen.

Although the U.S.A. has not produced any coherent national policy for academic quality assurance, the Americans have an alternative method of dealing with this matter through voluntary non-governmental regulation. The U.S.A. has designed quality assurance policies in which universities and colleges are self-developing organisations. Existing networks of professional associations could possibly be valuable for conducting and enhancing quality assurance activities. The modern world with its computer and electronic transfer of information across national boundaries has made knowledge a common focus of mankind. This calls for "integration of standards and indicators, across states, across nations, across regions" (Dill, in Brennan, de Vries & Williams, 1997: p.40). With the short lived attempt by central government to influence standards, competition between HE institutions and universities can be expected to assure academic quality.

Reliance on national and international standards of academic quality assurance will always prove difficult and long drawn-out as the U.S. experience has shown. Nevertheless, it has to be undertaken. In the meantime it would seem that autonomy of institutions will provide the dynamism that is necessary to beat national and international competition. Institutional autonomy is seen in the U.S. as providing the leadership in education with quick results, like in private business (Dill, in Brennan, De Vries & Williams, 1997).

The philosophical underpinning of American higher education emphasises non-interference by government and autonomy of universities to a greater degree than in other countries. However, there has been extensive and growing co-operation between universities. It follows therefore that accreditation in HE is non-governmental and universities strive to preserve the status quo.

Australia

In Australia, the national government (Commonwealth government) had no role in education in terms of the constitution. This was the responsibility of State governments. Yet through financial inducements the Commonwealth government has become an effective role player in education. The involvement of the Commonwealth government began in earnest in 1957. By 1965, following the Martin Report, the Commonwealth government provided \$1 for every \$1.85 of state recurrent funding while capital funding was shared equally. By 1974, the Commonwealth government had assured complete funding of HE (Massaro, in Brennan, de Vries & Williams, 1997).

In taking over higher education, the Australian national government was responding to the need to change the elitist HE to a mass education one. This is what the NQF is trying to address in South Africa. It was also solving the Australian human resource problem that the economy was facing after the Second World War. The response to national developmental needs of education and training out of public funds increased the need for accountability to the national government by all HE institutions. In making education more accessible to the majority of the people, a contradiction was created in that the national government wanted value for its money and was increasingly allowing and expanding autonomy of institutions of HE. The control, which was

being increasingly relaxed, was in respect of technikons, which had been rigidly controlled by State governments but was being relaxed when they were allowed to become universities after 1989.

A binary system consisting of universities and colleges of advanced education came into being and was rigidly enforced in order to maintain diversity before 1988. The mission of universities was to create, preserve, transmit knowledge with research and doctoral studies. Colleges on the other hand catered for students who wanted to acquire applied skills. According to Vin Massaro the college system was equal but different from the university system, and could award the degrees of Bachelor and later Masters degrees (Massaro, in Brennan, de Vries & Williams, 1997).

Universities were autonomous while colleges were not so free to determine their destinies. Colleges could not offer doctoral programmes or attract government research funds. While there was significant internal autonomy in Australian institutions, according to Vin Massaro "a firm guiding hand ensured that diversity was maintained through the rigorous insistence on defined missions." (Massaro, in Brennan, de Vries & Williams, 1997: p.50). Since 1988 this binary system is no longer enforced. Colleges are now free to be universities and engage in research. There has been concern that the non-enforcement of the binary system will undermine the diversity in education that Australia has been proud of, because a uniformity of mission developed when colleges became universities.

Quality became an issue because it was feared that the reforms and the reduction of funding had led to a drop in quality. The HE Council in 1991 concluded that reduction of funding had led to a drop in standards. An independent Committee for quality assurance in HE was established in 1992 to address not only quality of HE but diversity as well. In Massaro's view, quality assurance should be the initiative and product of the staff rather than an imposition from outside. Quality visits should be based on a previously negotiated quality improvement plan. This would enable the visitors to evaluate the progress achieved. As the quality assurance is measured every three years, every role player would know in advance what the measuring standard would be. Furthermore, in the diversity, this would force institutions which have unrealistic aspirations

having regard to resources available to recognise their limitations. Massaro, believes this approach will lead to a culture of continuous improvement (Massaro, in Brennan, de Vries & Williams, 1997).

Australia is unique in that the Commonwealth government in terms of the Constitution had no role in education. Through financial inducement it has become a role player in education. By 1974 the Commonwealth government was virtually funding HE.

Australia has been investing in education because it is linked with economic development. Like European countries standards and quality in HE became an issue because of central governmental funding. The resultant problems are the concern of HE institutions at local level. Assessment has been made a matter of market forces (Baldwin, 1997 in Brennan, de Vries and Williams).

The Australia experience shows how education can be dealt with without formal structures through financial inducements. The continuing dissolution of the binary system in a way shows that the idea of the NQF is feasible. The gulf between education and training, while admittedly wide, is a matter of tradition rather than substance. The reason being that vocational education emphasises the practical aspect while in academic education the emphasis is on theory.

Quality and standards in Australian HE are monitored within the autonomous tradition of individual universities. Government avoids interfering in university internal affairs. The notion of quality audit was begun on a small scale by the Australian Vice Chancellors Committee. The Commonwealth government, while respecting the institutional autonomy began to take interest in inducing universities to pay attention to procedures for ensuring quality in HE. It did not prescribe to universities how they should do it. In 1993, the advice of the educational council that there should be a Committee for Quality Assurance in Higher Education (CQAHE) was taken. CQAHE was established after extensive consultations. It is a system that draws guidelines for universities to do their own internal quality audit (Baldwin, 1997 in Brennan, de Vries & Williams).

Procedures for internal audit have been developed. These embraced teaching learning and course approval. Course approval is the responsibility of the education committee in which all faculties are represented. the education committee within the university ensures that course objectives, assessment, codes of practice for staff and students and student workloads are specified and followed. It also periodically reviews the educational outcomes of the courses.

Conclusion

In the modern world education has become an instrument of socio-economic development. It is for these reasons that governments all over the world are funding education. To solve socio-political problems such as unemployment education has become an important tool in as much as the unemployed can be trained for other jobs in commerce and industry. It is on the basis of participation of industry and labour in the employment market that trade unions and employers in industry are role players in the NQF. Advances in science and technology have made vocational and academic education complementary in preparing people for jobs. Lifelong learning has become a tool of survival in the employment market of today. It is not only the provision of education that is important but its quality as well.

The NQF, which SA has embarked upon, was first made national policy in New Zealand. The UK (as the NCIHE report shows) is now also moving towards developing its own NQF. In SA, UK and New Zealand the NQF involves a system of human resources development to respond to national developmental needs. Recognition of prior learning and lifelong learning, portability of credits from one institution to another are also the intended outcomes of the NQF in these countries. In making education accessible to as many people as possible, concern about standards and quality of education cuts across the qualification frameworks of these countries.

The concern about quality and standards is not only manifested in the countries that are adopting the National Qualification Framework, it is also a concern in Australia and Ireland. University autonomy is increasingly being found not to be an obstruction to governmental attempt to monitor quality and enhance standards. A partnership between governments and universities is developing. Universities are embarking upon self-auditing of quality and standards while at the same time co-operating with the efforts of the States to have external auditing of quality and

standards in HE. Universities Chancellors and Principals began an external audit of quality and standards. This is done in conjunction with internal voluntary auditing that is done by universities themselves. In the US, the monitoring of standards is voluntary while in the UK, the government through funding tried to monitor quality in individual subjects and to audit quality through HEQC appointed by the Vice Chancellors and Principals Committee. The recommendation of the Dearing report of 1997 is that monitoring be done in partnership between the State and the academic community.

CHANGE THEORIES IN EDUCATION SYSTEMS

Classification of Strategies for Change

Bennis, Benne & Chin (1985) suggested a classification of three strategic orientations that characterise organisational change in education. These are:

Empirical - rational strategies

Power-coercive strategies

Normative - re-educative

1. Empirical - rational Strategies

This group of strategies is based on the belief that individuals maximise their self-interest. Furthermore, it is assumed that it is logical and rational for an individual to act in self-interest.

The first step in bringing change is to identify the self-interests of individuals and groups relevant to the intended change in a particular community. If the proposed change is likely to benefit the target group, it is expected that the change will be found desirable. Therefore, the expectation is that the proposed change will be adopted and will be effective because it can be rationally justified that the target group will gain by the change (Bennis, Benne & Chin 1985).

Consequently planning must be linked with research on the interests and characteristics of the target group. The change practitioner to be successful must be in constant communication with the consumers of the change (Owens, 1998). This is in order to educate and eliminate superstition and ignorance that prevents the adoption of changes that should be in the best interests of individuals and communities. In the USA Thomas Jefferson was an "early advocate of research and education as agencies of human progress" (Bennis, Benne & Chin, 1985 p.24).

Planning organisational change in the field of education intended for society at large contradicts the pursuance of individuals self interest. Despite this fact the empirical - rational strategy being driven by knowledge and science is grounded by vision about future benefits to men. Designing a prosperous future is based on an optimistic view of facts which may even be incomplete (Benne, Bennis & Chin, 1985). The NQF and the implementation of its principles within the education system in S.A. is 'a process of projecting value orientations and preferences into the shaping of a better future' (Bennis, Benne & Chin, 1985 p.30).

2. Power Coercive Strategies

Owens (1998) summarised this group of strategies by saying it differs significantly from other strategies in “willingness to use (or threaten to use) sanctions in order to obtain compliance from adopters. Sanctions are usually political, financial or moral” (Owens 1998, p.298). Nevertheless this does not mean other strategies do not use power in some form, because knowledge is power and “power is an ingredient of all human actions” (Benne, Bennis & Chin 1985 p.39). Other strategies differ from the power coercive ones in that in principle, they find coercion which does not involve an exchange of views and persuasion objectionable for moral and practical reasons (Bennis, Benne & Chin, 1985).

The use of coercive power through the use of law, political or economic means depends on mobilisation of support. Opponents can also seek mass political & economic power in opposition. If opinions for or against change are supported by powerful forces this can cause a division in society which can frustrate change. Although a power coercive method of decision making is a reality, it should be noted that this should be accompanied by an awareness that “when any part of the social system becomes aware that its interests are not being served by those in control of the system, the power of those in control can be challenged” (Bennis, Benne & Chin 1985 p.40). In a democratic society the power coercive strategies are therefore seldom employed alone.

Power need not be from one source. Power may be from a group of stakeholders. Mason and Mitroff, as quoted by Tiffany and Lutjens (1998) have shown that identifying stakeholders and harnessing their resources, purposes, wills and capacity for decision-making, can create power that is able to bring about change. This group of stakeholders who network together can be able to overcome existing behaviours that are negative towards change and support the achievement of change. Planners consequently base every strategy of change on this assumption regarding stakeholders. This concentration of power led Marx to a counter power coercive strategy of revolution against the stakeholder power elite (Tiffany & Lutjens, 1998).

The NQF is being implemented in a democratic society. Consequently its conception was never nakedly power-coercive. It is the brainchild of co-operation between the State and the stakeholders such as business, industry and labour (NCHE, 1995). The legislative element in the NQF signifies that it is government policy backed by State power and resources.

3. Normative Re-educative

This strategy is based on participatory education. The recipient of education participates in the education process changing normative and cognitive orientation and developing commitment to new ways of thinking. The basic assumption is that the target group for change will be motivated by this involvement in re-education. Normative strategies have the following assumptions built into them:

1. Change starts with the individual and not with the social structure the individual lives in.
2. Changes can occur without any change of structure of power relationships.
3. Meaningful change occurs when there is a general change in the interest groups in a social system.

These strategies emphasize dialogue, the use of social science information in addition to technical information, collaboration between the planner and client, the recognition of non-conscious elements of change, and the appropriate use of behavioural science methods (Chin & Benne, 1969).

According to Benne, Bennis & Chin (1985) the vision of interrelation between research, training and collaborative action of researchers, educators and activists in problem-solving is Lewin's contribution to normative re-education strategies. The researchers, educators and activists working closely together identify what is needed for change, work out and improve relevant knowledge, technology and patterns of action in meeting these needs.

Benne, (in Bennis, Benne & Chin, 1985) further recognized that it was Lewin who noted that groups of people must participate in their own re-education and emphasized action research as a strategy of change. Benne observed further that it was Freud's contribution to normative re-education that an individual must be helped to come to terms with subconscious sources of his/her attitudes and actions. Only then can an individual with the help of a therapist (change agent) be re-educated to take control of problematic situations (Bennis, Benne & Chin, 1985). According to these authors, Freud's approach has been adapted to change situations and now underpins normative-re-education strategies.

Lewin, (in Tiffany & Lutjens, 1998) observed that human beings operated in what he called a force field. This field being the social, historical, situational and physical influences surrounding individuals. He therefore emphasised the relationships between individuals and forces in their environment. Lewin's field theory assumes that if one fully understood a person's situation, one would fully understand his behaviour (Tiffany & Lutjens 1998). According to Lewin, "a force field (field of force) is the total of the influences towards- change or non-change present in the physical and social environment of an individual or group" (Tiffany and Lutjens 1998 p.120).

It follows therefore that Lewin's force-field analysis is part and parcel of the normative-re-education strategy. The reason being that it identifies forces in favour of change and forces which restrict or are against change. These forces may be conscious or unconscious. Once the change agent is aware of these forces, she can integrate them in the design of his strategy for change. This approach applies to both individuals and groups.

By understanding the individual or target group for change in this way, the change agent can help in the individuals and groups to re-educate themselves for their own transformation. In short, normative re-education is a co-operative action research model. Changes which are reality-oriented take the form of problem-solving. A system which is reality-oriented adapts to internal and external environments in which individuals and groups targeted for change operate. They develop relevant problem structures and processes for their situations. In this ongoing participatory co-operative action research, it is possible to deal with socio-technical difficulties, trying out solutions, evaluating the feedback of results re-planning and adjusting in order to find the required solutions for the problems (Bennis, Benne & Chin, 1985).

Determinants for Successful Change

According to Owens (1998) in dealing with organisational change, six aspects should be borne in mind by a researcher into the process of change. These are:

1. Organisational health.
2. Capacity of the organisation for self-renewal
3. Organisational development.

4. Socio-technical view

5. Force Field

Organisational Health

An organisation that is healthy has the ability to achieve its goals. This cannot happen if it is not stable and capable of dealing with problems that it meets in its operations. It must be able to adapt to its environmental changes because it has coping skills and ability to grow. Owens (1998) refers to the following specific indicators of organisational health:

- (i) Goal focus which involves the investigation of the extent to which the personnel of the organisation understand and accept the feasibility of the objectives of the organisation.
- (ii) Communication adequacy at all levels.
- (iii) Optimal power equalization which involves the extent to which collaboration is relied upon as opposed to coercion.
- (iv) Human Resources utilization which involves effective use of personnel.
- (v) Cohesiveness which involves determining the loyalty and the feeling of belonging of participants.
- (vi) Morale. This refers to the feeling of satisfaction with the organisation by personnel and that their collaboration is yielding results.
- (vii) Innovativeness. The ability to adjust procedures and goals in order to achieve effectiveness.
- (viii) Autonomy. Independency of the organisation to determine its own ways of achieving objectives in line with other bodies in society.
- (ix) Adaptation. Ability to correct mistakes and change ways of doing things in order to meet the challenges posed by the environment in which an organisation operates.

- (x) Problem solving adequacy. The organisation should not only detect problems but must have the capability to overcome them without any disruption of its operation (Owens, 1998) .

A study of the implementation of the principles of the NQF in NE will challenge nursing education at all levels and reveal its organisational health in assimilating new ideas and new policies.

Organisational Self-Renewal.

What Bennis, Benne and Chin (1985) said about improving problem solving capabilities of a system and fostering the growth of persons who make up a system in need of change is what Owens (1998) calls organisational self-renewal. There is a tendency for organisations to atrophy with time. When this happens bureaucracy and a tendency to preserve old routines unreasonably in the face of rapid change become evident. Such an organisation has to adapt or perish. Until an organisation changes to keep pace with developments, needs and expectations that the environment in which it operates calls for, such an organisation is viewed as unhealthy (Owens, 1998).

Self-renewal is characterised by the increase in the organizations capacity to do the following:-

- (i) Identify problems as they merge in its operations
- (ii) Determine priorities and objectives in the light of current problems
- (iii) Generate or develop alternative methods and solutions to the ones it used in the past.
- (iv) Determine alternative solutions and pursue them with vigour (Owens, 1998)

Organisational Development

After self-renewal follows organisational development, the evidence of which according to Owens (1998) will be the following:

1. Setting goals
2. Renewing systems
3. Engaging in a systems approach
4. Focus on people
5. Educational strategy

6. Learning through experience
7. Dealing with real problems
8. Having a planned strategy
9. Having participation of a change agent
10. Involving top level administrator

Socio-Technical View

This view of organisational change involves a fundamental change in managerial style from the authoritarian style to a participatory one in which all people participate in decision-making. This involves task analysis, changes in structural arrangements effective use not only of technology but also of people who make inputs in ideas in the way the organisation is run. The task of the administrator becomes one of clarifying and focusing objectives and co-ordinating efforts towards the attainment of the organisational goals. This leads to the development of methods of "integrating people, technology, task, and structure in a dynamic, problem-solving fashion" (Owens, 1998 p.312).

In this descriptive study, as the NQF is being implemented observations will be made as to whether in the different levels efforts are being made to incorporate the socio technical view. It will also be observed whether the participatory managerial style that characterises the socio-technical view coincides with the flexible and consultative restructuring of education and training in the implementation of the NQF. (Dept. of Educ., 1995, Ways of Seeing the NQF).

Force-Field Analysis

In order to understand the organisational situation in the process of change, the force-field analysis becomes a useful tool. At all times an organisation should be in equilibrium if conditions for its operation are ideal and it is meeting its goals satisfactorily. Organisational equilibrium is achieved when the restraining forces and the driving forces for change balance.

When the need for a change is perceived the equilibrium between the restraining forces and the driving forces has to be disturbed. "Such an imbalance can be brought about by the introduction of a new work technique or the acquisition of new skills by participants" (Owens, 1998, P.313). The change will not last unless it is made part of the equilibrium that will inevitably follow.

In order to ensure that change will last Lewin came up with a three-step change process as an ongoing life cycle of an organisation. Change is not possible unless the organisation is unfrozen by taking action to strengthen the driving forces for change and weakening the restraining forces against change. This as already stated is done by the introduction of new technology and the acquisition of new skills and work procedures. With these tools change can be introduced. The second step is to move the organisation to a new level which embodies the changes that have been introduced. This is done by changing the organisations sub-systems such as tasks to be performed, structure, technological sub-system, and the human element. The human sub-system is the most difficult to change and is in fact the major restraining force. Until the people in the organisation have embraced the change, the change remains fragile and can easily slip back into its old ways (Owens, 1998). To ensure that the change is long lasting the third stage of refreezing is embarked upon which is institutionalisation of the change in a new equilibrium.

According to Owens (1998) opposition, (despite the negative form it sometimes takes) is a positive factor for change. Over reliance on authority and power in reinforcing driving forces towards change does not promote lasting change. It can be counter productive by producing counter pressure which leads to reverting to the old ways of doing things once coercion is relaxed. Success in bringing change is ensured by creating an atmosphere in which secretly harboured feelings and fears are expressed so that they can be taken into account when planning for change. Enhancing communication and valuing the right of personnel to challenge and question what authorities intend to introduce assists in diminishing resistance because more problems are exposed and unforeseen probable consequences are taken into account. Therefore opposition becomes a positive factor in that its views are taken into account in making decisions. In this way, both the driving and restraining forces operate for the benefit of the organisation (Owens, 1998).

The implementation of Principles of the NQF in nursing education at central and provincial levels, in this descriptive study, will be undertaken by also observing whether reliance on authority and power, dominates the participatory and collaborative ways of implementation and problem solving. This will be analysed against the three step change process as laid down by Kurt Lewin in the force-field analysis of introducing change in educational institutions.

In 1987, the WHO organised a conference at Albuquerque on innovative tracks at established institutions for the education of health personnel. Its proceedings were published by Katrowitz in 1987. At this Albuquerque Conference of the WHO the participants came out with strategies for implementing changes in established institutions. These recommended strategies are relevant to health education generally. Before getting started it is recommended that exploratory studies be undertaken to determine whether motivation for change, exist outside the established institution. This is done in order to harness support from other bodies and audiences in planning for change. In other words, innovators should link the change with outside forces in society who are also seeking change. This support within society should be linked up with the internal needs for improvement within the institution. Having obtained broad support appropriate leadership should be found to carry through the innovation. Where the innovation is in the field of education appropriate educational resources should be found together with financial support (Katrowitz, 1987).

For change to be effective and successful different departments in the institution must be made to support the innovation. Further support should be harnessed from communities and governmental institutions. Planners of the innovation should avoid planning in isolation because this reduces the ability of others to contribute to the innovation and to have a feeling of responsibility towards the innovative programme. Criticism should be welcome and taken seriously. There should also be readiness to incorporate appropriate inputs from critiques into the innovative program (Katrowitz, 1987).

Throughout the innovative track short-term results are scrutinised in determining the feasibility and effectiveness of an innovative program. Planners have to be reconciled to important questions that the institution will be asking in the short run. Planners should establish long term evaluation measures to determine how well the innovative track fulfils its goals. The secondary and unforeseen effects should be described. Data should be collected at the beginning of the program for later comparison and for periodic assessment. There should be assessment of data in both quantitative and qualitative terms. Evaluation of an innovative program is so important that it should be provided for at the inception of the innovation. After an evaluation which

identified forces which supported change and forces which opposed change, information is shared with other educators. This leads to an understanding of outcomes of the innovation and the problems involved so that future strategies which take them into account can be devised (Katrowitz, 1987).

Institutional linkages between developing and industrialised countries should be established. This enables an exchange of experiences for the common benefit of innovators and scholars from different cultures in the solution of problems. This may lead to international program collaboration and exchange of ideas for the benefit of all (Katrowitz 1987).

THEORY OF ADOPTION OF INNOVATION

Concerns-Based Adoption Model

Stages of Concern

The Concerns-Based Adoption Model (CBAM) applies to the study of the process of implementing change in educational institutions. Change in this model is seen as a process which takes place over a period of time. The individual is seen as central to the success of the implementation of an innovation. "...only people can make change by altering their behaviour... Innovation lies in its human, not its material component" (Hord, 1987 p.96).

The Concerns-Based Adoption model has four main components: Stages of Concern, Levels of Use, Innovation Configurations and Intervention Taxonomy. Collectively they deal with the implementation, monitoring and evaluation of the change. For purposes of this study focus will be on the Stages of Concern (SoC) and the Level of Use (LoU) as methods of information gathering and analysis of the formative stages of the implementation process of the NQF in nursing education (Hord, 1987). Hall and Rutherford, (1976), as cited by Hord, 1987 describe the seven levels of SoC. These are:

1. The awareness stage of concern - where the individual might not even be aware of the change.
2. The informational stage - where the individual seeks to know more about the change.
3. The personal stage - where the individual experiences anxiety about how the change will affect personal interests and work situation.
4. The management concern stage - this concerns facing practical problems such as planning how to do the work and actually doing it.
5. Consequence concerns - deal with effectiveness of performance. For example impact of teaching on students.

6. Collaboration concerns - focusing on co-operating with colleagues to improve work performance.
7. Refocusing concerns - inventing one's own method of improving task performance.

Stages of Concern in the CBAM will provide a framework for collecting data at the two levels of implementation of the NQF in nursing education about the perceptions of the participants and their readiness for the change.

Level of Use (LoU)

Level of use is closely related to Stages of Concern because it deals with the behaviour of people when confronted with change. Its focus is on whether the innovation is used or implemented at all. It is not unusual for an innovative program to be ignored altogether. When this happens there is a nonuse of the new program (Hord, 1987).

The stage of nonuse has three levels. These according to Hord, 1987 are:

- (a) Indifference to innovative program
- (b) Seeking information about the innovation
- (c) Taking a decision to adopt the innovation and making preparations to begin

The user stage has five stages. These according to Hord, 1987 are:

- (a) LoU III Mechanical Use - where the user uses the innovation mechanically while still inexperienced. The user implements the change without enjoying it, getting on with the job. Training on how to use the innovation may help the user to go beyond this stage.
- (b) LoU IV A Routine - where the user has gained experience in the use of the innovation and establishes a routine. At this stage the user makes few or no changes at all. Some users are content with their adequate grasp of the job, lack of stress and the stability it brings.

- (c) LoU IV B Refinement. At this level the user of the change strives for improved performance in order to increase outcomes.
- (d) LoU V Integration. The user collaborates and co-operates with other users to produce better results with the innovation.
- (e) LoU Renewal. This stage is reached by users who are so involved with the innovation that they want to make the innovation better and better. Such users have mastered the innovation and discovered its inherent limitations. Consequently they look for more effective ways of obtaining results (Hord, 1987).

For this study, the levels of use were adapted to only four levels, namely:

- Awareness
- Planning
- Use
- Refinement.

THEORETICAL FRAMEWORK

Introduction

In this study the description and analysis of the implementation of the NQF will be done at two levels viz: the central and provincial. The organisational health of nursing education will be described within the organisational self-renewal strategy as described by Owens, (1998). The perceptions of outcomes by participants at all levels will be viewed by applying the use model based on the concerns-based adoption model (Hord, 1987). The description of the process of implementation of the NQF will reveal whether the empirical rational, the normative re-educative and the power coercive strategies have been used in the implementation of the NQF (Bennis, Benne and Chin, 1969). The outcome of the implementation of the NQF in nursing education will be assessed by using the principles of the NQF as a yardstick.

The principles of the NQF are goal focussed. In view of their broadness they require a mix of methods to describe and analyse their implementation in nursing education. The conception of the NQF has the objective of the improvement of quality of life of all the South Africans. It focuses on the needs of government, industry and society as a whole. In order to be acceptable to role players such as institutions of higher learning, employers and labour, it has been presented as logical and outcomes based. Research has gone into its conception (NCHE, 1996).

The theoretical framework for this study will be discussed under three categories namely the inputs, process and the outcomes.

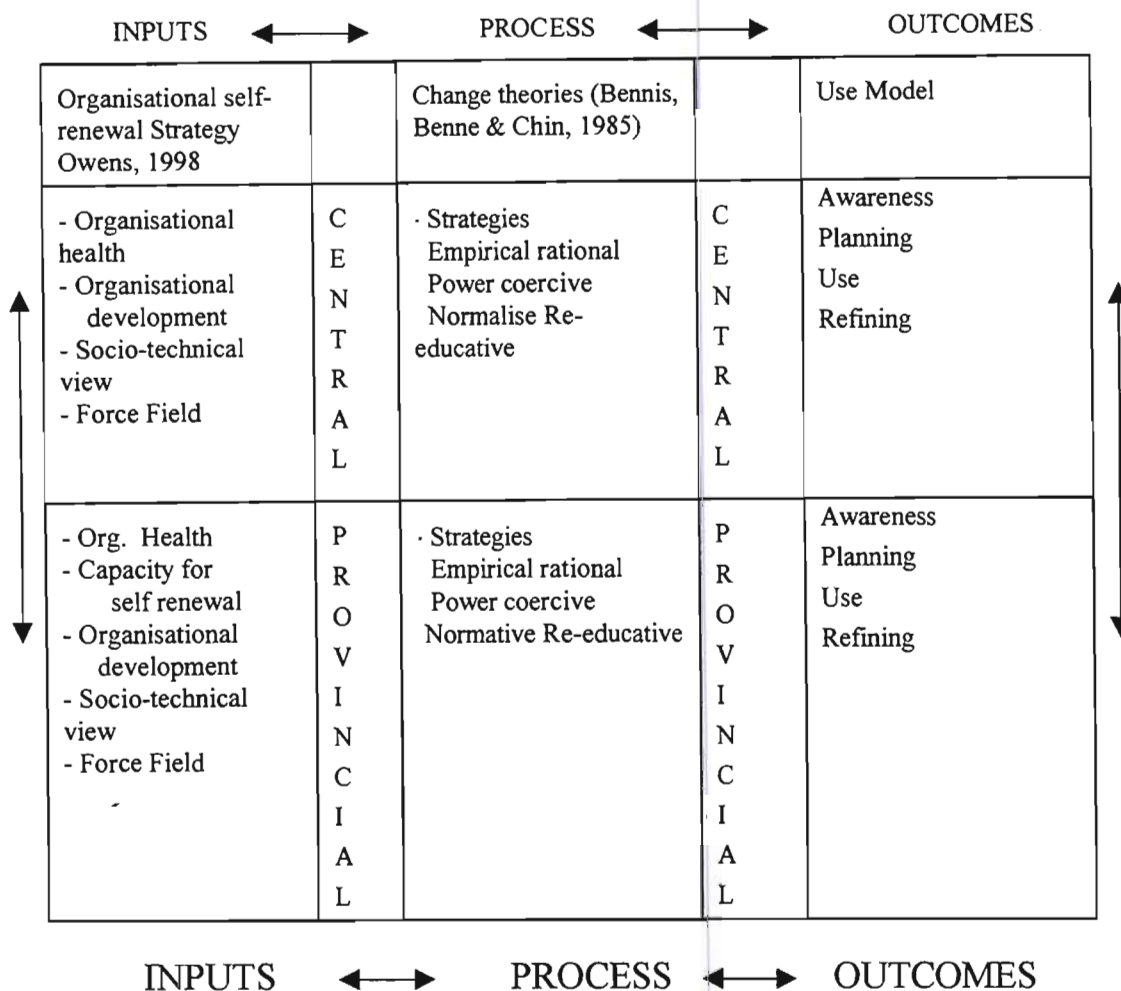


Figure 3 : Model for describing and analysing the implementation process of the NQF principles in NE in S.A.

Inputs

It is expected that the inputs will involve assessing the capacity of NE to deal with the implementation of the NQF. Secondly that steps will have been taken to develop and strengthen the capability of NE to renew itself, develop and accommodate the change that the NQF entails at two levels (central and provincial). The socio-technical ability of those managing the implementation of the NQF in NE should also have been developed and strengthened. It is against this background that the force-field analysis of forces for or against change will be done.

The nature of the problems that are encountered will determine the strategies that will be used during the process of implementing the principles of the NQF in any of the two levels.

Organisational health

In dealing with the organisational health of NE at the inception of the NQF, the history of NE has to be taken into account. In particular the implementation of the CBNP on which the principles of the NQF will be applied. The ability of the NE to survive and cope with the new change has to be described at all levels. If the organisational health of NE is poor, instead of being improved by the introduction of the NQF principles, it will not cope, it will decline and become dysfunctional over time. (Owens, 1998).

In order to determine whether people in NE understand and accept the goals which the NQF has set, it is necessary to observe the way they conduct themselves during the process of implementing the NQF in NE. The circulars and pamphlets and other documents that have been circulated by the department of education are important indicators of efforts which have been made to help people understand and accept the Goals of the NQF in NE.

For communication to be effective in an organisation that is changing it must be first at personal level, change habits and patterns of action and practice. (Bennis, Benne & Chin, 1985). Such communication should not only follow the hierarchical line of command it must also be interpersonal. If it has been facilitated and become effective it will be possible for an organisation such as NE to pull in the right-direction and implement decisions speedily. Not only must communication at all levels be simple there must be trust and empathy between people who communicate (Bennis, Benne & Chin, 1985).

An organisation which can absorb change must be capable of doing so without over-reliance on coercion and power. According to Owens (1998) where changes are being forcibly introduced, people yield to this pressure and pretend to be implementing change while the pressure is there. As soon as the threat of coercion is removed, they go back to their old ways. An organisation like NE will only be fit to change if there is collaboration at all levels in the implementation of the change. (Owen, 1998).

The normative re-educative strategies operate on "the notion that people technology is just as necessary as thing technology" (Bennis, Benne & Chin, 1985 P.32.). Nursing education deals with human beings both at administrative and operational level. Therefore, it relies on personnel

who must be developed to fit into new roles that the principles of the NQF entail. This involves not only proper deployment of personnel but also its training. The organisational health of NE will be evident if there is no massive exodus of experienced staff due to the process of change. Furthermore the collaboration and the willingness to face the incoming changes is another indicator of organisational health (Owens, 1998).

It will be an indication of the health of NE if the morale and team work of its staff is evident. This will promote initiative and innovativeness in handling NE and achieving its goals. If the personnel have high morale they will readily adapt to the changes the NQF will bring. (Owens, 1998).

For an organisation to be able to react-to its environment it must have some autonomy. It should collect data, plan, tryout solutions and evaluate. (Bennis, Benne & Chin, 1985). Such an organisation develops systems for efficient problem solving.

Process

The process of implementation with its three main strategies viz. empirical rational power coercive and the normative re-educative strategies is conditioned by the nature of the organisation. NE as an organisation consists of a collection of role players whose self interests must be studied. The empirical rational strategies will harness the identified self interest insofar as they are consistent with the changes that the NQF intends to bring. Effective change can be assured by making the role players partners in the benefits that the NQF brings. The organisational development will take advantage of the empirical rational strategies if the introduction of the NQF can be presented as scientific and as an agent of human progress.

Power coercive strategies only become necessary if resistance to change and other obstacles can not be overcome by other means such as persuasion or inducements. The normative re-educative strategies are people centered and believe in dialogue and re-education of individuals within the organisation. The change agent helps individuals and groups to re-educate themselves for their own transformation.

Outputs

Awareness of the NQF and Planning

Having dealt with the organisational health of nursing education as an input and the next stage process of the actual implementation, the next stage is that of studying initial outcomes. The focus will be on discovering the stages of concern of the participants at the two levels of nursing education in the implementation of the NQF. The objective will be to assess what the reaction or indifference to the NQF is.

The awareness of all individuals involved in the implementation process at central and provincial levels will be studied. What will also be studied will be what information and by what means were the principles of the NQF disseminated at the two levels of the nursing education and what impact this has had on participants. The extent to which the individual anxieties about change were sought and addressed will also be described. This will help to determine whether the participants were made ready to accept change and are getting ready to adopt the NQF principles if they have not begun to adopt them.

The awareness of individual concerns will lead to the preparation for the management dimension of concerns of participants and the problems they might face is an important element of the study because planning for this stage is necessary for the success of the innovation. Ways of assessing awareness of the NQF innovation and effectiveness of performance and improvement of morale that were built into the implementation process will be observed. Attention will be paid to the encouragement of collaboration among the participants in the implementation of the NQF.

Use and Refining NQF Principles

The main objective of the implementation of the NQF is that its principles should not only be disseminated but also applied in nursing education. All steps that were undertaken to prepare the participants engaged in the implementation process of the NQF will be described, and their success will be seen as the necessary output. The other necessary output is the level that the principles of the NQF will have begun to be applied. The machinery that will have been put in place to monitor the progress of the implementation process will be noted.

The stages of concern and the Level of Use embrace all the levels of implementation of the NQF. They begin from central level down to the regional level and then to the local level. Since the

SANC has always had direct authority over the NE institutions, this link will be maintained in the implementation of the NQF.

Relationship of Concepts found in Model

The organisational health of nursing education (NE) i.e. (ability to change and develop) is the input that nursing education brings into the NQF innovation. For the purposes of this study, organisational health will be viewed at central and regional levels since the two levels as already indicated, are operationally interconnected. The organisational health influences the change process by determining the strategies to be adopted in dealing with the identified problems.

The strategies of change during the process of change in turn influence organisational health by addressing every aspect of the organisational structures.

The outcome in this study is the result of the interaction between the process of implementation and the organisational health of NE as an input. In other words, the strategies selected to implement the NQF will determine the Level of Use of the NQF in nursing education.

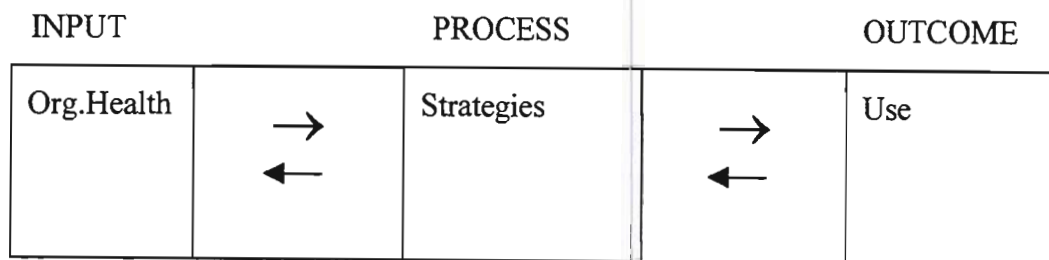


Figure 4

The central policy making body in education matters is the national government. Its function has over the years been exercised by the South African Nursing Council (SANC). In this study the central level will be the SANC through its education committee.

Nursing education has also been administered at regional level through provincial governmental structures. For purposes of this study, provincial/regional level represents the Natal College of Nursing under which falls all the nursing education institutions affiliated to universities.

The SANC at the central level makes guidelines for the implementation of the education policy which is implemented at regional and local levels. The central level deals with nursing education

institutions either directly for example through accreditation of institutions or through the regional level.



Reasons for selecting the above methods

Organisational health is a condition precedent to the implementation of change. A healthy organisation is characterised by the ability to achieve its goals, maintain itself internally and adapt to its environment (Owens, 1998). An organisation which is healthy has the capacity to reconcile the empirical rational, power-coercive and normative re-educative strategies within its operations. The descriptive analysis of the implementation of change in NE is better executed within the concerns-based adoption model (CBAM) of Hall, Wallace and Dosset (1973) as described by Hord 1987. This method emphasises the implementation of innovations emphasising the centrality of individuals in their success. Individuals bring about change through sustained effort (Hord, 1987).

Operational Definitions

Inputs

In this study inputs refer to the following:

- Knowledge about nursing education as an organisation, its capacity to deal with problems, and its capability to change and develop.
- Knowledge about human resources at all levels and their capability to deal with problems of NE on a day to day basis, ability to cope with change and to develop NE.
- Training to enhance the capability of NE and its personnel to develop and cope with change.
- Special efforts to develop a participatory style of management in which participants at all levels are involved. Integrating technology interpersonal skills in developing NE and enhancing problem solving skills (socio-technical view).

- Developing mechanisms for detecting present and future problems and planning strategies for dealing with those problems in order to balance forces for and against change (force field).

Organisational Health

Organisational health refers to the way in which an organisation operates, its current strengths and weaknesses. For the purposes of this study such information will be taken as an input.

Organisational Self-renewal and development

In this study ability to change in an organisation is regarded as an asset. Organisational self-renewal is the ability to change and absorb new ideas such as the NQF and thereby transform itself.

Change Process

The change process refers to what actually happens as the NQF is implemented, the means and strategies that are used in order to implement the NQF.

Output

Since the implementation of the NQF is at its inception, the output in this study means the reception and the reaction of participants at this initial stage.

Awareness and Planning

Within this study, awareness and planning will mean the reaction of participation at the two levels to the initial adoption of the innovation of implementing the NQF in NE.

Use and Refining

Use and refining in this study will describe whether the principles of the NQF are already being applied and used and improved for maximum results.

In approaching the description of the implementation of the NQF in NE it is important to know the inputs that are available within nursing education as these will determine the nature that the implementation process will take which in turn will lead to certain outcomes even at this early

stage. In studying the inputs as already indicated the researcher will determine the organisational health and the capacity for self-renewal of NE at the central and provincial levels. As these involve the human element, the force field analysis will be used to determine forces for and against change.

In the implementation of the NQF the organisational health of NE at the two levels will determine the change strategies to be employed. Where there is resistance power coercive strategies may have to be used, despite the desire to enlist voluntary co-operation of all role players at all levels. Where the innovation is in the interest of role players at any of the levels and they are already participating this may mean that the empirical rational strategies are being utilised. Normative re-educative strategies will be in evidence where participants will be involved in participating and re-educating themselves about the thinking behind the NQF.

As the implementation process of the NQF is in its initial stages the expectations should not be very high. What will be described will be the extent to which its adoption has begun. This will be analysed by making use of the Use model adapted from (CBAM) by Hord 1987. This will entail analysing concerns awareness and reaction to the change of participants and their level of use of the NQF principles.

Conclusion

One of the objectives of the NQF legislation was to create an equitable system of education and training for all South Africans; improve the quality of education and training as well as integrate education and training. In this way the Empirical Rational strategies preceded the NQF legislation in that advantages of the NQF had been researched into through the NCHE (NCHE, 1996). Although the NQF principles were presented as legislated change, their perceived advantages modified their coercive nature when they were recognised as advantageous by the target group. Legislated change in a democratic state is normally not introduced exclusively by power coercive strategies.

Coercive power takes many forms. In Australia the nature of HE and the intervention of the Commonwealth Government was never in the form of direct legislation. Education was constitutionally a matter for the States. However, higher education in Australia is virtually

controlled by the Commonwealth Government through the use of finance to coerce and induce institutions of higher learning in the direction of the Commonwealth Government. In other words this means that legislation and its coercive power are never used in isolation. Another example can be seen in New Zealand where legal power to approve and credit universities and their degrees, is in the hands of the NZQA. However, this power is actually exercised by the New Zealand Vice Chancellor's Committee. There is therefore in New Zealand a partnership between the State and the individual institutions of higher learning on which the NQF policy depends.

The principles of the NQF are broad and require a mix of methods to describe and analyse their implementation in nursing education. Three categories namely, the inputs, process and outcomes form the theoretical framework for describing and analysing the implementation of the NQF in NE.

1. The Inputs involve assessing the capacity of NE to deal with the implementation.
2. The Process is determined by the nature of inputs and their interaction with legislated change and this will result in the choice of strategies to be used whether Empirical Rational, Power Coercive or Normative Re-educative.
3. The Outputs will be used to assess the nature of reaction or indifference of the target group to the NQF. This section will make use of the 'Use Model' adapted from the CBAM Model by Hord (1987), to look into Awareness, Planning, Use and Refinement of the NQF principles.

It is therefore up to those implementing the NQF changes to lessen or eliminate the anti-change factors from the DOH and provincial administration so as to enable NE to move to HE in line with the NQF innovation. The significant fact is that the NQF as legislated change has not yet overcome the anti-change resistance of the DOH and provincial administration to the move of NE to HE.

CHAPTER 3

METHODOLOGY

DESIGN

This research will be a qualitative study of the ethnographic type. It will be a descriptive analysis of the process of implementing the National Qualifications Framework (NQF) in nursing education in South Africa. Description is central to non-experimental research methods (Leedy, 1997). This descriptive study will be undertaken in conjunction with an evaluative analysis of the process of implementing the NQF at central and provincial levels of nursing education.

The qualitative research method that has been chosen which is rooted in anthropology has now been accepted as an educational research method (Creswell, 1994). The basic assumptions of qualitative studies include the recognition that reality as seen by participants will be subjective and multiple faceted. Although the researcher will be independent from the participants he is investigating, the researcher will interact with them. This method is value laden and potentially biased. The language is informal and as the research unfolds, decisions which are articulated by the researcher evolve. The process of research is shaped by mutual confirmation of context bound facts with participants. Patterns and theories are developed for further study during the study. There is need to verify facts in order to be sure that they are accurate and reliable (Creswell, 1994).

Qualitative research is intended to “study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of meanings people bring to them” (Denzin & Lincoln 1994 p.2). The intent is to understand an event or situation involving people and to make sense of it (Denzin & Lincoln, 1994).

This study seeks to describe and document the implementation of the NQF as it occurs. The purpose will be to describe and document the implementation situation on the ground, people involved, then activities and events as they occur.

Ethnographic approach

The qualitative paradigm has several strategies for approaching research. Among them are phenomenology, ethnography, ethnomethodology, grounded theory, case studies etc. For purposes of this study the ethnographic approach has been selected. "The intent of ethnographic research is to obtain a holistic picture of the subject of study with emphasis on portraying the everyday experiences of individuals" (Creswell, 1994 p.163).

The ethnographic approach that has been selected for use in this study is derived from anthropology. It has been extended to other disciplines. Ethnography is "an approach to research influenced by the anthropological tradition in which the researcher seeks to understand human behaviour from the perspective of the individual in a given culture" (Clifford, 1997 p.117). This method is intended to describe everyday events as well as the unusual ones, it also accommodates the researchers direct or indirect participation in local activities to enable the researcher to describe particular individual's perspectives and interpretations of what is happening around them. There is little pre-structured instrumentation. Audio and video tapes and films may be used (Miles & Huberman, 1994). In this study nurse educators are seen as a particular cultural group which over the years has been generating the culture of learning in nursing. The study of this group will involve looking into their handling of an event (the implementation of the NQF) in their chosen field of endeavour (Creswell, 1994).

The NQF within the existing culture of nursing education is an innovation, consequently it is a topic to be explored. Its theory base may be unknown although it can be guessed at. The ethnographic approach does not start with hypothesis to test but rather attempt to discover the shared sense of reality within nursing education as a culture at the initial stages of the implementation of the NQF. The researcher who is also a nurse educator will study what nurse educators do, discuss with them what they think and believe, reflect and make inferences and interpretations (Crabtree & Miller, 1992). This design is also undertaken because whatever notions are entertained about the implementation of the NQF may turn out to be inaccurate, inappropriate, incorrect and even biased. There is therefore a need to explore and describe the phenomenon of this innovation and possibly develop a theory (Creswell, 1994).

The Researcher's Role

Through ethnomethods the researcher seeks to discover the largely unknown emic phenomena which consists of in-depth meanings and interpretations of ideas from informants and other participants.

The researcher further looks for “structured and unstructured cultural rules and meanings by which people know and organise their world, and how these rules and meanings are expressed through the local language, symbols, and life experiences” (Leininger, 1990 p.48). The researcher in studying the process of implementation of the NQF in NE will work in a close trusting relationship with the informants over a period of time and thereby develop co-participatory experiences.

The subjective data of both the informants and the researcher has a dialectic relationship in respect of perceptions, feelings and information obtained through cognitive experiences. This is because the researcher learns from the people being studied and in turn the researcher confirms findings from the participants (Leininger, 1990). The ethnographic method through its requirement of intensive personal involvement, makes it possible to depart from traditional scientific controls to enable the researcher to improvise and meet unexpected situations and to learn from mistakes (Crabtree & Miller, 1992). Since qualitative research is interpretative in nature, biases, values and judgements of the researcher have to be openly stated in the research report. The experiences and background of the researcher in so far as they might shape the interpretation of the report must be disclosed (Creswell, 1994).

It has been correctly stated that “there is no value-free or bias-free design. The qualitative researcher early on identifies his or her biases and articulates the ideology or conceptual frame for study”. (Denzin & Lincoln, 1994 p.212). The qualitative researcher has to collaborate closely and inform the people who are the subject of research, of the objectives and the significance of the study. “From the beginning moments of informed consent decisions, to other ethical decisions in the field, to the completion of the study, qualitative researchers need to allow for the possibilities of recurring ethical dilemmas and problems” (Denzin & Lincoln, 1994 p.212).

This description of the implementation process of the NQF involves the study of the participants as people and the problems they will encounter and overcome. In describing the implementation of the NQF, flexible and sensitive questioning of the participants will occur. There will be an attempt to understand nurse educators as a group, their work site, their perceptions, reactions and problems about the NQF innovation (Morse, 1994). This approach is intended to understand this change process as an event. The role of participants at all levels individually and as a group and their interaction across the board will be investigated and recorded.

This study will be done at two levels. The first level will be done at central level, the second level at provincial level. The research techniques that will be employed for obtaining information at these levels will be questioning, and documents.

The researcher was an observer in the central level meetings. To be able to attend meetings, a written proposal and necessary information about the research was given to the SANC/Edco members including a letter that sought permission to attend Edco meetings. The permission was obtained and a schedule of meetings for the Central level was given to the researcher.

At the Provincial level it was mandatory for the researcher who is a nurse educator, to attend the meetings, therefore participation observation was used. The researcher however, at the start of each session explained to the various groups from which data was obtained, the purpose for seeking permission to tape and record the meetings as they proceeded.

DATA COLLECTION

Data collection is visualised as a group of actions of a related nature directed at finding information of good quality to answer questions. The method of data collection will involve the use of interviews and documents (Creswell, 1998). What happens at central level through SANC, and provincial level in nursing education institutions is an interrelated activity. Information has to be gathered from informants at work places to provide reliable data on the process of implementing the NQF. It is important to find a good sample of people representing nursing education at the two levels of the nursing education structures. A rapport with the selected informants has to be sought and their confidence gained (Creswell, 1998).

In respect of the SANC at the central level, there shall be only one body to study. For this reason in the design there will be no advantage of comparison with another similar body. Having two comparisons or more groups greatly enhances the value of the study (Polit & Hungler, 1995). A description of what happens in the province will provide some contrast. The interaction between the province and SANC will help to clarify some aspects of the implementation at central level.

Data collection can only be done if prior access to the selected people was obtained through appropriate channels. Interviews which will include observations and access to documents will then be possible. These interviews will be preceded by carefully prepared interviews and protocols for focussing information that will be sought and recorded (Creswell, 1998).

Interview

The interviews for this study will be conducted at the central and provincial levels of the nursing education structures to determine perceptions of the selected participants about the NQF in relation to readiness for change, the health of the organisation, plans for the implementation of the NQF principles, as well as find out what has been achieved.

Collecting information through direct face-to-face contact with the subject, allows areas of uncertainty or ambiguity to be clarified to avoid misinterpretations which sometimes occur if a questionnaire is used. The researcher allows the subjects to expand on their response and at the same time is in a position to collect additional data regarding the subject's attitude, degree of

understanding and demeanour. When faced with an interviewer, there is greater chance for complete responses to most questions (Cormack, 1996).

The interview guide will allow all the participants an opportunity to describe their perceptions in their own words. A heavily structured interview format will be avoided to provide a relaxed natural setting. Interviewees should be able to talk freely in a non-threatening environment and be more forthcoming. They should also not feel pressurised into agreeing with what they perceive as the researcher's assumptions about what will happen in a given situation (Cormack, 1996). It is essential to assure interviewees of confidentiality about them as the source of data that they will supply. The potential benefits of the study should be explained not only to establish rapport but to make interviewees realise they are making worthwhile contributions to solving potential problems of the implementation of the NQF. Where the respondents feel threatened as major role players, efforts will be made to reassure them (Leedy, 1997).

The interview method remains expensive and time consuming. It denies anonymity in a sensitive topic such as NQF which is a new policy by a government which represents the majority of the disadvantaged. The perception that genuine and legitimate criticism against some aspects of the NQF, may be misunderstood and be regarded as hostility to change remains a problem. The interviewees who served under the previous government might feel threatened by some of the questions and therefore not answer questions frankly. This problem may be partially overcome by assuring interviewees of confidentiality and by interviewing people from different backgrounds and ethnic groups (Polit & Hungler 1989).

The success of the interview depends on the proper selection of respondents and in doing the interview correctly by keeping in mind the basic principles of interviewing. No researcher is so naive as to think that everything about interviewing can be got right (Leedy, 1997).

Efforts will be made to set the interview well in advance where possible. Opportunities for interviews will be taken even where no advance warning has been provided. It is desirable that an agenda of questions should be sent to interviewees in advance. Permission to tape with a promise to send typed scripts to interviewees for corrections will be sought (Leedy, 1997).

An interview protocol with open-ended questions and enough space between the questions to write responses to the interviewee's comments will be used by the researcher. This will be supplemented by audiotaping of the proceedings (Creswell, 1998). Refer Annexure 1.

The interview protocol will be structured in order to disclose biographical, demographic and professional details of the people selected in the samples at central and provincial levels.

It is important to know the human resources available at the stage the NQF is introduced in nursing education - the distribution of males and females. The age groups of the available personnel at these levels will determine the potential for investment in human resources training and development.

Professional data has to be collected in order to determine the ability of NE to achieve goals through the quality of its personnel. Identified gaps in their professional preparation for implementing the NQF will be remedied through special training. The more professionally-qualified a person is, the greater the potential for training to fit into the educational environment that encompasses new ideas.

Furthermore, the interview schedule will seek to obtain data on the organisational health of nursing education to determine its readiness and capacity to absorb and implement the NQF innovation.

Data will also be obtained on the nature of strategies that will be used in the implementation process of the NQF. It is essential to discover how far the advantages of the NQF innovation have been identified and disseminated within NE (empirical rational strategies). Also of importance is to find out through interviews how far participants have been re-educated and their collaboration enlisted by the planners of the NQF, to accept the implementation of the NQF (normative re-educative strategies). The interview will also find out how far the participants are submitting to legal, political and financial sanctions in implementing the NQF (power coercive strategies).

Finally, the interview schedule will seek to determine the initial reaction of the role players in NE to the implementation of the NQF. Whether the participants are aware of the NQF innovation? Which principles of the NQF are already being applied and in what manner?

Documents

Creswell (1998 p.110) visualises “ data collection as a series of interrelated activities aimed at gathering good information to answer emerging research questions”. In this study documents will be made use of as a second approach in gathering data about the implementation process of the NQF in nursing education.

This method has been selected because it is economical in time and cost since the records are in a few strategic places. The pre-existing records when taken along with the current records, reveal trends over a period of time about the process of implementation of the NQF. The other advantage is that once permission to access the documents has been given, the researcher does not have to deal with problems of seeking co-operation with participants. The disadvantages of relying on documents is that the researcher is not responsible for the manner in which the information was gathered and recorded. Consequently the researcher may be unaware of the limitations, biases and shortcomings of the information in the records (Polit & Hungler, 1989). Consciousness about the limitation of documents in this study will in itself make the researcher aware of the pitfalls. Interviews will be used to supplement or overcome some of the deficiencies.

The location of documents with information has to be determined. In this case they will be found at the central and provincial levels of the nursing education structures. The information should be found in available documents produced by staff and committees, and transcripts of meetings. The sample documents will consist of: minutes, reports and policy guidelines and transcripts.

Meetings of both the SANC education committee and the full Council will be attended. All available documentation of the nursing education component of the SANC from July 1999 will be used for analysis, until saturation of categories is achieved.

At provincial level the targeted group for interview is the Kwa-Zulu Natal Curriculum Committee (KZNCC). The curriculum workshops and the scheduled meetings of the subsequent committees will be attended. Arrangements will be made to tape the meetings and obtain all available documents for study and analysis. Data collection will commence in July 1999 and continue until saturation is reached.

DATA ANALYSIS TEMPLATE

Inputs

For purposes of this study, the following information which will be taken as inputs will be sought at central and regional levels.

Table 3-1: Input analysis template

Data	Interview	Records
1. Organisational Health		
- Ability of NE to achieve goals	✓	✓
- Ability of NE to maintain itself internally in the light of present and future organisational structures	✓	
- Ability of NE to adapt to its changing educational environment	✓	✓
2. Organisational self-renewal		
- Culture that supports change	✓	✓
- Procedures for collaborative problem solving	✓	
- Capacity to accommodate new ideas	✓	
3. Organisational development		
- Human resources development	✓	✓
4. Socio-technical view of management		
- Participatory style of management	✓	✓
5. Force-field analysis		
- Identifying forces for and against change	✓	

Process

Strategies of change that will have been used in the process of implementation will be identified and the following information sought.

Table 3-2: Process analysis template

Data	Interview	Records
1. Empirical Rational strategies		
- Prior research into advantages of NQF and their dissemination to the target group (KPU)	✓	✓
- Identification and use of self interests of target groups relevant to the intended change	✓	✓
- Planning for organisational change on a scientific basis		✓
2. Power-coercive strategies		
- Use of sanctions e.g. legal, political, financial and moral	✓	✓
- extent to which support of stakeholders has been mobilised	✓	✓
3. Normative re-educative strategies		
- Involvement of target group in their own re-education for change	✓	
- Enlisting collaboration between planner and the target group	✓	✓
- Awareness of forces for and against change and integrating them into the change process	✓	✓
- Equipping target group with collaborative problem solving skills	✓	

Output

The perception of participant at central and provincial levels about the NQF and the level to which the principles are being used will form the output for this early stage of implementation of the NQF therefore the following information will be sought.

Table 3.3: Output Analysis Template

Data	Interview	Records
1. Awareness of the NQF as an Innovation	✓	✓
2. Planning	✓	✓
3. Use - Whether the participant uses any of the NQF principles.	✓	✓
4. Refining NQF principles to increase results.	✓	✓

SAMPLE

Central Level

Under the Central structures which implement the NQF the South African Nursing Council (SANC) will continue to play a central role as a critical interest group with the South African Qualifications Authority (SAQA) and its structures.

The targeted group at central level will be the members of the South African Nursing Council in particular the education committee. Sampling will be done purposefully in that all the established committees dealing with administrative and legal structures within the education committee will be interviewed. The researcher will sample from the various committees until repetition from these sources is obtained and variation is accounted for and understood. This will provide confirmation of data and should ensure saturation (Denzin & Lincoln, 1994).

This selection is guided by the fact that the members of SANC, in particular the nursing education committee who formulate the macro-curricula are the driving force in nursing education policy, since they deal with nursing education matters directly on behalf of the SANC.

Arrangements will be made to have meetings with the SANC committees at their scheduled meetings. Individual interviews will be done.

Provincial Level

The targeted group for the second level in data collection are the nurse educators in the Kwa-Zulu Natal Province (KZNP). The province of Kwa Zulu Natal will be made use of because it is nearest and more convenient for the researcher. Members of the curriculum committee and selected nursing education leaders will form the selected sample for study. The reason being that this committee will play a significant part in restructuring the nursing education curricula in line with the macro-curricula formulated by the central level (SANC)

The curriculum committee is composed of nurse educators representing the 5 campuses of the Kwa-Zulu Natal College of Nursing. Individual interviews will be conducted with the members of the curriculum committees at their scheduled meetings.

Once the sample has been determined at any of the two levels, on-site visits have to take place to initiate discussions with the people. The willingness of the people to accept the researcher and their general attitude determine the setting of the research. When the researcher gets involved in the setting the researcher through purposive sampling will choose which people to interview and which documents to analyse.

When the first data has been collected and analysed, the decisions might be taken to take further samples either to maximise variety, confirm cases, determine differences and identify extreme cases of difference. This process depending on the events may be continued until a saturation point is reached by the researcher. Sampling has the entry phase and is also part of the ongoing data collection and analysis. It is conditioned by the process of research into qualitative data (Uys, 1999).

DATA ANALYSIS

Data Collection Procedure

From the beginning of the study, parameters of data collection are set by anticipating the information needed, and the types of instrumentation (Creswell, 1994). The research question further focuses and defines the objects of the inquiry “defining the “heart” and boundaries of a study through case definition, planning for within-case and multiple-case sampling.... All these moves serve both to constrain and support analysis” (Miles & Huberman, 1994:38)

The type of information that will be sought will include change strategies that are used or in the plans for the implementation process, perceptions of the participants with regard to readiness for change and the progress made regarding the implementation of the NQF principles.

A system for recording information must be made in which information about documents and sources of information is categorised.

Data Analysis Procedures

There is no single method that can be classified as the right way of analysing data. The researcher should keep an open mind to possibilities “and see contrary or alternative explanations for findings” (Creswell, 1994 p.153). To keep data collection and analysis under control, it is better to develop a template to act as an analysis guide. This template will have been derived “from theory, research tradition, pre-existing knowledge and/or a summary reading of the text” (Crabtree and Miller, 1992 p.19). The template has to be open-ended and be capable of revision as the research develops. A template can be developed even after data collection has begun. If inadequacies are revealed in the template, revisions can be made and the text re-examined. This provides flexibility in the interaction between the text of the research and the template and can accommodate several data collection visits and modifications until no revisions are necessary (Crabtree & Miller, 1992).

Interpretative Phase

The template serves as the interpretative and explanatory framework in which data is reported together with the outcomes of the study. The choice of analysis style depends on the research

question and the data collection technique used. Where there is not much knowledge about the subject of the research, more interpretative procedures are preferable. It is sometimes important to collect more data to evaluate emergent hypothesis (Crabtree & Miller, 1992). Before presenting the final interpretation it is necessary to identify units of information from the text, revise categories, interpretatively determine connections and verify the findings (Crabtree & Miller, 1992).

Through constant comparison and appropriate data collection, the researcher will reach a state where new or changed data categories emerge. Dominant modes of data will reveal patterns that will lead to explain differences and causal links. In an ongoing study like the process of the implementation of the NQF "time series analysis" in which the researcher traces changes in pattern over time will be conducted (Creswell, 1994).

Verification Steps

Verification involves the application of tactics for testing and confirming findings in a study (Miles & Humberman, 1994). In qualitative analysis it is very easy to use data wrongly and put forward conclusions persuasively. It is therefore necessary to test findings. One of the weaknesses of qualitative studies are biases that creep in through the researcher. Samples are sometimes unrepresentative. It is therefore necessary to check the representativity of sampled informants. It often happens that over-reliance is placed on unrepresentative informants merely because they are accessible. The researcher has to guard against making generalisations from non-representative events and activities (Miles & Humberman, 1994). Ethnography is always acceptable to the people being studied because they give information to the researcher and in turn the researcher confirms research findings with the people.

The site on which the researcher does the research sometimes influences the researcher. The researcher therefore has to guard against being influenced by the environment in which the research is being done. Similarly the researcher may dominate the informants thereby influencing the responses (Miles & Huberman, 1994). It is often necessary to use multiple validation procedures to ensure dependability. Triangulation is meant to support a finding by showing that other independent measures lead to the same result or at least do not contradict it. It is expected that in contrasting the implementation process at central, provincial and local

levels some replication of findings will occur under different or modified conditions and consequently validate the result. "If you self-consciously set out to collect and double check findings, using multiple sources and modes of evidence, the verification process will largely be built into data collection as you go" (Miles & Huberman 1994 p.267).

There are often more than one explanation. It is therefore wise to checkout rival explanations. Sticking to one explanation too early is likely to lead to mistakes and biased conclusions. After collecting data and summarising it, it is wise to get feed back form informants. This may confirm and even correct findings.

Since the data collected will be largely qualitative, its analysis will also be qualitative. A qualitative data analysis using the categories of the theoretical framework as the basis for description will be made. The analysis will describe the organisational health of the central and provincial structures in nursing education using the organisational health indicators as described by Owens, (1998). The Use Model based on the concerns-based adoption model (CBAM) by Hord (1987) will be used to analyse the perceptions of the SANC members, nurse educators at provincial and local levels about the NQF structures and its implementation in NE. Bennis, Benne & Chin (1985) strategies for change in educational institutions will form the framework for analysing the strategies used at central, provincial and local levels in implementing the innovation. The progress made in the implementation of the change will be measured against the principles of the NQF.

ETHICAL ASPECTS

Letters will be written to the South African Nursing Council, the province of Kwa Zulu Natal, and the local training institutions that will have been selected, asking for consent to conduct research. An assurance will be given that the rights of privacy and dignity of the people who will be observed and interviewed will be respected. Permission to tape and record the meetings and interviews and use the information obtained for the report, will be sought from the interviewees. Confidentiality of all information will be maintained by not disclosing the names of the interviewees or making them easily identifiable in the report of the study.

LIMITATIONS

Since this is a study in a new field of the implementation of the NQF in NE that has not really taken off, there is no clear hypothesis for focussing this descriptive study. When using the observation method, it is important for the researcher to obtain the consent of the subjects to be studied since many people find observation too intrusive. It should also be noted that the presence of the observer can bias the resultant data.

Validity in the instrument of interview is difficult to establish. There are no formulas and equations that can easily be applied to the results of the interview. The Hawthorne effect may affect the responses given by the interviewee.

CHAPTER 4

RESULTS AND DISCUSSION

CENTRAL LEVEL

Introduction – South African Nursing Council

In this study the central level is the South African Nursing Council (SANC) and its various structures, established under the Nursing Act, No.45 of 1944, and presently by the Nursing Act, No.50 of 1978 as amended. The SANC is able to carry out its activities through its various standing committees. Particular attention will be given to the Education Committee (Edco) because of its responsibility in formulating education policies, procedures, training regulations, criteria for accreditation and monitoring education standards.

The mission of the SANC is to ensure quality in health care by safeguarding standards of education and practice of nurses, midwives and support staff. The current activities of the SANC include:

- Developing a Unified Nursing Education System to be in line with SAQA and the National Qualifications Framework (NQF) requirements.
- Reviewing guidelines for the evaluation of curricula to make it in line with Community Based Education and Problem Based Learning policies formulated by the Department of Health.
- Reviewing its accreditation and inspection procedures for institutions (SANC, 1999).

Powers of the Council

The Council has powers to perform the following:

- Register and enrol nurses, midwives and nursing auxiliaries and to keep registers and rolls.
- Conduct examinations and issue qualifications.
- Inspect and approve nursing schools and nursing education programmes.
- Acquire, hire or dispose of property, borrow money on the security of assets of the Council, accept or make any donation or accept and administer any trust.
- Issue licenses to nursing agencies.

- Charge the prescribed fees in respect of any inspection it may deem necessary to enable it to consider an application for the approval of a nursing school or any variation of a condition imposed in respect of an approved nursing school.
- Require employers to submit annual returns of registered and enrolled nurses in their employ and such other information as may become necessary at any time.
- Remove from, or upon payment of the prescribed fee, restore to a register or role any name.

The present organizational structure of the SANC consists of three components, namely: Top Management, Professional Affairs, Finance and Administration. The Council consists of the following standing committees:

- The Executive, Finance and Staff Committee
- The Education Committee
- Laws and Practice Standards Committee
- Transformation and Communications Committee
- Committee of Preliminary Investigation
- Professional Conduct Committee

Data Collection Process

The data collection process at Central level was planned to consist of information collected from documents, interviews and meetings. The documents were collected from 1999 to year 2000. During the process of collection of data from documents and interviews, permission was sought from the SANC to attend its education committee meetings. Permission was granted on 28th February 2000.

Meetings

From 1st to 3rd February 2000 a meeting was attended in Pretoria for data collection purposes. This was a workshop arranged by the SANC Education Committee to ensure that the scope of practice for nurses and midwives is aligned with current and future health care needs of South Africa. Inputs from all the stakeholders where necessary. The workshop had a wide representation of 180 delegates from all the provinces in South Africa. The other objective of the workshop was to explore the

framework for nursing Standard Generating Bodies (SGB). Inputs from the workshop would facilitate changes that need to be done on education and training regulations for nurses in making them in line with the SAQA requirements. The overall achievement of objectives that had been set for the workshop was good.

The next meeting that was attended in Pretoria was the Education Committee meeting held on 29th to 30th March 2000. This was one of the scheduled meetings of the Edco to discuss accreditation of certain providers, letter of intent for SGB, inputs from SAQA staff about registration of programmes by 30th June 2000, curricula on homeopathy and review of regulations. The first three-quarters of an hour was spent on discussions about bad attendance of meetings by some of the Edco members. This created problems because the non-attendees usually do not accept decisions taken by those present in the meeting. This results in delays in implementing decisions. Conclusions drawn from this meeting were that the Edco members and Council members have bad working relations. Information obtained revealed the organizational health of the SANC/Edco members.

The third meeting attended was on the 18th and 19th April 2000. This was the second Edco meeting to discuss the transformation of Nursing Education and training document, placement of Nursing Education in HE, and the review of regulations. A task team was set to analyze the inputs from the scope of practice workshop. The information obtained related to all three areas of the data collection instrument, which are the inputs, process and outputs, which will be discussed below. The meeting was very heated initially because a quorum could not be made.

Interviews

On the 29th, 30th and 31st March, a total of twelve Edco/SANC and staff members were interviewed. Initially the interviews were a bit problematic in that all the members had very busy schedules. Tea breaks, lunch breaks, as well as time after duty hours were made use of. On 31st March, more time was available for the interviews. All the interviewees except one co-operated as best as they could. On the 18th and 19th April some of the members were interviewed again to clarify and supplement the information they had given.

Individual interviews were conducted for this study. It was not possible to conduct focus groups because all the members had very busy schedules and had scheduled their time for SANC business specifically. As the study progressed it became clear that there were constraints of time and funding for planning for focus groups.

The SANC members who were interviewed are the following:

1. Registered Nurse and Midwife, Professional conduct committee member.
2. Professional conduct committee and Transformation and communication committee member
3. Registered Nurse and Midwife, Executive, Finance and Staff committee member
4. Deputy Vice-President of SANC, Registered Nurse and Midwife
5. Chairperson of the Education Committee, Registered Nurse and Midwife, Executive, Finance and Staff, Professional conduct committee member
6. Acting Registrar and Chief Executive Officer South African Nursing Council

The SANC staff members who were interviewed are:

7. Registered Nurse and Registered Midwife
8. Manager Professional Development, Registered Nurse and Midwife
9. Professional Advisor, Registered Nurse and Midwife
10. Professional Advisor, Registered Nurse and Midwife
11. Manager Professional Section, Registered Nurse and Midwife
12. Senior Manager Professional Development Section, Registered Nurse and Midwife.

Demographic profile of interviewees

The demographic and professional data of the interviewees at central level is as follows: out of the twelve persons that were interviewed, six of them were SANC members as well as the Education Committee members. The other six persons were employees of the SANC and they attended the Edco meetings. Refer Table 4.2.

From the twelve SANC members who were interviewed there were three males and only one male was a registered nurse and midwife, aged between 34-44 years. Of the other two males, one was a qualified teacher and the other a lawyer, and they were both above 55 years of age. Among the female interviewees the age distribution was as follows: five fell between the ages 45--55 years,

three were above 55 years and one between 35-44 years. All nine interviewees were registered nurses and midwives. It seems the nursing profession is still largely dominated by women. Refer Table 4.1.

Six SANC members interviewed had the following qualifications: two have Bachelors degrees, two have Honours degrees, one a Masters degree and one a PhD. The professional officers qualifications ranged from Diploma certificates to Masters degrees.

The sample included representatives of the previously disadvantaged groups. The sample was representative of SANC and Edco members, elected members, department of health representatives and the community representatives. All racial/ethnic groups present in NE were represented.

Table 4.1. Gender by age group

Age Group	Male	Female
35 – 44 years	1	1
45 – 54 years	-	5
55 and above	2	3
Total	3	9

Table 4.2. Qualifications of respondents

Qualifications	SANC Members	Professional Officers
Diploma	-	2
Bachelors Degree	2	1
Honours Degree	2	1
Masters Degree	1	2
PhD	1	-
Total	6	6

Documents

Documents obtained with relevant information for this study are the following:

- Transformation of Nursing Education in South Africa -15/99.
- Scope of Practice for Nurses and Midwives Workshop – February 2000.
- Transcripts of Edco Meetings – March and April 2000.
- SANC Progress Report 1995 – 1998.
- Interview responses.
- SANC National Summit - 1999.

INPUTS - SANC

Organizational Health

Organizational health refers to the ability or inability of an organization to be effective in achieving its goals, maintain stability and adapt to its changing environment. Available data will therefore be analyzed under the three essential activities which are:

- Ability to achieve goals.
- Ability of SANC (NE) to maintain itself.
- Ability to adapt to changing environment.

1. Ability to Achieve Goals

As an organization, the SANC has a set of overall goals which are to:

- Assist in the promotion of the health standards of the inhabitants of the Republic;
- Control and exercise authority in respect of all matters affecting the education and training of, and the manner of the practices pursued by, registered nurses, midwives, enrolled nurses and nursing auxiliaries;
- Promote liaison of the education and training, and promote the standards of education and
- Training and the manner of the exercise of such practices in the Republic and elsewhere;
- Communicate to the Minister of Health information on matters of public importance acquired by the Council in the course of the performance of its functions under the Nursing Act; and
- Advise the Minister on the amendment or adaptation of the Act so as to support the universal norms and values of the nursing profession and to place greater emphasis on professional practice, democracy, transparency, equity, accessibility, and community involvement (SANC, 1999).

At macro level the SANC shows that it has the ability to achieve goals because through its Education Committee:

1. It has produced the Transformation of Nursing Education in South Africa Discussion document 15/99. This has been done to:
 - To address the objective of developing a Unified Nursing Education System that will be in line with SAQA and NQF requirements.
 - To provide guidelines for developing the curricula in line with Community Based Education and Problem Based Learning (PBL).
2. It has developed the instrument for accreditation of Nursing Education Institutions (NEI).
3. It has developed the new Scope of Practice document for discussion using the inputs from the Scope of Practice Workshop.

In addressing the changes brought by the NQF, the Council held a workshop in February 2000 whose aim was to ensure that the Scope of Practice for nurses and midwives serves the needs of the people in South Africa. The Council proved to be a healthy organization in that in its innovativeness, it used optimal power equalization by involving all the stakeholders in decision-making about the new Scope of Practice for nurses and midwives. The Council used collaboration instead of coercion to solve problems brought about by the current Scope of Practice. Stakeholders were given a chance to debate, understand and accept achievable and appropriate goals. This is illustrated by the following statements:

“Group-working was informative and highly acceptable as distribution of knowledgeable participants was apparent ... Further such informative, participatory and national gatherings should be encouraged ...” (SANC, 12/C2 – 2000 : 2).

“The whole exercise in this workshop aroused the importance of democracy and the involvement of all the stakeholders in decision-making especially in this critical aspect of the nursing profession ...” (SANC 12/C2 – 2000 : 11).

The scope of practice workshop was addressing the objectives at the micro level since the review of the scope of practice is the starting point for the review of the curriculum.

The specific goals for the Scope of Practice Workshop were as follows:

- Explore problems brought about by the current Scope of Practice.
- Debate the need for a new Scope of Practice for different categories.
- Identify critical aspects of the Scope of Practice so that it is aligned with the current and future health care needs of South Africa.
- Explore the framework for nursing Standard Generating Bodies (SGB's).

The specific objectives achieved in this workshop reveal that the Council is capable of sensing, perceiving problems and planning for solving problems. Some of the discussions and problems identified are as follows:

"We are unable to clearly and briefly articulate our own role. This leads to misunderstanding, under-utilization and conflict. Other professions complain that we are doing their jobs when we give holistic care" (SANC, 12/C2 – 2000: 11).

"We need a generic Scope of Practice based on evaluation of competencies and be remunerated accordingly" (SANC, 12/C2 – 2000: 13).

The Scope of Practice *"... should be in line with health service paradigms of the country, as well as the economic and technological context"* (SANC, 12/C2 – 2000: 15).

2. Ability of NE to maintain itself (Efficiencies of Structures)

In discussing the above, two sections will be dealt with namely the Education Committee and the Communication section.

The Education Committee of the SANC has previously transformed nursing education through several stages, the last stage being that of the Comprehensive Basic Nursing Education Programme (CBNP). It is therefore making plans for transforming nursing education to be in line with SAQA requirements and NQF structures. It is hoped that omissions made in the previous transformations will be taken into account. This is illustrated in a statement made by an Edco member at a meeting that was held in April 2000.

“We are here for SGB formation – professional councils will be driving the SGB formation – we have actually drafted our letter of intent together with the proposal of composition of SGB which will go to the Council ... before this we had applied to be an SGB and ETQA” (CM¹, Transcript : 10).

It seems the Council sometimes has a problem of communicating with stakeholders. Problems with communication surfaced repeatedly in committee meetings.

During the discussions of a circular regarding transformation of nursing education (NE), problems of communication between nursing providers and the Council were encountered. There were problems with the accreditation of private providers. It appeared that only three providers had registered as providers. It was not clear why. There was speculation that perhaps others are in the process of registering but other members suggested that they did not know. The Council members said a letter had been sent about the issue of registration and there was nothing more they could do if the providers chose not to respond and one member said:

“I asked for a letter to be sent. If they have chosen not to follow there is nothing to do. They have to come to us, otherwise they lose their licenses” (CM, Transcript : 7).

Another instance of administration inadequacy was that of communicating invitations to meetings. For example, a stakeholder complained:

“Invitation – problematic – major flaw ... there was a failure to invite some important stakeholders. Stakeholders came without invitation and accommodation. We have learnt not to send invitations over December” (CM, Transcript : 6).

At Central level there is a massive documentation and information section. All documents such as circulars, policy documents, rules and regulations and information booklets are issued by this sections communication committee. This co-ordinates all nursing activities including nursing education so as to maintain the profession internally and for its future development. One respondent sums up the activities of this communications committee as follows:

¹ Council Member

“... we utilize the networkers for disseminating information in their respective areas, i.e. circulars, press releases and other correspondence” (Ramadi, 1995 – 1998: 82).

3. Ability of NE to adapt to changing environment

The coming of the new democratically elected government in 1994 changed the political environment in that South Africa opened to the world and to international trends in education. This led to the restructuring of the Council by changing the old legislation.

In response to government policy the SANC broadened its membership and people who could never have been in the Council were included.

One of the changes in the political environment was the restructuring of education across the national spectrum. Government, in line with international trends embarked on the NQF policy through the SAQA legislation. As a result of this the total regulatory educational environment has changed because of SAQA. The SANC has had to adapt to its change of status because in the past it was the main regulatory authority in nursing education. The SANC proved its ability to adapt itself to this changing environment by being recognized by SAQA as an ETQA. It is also in the process of forming an SGB for nursing within the SAQA structures.

The various organizational structures of the Council, in particular the Edco, make it possible for nursing education to be adapted to its changing environment. The Edco is presently engaged in drafting the new Scope of Practice for Nurses and Midwives making use of the information obtained from the stakeholders. This in turn will facilitate the review of the curriculum, regulations and policies to be in line with SAQA requirements. This is illustrated in the following discussion:

“We are proposing a structure for an SGB. We cannot advertise until we have approval. I do not know whether SAQA has a model SGB – we do not see how these specializations can fit into one SGB ... what is needed is an SGB to be in existence. The Scope of Practice workshop is aiming at a functional SGB by February 2001” (CM, Transcript : 10).

Organizational Self-renewal

Organizational self-renewal refers to the ability of an organization to develop the capacity to engage in an active search for solutions for its own problems, adapt solutions to its own situation, and have participants adapt themselves as an organization to the requirements of the solutions they have made (Owens, 1998). Data that has been collected will therefore be examined to see whether the following self-renewal strategies were used:

- Culture that supports change.
- Procedure for collaborative problem-solving, and
- Capacity to accommodate new ideas.

1. Culture that supports change

The SANC cannot be said to have a tendency to remain static and maintain traditional practices. This is because the introduction of the NQF in NE has become assimilated into the ongoing self-renewal of nursing education which is presently noted in the Comprehensive Basic Nursing Education Programme that was introduced in 1986 to equip the nurse practitioners with skills for the provision of comprehensive health care in line with the PHC approach.

For example the process of transformation of nursing education and training proposes one four-year programme with recognized exits as a first step towards the implementation of the NQF. The Council also proposes the incorporation of PHC principles and core competencies for rendering PHC in the curricula. Annexure 3 shows the process of transformation of nursing education and training in the following manner. It shows the existing Basic and Post Basic programmes and how they will be transformed in the interim period. It also notes that for new programmes, standards for nursing education will be generated by the Standard Generating Body.

Judging from the interview responses, one gets an impression that the majority of the interviewees are of the opinion that the SANC has a culture that supports change. Ten of the members interviewed said the SANC handles change well, is consultative and reaches out to the public and the profession in an effort to adapt to change and obtain capacity for continuous problem-solving. Of the two respondents who saw things differently, one said the Council is divided on the issue of transformation and should work on changing the Nursing Act. The other respondent said the SANC

does not have a culture that supports change because "... *information is filtered very slowly to the staff. The people who attend meetings are not always ready with the reports. The education committee workshops are not always effective*" (PO², Interview).

2. Collaborative Problem-solving

Problem-solving took place in three forums: The first one is among the working group of Edco, the second one among the professional group at the Scope of Practice Workshop and the last one was within the SANC staff members. Problems encountered were not the same and therefore the solutions suggested were not the same.

The Council through its education committee has developed the capacity for continuous problem solving. The Council through its various standing committees and task teams is able to detect problems, plan for alternative solutions and implement selected alternatives that have been agreed upon in the meetings. The Councils procedures for collaborative problem solving include workshops, conferences, meetings and inspection visits to education and service providers for the purpose of quality assurance. An example of this can be seen in the recommendations made by the Edco members in a meeting held in April 2000 around a problem of an education institution that was not complying with set standards.

As a follow up from a collaborative problem solving discussion between the Edco task team and the institution that had been inspected, on examining the report that had been given by the task team, the rest of the SANC/Edco members reinforced what had been done at institutional level in the following manner:

"We should recommend that no teaching should be done until all concerns have been addressed. We should blow the whistle – there should be follow up. Those at headquarters say things are not that bad. That is corruption, people are not doing their work and take a high moral ground. Students are used as a complete work force and yet there are 136 vacancies ..." (CM, Transcript : 13).

Some of the problems identified by the Council members on inspection visits are: *"lack of protocols, lack of learning objectives, no correlation between theory and practice and there is no structured*

² Professional Officer

clinical guidance programme. Two aspects of the four-year course plus the one-year course are inadequately taught We should have a re-inspection in six months time. Immediate re-inspection recommended” (CM, Transcript : 14).

On finding problematic areas with the Scope of Practice for nurses and midwives identified by several stakeholders, the SANC conducted a workshop in collaboration with the stakeholders to find solutions to the problems. Some of the problems raised were as follows: *“The goals of the scope are not clear : are they for education? Are they for discipline? Can nurses use it to refuse to do certain things? In some cases the Scope of Practice allows things, but other legislation limits the nurse, e.g. 38A” (SANC, 12/C2 – 2000: 12).*

“We are unable to clearly and briefly articulate our own role. This leads to misunderstanding, under-utilization and conflict. Other professions complain that we are doing their jobs when we give holistic care” (SANC, 12/C2 - 2000:11).

“The Scope is illness, curative and individual orientated, and not appropriate for nurses working in a comprehensive health service” (SANC, 12/C2 - 2000:11).

In finding solutions to some of the problems, the delegates in the workshop agreed on certain elements for the Scope of Practice, for example that it:

- Should be in line with the health service paradigm of the country;
- Must be set within the legislative and ethical framework;
- Should be comprehensive enough to make provision for a variety of practice settings, roles and competencies;
- Should be one broad Scope of Practice with differentiation of competencies.

The newsletter of March 2000 reveals that tension among different racial groups was identified and that it affected work relations. The staff themselves took the initiative to collaborate in solving this problem.

“At the request of the staff during a Registrar’s meeting in 1999, a cultural task team was established with the main purpose of improving relations between staff members of various races” (SANC 2000, p.3).

3. Capacity to accommodate new ideas.

The Council does seem to have the capacity to accommodate new ideas in that it encourages communication, both internal and external, from the bottom upward in the planning for the new innovation.

It is able to achieve this through its education committee which is already working in conjunction with the stakeholders in developing a Unified Nursing Education System that will be in line with the SAQA requirements.

Communication from all directions is noted from the inputs obtained from a wide representation of stakeholders from different provinces in the Scope of Practice Workshop held in February 2000. Informative papers were delivered at this workshop on perspectives about the Scope of Practice from different Professional Councils.

For example, the meeting agreed that the new scope of practice for nurses and midwives should adopt the format used by the S.A. Pharmacy Council and that it should have eleven critical elements, among the elements are the following:

- The scope of practice should be in line with the health service paradigm of the country, and be research based and epidemiological in approach.
- It must be set within the legislative, ethical framework and the right culture.
- Should be comprehensive enough to make provision for a variety of practice settings, roles and competencies.
- It should address the autonomy of the profession and overlap between professions.

Another new idea that was communicated by one of the delegates in the Scope of Practice Workshop was that the World Health Organization (WHO) is presently suggesting that there should

be no scope of practice in the medical professions. The reaction of the participants to this idea was that they would not go along with such a proposal.

The general feeling expressed by interviewees in March – April 2000 is that the SANC has the capacity to accommodate new ideas although there are some difficulties. One respondent said: *“SANC ... has the capacity to accommodate new ideas although this cannot happen overnight, mindset has to change. People have cultural shock”* (PO, Interview).

Another said: *“To a certain extent the SANC has the capacity to accommodate new ideas. There was resistance initially. With debate ideas emerged”* (CM, Interview).

Organizational Development

Organizational development refers to a system of improving organizational functioning and performance as well as the quality of life of individuals through system renewal, educational strategies and focusing on people. For purposes of this study, only human resources development will be examined.

Human Resources Development

It seems the SANC has no planned coherent and systematic policy for staff development. It appears to be performing well largely because of the expertise of its education committee members.

Seven out of twelve respondents are of the opinion that staff development is not yet handled well by the SANC. They have mentioned that the Human Resources Manager's post is being advertised. One respondent has observed that staff development is lagging behind due to workload and vacant posts. The other respondents feel that the way the SANC handles staff development is satisfactory, although financial constraints have negative implications. Two respondents mentioned that staff development is handled by involving the staff in workshops, conferences, literature dissemination and through study leave.

All respondents are of the opinion that the Council needs to address staff development issues. For instance, vacant posts need to be filled to reduce the workload on staff to enable them to have time

for self-development. Financial constraints have also contributed to mismanagement of this section. It appears that the Council only manages to involve its staff in workshops, conferences and literature dissemination. One member said:

“Staff development is not handled well because there is no budget for it” (PO, Interview).

The SANC progress report 1995 – 1998 on transformation reveals limited progress on staff development, however, *“an investigation is presently being done in order to determine needs which can be addressed in the forthcoming budget”* (SANC, 1998 : 91).

The report of the Finance and Staff Committee shows that policies are being revised and amended on study leave, study loans and recognition of additional qualifications. The progress report also reflects that the Council is short-staffed in the professional development section.

Socio-Technical View of Management

According to Owens (1998), the Socio-Technical view is a new and more functional basis for task analysis, selection and use of technology, professional development of individual people and groups in an organization. This view uses participative approaches to management instead of the rigid hierarchical structures. The Council’s management style will be examined against the background put by Owens (1998).

Management Style

The SANC has in its administration, the administrative staff that includes those who deal with secretarial, technical and executive functions, the full-time professional staff who are employees of the SANC, SANC/Edco members.

Although the SANC has attempted to integrate its staff by redressing imbalances in racial composition, it has not overcome its problems between administrative staff, professional staff and council members. The style of management is generally not clear.

Some of the Council members do not seem to understand their role and that of the SANC management staff. They blame their own shortcomings on the administrative staff, for example,

non-attendance at meetings. They then use their non-attendance of meetings as a delay mechanism for implementing new changes with which they do not agree.

In the Edco meeting of April 2000 there was a heated argument between two members of the Edco and the rest of the Edco members. The two members were claiming that they were not being invited for Edco meetings and that there was a hidden agenda of excluding them. Other members reacted by saying that Edco meetings are scheduled well in advance during the course of the year and members should align their activities with the pre-set dates of the meetings and not give excuses that they had other engagements. This caused a lot of tension in the meeting and such tensions which are brought about by the restructuring of the SANC are carried on and destabilize the Council's activities including management.

Six respondents find the SANC's style of management participatory because the professional staff participates in management meetings. The other six respondents feel that the management style needs to be improved. The professional staff noted that at the moment it is the managers who are involved in management, the professional advisors are not directly involved.

“Professional staff involvement is very limited. Council members are interfering with management, leading to delays in the implementation of new changes.” Two of the respondents find the SANC's management style autocratic and crisis management. (PO, Interviews).

Another interviewee said the SANC in its management style is *“participatory, consultative and when a situation necessitates, it is authoritative but very rarely.”* (PO, Interviews).

Force-Field Analysis

Having reviewed the organizational health of nursing education at the time of planning the introduction of the NQF innovation in nursing education, it became necessary to use a diagnostic tool of force-field to determine whether account was taken of future problems.

Nursing education is well established in this country. The strong nursing organization works for the implementation of the NQF in certain respects and against it in other ways. Some of the structures

that are being introduced by the new legislation are going to carry out functions that the SANC has been doing over the years. Some of the elements in the SANC are not identifying themselves with the change because they feel the SANC has been doing well all along. For example SANC applying to be an ETQA.

The workshops on scope of practice and the transformation document 15/99 have been directed primarily at the human sub-system in the force-field because it is only the human sub-system that has the capacity to act in different ways for and against change. This means that the direction change will take depends on individuals in an organization because it is difficult to predict what people will do. For example at the meeting of the Education Committee in April 2000, there was some disagreement and speculation as to the way forward due to the human factor.

At the Nursing Education Association Annual Conference of 28th September 2000 one of the speakers reporting on the work of Edco said there are “*extreme differences between SANC members which make functioning difficult*” (CM, Transcript). Force-field analysis makes it possible for preparation of a plan of action that takes into account the human factor which is often the main factor that promotes and restrains the introduction of change because it is the staff in an organization that has fears about the future when a change is introduced. It is also the staff that might be apathetic or frustrated by the change and potentially inhibit potential goal achievement. Success in overcoming resistance to change depends on the clarity of predicting the likely consequences of the proposed actions in introducing a change.

Forces for and against change

The SAQA Act No.50 of 1995 in transforming education and training has made the implementation of the NQF principles mandatory. This has resulted in the following change factors:

1. The development of a Unified Nursing Education System.
2. SANC applying to become an ETQA.
3. Moving NE to higher education (Higher Education Act No.101 of 1997).
4. Formation of an SGB.

The SAQA legislation is envisaged as a major change cutting across the entire educational spectrum of the country. The formation of SGB's and ETQA's are part of the major envisaged changes in nursing education in terms of new legislation. The nature of the changes brought about by the innovation depends on the impact it has on NE. A big change viewed from one angle may be a small one. For example, the recognition of the SANC as an ETQA by SAQA is a major change when viewed against the background of legislation. However, when viewed against its initial impact on NE, it may be a small change because the SANC will continue being an accrediting and quality assurance body as before.

The SAQA legislation with all its requirements has become a strong force for change. This legislation has broken the equilibrium that existed in the Council. The three-step change strategy as explained by Kurt Lewin entails first breaking the equilibrium of the force-field, followed by introducing change, and finally by re-freezing which refers to a process of institutionalizing the change, so as to protect and ensure its long-term retention. With the breaking of the equilibrium, it has become possible for the SANC to put in place plans for the implementation of the NQF innovation.

When analyzing the data that has been obtained, one comes to a conclusion that the equilibrium that existed within the SANC has been broken. This is illustrated by the following: *"There is fear within the profession out there. People believe the SANC should lead the way. They are scared of the change. Workshops and other mechanisms should be set up to educate people about SAQA"* (PO, Interview).

"The capacity to accommodate new ideas cannot happen overnight. Mindset has to change. There is cultural shock" (PO, Interview).

In addressing the principles of access, quality control, integration of education and training the Commission on Higher Education (CHE) recommended a move of Nursing Colleges to higher education (HE). This resulted in the HE Act No.101 of 1997. Trying to implement this change has resulted in a division among Council members. There are those who strongly favour the move to HE and those who do not. This is illustrated in the following statements:

“Colleges have never been autonomous – they were either under the Provincial Department of Health or Health Department itself. It is expensive to put students through colleges rather than universities” (CM, Transcript).

“We still need those colleges – no jobs to be lost. We do not want to have big brother or sister. Problems of the past are responsible for inequalities” (CM, Transcript).

Anti-change factors

1. Staffing problems

The concern of the Edco members about staffing problems is that there is a shortage of staff, particularly in the professional section. One of the key members who should be fully involved in Edco meetings acts in other positions where there is no staff. The human resources department/section is virtually non-existent. Recommendations have been made to advertise the post for the human resource section.

2. Poor communication

One of the problems that the SANC has in dealing with the human sub-system of the NQF innovation is that of poor communication. For example, one interviewee said the staff is not well equipped to handle changes brought about by the NQF *“due to the fact that information is filtered very slowly to the staff. The people who attend meetings are not always ready with the reports. The education committee workshops are not always effective”* (PO, Interview).

3. Lack of funds

One interviewee observed that lack of funds within the Council hampers progress in planning for the new innovation. *“... financial constraints do have negative implications”* (CM, Interview).

Owens, 1998 says in order to reduce restraining forces an imbalance can be brought about by the introduction of a new work technique or the acquisition of new skills by the participants. In this way the status quo can be broken and conditions for the introduction of change created.

4. Differences in Vision

There is a difference in vision between different Council members and this is an anti-change factor. There are in the Edco people who would not have been in the SANC in the past, but these people have been included to make the SANC more representative.

These new members come with a different vision of the future of nursing education. Those who are professional educators are futuristic and long-term in their approach and vision to nursing education, while the new members who regard themselves as representing the disadvantaged masses are rooted in the past and are trying to protect the status quo, their jobs and their present and future interests. For example in relation to the present impasse about the movement of nursing education to higher education, one member said:

"We still need those Colleges. No jobs should be lost. We support the option of independent colleges. Problems of the past are responsible for inequalities" (CM, Transcript : 16).

The members who did not support the move of nursing colleges to universities or technikons argued that nursing education institutions for example in rural areas, had failed to develop and meet the required standards by the SANC because they are not being given sufficient financial support. One member felt that these nursing colleges and schools should be given a big budget and be allowed to use it as they saw fit. Other members warned that handling a budget would not be an easy matter for people who will not have had the exposure to it.

If certain elements and structures within the SANC continue operating as before, without changing their working technique in the SANC that has become an ETQA, this could become a force against change in the implementation of further changes in nursing education.

Force-field diagnosis resistance factors and operates by exposing them and making them legitimate concerns that should be tackled in a non-judgmental manner. It creates a climate in which concerns and views can be expressed openly and not harboured secretly. The concerns and causes of resistance are ventilated and they are dealt with openly. In this way unforeseen consequences can be addressed and included in the plan, hopefully even the level of resistance might be diminished. What has to be avoided is reliance exclusively on power and coercion because coercion creates counter-

pressure, and when that pressure is replaced, the old status quo is restored. The objective is to involve participants in the change process and to assist them solve problems that change brings and learn by doing. The principle on which change can take root is that effective performance should take place without coercion. What force-field analysis seeks to achieve is a recognition that problems are an essential part of change and participants in the change process should participate in problem-solving and difficulties should not be shielded away as change takes time to be achieved (Owens, 1998).

The strategy that the SANC used to handle the dissidents among its own members was that of accommodation. The members felt that it would not be proper to use confrontation as some of these new members were still adjusting to their new responsibilities.

DISCUSSION INPUT - SANC

Organizational Health

When discussing the central level, which is the SANC, the researcher has to keep in mind that the Council has a long history of activity in nursing education. As already stated it was established under the Nursing Act, No. 45 of 1944, which evolved into the Nursing Act, No. 50 of 1978 as amended. With this history, it would not be wrong to work on the assumption that nursing education under SANC has always been a healthy organization. Therefore it "not only survives in its environment but continues to cope adequately over a long haul, and continuously develops and extends its surviving and coping activities" (Owens, 1998 : 302). The discussion is not so much about the ability of NE to survive but rather its ability to implement the government policy of integrating NE into the NQF.

Ability of NE to Achieve Goals

In responding to the challenge of the implementation of the NQF, the SANC at the Scope of Practice Workshop in February 2000 involved all stakeholders in the decision-making in order to debate, understand and accept achievable and appropriate goals. This collaborative approach is a positive step towards the implementation of the NQF because it does not manifest coercive tendencies on the part of the SANC. However, nurse educators are not yet at ease because "Academics fear what they do not know. The state is setting the menu, but staying out of the kitchen. But to cook this new menu is going to make huge demands over the next few years" (Hayman, Mail & Guardian, May 28th to June 3rd 1999).

Apart from these fears of the unknown that come with change, nursing education is being enabled to address problems of long standing which had been identified in the current scope of practice in providing comprehensive health care. For example information from the participants in the Scope of Practice Workshop reveals that nurses should clearly articulate their own role to be in line with the health service paradigms of the country, as well as the economic and technological context (SANC, 12 C/2 - 2000).

Although NE has over the years been able to achieve its goals, this positive trait has potential negative consequences. "The process of learning and re-socialization is central to the

implementation of the innovation, if the innovation involves a radical departure from custom and tradition. A failure to learn new skills can lead to rejection and inadequate implementation" (Dalton, 1988 : 8). The implementation of the NQF in nursing education calls for nurse educators to start breaking from traditional practices of long standing. There is currently a difference of vision within SANC members about the future of nursing education. Some members do not fully support the movement of NE to higher education to protect the status quo, jobs and their economic interests. For example at the Edco meeting of April 2000, some SANC members made statements such as " *we still need those colleges - no jobs will be lost, we do not want to have big brother or sister. Problems of the past are responsible for inequalities*" (CM, Transcript : 16).

Ability of NE to Adapt to Changing Environment

The NQF policy is the result of the changed political environment in South Africa. This came from the democratically elected government of 1994. One of its objectives is restructuring and integration of education and training across the national spectrum in line with international trends.

The problem that the SANC faces is how to adapt to the new regulatory environment under SAQA. This is because NE like all other disciplines in education now falls under SAQA. Therefore, the SANC has to adapt its operations in NE to SAQA and its structures. "Healthy organizations should be able to change, correct, and adapt faster than the environment" (Owens, 1998 : 304). So far NE has, despite its internal problems and lack of guidance from SAQA, managed to adapt itself to the present educational environment. It is in the process of forming an SGB for nursing which should be functional by February 2001 (CM, Transcript : 10). It also has been recognized by SAQA as an ETQA.

Organizational Self-Renewal

Culture that Supports Change

"A culture that supports adaptability and responsiveness to change ... is supportive of open communication, especially from the bottom upward, and values problem-solving as a high priority" (Owens, 1998 : 304).

In the Transformation of Nursing Education Document 15/99, the SANC involved a wide range of stakeholders in making guidelines for a one four-year programme with recognized exits from the basic programme. The stakeholders were regarded as resource persons whose inputs were important at this planning stage. Whether this trend shall continue remains to be seen.

Collaborative Problem-Solving

"Organization self-renewal postulates that effective change cannot be imposed on a school; rather it seeks to develop an internal capacity for continuous problem-solving" (Owens, 1998 : 303). The Council has embarked on procedures for collaborative problem-solving which include workshops, conferences and meetings. However, as one member observed, the information and inputs from stakeholders are not always used effectively. "Collaboration means pulling energies and resources in an attempt mutually to discover ways to improve ... outcomes" (Hord, 1987 : 103). However, the SANC's concerted effort to cultivate a culture of collaborative problem-solving still has to take root.

Capacity to Accommodate New Ideas

An ideal organization in order to have capacity to change must not rely only on internal ideas and resources for solving problems. It should be capable of knowing when and how to seek appropriate ideas and resources externally for solving its problems (Owens, 1998).

The Edco of SANC is working in conjunction with other stakeholders in developing a unified nursing education system in line with SAQA requirements. It is also in the process of working out a new scope of practice for nurses and midwives by incorporating aspects of the South African Pharmacy Councils formula which makes provision for a variety of practice settings, roles and competencies.

The SANC is however selective in its openness to new ideas because, for example, it rejected the World Health Organization's suggestion that there should be no scope of practice in the medical professions. Consequently, it is addressing the overlap between the professional activities of the various medical disciplines. One respondent noted that although the SANC has the capacity to accommodate new ideas, the adoption of new ideas cannot come overnight, mindset has to change (PO, Interview).

Organizational Development

Human Resource Development

Human resource development is important in effecting change "... books and charts and papers alone do not make change; only people can make change,, by appropriately altering their behaviour. Ultimately the real meaning and value of any innovation lies in its human, not its material component (Hord, 1987 : 96).

In this study, the findings reveal that all the respondents are of the opinion that the Council needs to address staff development issues. Innovation involves learning new ways of doing things which may involve a radical departure from customs, beliefs and traditions. There is therefore a need for manpower preparation programmes to upgrade their skills in line with the intended innovation (Dalton, 1998).

The fact that the SANC has no coherent and systematic policy for staff development is a potential drawback. Financial constraints are the cause of the absence of a coherent staff development policy within the SANC. "The NQF demands huge retraining of all lecturers to help them teach and assess differently, and the weight of retraining is going to fall on the poorly resourced academic development centres at universities across the country" (Hayman 1999, Mail & Guardian May 28th to June 3rd). These words apply to the SANC at central level. The positive move on the part of the SANC is that the report of the Finance and Staff Committee has indicated that policies are being revised to address the staff development programme (SANC, 1998 : 91).

Socio-Technical View of Management

Management Style

This view uses participative approaches to management instead of the rigid hierarchical structures (Owens, 1998). The present composition of the SANC which is highly inclusive has affected its management style because members have different visions about what has to be done during this transformation process. This creates tension which makes it difficult to reach decisions.

Some members say the SANC's style of management is participatory and consultative when the situation calls for it but it remains authoritative although this tendency rarely manifests itself (PO, Interview). Some professional staff of the SANC say that their involvement in management is very limited only the managers are involved. Professional advisors are not directly involved (PO, Interview).

From the above discussion it appears that until the SANC develops a common vision about the future of nursing education it will find it difficult to implement the participative approaches to management and it will be unable to project into the future. It will be inclined to be pushed to managing crises with the resultant autocracy in the style of management.

Force-Field Analysis

In discussing this section the researcher will make use of the three-step change strategy that is based on the notion that to effect organizational change, it is first necessary to break the equilibrium of the force-field in an organization, that is, unfreeze. Once the organization has been "unfrozen" the second step is to introduce change so as to move the organization to the desired level. The third step is that of "re-freezing". Re-freezing is an institutionalizing process that serves to protect and ensure the long-term retention of the change. This three-step change process can also be built in as a normal part of the life cycle of an organization (Owens, 1998).

The organizational health of the SANC will be discussed against the two levels of this three-step change process as seen by Kurt Lewin. These will be the equilibrium that existed at the time of the introduction of the NQF, and what has been done to try and unfreeze and move nursing education towards the goals of the NQF.

The introduction of the NQF took place against the background of the introduction of the CBNP in NE. Nursing education had been unfrozen in order to introduce comprehensive health care through the CBNP curriculum. Problems of this innovation had not yet been overcome, even the desired level of the introduction of the CBNP had not been completed. Therefore, the NQF change was introduced on another change. The equilibrium of nursing education will be viewed against this background.

Equilibrium

Under the SANC, equilibrium had been established in nursing education because the authority of the SANC as a regulatory and accrediting body in nursing generally, was accepted by all the stakeholders. It had in-built control systems for balancing/managing the restraining and driving forces within nursing. For example, despite potential opposition, the SANC managed the evolution of NE from further education to higher education in 1986 through university-college affiliation. By so doing, the SANC was able to achieve its goal.

Factors Breaking the Equilibrium - Change Factors

1. Legislation

The coming of the new democratically elected government in 1994 changed the political environment in South Africa. This led to the restructuring of education across the national spectrum. Government in line with international trends and to redress the imbalances of the past, embarked on the NQF policy through the SAQA legislation. The SAQA legislation with all its requirements forced a change in NE by introducing NQF and as a result, the equilibrium was broken. The SANC as the power house for nursing had to lead the way and mind-sets within the SANC had to change. The SANC was no longer the only regulatory authority for nursing education.

2. Unified Nursing Education System

In line with NQF principles there had to be a unified nursing education system that would facilitate recognition of prior learning (RPL), incorporate the PHC approach in the curriculum, adopt outcome-based and problem-based learning, and finally recognize certified exit levels in the four-year diploma/degree qualifications.

3. Movement of NE to Higher Education

The movement of NE to higher education which had evolved under the SANC was reinforced by this move of restructuring education. Furthermore, under the Higher Education No. 101 of 1997 government moved nursing education to higher education. The SANC adapted to the changes by applying to be an ETQA and was recognized by SAQA as such. It is also in the process of forming an SGB for nursing.

Anti-Change Factors

Within these driving forces for change are built-in anti-change factors, which are as follows:

4. Concerns

Failure to equip nurse educators with skills to implement the CBNP innovation at its inception had resulted in a feeling of inadequacy and lack of confidence in implementing the CBNP. The same concern has been expressed by nurse educators towards the implementation of the NQF. The majority of nurse educators who were interviewed said not enough was done to equip everyone with the necessary information and training about the NQF. Furthermore, not enough information is being given out about the NQF changes by both the SANC and SAQA staff.

5. Difference in Vision

Among the SANC members there are differences in vision. There are those who want the status quo to remain and to preserve existing jobs. There are also those whose vision of education is futuristic and long-term. The problem that the SANC has is that those who want to maintain the status quo claim to be representing the disadvantaged and to be redressing the past imbalances. To make the problem worse, the Department of Health supports the status quo to protect jobs and its financial interests as a department.

The fact that the SANC has a long history of dealing with change through legislation should make it possible to avoid the ill-effects of legislated change such as reliance solely on coercion. This should be so because although the SANC itself was created by Statute and uses regulations, it has always followed the collaborative and consultative approach. The effect of these inputs is that the SANC has on the ground the administrative machinery to deal with this legislated change that the implementation of the NQF entails.

The implementation of the NQF coincides with the problem of difference of vision about the future of nursing education as to whether it should move to HE or not. The effect of this problem is that those who support the movement of NE to higher education are in line with the NQF policy and therefore could be a resource for the successful implementation of the NQF policy while those who

do not support the move might turn out to be a nucleus for resistance to the implementation of the NQF policy.

The SANC culture that supports change is shown by various changes that have taken place during its evolution. This culture had resulted in adoption of the comprehensive health care approach to nursing education which was implemented through the CBNP that was introduced in 1986. The implementation of the NQF has been assimilated into the ongoing self-renewal process in nursing education.

The existing problem solving capacity of the SANC has been overhauled and strengthened so as to be in line with the requirements of the NQF.

While the implementation of the NQF is benefiting from the expertise that already exists in the SANC Education Committee, it is increasingly being realized that the SANC has to develop its own staff. This will enable the SANC to cope with added responsibility of implementing the NQF innovation provided the necessary funds are made available.

In the style of management and the operations of the SANC one of the negative inputs is that currently the professional staff is not sufficiently involved in management. This results in tensions that delay the implementation of the NQF changes.

The effect of the legislation that broadened the membership of the SANC changed the equilibrium within the SANC. This meant the implementation of the NQF had to deal with two problems. The first one was the increase of the representation within the SANC of the previously disadvantaged groups. This was bound to affect the vision of the SANC and its equilibrium. The second problem is the introduction of the NQF with the accompanying problems that all innovations bring.

Stability is essential for an organization that is about to embark on change. The broadening of membership of the SANC took place through legislation to increase the representativity of the SANC and to bring in more of the previously disadvantaged. At this very time the NQF policy was brought into NE through legislation. The SANC was not initially worried by these innovations

because its existing vision of moving NE to Higher Education, coincided with the NQF policy. It was at the unexpected stage of the initial implementation of the NQF that the broadening of the membership of the SANC disclosed a lack of common vision within the SANC members.

From the data it would seem that the absence of a common vision in the SANC with increased membership is now impeding the implementation of the NQF. Some of the new members of the expanded SANC find the maintenance of the status quo in NE in their interests and those of their communities. Consequently the SANC at the moment is not an effective change agent.

PROCESS OF CHANGE - SANC

This section will examine the strategies the SANC used in different situations when implementing the change. This change process will be looked at against the following change strategies:

A. Empirical Rational Strategies such as:

- Prior research into advantages of the NQF.
- Identification and use of self-interests of the target group relevant to the intended change.
- Planning for organizational change on a scientific basis.

B. Power Coercive Strategies such as:

- Use of sanctions, for example legal, political, financial and moral.
- Extent to which support of stakeholders has been mobilized.

C. Normative Re-educative Strategies such as:

- Involvement of the target group in their own re-education for change.
- Enlisting collaboration between planner and the target group.
- Awareness of forces for and against change and integrating them into the change process.
- Equipping the target group with collaborative problem-solving skills.

Empirical Rational Strategies

1. Prior research into advantages of NQF

Empirical rational strategies were used by the Council when they realized that in order to make meaningful changes with regulations which would be of benefit to everyone in the profession, the starting point would be to review the scope of practice for nurses and midwives. The Council used prior research into advantages of the NQF and was planning for change on a scientific basis. This is also seen in the following statements made by nurse educators in their deliberations:

“We are unable to clearly and briefly articulate our own role ... other professions complain that we are doing their jobs when we give holistic care” (SANC 12/C2 – 2000 : 11).

“The scope is illness, curative and individual orientated, and not appropriate for nurses working in a comprehensive health service” (SANC 12/C2 – 2000 : 11).

“The link between competency / skill and remuneration is not established” (SANC 12/C2 – 2000 : 11).

“How is the broadening of the scope of practice going to impact on the future training of nurses” (SANC 12 C/2 – 200 : 10).

Although prior research had been made into the advantages of PHC within the NQF structures, it was found necessary to refer the matter to nurse educators and other stakeholders to study the matter further. In respect of PHC approach the following was said: *“We need to come up with our commissions with problems created by this fragmentation. What is the reality in our clinics, hospitals and in remote areas. Our scope of practice is very basic and does not address the fundamental problems encountered by nurses on a daily basis”* (SANC 12/C2 – 2000 : 9).

The commissions recognized the following about the existing scope of practice: *“The scope is illness, curative and individual oriented, and not appropriate for nurses in working in a comprehensive health service”* (SANC 12/C2 – 2000 : 11).

The commissions also recognized that in the self interest of nurses that nurses are called upon to increase their competencies in rural urban areas on day/night duty, and invade the scope of other professions in order to give holistic care where *“skill and remuneration is not established”* (SANC 12/C2 – 2000 : 11). The commission recognized the need to eliminate vagueness and avoidance of turning nurses into “mini doctors even when they are multi-skilled.” This called for organizational change on a planned and scientific basis. It will be observed that in this case both normative re-educative strategies and empirical rational strategies are inseparable in as much as the target group of nurse educators and SANC as a planner are both being educated simultaneously. Both planner and target group are engaged in developing problem-solving skills.

2. Identification of change elements to suit self interests

Elements to suit self interests of target groups are seen in the following statement: “*RPL, portability, progression and access are the principles that have been adopted first because due to the type of nursing programmes available it is easy to handle the backlog first. Recognition of prior learning is enabling the enrolled nurses to carry their credits and access the four year diploma programme*” (PO, Interview).

3. Planning for change on a scientific basis.

This has been expressed by one respondent while explaining the process in place as follows: “*implementing policy decisions of the Council e.g. with regard to the transformation of nursing education and assisting with the development of assessment criteria for NEI ... until the SANC has research based data to give the profession guidance, amending regulations, ... in line with NQF principles*” (CM, Interview).

Power Coercive Strategies

As already stated the introduction of the NQF was through legislation. This implies that it was a legal and political act which is binding. Nevertheless, the support of stakeholders was mobilized to avoid the use of legal and financial sanctions.

The SANC as a statutory body in implementing the NQF policy, made it compulsory for nursing education institutions (NEI) to educate and train nurses and midwives for the provision of comprehensive health care to meet the needs of the South African community.

At a National Nursing Summit held in August 1999 in furtherance of the SANC’s policy, participants “*Focused on transformation of NE and training as directed by SAQA within the NQF*” (Summit, 1994 : 4).

Another example of the SANC’s power-coercive strategy is illustrated by what was said in an Edco meeting held in April 2000 about private providers who had failed to register with the SANC. One Edco member said:

“If they have chosen not to register, there is nothing to do. They have to come to us – otherwise they lose their licenses” (CM, Transcript : 7).

Normative Re-educative Strategies

The available information from documents, interviews and meetings reveals that normative re-educative strategies are the ones that are used extensively by the SANC in planning for the implementation of the NQF.

1. Involvement of target group in re-education and collaboration

The Scope of Practice workshop used normative re-educative strategies. The delegates worked in groups to explore problems brought by the present scope of practice, they debated the need for a different scope of practice, decided on the conceptual framework and format to be used when formulating the new scope, discussed the overlaps between the scope of practice of different health workers, identified critical aspects to be aligned with the current and future health care needs of South Africa and finally they explored the framework for nursing Standard Generating Bodies (SGB's). As the delegates worked in groups, they were involved in their own re-education for change. The Council was able to enlist collaboration between itself and the stakeholders. The Council became aware of forces for and against change and integrated them into the change process.

SANC involved nurses, midwives, and other stakeholders across the educational spectrum in the country by convening the Scope of Practice Workshop in February 2000. The objective of the workshop was to: *“explore problems being experienced with the current Scope of Practice of all health workers, with specific reference to nurses and midwives”* (SANC, 12/C2 – 2000 : 2). This also enlisted the collaboration of nurses and midwives as a target group in the planning of the implementation of the NQF.

Another example of this process is reflected in the executive summary of the National Nursing Summit of August 1999 where SANC members *“reflected on transformation of nursing education in response to national challenges of service provision at all levels of health care. Making the comprehensive programme accessible to enrolled nurses and nursing auxiliaries. Reviewing the present curricula to incorporate PHC core competencies”* (SANC Summit, 1999 : 4).

Four respondents note that the SANC involves its professional staff in their own re-education for change through workshops, discussion documents that are circulated to all stakeholders, conferences both national and international, and consultations with SAQA to discuss issues related to NSB, SGB and SETA.

Collaboration between planner and target group is seen in the following statement: *“practical problems are addressed head on if we reach a stalemate we consult with the experts, because we are aware of the responsibility that rests on the manner in which this statutory body functions”* (CM, Interview).

2. Awareness of forces for and against change

In the Scope of Practice workshop, positive and negative comments were made about differences of opinion. For example one comment made by a participant which is a force for change was: *“Group working was informative and highly acceptable ... some avenues were uncomfortable. Further such informative, participatory national gatherings should be encouraged as it is at such conferences that the profession grows”* (SANC, 12/C2 – 2000 : 2).

There were also negative comments such as:

“Chairperson on 2/2/2000 afternoon tried to manipulate the meeting with a hidden agenda” (SANC, 12/C2 – 2000 : 2).

In the Edco meeting of April 2000 the move of nursing colleges to Higher Education (HE) became contentious because the SANC members who wanted to protect existing jobs wanted the status quo to remain, while others favoured the move to HE. Statements like these were made:

“We still need those colleges – no jobs will be lost – do not want to have big brother or sister. Problems of the past responsible for inequalities” (CM, Transcript : 16). “Big brother or sister” refers to universities supervising certain aspects of the work of colleges.

One of the people who were interviewed said: “*The SANC shows awareness of the forces for and against change and integrates them into the change process by educating and persuading authorities which are not co-operating*” (PO, Interview).

3. Equipping target group with problem-solving skills

At the Scope of Practice workshop the SANC equipped nurse educators with problem-solving skills by involving them in debating “*the overlap between the Scope of Practice of the different health workers ... and the need for a different Scope of Practice for different categories e.g. generalist, specialist and other categories*” (SANC, 12C/2 – 2000 : 2).

In the Transformation of NE and Training Document 15/99, the SANC is equipping nursing educators with collaborative problem-solving skills. This is done by providing guidelines for transforming the curricula of existing programmes (basic and post-basic) to incorporate PHC approach, outcomes based, PBL and learner centered teaching strategies, RPL and recognize exit level from the four-year programme (SANC, 15/99 : 5). Refer Annexure 3.

To enhance collaborative problem solving the SANC has sent the Transformation Document to all NEI for comments before it is finalized.

All the interviewees listed the strategies that are being put in place to equip the target group with problem-solving skills as “*workshops, discussion documents, task teams, conferences both national and international and involvement of SAQA staff*” (Transcript, Interview).

DISCUSSION - PROCESS (SANC)

This section of the study will discuss the process of implementing the NQF in NE. The organizational health of NE at both the central and provincial level will determine the choice in the use of the three main strategies which are the empirical, rational, power-coercive and the normative re-educative strategies.

Empirical Rational Strategies

Empirical rational strategies can make use of three methods to introduce an innovation, namely:

- Engage in prior research into advantages of the change and disseminate the information to the target group.
- Identify and use self-interests of the target groups relevant to the intended change.
- Plan for organizational change on a scientific basis (Owens, 1998).

It does seem that the Council noted certain advantages that the NQF innovation would bring in NE. This is despite the fact that the NQF was government policy which had been introduced to restructure the education system in the country in order to redress the inequalities that had been created by the previous government policies.

The Council was plagued by problems from the practitioners caused by the unclear Scope of Practice for nurses and midwives. The curricula for training nurses was not unified. The Council was therefore not hostile to the introduction of the NQF. It therefore looked into advantages that the change might bring, identified areas of interest and began to make use of empirical rational strategies to plan for organizational change on a scientific basis. The example of this is seen in the Scope of Practice workshop that was held in February 2000 in preparation for the review of the regulations and the curriculum for the Unified System of Education.

Power Coercive Strategies

Power coercive strategies are strategies for introducing change that rely mainly on the use of coercion and power if there is no compliance from the people expected to adopt change. In other words there is "willingness to use (or threaten to use) sanctions to obtain compliance" (Owens,

1998: 298). This use of coercion is resorted to if rationality reason and good human relations do not work to effect changes (Owens, 1998).

In the process of the implementation of the NQF, the SANC resorted to rationality, persuasion and the cultivation of good working relations in planning the implementation of the NQF. As the SANC had always been the statutory regulatory body in nursing and nursing education, and has accrediting powers over NEI's, there was always an implied threat to use sanctions should there be non-compliance. Nevertheless, the support of stakeholders was mobilized to avoid the use of legal and financial sanctions that the SANC possesses.

Normative Re-educative Strategies

The normative re-educative strategies are people centred and believe in dialogue and re-education of individuals within the organization to effect change. The change agent helps individuals and groups to re-educate themselves for their own transformation (Bennis, Benne & Chin, 1985).

Normative re-educative strategies are the ones that are used extensively by the SANC in planning for the implementation of the NQF. In the use of these strategies the SANC members became educated along with the participants and stakeholders for whom the seminars and workshops were held.

These strategies initiated the collaborative problem-solving approach which it is believed the SANC will use extensively in the future. For example in the Scope of Practice workshop delegates worked in groups to explore the problems that had been brought about by the present Scope of Practice for nurses and midwives and the overlaps between the scopes of practice of other related health disciplines.

The Council is using normative re-educative strategies to produce discussion documents in various aspects of the implementation of the NQF for collaborative planning and problem-solving in planning for this change.

This approach which is people centred and democratic make the target group to feel a sense of ownership of the change. When this happens it is expected that the change will be long lasting.

The SANC started with an advantage of being the accepted powerhouse of nursing. This meant that it had the moral authority of commanding obedience. There was always an implied threat that where resistance was unreasonable coercion might be used. In general what worked most effectively were normative re-educative strategies in which as much as possible there was dialogue and self re-education of members.

SANC members became re-educated along with participants and stakeholders for whom seminars and workshops were held. These strategies cultivated the collaborative problem solving approach. The NQF policy was legislated change and the target group made use of Empirical Rational strategies to identify advantages they would obtain. They then used Normative Re-educative strategies to collaboratively make change effective, thus a partnership was created with the state and the nature of change, changed from being purely coercive to being people centered.

OUTPUT - SANC

This section will now examine the level at which the participants at Central level, use the NQF principles. This will be done by using the use model. The 'use model' has been adapted from the Concerns-Based Adoption Model (CBAM) by Hord (1987), that has been discussed in Chapter 2.

The 'use model' deals with the behaviour of people when confronted with change. It is used to determine whether the innovation is used or implemented at all, since there is a possibility that the change can be ignored. The 'use model' has four components: Awareness, Planning, Use and Refinement as shown in Figure 3. The use model is intended to capture the following activities:

- Awareness of the NQF as an innovation;
- Planning;
- Use of the NQF principles; and
- Refinement of the principles to increase results.

Definition of terms

Awareness - refers to participants awareness of the existence of the NQF as an innovation.
- whether the participants are aware of the principles of the NQF.

Planning - refers to making preparations to implement the particular principles of the NQF.
- whether the participants have actually made plans for the implementation of the particular principles of the NQF.

Use - refers to whether the particular principle of the NQF is being made use of
- whether there was use before the NQF innovation of the particular principles or not
- whether the use of the particular principles complies with the NQF requirements or not

Refinement - refers to whether the user of the innovation strives for improved performance in order to increase results
- the assumption is that the particular principle of the NQF had been so extensively used that with the advent of the NQF only improvements that will enhance results are sought.

The NQF principles of Education and Training that will be examined are:

- Integration : unifying approach to education and training.
- Relevance : being responsive and appropriate to national development needs.
- Credibility : have national and international value and acceptance.
- Coherence : work within a consistent framework of principles and certification.
- Flexibility : allow for multiple pathways to the same learning ends.
- Standards : be expressed through a nationally agreed framework.
- Legitimacy : planning of standards and qualifications to include all national stakeholders.
- Access : provide access to appropriate levels of education and training for all prospective learners.
- Articulation : provide for learners to move between components of the delivery system.
- Progression : framework to permit movement through its levels of national qualifications.
- Portability : enable learners to transfer their credits between different institutions.
- Recognition of Prior Learning : credit learning acquired in different ways.
- Guidance of Learners : provide for counselling of learners.

Each principle will be analyzed using the relevant component of the 'use model'.

Integration

Refinement Level

This is the one principle of which NE is not only aware of but is facing concerns of improving integration of education and training. In contrast with other disciplines nursing has always integrated education and training. The planning that the SANC has embarked upon is not how to use integration but to refine it in order to increase results.

An example is the Transformation Document. The SANC has provided guidelines for NEI to adapt existing programmes so as to:

- Incorporate PHC principles and core competencies for rendering PHC, in curricula.
- Adopt outcomes-based approach.
- Adopt teaching approaches (CBE, PBL and learner centered).
- Recognize prior learning.

- Recognize certified exits from the four-year Diploma/Degree qualification.
(SANC, 15/99 : 5).

In the Scope of Practice Workshop delegates noted this problem in the existing Scope of Practice:
“The Scope is illness, curative and individual orientated, and not appropriate for nurses working in a comprehensive health service” (SANC, 12/C2-2000 : 11).

In the Edco meeting of April 2000 Edco members pointed out that in some of the NEI there is *“no evidence of student support – the correlation between theory and practica is lacking in the maternity hospital ... no evidence of clinical accompaniment in hospital”* (CM, Transcript : 12).

Relevance

Refinement Level

Response to appropriate health needs in NE is a principle which NE has been aware of for some time. Relevance has only partially been put to use. SANC members are therefore refining its use by adopting a PHC approach.

An example of this is in the Transformation Document 15/99 where the SANC has recommended community-based education because *“Educational activities respond directly to health problems identified by communities, and learners learn to be sensitive to the culture, norms and practices of communities ... The PHC approach is enhanced by the choice of this educational strategy and it should therefore be incorporated in the curricula”* (SANC, 15/99 : 8).

In the Scope of Practice workshop delegates pointed out that the Scope of Practice for nurses and midwives:

- *“Should be in line with the health service paradigm of the country, as well as the economic and technological context.*
- *Should be dynamic and sensitive to the health care situation and society as well as changing technology.*
- *Should be comprehensive enough to make provision for a variety of practice settings, role and competencies.*

- *Practice should be research-based, follow a problem-solving approach (a scientific approach) and epidemiological approach” (SANC, 12/C2 – 2000 : 15).*

Credibility

Refinement Level

Nursing education enjoys national and international acceptance. The SANC as a quality assurance and accrediting body accredits all NEI and practitioners are registered with the SANC. Planning is therefore for refining national and international acceptance.

Document 15/99 on transformation provides guidelines for refining the present accreditation system and these include *“routine quality promotion visits, unscheduled quality promotion visits and accreditation of new NEI” (SANC, 15/99 : 8).*

In the progress report on transformation of the SANC 1995 – 1998, the SANC has been *“Networking with the international world through visits to the Council by the President ... in Australia to share ideas on the regulation of nursing and nursing education. Visits in Canada, the United Kingdom, British Columbia and Illinois on a fact finding mission on re-licensing and mandatory updating, competency-based nursing education, professional conduct and financial management issues” (SANC, 1999 : 11).*

Coherence

Planning Level

Although nursing education has a framework of certification, it is aware of principles of certification of the NQF. It is therefore planning to use the principle of coherence as put by the NQF. Discussion document 15/99 on transformation, outlines the principles of certification in line with the NQF requirements including exits and exit level outcomes.

In the Edco meeting of April 2000 Council members debated among other things, whether enrolled nursing courses should fall under level 4 or 5 of the NQF:

“Nursing courses cannot be below level 5. I would earnestly recommend that the requisite of schooling be made a pre-requisite. We are already accommodating those who do not have 12 years of schooling” (CM, Transcript : 8).

The SANC in line with NQF principles requires of NEI to *“recognize certified exits from the four-year Diploma/Degree qualification”* (SANC, 15/99 : 5).

Flexibility, Recognition of Prior Learning and Access

Planning Level

Nursing education has become aware of the problems caused by the non-application of these principles. One of the problems identified is as follows:

“We have to ask ourselves about the competencies gained over the years by enrolled nurses and enrolled auxiliary nurses on procedures beyond their Scope of Practice” (SANC, 12/C2 – 2000 : 9).

Interview responses reveal awareness as follows:

“Gives everybody a chance to better their education by recognition of previous experience and Recognition of Prior Learning” (Transcript, Interview).

“It is excellent. It makes nursing education less complicated. RPL makes things easier, it is not rigid” (Transcript, Interviews).

In the Transformation of NE and training document 15/99 which is being circulated for discussion, it is planned that *“ ... RPL as a recognized principle of the NQF, access to education and training for enrolled auxiliary nurses, enrolled nurses and of any learner who has gained credit in nursing or related modules, must be granted within the existing basic education and training programme”* (SANC, 15/99 : 7).

Standards

Refinement Level

The SANC is aware that NE standards must be expressed in terms of a nationally agreed framework and that there has to be an SGB and ETQA for nursing.

The SANC has applied to be an ETQA because of the role it plays in nursing education. It is also initiating the formation of an SGB for nursing. One member in the Edco meeting said:

“What is needed is an SGB to be in existence. The Scope of Practice workshop is aiming at a functional SGB by February 2001” (Transcript, CM : 10).

Legitimacy

Refinement Level

This principle is at the use stage because it has gone beyond the awareness and planning stages. For example, the SANC involves all the stakeholders in planning for the implementation of the NQF through workshops, conferences, seminars and issues circulars and discussion documents inviting comments from them.

Articulation, Progression and Portability

Planning Level

These principles are at the awareness and planning stages and more work needs to be done. For example, the SANC has made this recommendation:

“Where learners cannot compete qualifications as prescribed, exit levels must where feasible, apply to individual learners. Credit and registration with the SANC will be granted for successful acquired learning” (SANC, 15/99 : 7).

Guidance of Learners

Planning Level

This principle is being planned for so that it can be done in a more organized manner for the students who have not had adequate learning opportunities and those to whom the principle of recognition of prior learning will apply.

Table 4.3. Summary of Principles Used

PRINCIPLES	AWARENESS	PLANNING	USE	REFINING
Integration	✓	✓	✓	✓
Relevance	✓	✓	✓	✓
Credibility	✓	✓	✓	✓
Coherence	✓	✓		
Flexibility	✓	✓		✓
Standards	✓	✓	✓	✓
Legitimacy	✓	✓	✓	✓
Access	✓	✓		
Articulation	✓	✓		
Progression	✓	✓		
Portability	✓	✓		
Recognition of Prior Learning	✓	✓		
Guidance of Learners	✓	✓		
Total	13	13	5	6

The SANC from the inception of the NQF policy regarded the policy as part of the natural growth of NE rather than a radical departure from what it has been doing in the past. In contrast with the other disciplines nursing education has always integrated education and training; responded to national developmental needs (relevance); enjoyed national and international acceptance (credibility); consequently under the NQF system it is refining these principles of the NQF. The others that are at the refinement stage are flexibility, standards and legitimacy.

The rest of the principles of the NQF are at the planning stage because although the SANC is aware of them, it has not fully complied with the requirements of the NQF in respect of these principles. Refer to Table 4.3. above which shows the summary of the stage of use of the principles.

PROVINCIAL LEVEL

Introduction

The provincial level with regard to nursing education in the KZN province falls under three (3) administrative colleges that co-ordinate and control the functioning of campuses. These colleges were formed in 1986 after the four-year comprehensive basic nursing programme (CBNP) was introduced. With the introduction of the CBNP, basic nursing education evolved from further education to higher education through university-college affiliation. The three colleges facilitated affiliation of certain education institutions with universities. These colleges are tertiary education institutions of the Department of Health in the KZN province and are manned by principal, administrative staff and educational staff.

The Natal College of Nursing (NCN) has offices in Pietermaritzburg. Its campuses are in Addington, King Edward VIII and RK Khan in Durban, and Grey's and Northdale in Pietermaritzburg. The NCN is affiliated to the University of Natal.

Edendale College of Nursing has Edendale and Prince Mshiyeni campuses and is affiliated to the University of South Africa (UNISA). Ngwelezane College of Nursing has Ngwelezane, Benedictine, Charles Johnson Memorial campuses and is affiliated to the University of Zululand.

The affiliation of colleges to universities meant that each college would have its own curriculum designed in collaboration with the university with which it was affiliated. Differences in curricula sometimes made it difficult for students to transfer their credits from one institution to another if they decided to move to other training institutions.

In 1996 the Department of Health KZN province requested nursing education institutions to look into the issue of rationalizing. Meaning that education institutions in the same area, offering similar courses would be expected to merge and use one facility to save on scarce resources. This was government policy which applied to other provinces and was expected to be implemented in all education institutions and other sectors.

The exercise was done by first looking into how the eight regions in KZN (which have hospitals and education institutions, that is, regions A (Port Shepstone), B (Pietermaritzburg), C (Ladysmith), D (Ulundi), E (Jozini), F (Durban), G (Newcastle) and H (Empangeni), could be re-grouped to come up with fewer regions as part of rationalizing. The re-grouping resulted in five (5) regions, namely regions (F & A), (B), (D&E), (G&C) and (H). The nursing education institutions were then grouped under these regions and the new structure was to have five regional campus complexes.

In 1999, the nurse educators in KZN came up with a proposal for a single Kwa-Zulu Natal College of Nursing (KZNCN). The three colleges, that is, NCN, Edendale and Ngwelezane would merge to form this one KZNCN. The single college would be an administrative centre co-ordinating and controlling the functioning of the five (5) regional campus complexes. The proposals were put on hold since January 2000 when the technical task team appointed by the Ministers of Education and Health announced that nurse educators should make preparations to move to higher education institutions where they have been placed by the Education Act of 1997.

Along with the process of restructuring nursing colleges in the nineties, the nursing education system in South Africa was being changed to a unified system which would be in line with the SAQA requirements and this necessitated changes in the curriculum.

Natal College of Nursing (NCN)

The provincial level in this study will be the Natal College of Nursing (NCN). The NCN was chosen as the ideal sample to represent the provincial level because it is centrally situated and it was already co-ordinating the proposals for a one KZNCN college.

The NCN was established in 1985 and was affiliated to the University of Natal in 1986 when the agreement between the Natal Provincial Administration (NPA) and the University of Natal was signed.

The NCN is an institution of the Department of Health Services of the KZN Provincial Administration and comprises the Principal's offices in Pietermaritzburg and its five campuses. It is recognized by the South African Nursing Council as a tertiary educational institution for the course

leading to Registration as a Nurse (General, Psychiatric and Community) and Midwifery, in association with a number of institutions, principally Addington, Grey's, King Edward VIII, Northdale and RK Khan Hospitals. It is also recognized through its campuses as being associated with the above hospitals in their capacity as training schools for a number of basic and post-registration courses.

The overall objective of the College is to co-ordinate and control the provision of nursing education and training for nurses and midwives to address the health needs of the people of KZN at basic and post-basic levels. The NCN has academic and administrative functions.

Academic functions

- Formulation of and application of rules.
- Formulation of academic year programme / calendar.
- Registration of programmes with NQF.
- Examinations.
- Curriculum development.
- Issuing of diplomas and certificates.
- SANC registration.

Administrative functions

- Budget control.
- Students fees – collection / registration.
- Human resources department.
- Records and statistics.
- Student and staff discipline.

Organizational structure

The organizational structure of the College (refer Figure 7) consists of:

1. The College Council : whose function is supervisory and advisory with regard to the management of the College. It has a wide representation of personnel from the Department of

Health, Local Authorities of Durban, Pinetown and Pietermaritzburg, University and the Student Body.

2. Senate : has academic control of the College and maintains the academic integrity of the College and Campuses. It is mainly composed of academic/professional staff of the college campuses, the University and student representative.
3. Campus Boards : Each campus has a Campus Board comprised of tutorial staff, nursing administrators of associated hospitals, university representative, Department of Health Services and a student body representative. The Campus Board plans, organizes supervision and control of the nursing education programme in collaboration with matrons, community and psychiatric services.

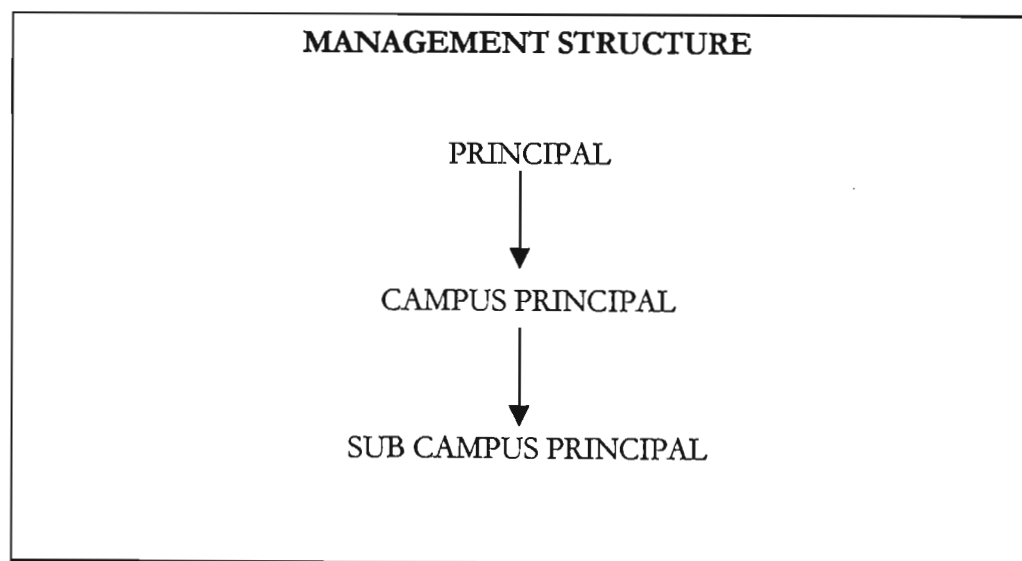


Figure 5 : Management Structure

The KZN College structure is divided into two levels, the Principal at the provincial level and the campus Principals who manage the campus at the local level. If the campus has sub-campuses under it, the sub-campus principals who fall under the campus principal are appointed to manage the sub-campuses (refer Figure 5).

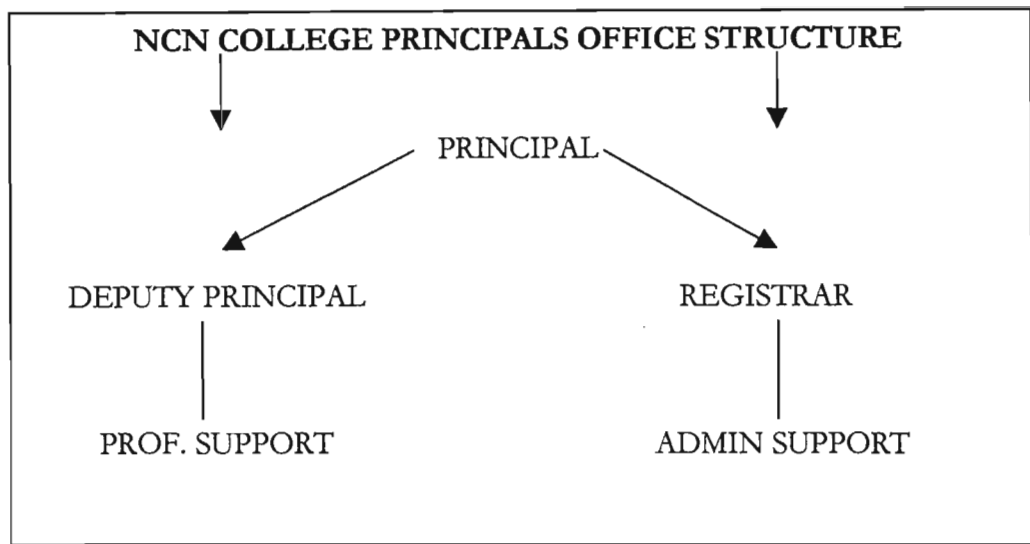
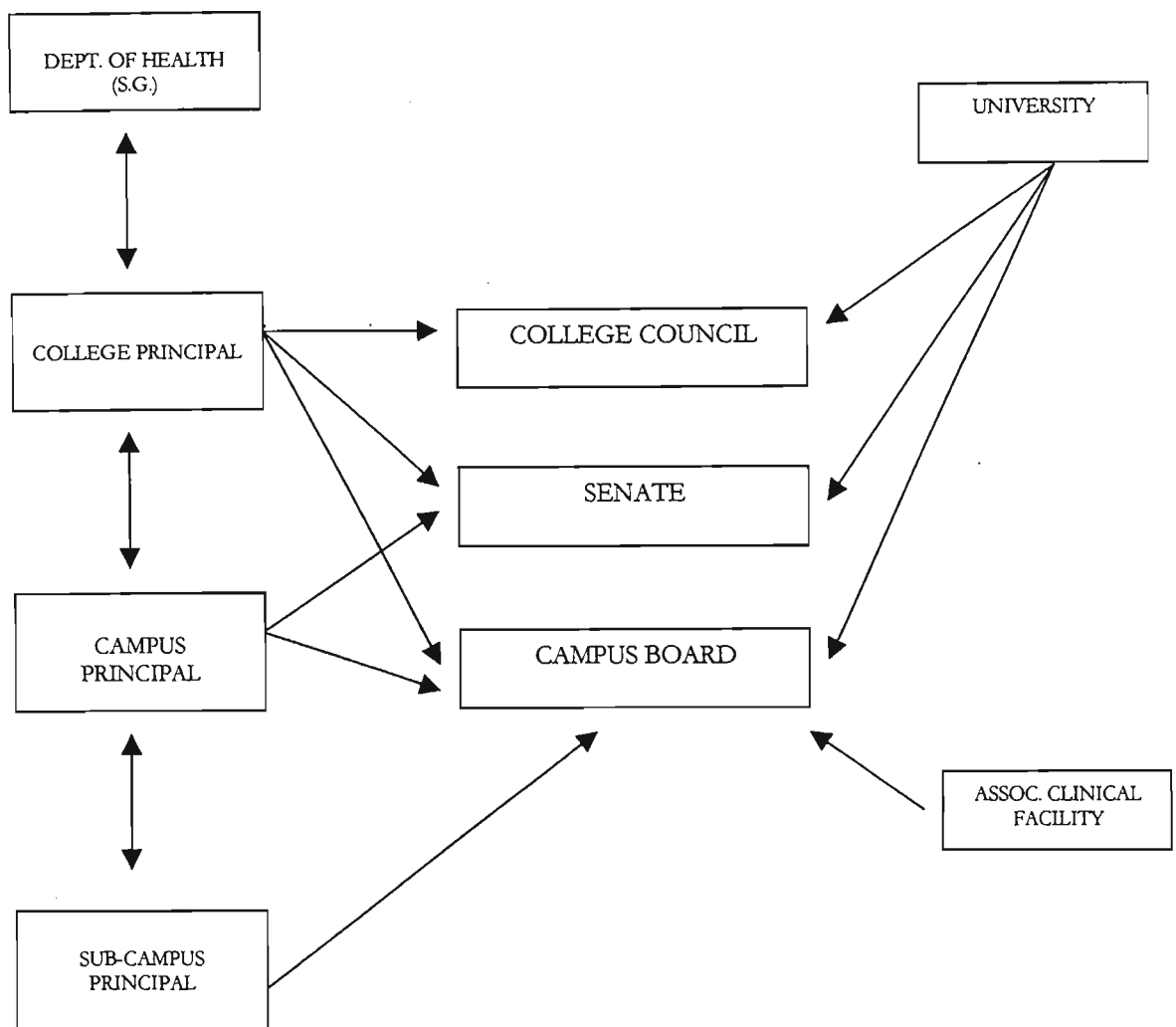


Figure 6 : NCN Office Structure

The NCN College of Nursing provincial office staff consists of the College Principal, the Deputy Principal, the Registrar, professional support staff and administrative support staff (refer Figure 6).



	Addington	King Edward VIII	R.K. Khan	Grey's	Northdale
Campuses					
	Wentworth	Iris Marwick			
Sub-Campus					

Figure 7 : KwaZulu-Natal Nursing College Academic Structure

Data Collection Process

Data collected at provincial level is from documents, meetings and interviews.

Meetings

The first meeting from which data was collected was in July 1999. This was a workshop held by the proposed KZNCN for all nurse educators in KZN province to develop a macro-curriculum that would be in line with the unified nursing education system that was being introduced to meet the SAQA requirements. The workshop was well attended and its objectives were achieved, the end result of which a macro-structure of the basic curriculum was produced.

The second meeting attended was in October 1999 at Prince Mshiyeni Campus. The purpose of the workshop was to develop templates for the approval of programmes by SAQA. The meeting was attended by the curriculum committee members who had been identified to work on different subject disciplines and the representation was from all the five regional campuses. The objectives of the workshop were achieved.

The third meeting that was attended was in November 1999 at Grey's Campus. The purpose of the meeting was to work out the exit level outcomes for the four-year course in line with SAQA requirements. The meeting was well attended by the subject-committee and curriculum committee members and the objectives were achieved.

Data was also collected from the meeting of the 23rd February 2000. It was a meeting between the Department of Health staff and the principals of colleges and universities. The meeting was about the incorporation of nursing colleges into Higher Education System.

Interviews

The interviews began in November/December 1999. The people who were interviewed represented one university and one campus. Appointments had been made in advance for these interviews and there were no problems.

In July 2000 interviews were conducted again. The nurse educators interviewed were those who had been involved in developing the curriculum to make it in line with SAQA requirements. No problems were encountered.

The majority of nurse educators were involved in the curriculum development because each campus had to select representatives for each subject discipline for representation in the curriculum sub-committees. Those who were interviewed represented a variety of activities of nurse educators since they were involved in teaching different subject areas. Purposive sampling was done to include Assistant Directors, University Lecturers, and Tutors. The racial make-up of those interviewed included Black and White South Africans.

The provincial staff who were interviewed are as follows:

1. Assistant Director – Campus Principal, RN³, RM⁴.
2. Senior University Lecturer, RN, RM.
3. Assistant Director – NCN Principal, RN, RM.
4. Assistant Director – Campus Principal, RN, RM.
5. Assistant Director – Campus Principal, RN, RM.
6. Assistant Director, RN, RM.
7. Assistant Director, RN, RM.
8. Assistant Director, RN, RM.
9. Chief Professional Nurse Tutor, RN, RM.
10. Chief Professional Nurse Tutor, RN, RM.
11. Chief Professional Nurse Tutor, RN, RM.
12. Chief Professional Nurse Tutor, RN, RM.
13. Chief Professional Nurse Tutor, Senior Tutor, RN, RM.
14. Chief Professional Nurse Tutor, RN, RM.
15. Chief Professional Nurse Tutor, RN, RM.
16. Chief Professional Nurse Tutor, RN, RM.

³ Registered Nurse

⁴ Registered Midwife

Demographic and Professional Data

Fifteen of the interviewed nurse educators were female and only one male. The majority of those interviewed were aged between 34 and 54 years with the exception of two who were above the age of 55 years (refer Table 4.4). Half the sample had Honours degrees in Nursing; four had a Bachelors degree, two Masters degrees and two Ph.D degrees. The positions they presently hold at work are as follows: one acting principal for the Natal College of Nursing, one university lecturer, six assistant directors of which three of them were campus principals and eight tutors (refer Table 4.5).

Table 4.4. Gender by age group

Age Group	Male	Female
25 – 34 years	-	1
35 – 44 years	1	3
45 – 54 years	-	8
55 and above	-	3
Total	1	15

Table 4.5. Qualifications of respondents

Qualifications	University Lecturer	Tutor	Administrative
Diploma	-	-	-
Bachelors Degree	-	3	1
Honours Degree	-	4	4
Masters Degree	-	1	1
PhD	1	-	1
Total	1	8	7

The above tables reflect that the majority of nurse educators are female. The majority of nurse educators interviewed fall between the ages 45-54 years. This may mean that more opportunities for specializing in nursing education need to be created for the newly qualified younger nurses.

Documents

Documents from which data was obtained are:

1. Macro-curriculum documents.
2. Transcripts of interviews.
3. Transcripts of meetings.
4. Interview schedules.

INPUTS - PROVINCIAL LEVEL

Organizational Health

The organizational health at provincial level will be discussed under three headings, namely:

- Ability to achieve goals.
- Ability of the organization to maintain itself.
- Ability to adapt to changing environment.

Ability to achieve goals

Following on from the SANC 1997 guidelines for a unified nursing education system, the Kwa Zulu-Natal College of Nursing (KZNCN) which represented all the nursing education institutions (NEI) in the KZN province, held a curriculum workshop in July 1999. The aim of the workshop was to review the curriculum in order to put it in line with SAQA and the NQF requirements.

The specific goals for this workshop were to develop:

- A macro-curriculum structure for the basic four-year programme in terms of subjects and clinical placement for each year.
- College rules and policies.
- Plan the way forward for developing micro-curricula.

The observations made in this workshop were that the KZNCN was a healthy organization in that all the nurse educators representing the nursing education institutions, who participated in this workshop showed group cohesiveness. They were willing to discuss the goals in order to understand and accept them. There was adequate communication between the KZNCN staff and the delegates resulting in collaboration, sharing of information and solving problems. The workshop objectives were achieved in that the participants finalized a macro-structure for the Basic Curriculum reflecting: subjects, credits and clinical placement for each year of study. Programme and level outcomes were also developed, the process of developing college rules and policies was begun but could not be finalized (refer Figure 8).

The Macro-Structure for the basic curriculum was an attempt to address the following:

- limitations of the current curricula
- present and future health care system demands
- the type of incoming students
- appropriate educational approaches
- clinical placement
- programme and level outcomes
- credit allocation and exit levels
- experiential learning experiences and evaluation strategies (refer Figure 8).

Consensus reached about the macro-curriculum structure for basic courses was that:

1. The curriculum will be developed for all three categories of nurses based on the unified system of education with a consistent framework of principles of certification.
2. Nursing auxiliaries can exit after one year, enrolled nurses after two years and registered nurses after four years.
3. The curriculum will have a strong community emphasis with 60% of service learning in primary health care or community settings and it will include Primary, Secondary and Tertiary prevention.
4. There will be continuous evaluation. Innovative teaching strategies should be encouraged, focused on outcomes and competencies.
5. Recognize experiential learning experiences and evaluation strategies at each level.

Subject sub-committees that had been formed to develop the micro-curricula developed templates for the approval of programmes in line with SAQA requirements.

The three universities to which the different regions were affiliated, that is, the universities of Natal, Zululand and South Africa facilitated the process. All the interviewees noted that NCN has procedures for collaborative problem-solving and this is done through campus boards, senate and the college council. One interviewee said the following:

“We have a Steering Committee which is comprised of all the principals of colleges in KZN and we have regular meetings looking into the change together with committees ... in the eight regions. There is always feedback from the committee members to the regions and also feedback from the regions to the Steering Committee ...” (PM⁵, Transcript : 3).

Ability to adapt to change

The conclusion reached from the interview responses is that the ability of the NE has to adapt to changing educational environment, is not adequate to see it through the process of change. The NCN staff needs more information about the changes, needs updating as well as guidance from the SANC. Some of the responses were as follows:

“The staff is not well equipped ... needs constant updating ... workshops must run for approximately 3 times, so that all staff can attend”.

“The staff is well equipped in certain areas. Still requires further development”.

“Can adapt – except that changes are too many in a short period”. (PM, Interviews).

The conclusion reached from the interview responses is that the ability that NE has to adapt to changing educational environment, is not adequate to see it through the process of change. The NCN staff needs more information about the changes, needs updating as well as guidance from the SANC.

⁵ PM = Provincial Member

Organizational Self-renewal

As already indicated under central level organizational self-renewal strategies will be discussed under three headings:

- Culture that supports change.
- Procedures for collaborative problem solving.
- Capacity to accommodate new ideas.

Culture that supports change

It was clear from the responses obtained that NE has the culture that supports change. However, this is not the only ingredient for successful change and the staff will need to be fully equipped and prepared for the change through training.

Ten out of sixteen interviewees said NCN has the culture to support change. Three of them were of the opinion that NCN handles change slowly, one said initially there was a lot of resistance and another said that NCN will be able to cope. The last interviewee gave irrelevant information. Other responses noted that the staff is ready for change but not sure how to deal with it. For example:

“The staff is 25% equipped to handle changes brought by the NQF” (PM, Interview).

Procedures for collaborative problem-solving

NCN through its standing committee, for example, subject/curriculum committees, college councils and senate engages in collaborative problem solving. NCN also conducts workshops, meetings and discussions to iron out differences in opinion and reach a consensus on certain issues, for example, the Curriculum Workshops held in 1999. An example of this as one interviewee said:

“It is absolutely unbelievable what the group cohesion came to since we started. Previously each department was to their own – now we chat formally with each other and we have as I said set structures where we sort out our problems, ... solve them, and we learn ...” (PM, Interview : 6).

Capacity to accommodate new ideas

The interview responses give an impression that the nurse educators are ready to re-organize themselves to accommodate the new structures brought by the change although there is still some uncertainty about how the process will be done.

Ten respondents said NCN has the capacity to accommodate new ideas because it has the culture that supports change. Five of them felt that although NCN has some capacity to accommodate new changes, it has no capacity to handle the changes because of financial and manpower constraints and uncertainty. One respondent said:

“People are overwhelmed with the new information but are working at it. They realize that there is change and that we have to jump on the bandwagon” (PM, Interview).

The macro-curriculum workshop held in July 1999 reflects that NCN is supportive of open communication and inputs from the stakeholders/nurse educators at the operational level. The workshop included nurse educators from all the regions in the KZN province.

Organizational Development

Only five respondents said through committee work the staff receives information. Other answers varied, that is, no guidelines from the SANC, NCN has no budget for training and relies on the Department of Health for training courses, it is not handled well, it is limited to a few individuals.

“It is rarely done, not everybody is included in curriculum development. I feel every tutor should be included.”

“The staff is 25% equipped to handle changes brought about by the NQF.”

“Staff development is not handled well. More training needs of staff need to be met in a creative fashion and should be done urgently.”

“ ... not handled well. Not every member is included in curriculum development ... every tutor should be included not only those in charge” (PM, Interviews).

Socio-Technical View Management

Management Style

The general feeling about NCN's management style is that it only involves people in senior positions. Tutors⁶ at operational level are not represented – and therefore there should be transparency.

Nine out of sixteen respondents said tutors are involved in management through meetings, consultations, campus board, senate and college council meetings. Other responses varied as follows: staff is involved via written information and meetings and this is limited, tutors are involved in campus activities – situational leadership, college principals through the steering committee work hand-in-hand with regional committees, and that there should be more involvement of tutors in management, presently tutors are only represented at senate and curriculum development stages.

Some of the interviewees had this to say about management:

“Not all tutors are involved – only those in charge of disciplines are involved.”

“NCN needs to involve the professional staff in management – not work in isolation.”

“Professional staff is not well involved in management. There should be more involvement. Presently tutors are only represented at senate and curriculum development stages.”

“Involvement is via written information, principals meetings, senate and college council. This is very limited though” (PM's, Interviews).

Force-Field Analysis

Forces for and against change

The fact that the implementation of the NQF in NE is legislated change is a force for change and leaves NCN with no choice. This change has to be done in conjunction with the SANC as a policy formulating body.

⁶ Tutors = NCN educational staff : Responsible for classroom and clinical teaching.

The above statement is illustrated in the following remarks made in an interview:

“We had very little guidance with registration of qualifications. We managed to gain co-operation by telling the staff about the benefits of the change and also that this is legislation – there is not much choice” (PM, Transcript : 5).

Another force for change can be seen in the Higher Education Act of 1997. Government is incorporating nursing education into the higher education system. A technical task team was appointed to make plans for implementing this move.

Anti-change factors

Factors which do not facilitate the change process or which hinder plans for change that have been identified for discussion are:

- Poor communication.
- Differences in opinion.
- Conflicting policies.
- Hidden agenda.
- Lack of funds.
- Shortage of staff.

1. Poor communication

Poor communication that will be discussed occurred between the Department of Health (DOH) and the nurse educators in KZN province as well as other provinces. In 1996 nurse educators made proposals to the Minister of Health under whose budget they fall, indicating their support of the Government proposal to move nursing colleges to higher education. The Minister of Health never responded until the year 2000.

In February 2000 the Department of Health (DOH) staff called the meeting to brief the college principals and the heads of nursing departments from the universities about the DOH's stand in relation to the incorporation of nursing colleges to higher education pursued by the task team. The DOH spokesperson expressed some reservations about the whole issue. Although this was what the

nurses wanted for a long time, there had been a break in communication and people were now working on other issues, the move to higher education had ceased to be of importance. Nurse educators had talks about this issue in 1995 and the Ministers of Health and Education never got back to them about the issue until now in the year 2000. This left the nurse educators with dissatisfaction and their morale was low. The following statements will indicate communication breakdown between the nurse educators and the two Ministers concerned, that is, the Ministers of Health and Education:

“... after the one day visit by the task team we were quite taken aback ... we did say to them we had already worked so hard re: the consortium ... at Prince Mshiyeni tutors were saying how would it be if they remained in health” (PM, Transcript Meeting : 3).

“We just felt that then it means we have to put back on our thinking caps and have a new mental set about moving out of health” (PM, Transcript Meeting : 3).

2. Differences in opinion

The impressions reached from discussions held in the meeting of February 2000 between the principals, university heads and the Department of health delegation is as follows. There were differences in opinion between these two groups, while the principals and university heads supported the change, the Department of Health delegation was against the change. The Department of Health which is the main consumer of the nursing education product is resisting the move of nursing education to higher education and wants to maintain the status quo which is to its advantage. The principals who represented the nurse educators recognized that nursing should be in higher education for the long-term benefit of the nursing profession. This has destabilized the nurse educators and the future focus of nursing education as a whole.

Three options were tabled by the task team, that is, a move to universities, technikons or forming an independent college. It became clear in the meeting that there were differences of opinion about the issue when the discussions began. There were clearly forces for and against change. The university representation supported the move to higher education, provided it was a move to universities or technikons. This is seen in the following remarks:

“We said from the beginning we don't want a college. We are not supporting independent colleges. If it is an independent college then they do not have anything to do with us ... So if you are going to go the route of independent colleges then you are on your own. We won't be involved.”

“Independent colleges mean academic isolation which is not good for the profession, there would be duplication of resources which is expensive for government and that there would not be adequate student numbers for such colleges” (PM, Transcript Meeting : 4).

In response to the university delegation which supported a move to higher education, the principals seemed to go along with the idea that nursing belongs to higher education. One of them said:
“I think it would be a sad day for nurses to isolate themselves further ... the place nursing should do is higher education” (PM, Transcript : 5).

“I think even in the informal talks that we have had, we did not think that the independent college was the way to go” (PM, Transcript : 5).

3. Hidden Agenda

When the Department of Health representative realized that the principals were “talking about nursing education in terms of a bigger picture of higher education” the strategy changed. A caucus of the principals was demanded by the spokesperson of the DOH, who then at the caucus tried to influence the principals to maintain the status quo by adopting the one KZN college model. This however was not successful. The idea of the one KZN College was put on hold.

4. Lack of Funds

Due to a lack of financial resources, NCN is likely to find it impossible to introduce meaningful changes. The introduction of new work techniques and the acquisition of new skills can only be done if there are funds to purchase equipment and train the staff. Interviewees repeatedly pointed out that without financial resources there would be very limited progress. For example some said:

“No new things have been tried yet because of financial constraints” (PM, Interview).

“NCN has the capacity to accommodate new ideas – staff are energetic and innovative but lacks funds and resources” (PM, Interview).

5. Shortage of Staff

It appears there are gross shortages of registered nurses in service delivery which has to be addressed by nurse educators who in turn find themselves over-stretched by the current work load. This situation is brought about by a large exodus of staff due to unsatisfactory working conditions which will have to be addressed. This has resulted in enrolled nurses performing duties which are outside their scope of practice for which they do not receive recognition. This concern can be noted in some of the discussions that went on in the Macro-curriculum Workshop of July 1999:

“We cannot train people for a job that they then don't get registration for and don't get paid for. That is not on. If there is a shortage in the situation and people are asked to do things for which they are not trained for, then the health services must take the responsibility” (PM, Transcript : 6).

Some of the responses from the interviews were as follows:

“Change is a bit difficult for NCN because of staff shortages and current work load.”

“NCN has no budget for staff development. It relies on the Department of Health training courses” (PM, Interviews).

It is clear that nurse educators at provincial level are willing to accept legislated change provided they are given the training to equip themselves with necessary skills. This will give them confidence to implement the innovation that the NQF policy entails. They are at present not hostile of the fact that the SANC gives directions from above by powers vested in it through legislation. They would like to be given more information so as to know what is expected of them.

With the existence of inputs that favour the implementation of the NQF, successful implementation of the NQF should be possible. There can however, be no progress until Government makes a decision to move NE to higher education. Only then will the Department of Education be able to budget for funds for staff development and re-training of nurse educators to meet the challenges of the implementation of the NQF in NE.

DISCUSSION INPUT - PROVINCIAL LEVEL

Organizational Health

A healthy organization must be effective, stable, yet capable of changing appropriately (Owens, 1998). "No single output measure or time slice of organizational performance can provide a reliable, accurate measure of organizational health" (Owens, 1998 : 302). This section will describe the capacity of NE at provincial level to deal with the implementation of the NQF. Despite many problems and inconsistencies with interpretations of organizational health, NE at provincial level under the NCN has been healthy.

Ability to Achieve Goals

The success of the Curriculum Workshop held in July 1999 by the KZNCN shows that nursing education at provincial level is healthy. The objectives of the workshop were achieved. The macro-structure of the basic curriculum was produced by the participants. There was group cohesiveness among the nurse educators who participated. This success conceals the problems that nurse educators have at provincial level.

Ability to Adapt to Change

"Healthy organizations should be able to change, correct and adapt faster than the environment" (Owens, 1998 : 303). NE at provincial level had the vision to take steps to moving NE to higher education even before the present policy of placing NE in higher education under SAQA and NQF structures.

It did this in 1986 through administrative colleges that facilitated affiliation to universities at the inception of the CBNP programme through R.425 of 1985. With the many changes that have been happening in government, NE is being forced to rationalize to save on scarce resources; prepare to move to higher education, and adapt the CBNP to incorporate the NQF and SAQA requirements, the organization seems to be grappling with too many changes.

The nurse educators who were interviewed were all of the opinion that at provincial level, the organization needs strengthening to be able to cope with the changes it faces. The feeling was that

the nurse educators need more information about the changes they are expected to deal with, need updating and guidance from the change agent. One interviewee said the staff can adapt to the new changes but the problem is that there are too many changes in a short period (PM, Interview).

Organizational Self-Renewal

As already indicated under central level organizational self-renewal will be discussed to highlight: Culture that supports change; procedures for collaborative problem-solving and the capacity to accommodate new ideas.

Culture that Supports Change

It was clear from the responses that even if nurse educators were not hostile to the changes that were being introduced, they would need training to equip themselves for handling the change. A lot of resistance as noted by some of the interviewees occurred initially and this could be the result of many factors including lack of preparation.

Communication adequacy is another ingredient for successful change in a health organization. The fact that nurse educators at provincial level seem not to have enough information about the envisaged change may well mean that communication channels need to be improved.

For communication to be effective in an organization that is changing it must be first at personal level, change habits and patterns of action and practice. It should not only follow the hierarchical line of command it must also be interpersonal. If it has been facilitated and become effective it makes it possible for an organization to implement decisions speedily (Bennis, Benne & Chin, 1985).

Procedures for Collaborative Problem-Solving

It seems the new changes that have been brought by the NQF have provided a new dimension to the collaboration that used to exist within the organization. The curriculum workshops that were held in 1999 brought together nurse educators from all the regions in the KZN province. They worked together, debated the problems, and found solutions for them. For example, one interviewee said "*It is absolutely unbelievable what the group cohesion came to since we started*" (PM, Interview : 6).

NCN is able to engage in procedures for collaborative problem-solving as already indicated through its subject/curriculum committees, college councils and senate. These will however, need to include all the stakeholders for example tutors.

Organizational Development

Human Resource Development

It should be noted that an innovation requires participants to develop new and more effective responses to events. Such changes in human functioning can be possible if opportunities wherein the new behaviours may be developed are provided through training (Owens, 1998). It is noted that when the CBNP was introduced nurse educators did not receive preparation for teaching a comprehensive basic nursing programme. The CBNP programme called for a radical change in teaching behaviours and skills from the nurse educators. The result was that feelings of inadequacy to meet the demands placed by the programme on the nurse educators were not resolved (Gwele, 1994).

The nurse educators at the provincial level seem to be facing a similar problem. They are expected to implement the principles of the NQF in line with SAQA requirements in the absence of a re-socialization and learning process. Could this be a norm with all legislated change? The majority of nurse educators who were interviewed expressed that not enough was done to equip everyone for the changes. They identified lack of funds and resources as the main contributing factors to the whole situation. Now that the State is the main regulatory authority for nursing education, is NCN still going to maintain its present role? Although all the people interviewed were clear about NCN's present role, it was not clear what its future role would be. One of the respondents said "*Staff development is not handled well. More training needs of staff need to be met in a creative fashion and should be done urgently*" (PM, Interview).

Socio-Technical View Management

Management Style

As mentioned earlier, the socio-technical view in management uses participative approaches to management instead of the rigid hierarchical structures. It provides for professional development of individual people and groups in an organization (Owens, 1998).

A concern has been raised by the nurse educators at provincial level that NCN's management style is not participatory enough. The feeling was that NCN should involve the professional staff/tutors in management and not work in isolation. One interviewee pointed out that the involvement of tutors is via written information, and that they are only represented at Senate and curriculum review stages. NCN does not seem to have departed from hierarchical structures in its operations. This may be because NCN is an institution of the Department of Health Services in the KZN province. Government departments are noted for their rigid bureaucratic structures and non-participatory styles in management. NCN therefore seems to have a tendency of using the top-down method of management. Problems have been identified which also contribute to some of these concerns raised by educators. The main one being the lack of budget. Without a budget, NCN cannot be expected to have plans for training its staff and engage in innovative projects. A question can then be asked as to whether the present situation where NCN falls under the Department of Health is an ideal one.

Force-Field - Provincial Level

Breaking the Equilibrium

The background and the forces that underpinned the equilibrium at central level were the same even for the provincial level. Change was being introduced on another incomplete change. In addition to this the provincial level had to address other issues.

In 1996, nursing education at provincial level under the leadership of NCN started working on the issue of rationalization. This was government policy which required that the nursing education institutions in the same areas offering similar courses should merge and use one facility to save on scarce resources. This naturally had a destabilizing effect on nursing education. The plan was that the three colleges that had affiliated to three universities should merge into one.

Along with the process of restructuring nursing colleges, nurse educators at provincial level were also grappling with the problem of unifying nursing education along the SANC guidelines which had been tabled for discussion. This exercise was being undertaken to put nursing education in line with SAQA requirements. To achieve this nurse educators at provincial level started working on a new curriculum.

The proposals were put on hold since January 2000 when the technical task team appointed by the Ministers of Education and Health announced that nurse educators should prepare to move to higher education institutions where they have been placed by the Education Act of 1997.

Forces for Change

At provincial level the introduction of the NQF to NE is seen as legislated change which leaves the participants with no choice. This change is being implemented in conjunction with the SANC as a policy formulating body. The problem that is surfacing is that nursing education at provincial level seems to have more than one controlling governmental power. Traditional nursing education in colleges which were regarded as further educational institutions fell under the provinces. Nursing education at universities and technikons fell under the central government as it was regarded as higher education. It is against this background that the move of nursing education in colleges to higher education has to be viewed.

Another force for change can be seen in the Higher Education Act of 1997. Government in incorporating nursing education into the higher education system is facing a problem of nursing colleges that still fall under the provinces and the departments of health. With the move of NE to higher education (when it does happen) the fate of the three administrative nursing colleges hangs in a balance.

Anti-Change Factors

The anti-change factors that were identified are:

1. Poor Communication

A healthy organization should engage in internal communication which is open and enable people to express their opinions in both the vertical and horizontal directions, and also allow channels of external communication (Owens, 1998).

Communication at provincial level between NCN and the SANC about everyday issues concerning administrative issues and the updating of rules and regulations does not seem to pose any problems. Communication problems occur between the NCN and the Department of Health (DOH). It seems

that the DOH has no vested interest in academic growth and advancement of nursing education. Several proposals that have been made by nurse educators towards improving nursing education to be at par with other institutions of higher learning have been ignored by the DOH to an extent of shutting down communication in relation to this issue. Reasons leading to this attitude by the Minister of Health have been identified as stemming from the fact that: the Department of health have always used the student nurses as part of the work force to staff the hospitals. Students have a dual status, that of being students as well as being employees of the DOH. Giving the students the supernumerary status and treating them like all other students will mean that the departments of health should employ qualified nurses to replace the students in the work place and this may not be easy.

2. Logistics

The second issue is that of having to move out a fair share of the budget from the DOH to the Ministry of Education which will include salaries of nurse educators as well, which they will find not easy. Even the immovable property will entail some dividing when nursing education falls under higher education.

Although the DOH in KZN had decided to break communication about this issue and not respond or discuss the issue with the nurse educators, Government passed legislation in 1997 to empower the nurse educators to move over to higher education. The DOH has again since January 2000, reluctantly started preparations for this move of nursing education to higher education. These differences in opinion between the nurse educators and the DOH have resulted in a situation of uncertainty.

PROCESS OF CHANGE - PROVINCIAL LEVEL

All the three strategies, that is, empirical rational, power coercive and normative re-educative strategies, have been used at provincial level during this planning stage of implementing the NQF. Although this is the case, one notes that the normative re-educative strategies are the ones that have been used a lot because without the involvement of the target group in its own re-education for change until they understand and own the innovation, it cannot last or even take off the ground.

Empirical Rational Strategies

Prior-research into advantages of NQF

The nurse educators as they planned the curriculum made use of empirical rational strategies in that every step had to be well thought out with information that would be of benefit to all stakeholders, that is the community who are the consumers of the nursing education product, the students and the tutors. Some of them in the interviews had this to say:

“Our biggest statistical problem in this country is maternity – neo-natal deaths, maternal deaths. What are you doing out there if you don’t have midwifery. I don’t think it is optional. OK – no single registration” (PM, Transcript : 3).

Another instance of prior-research into advantages of change discussed by the target group, that is, nurse educators, is noted in the discussions that went on in the Macro-curriculum Workshop of July 1999. Interests relevant to the change that would benefit the educators were considered by the nurse educators as they worked on the curriculum. This was done in relation to the interaction of nurse educators with the students who are being prepared for service in the community. The change process provided an opportunity to review the curriculum. For example:

“I wonder whether we don’t need numeracy skills. A lot of our students even when they get to third year can’t calculate ...” “ ... if we have a structured numeracy course it would help us a lot with these problems that we are having” (PM, Interview : 4).

“We cannot train people for a job that they do not get registration for and do not get paid for. That is not on” (PM, Interview : 4).

Identification and use of self interests to change

All the interviewees are aware that the NQF is a system of change in education and it brings in new structures to be implemented by the providers. These structures will bring benefits to individuals and society as a whole. This is expressed in the following statements:

“The good thing about the NQF is that it will bring cross fertilization between programmes. It has unified structures for each level.”

“The NQF prevents duplication. Access and articulation are not new R2175, R2176 SANC.”

“It is an excellent tool because it results in an integrated national framework for learning and facilitates access, mobility, progression in education and career pathing.”

“It is a good model for fairness and remuneration.”

“An overall control system for qualifications It will eliminate duplication of qualifications which occurs in nursing” (PM, Interviews).

Planning for organizational change on a scientific basis

During the Macro-curriculum Workshop held in July 1999, nurse educators are seen making plans for including the primary health care component in the curriculum. The fact that primary health care services are needed in the country is directing their plans towards the desired goals. This is noted in the following remarks by the participants:

“We have a policy that says we must have a primary health care service where 100% of all health care problems are handled. Primary health care service in this country and in the rest of Africa is done by qualified nurses. The primary health care practitioner in this country therefore must be comprehensively trained If we don't we are going backwards, not forwards” (PM, Transcript: 4).

Power-Coercive Strategies

Use of sanctions

At times NCN used persuasion as against power-coercive strategies to enable the staff to deal with practical problems that were being brought by the NQF. This method was resorted to because NCN

management was also not equipped to deal with change as they had no guidance from the Council or SAQA. The following remarks were made by SANC management during an interview:

“NCN had very little guidance with registration of qualification, and managed to gain co-operation from staff by telling them benefits and emphasizing that the NQF is legislated change and there is not much choice” (PM, Interview).

Extent to which support of stakeholders was mobilized

In making plans for implementing the SAQA requirements, NCN held meetings and workshops in order to involve the nurse educators with the intention of getting their support and co-operation. For example the curriculum workshops and meetings held in 1999 included the following stakeholders: Three Universities, that is, of Natal, UNISA and Zululand, Nurse Educators representing different regions in KZN, Department of Health and non training institutions. NCN mobilized the stakeholders to collaborate and reach a consensus on the macro-structure for the curriculum for the nurse education programme.

Normative Re-educative Strategies

Involvement of target group in own re-education

Reading the transcript on the Macro-curriculum Workshop of July 1999 as a whole, one finds nurse educators involved in the process of formulating the curriculum getting educated and educating each other. This they did as they grappled with problems that surfaced as they worked through the curriculum step-by-step seeking to achieve the objectives of the NQF in the various subjects. Therefore it can be concluded that the whole workshop was a normative re-educative process. To illustrate this point the following statements were made:

“I want to ... talk about the subjects and what we call them. We have fundamental nursing science ... how do we define those fundamentals of nursing. Fundamentals of nursing is the basic needs of health human beings of all ages. How they do their self care So this has a lot to do with prevention. It is a strongly preventative promotive focused course.” “OK” (PM, Transcript : 5).

“So ... if we look at all our subjects we should try and make sensible reasonable subjects and not break things up that belong together.” (PM, Transcript).

"We have to look at these critical and essential outcomes ... got to reach outcomes on different levels and at different depths. It is the levels, the depth and knowledge that worries me. This is not clear to me" (PM, Interview).

"As I say I know in America certain degrees you take a basket and you can put anything in it and at the end you must only have so many credits and then you get a degree. But what is the depth of your knowledge. That is what worries me" (PM, Interview).

Enlisting collaboration between planner and target group

NCN enlisted collaboration between itself and the three universities to which the colleges in KZN are affiliated, the Department of Health and the nurse educators, by inviting them to deliberate in the proceedings of the macro-curriculum guidelines in July 1999. The delegates were in turn involved in their own re-education for change as it was for most of them their first encounter with the SAQA requirements and NQF structures.

Awareness of forces for and against change

At provincial level people seem to have accepted that the SAQA legislation and its implementation is a force for change which cannot be wished away. In trying to plan for the new changes, they come across anti-change factors such as:

1. Time and information

Nurse educators have expressed concern that they need more time, and more information to assist them to understand and be able to give meaningful inputs. This is noted in the following comments by interviewees:

"What problems we do have is that people sometimes just don't move up with it and they just want more time for it. Sometimes things happen a bit too fast and you really don't feel you can really internalize things and really work it through to absolute satisfaction" (PM, Transcript Interview).

"It was tough, going through standards and credits and one wonders what more to cope with and be done in a short space of time" (PM, Transcript Interview).

"We had very little guidance with registration of qualifications" (PM, Transcript Interview).

One respondent has raised a concern about the move to higher education which is a destabilizing factor.

"We find ourselves in the middle. There is the issue of the move to higher education" (PM, Transcript Interview).

Equipping target group with problem-solving skills

As the nurse educators worked together in reviewing the curriculum, their collaborative actions enabled them to perceive problems which forced them to find solutions for solving them. Collaboration also indirectly influenced participants' attitudes, beliefs and values towards a positive outlook.

This is noted in the Curriculum Workshop of November 1999. The purpose of the workshop was to develop exit level outcomes for the four-year programme in line with SAQA requirements.

This was also a normative re-educative workshop for the nurse educators in which the allocation of credits for exit levels, making decisions on entry requirements, outcomes for the exit levels, subjects, assessment criteria were challenging learning experiences for the nurse educators which forced them to use collaborative problem-solving skills. This is illustrated in the following statements:

"Programme articulation possibilities. We have said that a person can exit after one year with a certificate in nursing. That is with 120 credits. ... on our programme we have 132 credits. SAQA has 120 credits" (PM, Transcript Meeting : 6).

"... 132 credits from Exit 1 and 131 from Exit 2 – gives us 263 credits for the two year. I think SAQA gives a minimum" (PM, Transcript : 6).

"Rules of access to enter into the programme – We said it would be people with twelve years schooling with 20 credits on their matric subjects." "People with ten years of school plus auxilliary nursing can challenge Exit 2 exam consisting of health promotion and A&P, that is, recognition of prior learning" (PM, Transcript Meeting : 6).

“Persons with twelve years of school with matric and auxilliary nursing will go into second year and would not have to challenge the exam.”

“... student must complete three projects. Community ..., Family ... and individual patient care project and these will then be evaluated on the basis of assessment, diagnosis and implementation.”

“The essential and specific skills will be evaluated in that” (PM, Transcript Meeting : 6).

DISCUSSION - PROCESS (NCN)

Empirical Rational Strategies

At provincial level the NQF was presented as a scientific innovation which is an agent of human progress. It was on this basis that curriculum planning was done in July 1999.

In reviewing the curriculum each step was well thought out and benefits to tutors, students and the community as consumers assessed. For example in determining the importance of midwifery in the curriculum, in the discussions it was noted that neonatal and maternal deaths were so significant that midwifery had to be compulsory in the four-year programme.

In formulating the curriculum benefits that the NQF principles would have to students and nurse educators were identified. Among these was elimination of duplication of courses which occurred due to different curricula.

Power Coercive Strategies

Although there was a great deal of co-operation in formulating the curriculum to put it in line with SAQA requirements, there was also the realization that the NQF was legislated change. One participant said "*we realize that there is change and that we have to jump on the bandwagon*" (PM, Interview). Because of this realization no coercion had to be used.

Normative Re-educative Strategies

As already stated under central level the normative re-educative strategies have great possibilities in getting people re-educated and involved in the change process. It also helps individuals to build their problem-solving skills. Unfortunately, at provincial level, when nurse educators worked on the curriculum they were working under serious constraints of time. They were expected to do too much work within a very short space of time. They had not even been prepared for the exercise in particular the registration of programmes in line with SAQA requirements. One participant said "*Sometimes things happen a bit too fast and you really don't feel you can really internalize things and really work it through to absolute satisfaction*" (PM, Interview). In this particular encounter, the normative re-educative strategies were put in a bad light.

The prevailing attitude at provincial level is that of recognizing that the NQF is legislated change which must be accepted and implemented as best as nurse educators can. There is implied coercion which members know that they must avoid. Nevertheless the NCN went about the task of implementing the NQF by using Empirical Rational Strategies which revealed to nurse educators the advantages of the NQF to tutors, students and the community. Unfortunately the normative re-educative strategies were used in a way that put them in a bad light because of shortage of time. Nurse educators were expected to educate themselves about the NQF and at the same time meet SAQA deadlines for registration of programmes. Nurse educators at provincial level were left with a feeling that this legislative change was thrust upon them without any preparation.

The position of the NCN in NE at this stage of implementation is uncertain because the movement of NE to higher education inevitably will put an end to the NCN. Following the legislated change passed in 1985 for the inception of the CBNP Programme the NCN was created to facilitate university college affiliation. The existence of the NCN is now being used by the DOH and provincial administration to undermine the current NQF legislated policy that recognizes NE as part of HE.

All the curriculum workshops that were held for the nurse educators at provincial level revealed the potential that Normative Re-educative strategies have for getting people educated about ways of handling the change. Nurse educators in these workshops were involved in building their problem solving skills from which the NQF legislated change will benefit (Owens, 1998).

OUTPUT - PROVINCIAL LEVEL

The data obtained about the participant's perceptions with regard to the principles of the NQF will be analyzed against the output analysis template to describe what the provincial level has achieved in making plans for implementing the NQF principles. This will be done by using the use model whose components are: Awareness, Planning, Use and Refining.

All the 13 principles of the NQF which are: Integration, Prevalence, Credibility, Coherence, Flexibility, Standards, Legitimacy, Access, Articulation, Progression, Portability, RPL and Guidance of learners will be examined (refer Table 4.6).

All 13 Principles of the NQF

Awareness

With regard to the use of NQF principles all the respondents are aware that the NQF principles have not yet been implemented, but have been adopted and whatever areas of the principles can be utilized are being made use of.

Planning

All the interviewees are of the same opinion that the implementation of the NQF principles is at the planning stage. Quite a variety of activities have been mentioned as strategies that are being put in place in implementing the principles of the NQF. They have mentioned the strategies as being: curriculum review, workshops, briefing and debriefing sessions and registration of programmes.

Integration, Relevance, Credibility, Standards and Legitimacy

Use and refining

At provincial level, the principles of integration, relevance, credibility, standards and legitimacy have been put to use and are being refined. Refer Table 4.6. The principles that are being refined are those that have been in use even before the introduction of the NQF and have been found to be partially in compliance with the NQF principles.

Table 4.6. Summary of Principles Used

PRINCIPLES	AWARENESS	PLANNING	USE	REFINING
Integration	✓	✓	✓	✓
Relevance	✓	✓	✓	✓
Credibility	✓	✓	✓	✓
Coherence	✓			
Flexibility	✓	✓		
Standards	✓	✓	✓	✓
Legitimacy	✓	✓	✓	✓
Access	✓	✓		
Articulation	✓	✓		
Progression	✓	✓		
Portability	✓	✓		
Recognition of Prior Learning	✓	✓		
Guidance of Learners	✓	✓		
TOTAL	13	12	5	5

SUMMARY - OUTPUT (SANC AND NCN)

It should be noted that the implementation of the NQF is at the initial stages. This section will therefore examine the level at which participants both at central and provincial levels, have adopted the NQF principles. This will be done by using the use model to discuss:

- Awareness Level.
- Planning Level.
- Level of Use.
- Refinement Level.

Integration, Relevance and Credibility

Refinement Level

The first three principles of the NQF namely, Integration, Relevance and Credibility have been part and parcel of nursing before the NQF policy was conceived. As already stated, education and training have always been integrated in nursing education. Nursing education gradually evolved from curative to preventive and promotive health care in response to national developmental needs. South African nurse graduates have always enjoyed international acceptance because of the quality of their training. All of these three principles are therefore at the level of refinement.

There is still the need to improve the integration of education and training. There is still the need to make people aware of the comprehensive health care approach. Nurse educators are aware that the image of NE can be improved further in international circles.

As already stated, in contrast with other disciplines in education the integration of education and training in NE has been done for some time but there is need for improvement. The planning that the SANC has embarked upon is not on how to integrate but how to refine the integration of education and training to obtain better results. Plans for integration of NE and training are outlined in the SANC Transformation Document 15/99. This emphasizes core competencies that a learner must acquire which have included the PHC approach.

Coherence

Planning Level

At both central level and provincial levels there is awareness of the principle of coherence. However, the SANC has not completed the process of formulation of policies governing the implementation of the NQF principles. For example, although there is already a structure of the single unified four-year basic nursing education programme with exit points, there has been no final approval from the SANC. This lack of finality at the SANC level affects the provincial level in that the NCN cannot make its own concrete plans for the implementation of the new four-year programme.

Standards and Legitimacy

Refinement Level

There is awareness of these principles both at central and provincial levels. In respect of standards the SANC is in the process of formulating an SGB for nursing to enable standards to be well articulated within a nationally agreed framework. Steps are being taken at both provincial and central level to adjust and refine existing programmes to meet the standards that the SGB will generate. The standards that the SGB will generate will be based on the standards that are presently in use.

The involvement of all stakeholders such as Allied Health professions, NGO's, etc., reveals the determination to involve all stakeholders in planning standards and qualification in nursing education. Some of these have been invited to the SANC to conferences and workshops. They have also been invited to comment on circulars and discussion documents of the SANC.

The reason for involving other health professions in the setting of standards for nursing education programmes is that problems have been identified with the current Scope of Practice for nurses and midwives. The Scope of Practice seems to be broad and open to various interpretations resulting in nurses working outside their Scope of Practice. This leads to misunderstanding, exploitation and a conflict with other health professions.

There is a considerable overlap in the Scope of Practice of Allied Health Professions. It is therefore essential that each profession should know what the other is doing and the areas of competencies covered in the curricula. This in turn will facilitate the implementation of the principles of the NQF such as Articulation so as to provide learners with the ability to transfer credits and move from one discipline to another.

Flexibility, Articulation, Progression and Portability

Planning Level

Flexibility and articulation go together because if multiple pathways to the same learning ends occur, articulation becomes possible. Articulation provides learners with ability to move within components of the educational delivery system. This will naturally lead to progression and portability where learners will be enabled to transfer their credits and move through the various levels of the NQF. At central level the SANC is aware of these principles and is planning for their implementation. For example the SANC has authorized nursing institutions to give credit and recognition to portions of successfully completed modules by students in nursing education programmes.

Access, Recognition of Prior Learning (RPL), Guidance of Learners

Planning Level

Access to education in nursing had been a felt need because people who had gained experience as enrolled nurses or enrolled nursing auxiliaries wanted to access further education and become registered nurses. In addressing this problem the SANC has made plans to recognize prior learning by giving credit for nursing or related modules to enable prospective learners to access the existing basic education and training programme at appropriate entry levels. They have also approved the structure for Recognition of Prior Learning (RPL). This will be sent out for discussion by the stakeholders. No problems are envisaged in implementing these principles.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

INTRODUCTION

The aim of this study was to describe and analyze the implementation process of the NQF in nursing education at central and provincial levels, with the purpose of exploring the change process. The specific process that was examined includes:

- The innovation (the implementation of the NQF in nursing education) in South Africa;
- The context (organizational health) at the two levels;
- The change strategies used at central and provincial levels; and
- The outcomes (implementation level) of the principles of the NQF.

A qualitative study of the ethnographic type was undertaken to describe and document the implementation of the NQF in NE as it occurred. The nurse educators as a particular cultural group which is involved in generating the culture of learning in nursing was studied. The researcher directly participated in the implementation situation on the ground, described, and documented the activities and events as they occurred at the initial stages of the implementation process. The researcher who is also a nurse educator was involved in the activities, discussed with nurse educators whether the existing environment would contribute to a successful implementation, what they think of the innovation and which change strategies they would use. With the information, the researcher was then able to reflect, make inferences and interpretations. The research techniques that were used for obtaining information were interviews, transcripts of meetings and documents.

The context of nursing education has been described within the organizational self-renewal strategy as described by Owens (1998). The description of the process of implementing the NQF has been viewed against the three change strategies which are the empirical rational, normative re-educative and power coercive, as described by Bennis, Benne and Chin (1969). The stage at which the implementation of the NQF in nursing education has been achieved, has been assessed by using the NQF principles as a yardstick.

The data that has been collected is largely qualitative and its analysis has been qualitative. The categories of the theoretical framework have been used for description and analysis, namely: Inputs (organizational health); Process (change theories); and Outcomes (awareness, planning, use and refinement) of the NQF principles.

ORGANIZATIONAL HEALTH OF SANC AND NCN

The information obtained at both central and provincial levels reveals that the collaborative approach that took place in workshops and meetings is a positive step towards the implementation of the NQF. However, nurse educators are not at ease because of lack of guidance from the SANC. The innovation has made it possible for nurse educators to address problems of long standing for example review of the scope of practice for nurses and midwives. The SANC is adapting well to its changing environment. It now falls under SAQA as an ETQA after the success of its application. There are, however, problems in that the SANC does not make decisions timeously and this prevents the NCN at provincial level from implementing identified changes. For example, a final decision has not been made on the proposed unified four-year basic education programme that was tabled as early as 1997. This absence of a clear policy directive from the SANC on this matter has stalled the implementation of this innovation at the provincial level.

Another situation which is presenting a deadlock in the implementation of the NQF at both central and provincial level is that of the movement of nursing education to higher education. There is a difference of vision among SANC members about the movement of NE to higher education. This difference in vision about the future of NE also exists at provincial level. There are those who support the status quo to protect their economic interests and jobs. Those who support the move of NE to Higher Education (HE) take a long term view that there will be enhancement of the professional status of nurses if nursing education moves to HE. This situation is compounded by the fact that the national Government has not taken a decision to transfer NE to HE despite the fact that this change has been legislated in the Education Act No. 101 of 1997. This failure to transfer NE to HE has budgetary implications in that funds for NE remain under the control of the provincial Departments of Health.

The stalling of the execution of the decision of moving NE to higher education by the DOH structures has not dampened the positive outlook of nurse educators at all levels. This is because there is a belief that this resistance will be overcome in the immediate future. The legislation that has moved NE to higher education reinforces the NQF legislation. The resistance of the

new members of the SANC to this issue is seen as a natural initial resistance to an innovation which can be expected with all changes.

With regard to staff development, findings reveal that both the SANC and NCN have no coherent policy for staff development due to financial constraints. These are serious drawbacks because the administrative staff at both levels has no expertise to plan for and carry out the innovation that NQF calls for. The SANC relies heavily on the expertise of its Education Committee which operates on a part-time basis. At the NCN level, nurse educators have called for a staff development programme to equip them for the NQF innovation so that they can implement it with confidence.

The lack of a Human Resources Department (HRD) within the SANC brings to question the type of leadership the SANC has towards its members. How does the SANC update itself with knowledge and skills in order to maintain credibility? According to Booysens (1997), leadership is attained through expert power. "Expert power is the power that is derived from the knowledge, skills, ability, information and credibility of the person exerting influence. The person's expertise gains respect and power" (Booyens, 1997 : 159). Without the HRD policy the SANC is in danger of losing respect and power.

The SANC has made a ruling that updating oneself to keep up with new developments is mandatory practicing professionals. Are the SANC members acting as role-models in order to inspire people to achieve this goal? Do the SANC members have a policy for mandatory updating?

In answering this question, account should be taken of the fact that some of the members of the SANC are elected because they are charismatic and able to articulate the views and aspirations of members of the nursing profession who elected them. Since continuing education would increase their capacity for leadership, broaden their horizon and increase their expertise, their obligation to update themselves is even more important. They are therefore obliged to continue expanding their education.

The situation within the Council is such that there are two groups of people who are responsible for work activities within the SANC. The first group is composed of the Council / Edco who work part-time. This group has the expertise for policy formulation, directs and guides the activities of the nursing profession. The second group consists of staff / employees of the SANC. The staff members work full-time and are mainly responsible for implementing the policies of the Council. Of the two groups, the planners have to decide about which group should be financed for HRD. Should it be the Council members or the staff. Do both these groups expert power.

It is the contention of the researcher that self development for the experts who are SANC / Edco members is an obligation that is part and parcel of the daily activities of experts. Consequently the SANC does not have to specifically cater for continuing education of these experts. Finance should rather be found to develop the staff of the SANC.

The first priority would be for the SANC to not only accept a human resources department as a policy, but to budget for it. The trend in some countries such as Ireland is to get a Government commitment to support continuing professional education for nurses. The Nursing Board in Ireland has embarked on a framework for continuing professional education. Among its decisions is the establishment of a Continuing Nurse Education Unit to oversee the implementation of this policy. This was possible because the Minister of Health had reiterated Government commitment to continuing professional education for nurses and willingness to invest in it (Irish Nursing Board, 1997).

The International Council of Nurses (ICN) which is a global federation of national nurses association has dealt with self-regulation of the nursing profession world-wide. Although the international trend is to persuade government to allow professional bodies such as the SANC to meet its health obligation to the nation by responsive and responsible self-regulation, not enough has been said about human resources development (Affara & Styles, 1993). This may be because of the global crisis in which governments are increasingly making cuts on educational budgets and yet they expect education to play a major role in national development (National Commission on HE, 1996).

The lack of human resource development policy has led to a situation in which the SANC members are carrying a greater burden in management of the implementation of SANC educational policy than should be the case. The role of the SANC members should be that of leadership. Management ought to fall on the shoulders of well equipped professional staff of the SANC. There is therefore a need to study the interface between the SANC members and the staff of the SANC.

At provincial level the expectation should be that NCN should have a human resource development plan for the nurse educators in colleges falling under it. This would entail inducements for nurse educators to embark on continuing education and general improvement of their educational qualifications. There would have to be a policy for the following:

- Formal funding for continuing education.
- Support for nurse educators who have embarked on further studies.
- Funding for self-improvement through delivering research papers at Conferences.
- Philosophy for individual self-study through research and publications.

The problem that the NCN has is about its future because NE has become part of HE. NCN cannot make plans about its future and the HRD plan because nursing education is expected to move to technikons and universities. Human resources development is therefore at a standstill at the provincial level. There is the problem of funding which has caused the Provincial Department of Health to hold on to nursing colleges because of financial constraints and staff shortages at hospitals.

While the movement of colleges to universities and technikons may be a welcome change to those who are desirous of having NE in higher education the cultural consequences of such a move have not been studied. The university staff is task orientated and do not work only within fixed hours. How nurse educators from the Public Service will fit into the university and technikon environment remains to be seen. There is uncertainty about how nurse educators from colleges and the university staff will influence each other.

The unified four-year programme has many implications. It is unifying seven different programmes. Economically it appears as if the new programme concerns are that it might not be the case if too many graduates from the programme exit before the four-year course thereby having to be re-admitted and re-orientated into the programme again before they continue.

One of the problems that need to be faced is the feasibility of having the personnel to man the health services when reliance will now be the comprehensively trained nurses. Will there be enough people who will exit after one or two years to continue providing the health services that are provided by the present nursing auxiliaries and enrolled nursing personnel.

Nurse educators at provincial level have expressed a concern that they have not been adequately prepared and trained for the new changes. It goes without saying that this lack of preparation must of necessity affect nursing education standards.

It could well be that the above reasons and their implications are at the root of the SANC's hesitation to provide clear policy directives about the implementation of the proposed unified four-year basic education programme.

At the provincial level cohesiveness was displayed among the nurse educators who participated at the Curriculum Workshops held in 1999. The nurse educators at this level are however, faced with too many changes at the same time. These are rationalizing colleges, preparing to move to higher education and adapting the CBNP to incorporate the NQF and SAQA requirements. The outcry from nurse educators is that they need to be prepared for the change through a learning process. Not enough was done to equip them for the changes. Lack of funds was identified as one of the contributing factors. Although despite these many problems nursing education at provincial level under the NCN, is still seen as a healthy organization since it has the ability to achieve goals, adapt to changing educational environment and has a culture that supports change. Adequate preparation for nurse educators to be able to cope with the new changes should be given priority.

Procedures for collaborative problem-solving have also been displayed in the curriculum workshops that nurse educators have been engaged in. NCN's various organizational structures such as subject/curriculum committees, college councils and senate also facilitate procedures for collaborative problem-solving.

A concern has been raised by the nurse educators in relation to NCN's management style, which does not use participative approaches. This approach as already indicated would work towards addressing some of the concerns raised by educators for example the absence of a re-socialization and learning process plan for the implementers of the innovation. The participative approaches to management provide for professional development of individual people and groups in an organization on an ongoing basis. The tutors in particular are not involved in management.

When one examines the indicators of organizational health that have been put forward by Owens (1998), and relates them to the findings obtained at both the SANC and NCN levels, for example:

- Lack of guidance from SAQA;
- The absence of clear policy directives from the SANC on the implementation of the unified four-year programme;
- Differences in vision about the movement of NE from provincial Department of Health to higher education;
- Lack of coherent staff development policies at the SANC and NCN levels;
- Nurse educators being faced with too many changes at the same time;
- Financial constraints;
- Nurse educators/tutors concern about NCN's lack of participative approaches in management.

One comes to a conclusion that nursing education as an organization should reinforce the present outlook that the nurse educators have, by addressing the above-mentioned concerns.

The above-mentioned concerns according to Owens (1998), can be addressed if the organization educates its personnel about the goals of the innovation to such an extent that they

understand and accept the feasibility of the objectives of the organization. This step would address differences in vision by bringing them forward for discussion until a common understanding is reached. This in turn would strengthen the participants problem-solving skills and improve communication adequacy at all levels and thereby give the organization autonomy at both the SANC and NCN levels to determine ways of achieving objectives in line with other organizations and structures (Owens, 1998).

This preliminary study of the process of implementing the NQF in nursing education is intended to enable nursing education as an organization on identifying problematic areas to engage in self-renewal strategies. According to Owens (1998), self-renewal enables an organization to increase its capacity to identify problems as they merge in its operations, determine priorities and objectives in the light of current problems, and develop alternative methods and solutions to the problems (Owens, 1998).

Following on after the self-renewal strategy it is hoped that both the SANC and NCN will engage in organizational development and the socio-technical view of management. These strategies will enable the managers to focus on the participants in the change process and address the nurse educators request at institutional level for a continued staff development programme to equip themselves for the NQF changes.

CHANGE STRATEGIES

In planning for the change, the Council used empirical rational strategies to identify advantages that it would obtain from the NQF innovation. The Council has also adopted the use of normative re-educative strategies since these are well known for cultivating a sense of ownership among the participants, which helps to protect the change. As already mentioned the SANC members were educated along with participants and stakeholders through seminars and workshops that introduced the NQF. Collaborative problem-solving also took place during group discussion. In the past the SANC as the power house of nursing education would have issued directives with minimal involvement of the stakeholders. The expectation is that normative re-educative strategies will be extensively used in planning for, and executing the NQF policy. At the provincial level however, because of the pressure to meet deadlines, there was insufficient time for NCN authorities to enable nurse educators to educate themselves about the NQF changes. For example they were called upon to register programmes in line with SAQA requirements within a short space of time. This was more of a power coercive exercise than a normative re-educative one.

The process of change at provincial level is being driven by the power coercive strategies which has enlisted the normative re-educative strategies and the empirical rational strategies where possible. There was no need for the use of direct power coercive strategies because there was the realization that the NQF was legislated change and it would be pointless to resist. The NQF was viewed as an agent of human progress and benefits that the NQF principles would bring were identified.

As already mentioned earlier the organizational health of nursing education at the SANC and NCN levels shows collaboration and willingness on the part of the nurse educators to face the incoming changes. Whether this is due to the fact that the NQF is legislated change or not, remains to be seen. This present state of organizational health has made the two levels of NE to use the empirical rational strategies and the normative re-educative strategies as described by Owens (1998).

Although at the two levels of nursing education normative re-educative strategies are being used whereby nurse educators are involved in discussions and problem-solving which helps to re-educate them about the changes, a sustained and continuous programme to help nurse educators come to terms with what needs to be changed and how, is essential. The SANC and NCN should not operate on the assumption that nurse educators ought to be adequately competent to deal with the new changes that the NQF brings. This brings in the question of an evaluation tool. Does both the SANC and NCN have built-in plans for implementation evaluation? Such plans should be built into the implementation process to provide continuous feedback about the process.

LEVEL OF IMPLEMENTATION

With regard to the level that has been reached in implementing the NQF principles, the Council is fully aware of all the principles, has adopted them and is planning for their implementation. The principles of integration of education and training, relevance and credibility are being refined for maximum use. The principle of legitimacy is being used and the Council is not experiencing problems with it. For example, the Primary Health Care (PHC) policy became central to health care delivery long before the NQF policy was conceived. The principle of legitimacy was embodied in planning and practicing PHC, since the community and other stakeholders are involved. The PHC approach had international acceptance in that it was agreed upon by the World Health Organization in 1970. The PHC approach remains relevant to national developmental needs in that it is preventative, promotive, curative and rehabilitative. The CBNP programme embodies these principles.

The principles of the NQF, which NE began to apply even before the policy of NQF was adopted, are those of relevance and credibility. By 1986, NE had taken great strides to respond to national developmental needs by expanding NE to the area of comprehensive health. The unified basic nursing education programme with many exit points improves the CBNP to make it to respond to current health developmental needs even better. By the same token, since the comprehensive health approach is internationally accepted this principle of international credibility was also being in use at the inception of the implementation of the NQF.

The rest of the principles of the NQF are at the planning stage and they have not reached the stage of use because the SANC has not issued policy directives on their implementation.

At provincial level, the observations were that nurse educators are fully aware of all the thirteen principles of the NQF. They have adopted these principles and are planning on integrating them into nursing education. This, they are doing in conjunction with the SANC. As far as they are aware not all of the thirteen principles have been put into full use, except the principles of integration, relevance, credibility and legitimacy.

There are some of the principles of the NQF that were already in use long before the introduction of NQF, for example the principles of integration of education and training, relevance, credibility, standards and legitimacy. These principles have been identified as having passed the awareness, planning and use levels. They are at the level of refinement.

The fact that nursing education is well established and is a strong organization as pointed out earlier, may facilitate the implementation of these NQF principles in certain areas and work against it in other areas.

As already mentioned in this study, nursing education has always integrated education and training, that is, theory and practice by requiring “the acquisition of psychomotor, effective and cognitive skills” (SANC, Interview, 302/97). Although this is a positive point in NE programming it may well also be a negative point in that those who have been long in the nursing profession may feel that there is nothing new that the principle is bringing along, the reason being that they have reached comfortable levels of use in this principle. Refinement of this principle is crucial in NE programmes as there has been several calls for nurse educators to address the issue of adequate clinical placement and supervision of students in clinical areas.

Nursing education has strived to be relevant to the needs of individuals, families and communities in need of health care by moving away from a predominantly curative orientation to practicing comprehensive health care through the introduction of the CBNP in 1985. This process will be facilitated by the implementation of these NQF principles through the proposed unified basic nursing education programme spelled out in the SANC Document 15/99.

The SANC has been doing well all these years as an accrediting body and the colleges have a strong link with the universities through university-college affiliation for the monitoring of NE standards and this may well make some of the structures within the organization reluctant to identify themselves with the changes. For example the SANC as an accrediting body has had no problems in making an application to SAQA and being accepted as an Education and Training Quality Assurance body (ETQA). Dalton (1988) has emphasized the importance of the process of learning and re-socialization in an innovation because a failure to understand and accept the

innovation can lead to rejection and inadequate implementation. The nurse educators who were interviewed have expressed a concern about their inadequate preparation for the new changes.

While there has been integration between education and training in nursing education programmes, nursing education has not worked within a consistent framework of principles and certification. The principle of coherence is expected to build bridges across providers of learning and programmes. Nurse educators have always looked forward to be part of national higher education and break away from being marginalized by provincial health authorities.

There is great enthusiasm from nurse educators to enhance nursing education standards. Steps are being taken to have the Standards Generation Body for nursing in existence by March 2001 to start generating standards that will put the existing CBNP programme in line with SAQA requirements. This resolution was made in February 2000 in the Scope of Practice Conference. It is hoped that this will solve the problem of adequate teaching of clinical skills for programmes providing distance learning. It is questionable whether clinical skills can be taught effectively through distance learning (Uys, Uys & Kotze, 1991).

With regard to flexibility, articulation, progression and portability, it is most likely that these principles will be implemented with difficulty. The reason for this is that articulation is practiced in a limited way for persons who have been previously accredited in courses offered in basic nursing education programme to allow them exemption to progress to other courses in their studies. Each educational institution has its own course rating (Uys, Uys & Kotze, 1991).

As pointed out earlier, in the case of post-basic nursing education programmes, progression is difficult because there is "fragmentation" of courses. There is no framework that makes it possible for individuals to move to higher levels of education. It is hoped that the NQF principles will address some of those problems which are experienced in the present nursing education programmes.

RECOMMENDATIONS

Research

This study has described and analyzed the initial stages of implementing the NQF in nursing education. The initial stage has involved a lot of planning at the central and provincial levels of nursing education.

It has been noted that this study could not go as far as it should have done because while it has made guidelines for implementation at provincial level, there is uncertainty until the status of nursing education has been clarified at provincial level.

The next study should be on how planning for implementation of the NQF should proceed at provincial level after the present impasse brought about by inter-departmental tug of war between the departments of health and education has been resolved. The willingness and the need to be involved in the planning and the participation in the implementation of the NQF by nurse educators at provincial level, should be utilized. Whether this positive attitude towards the NQF changes will remain when NE has been transferred to higher education, remains to be seen.

Future research should also look at human resource development at central and provincial levels and funding of training and orienting nurse educators towards SAQA requirements, problem-based learning and community-based education approaches, in order to cure the feelings of inadequacy that nurse educators have at institutional level when faced with the NQF changes. Financing nursing education needs to be explored.

Another study should evaluate the effectiveness of the change strategies selected for use during this initial stage of implementing the NQF in NE. This can be done by examining the actual implementation of the plans that have been put in place for use at the operational level. For example implementing the unified curriculum for the single four-year programme.

Education

Need for Human Resource Development Policy

There should be a clear Human Resource Development policy at the SANC and provincial levels. There should be budget allocations for this purpose. Nurse educators have expressed a need for continuing education programmes to equip them for changes that are being brought about by the NQF innovation.

All the nurse educators who were interviewed were of the opinion that at provincial level in particular, the organization needs strengthening to be able to cope with the changes it is presently facing. It is recommended that there should be a plan for continuous development and upgrading of staff. Information about the changes and training of implementers should be provided as a matter of urgency. To achieve this, financial resources should be available.

The provincial level needs a specific budget allocation to enable NCN to make plans and reach decisions about solving the human resource problems and update its staff. It is recommended that the colleges be moved to higher education to enable colleges to explore additional funding from private institutions.

Move of Nursing Colleges to Higher Education (HE)

Nursing education has been empowered by the Education Act No. 101 of 1997 to move to Higher Education. It is therefore recommended that the Department of Health should transfer the budget allocation for nursing education to the Department of Education to facilitate the movement of Nursing Colleges to the Education Department.

Historically colleges of nursing developed in the same manner as colleges of teacher education to serve felt community needs. Colleges of nursing fell under the provincial health departments while those of teacher education fell under the provincial departments of education. The problem of finding a home for NE within higher education has to be addressed urgently. The evolution of the nursing colleges towards higher education was made through university college affiliations. Similar colleges existed in the department of education.

Kader Asmal (2000), Minister of Education, said the following about the movement of colleges of education to HE which will occur in January 2000, following a Gazetted Government declaration: "The declaration is a culmination of a process, which began in mid-1998, to transfer the administration of colleges from provincial to national competence in line with the requirements of the Constitution and the Higher Education Act" (Sunday Times, 24th December 2000 : 17).

Unless Government settles the departmental uncertainty between the Ministers of Health and Education by transferring the administration of nursing colleges from the departments of health and the provincial government to education at national level, this unsettling situation will hamper progress.

At this planning stage for the implementation of the NQF in nursing education, it is also recommended that the organizations both at central and provincial levels should develop an evaluation mechanism which will provide continuous evaluation of steps taken in the process of implementing the NQF in nursing education. The evaluation tool will provide continuous feedback about the process and areas which need modification will receive attention timeously.

Lack of guidance about the new change can within limits, also be viewed positively because guidelines from the change agent can sometimes be too restrictive especially in education. Education should allow diversity, freedom to innovate, experiment, and do one's own thing (Uys, 1991). Nurse educators who hold a Masters Degree should be allowed to develop their own course outlines.

There is a commitment to change, but financial implications of changes keep cropping up. It seems there is a general avoidance of discussing financial implications of the implementation of the NQF in NE. One provincial member remarked that: NCN has the capacity to accommodate new ideas. Staff members are energetic but there is a lack of funds and resources. The same was said of the SANC by a professional officer that "*staff development is not handled well, there is not budget for it*" (PO, Interview). Indeed even the movement of NE to higher education is being blocked by the Minister of Health whose manpower shortages and its dependence on

student nurses is the result of shortage of money. It was because of the need to finance changes that Van der Merwe (2000) said: "special fund allocations are essential if metamorphic change is to be realized" (Van der Merwe, 2000 : 87).

It is one of the problems faced by those implementing the NQF and other educational changes that such changes occur against the background of inflated expectations and scarcity of resources resulting from an attempt to satisfy too many needs. Money is one of the least mentioned requirements of the NQF and other educational changes, when it is in fact the most important requirement for its implementation. It is as if it is improper to speak of money, consequently it has not been addressed although the lack of it is a hindrance. Financing nursing education and education in general should be given priority.

It is therefore recommended that the SANC speed up policy formulation to enable the principles of the NQF to be put into use.

It is also recommended that the National Government finalize the process of moving nursing education to higher education and the accompanying budgetary implications of such a step.

Limitations of the Study

This study is limited by the fact that existing perceptions of participants may change as the implementation of the NQF unfolds.

The interpretation of data may have been influenced by the fact that the interviewer was a nurse educator who was fully involved with nursing education activities.

Three out of four campuses that fall under the NCN were visited to collect data and therefore the sample represented the nurse educators. The majority of Edco members were interviewed although because of their busy schedules some of the interviews were a bit hurried.

Since the study was only looking at the initial stages of the implementation of the NQF in NE and had to concentrate on the introduction of the principles of the NQF, an untested 'use model' had to be adapted from the CBAM by Hord (1987).

Due to time constraints no rapport was established between the interviewer and the interviewees.

Understanding Legislated Change

The expectation at the commencement of the study was that it would lead to a better understanding of legislated change. This expectation has largely not been realized because of the response of the nurse educators to the introduction of the NQF as legislated change.

The SANC readily accepted the NQF innovation because thirteen of its principles had long been practiced in NE even before the NQF was introduced. The fact that the SANC is a statutory body which has always issued rules and regulations obscured the difference between the introduction of the NQF legislated change and what it had always done in the past. The SANC led the way by involving stakeholders through conferences and workshops on the basis of which discussion documents for the implementation of the NQF were issued.

The significance of the way the SANC introduced the legislated change of the NQF in NE is that it showed how the target group can be involved. Nurse educators were made part of the change process so that they can understand and accept the change before it is implemented through the use of Empirical Rational strategies and Normative Re-educative strategies.

The influence of mandated legislative change was that nurse educators were always aware that they had to implement the NQF policy. Therefore there was implied coercion. The only thing that did not work well is that there was no substantial advancement of learning how legislated change can best be handled because the SANC itself is a statutory body whose directives have to be obeyed.

CONCLUSION

This study attempted to describe and analyze the implementation process of the NQF in nursing education at the central and provincial levels of nursing education. The change process was dealt with by examining:

- the organizational health at central and provincial levels;
- the change strategies used at the two levels; and
- the implementation level reached.

Nursing education took the opportunity presented by the NQF innovation to address some of its organizational health problems such as, reviewing the Scope of Practice for nurses and midwives. There are, however, problems in making final decisions about the planned implementation of the NQF in NE which are brought about by differences in vision about the future of nursing education. The movement of NE to HE is obstructing progress because the National Government is not making decisions to facilitate the transfer of NE to HE although the Education Act No. 101 of 1997 is in place.

At both the central and provincial levels of nursing education, the Normative Re-educative strategies have been used extensively in the process of change to counteract the power coercive nature of the legislated NQF policy. Empirical Rational strategies were used to identify the advantages of the NQF policy and these have helped to make the NQF policy which is legislated change and therefore power coercive, to be accepted. The principles of integration of education and training, relevance, credibility, standards and legitimacy are already in use and therefore are being refined while the rest of the other principles of the NQF are at the planning stage.

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INTERVIEW PROTOCOL

**ANALYSIS AND DESCRIPTION OF THE PROCESS OF THE IMPLEMENTATION
OF THE NQF IN NURSING EDUCATION IN S.A.**

Time of Interview:

Date:

Place:

Interviewer:

Interviewee:

DEMOGRAPHIC AND PROFESSIONAL DATA

Kindly answer the following questions by ticking the most appropriate item

1. PERSONAL DATA

Gender	Male	
	Female	
Age group	25-34 years	
	35-44 years	
	45-54 years	
	55 and above	

2. PROFESSIONAL DATA

Basic qualification (if applicable)

Diploma	
Bachelors degree	
Other specify	

Highest qualification you currently hold

Bachelors degree	
Honours degree	
Masters degree	
Ph D	
Other specify	

3. CURRENT POSITION

Kindly specify professional title/position you currently hold

Inputs

1. What do you know about the NQF structures and its implementation in nursing education?

- (a) What are your experiences about SAQA structures?

2. What do you think of the NQF?

3. Has SANC got a role?

4. What is the SANC's role?

- (a) With which structures or bodies will SANC be working with?

5. What strategies are you putting in place to implement the NQF?

Process

1. How well do you think the SANC in its present form handles change?

(a) Does SANC have a culture that will support change? Yes/No

(b) Does SANC have procedures for collaborative problem solving?

(c) Does SANC have the capacity to accommodate new ideas?

2. How well is professional staff development handled by SANC at the moment?

(a) Is the staff well equipped to handle changes brought by the NQF?

(b) How does SANC involve the professional staff in management?

3. How does SANC manage to maintain stability between groups that support change and those that are against change?

Output

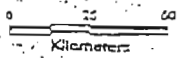
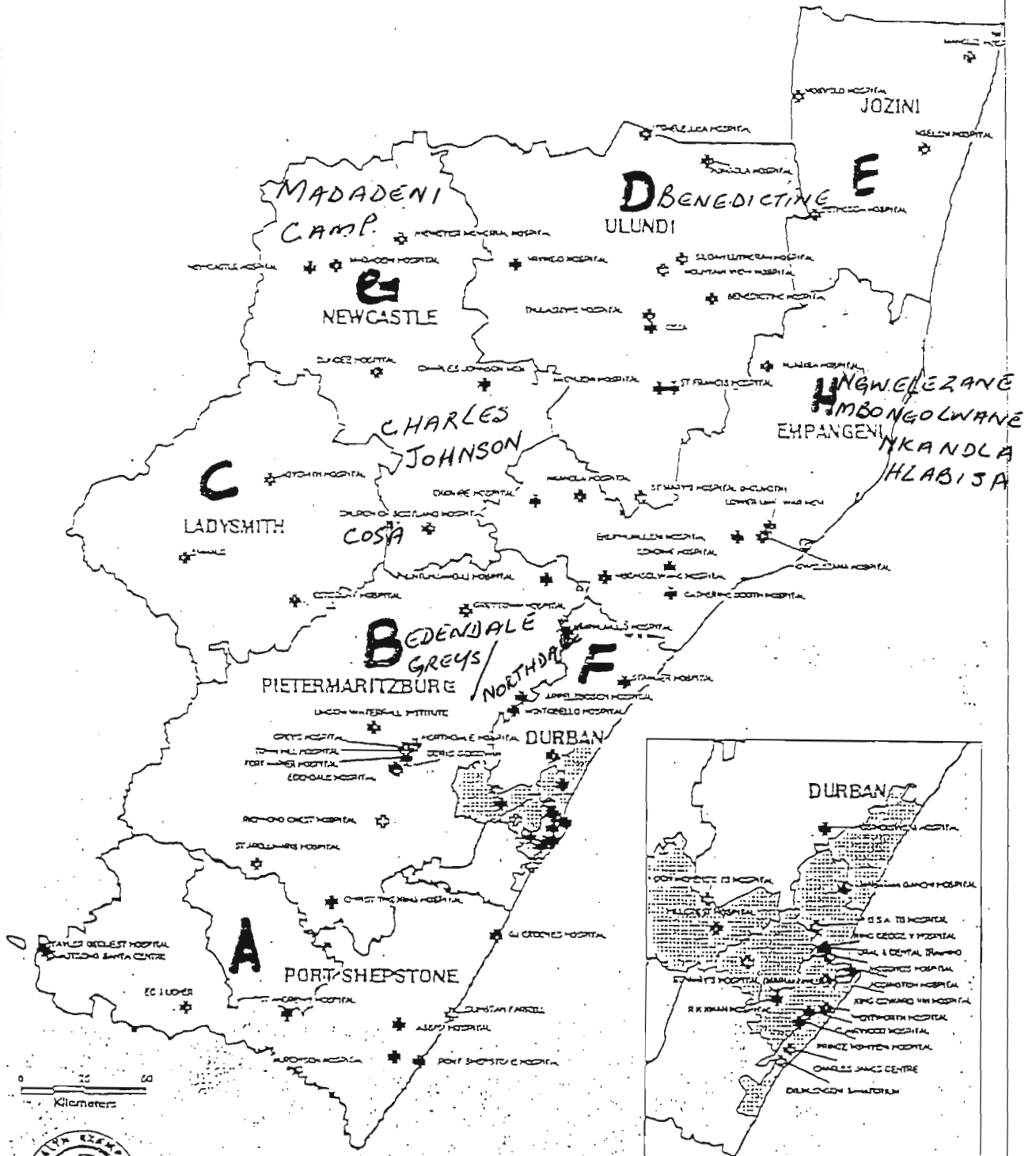
1. What sort of progress has been made in the implementation of the NQF?

- (a) Which principles of the NQF have you adopted?

- (b) Why have you adopted those principles and not the others?

- (c) How do you face practical problems brought by the NQF?

KWAZULU-NATAL



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HOSPITAL FACILITIES

- ★ Provincial Hospitals (61)
- ✚ State Aided Hospitals (15)

PROCESS OF TRANSFORMATION OF NURSING EDUCATION AND TRAINING

