

POLICY BRIEF

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Creating a **positive practice environment** in public **nursing education** institutions in **Gauteng**

Executive summary

Positive practice environments are important for recruiting and retaining qualified nurse educators for the current training needs of public nursing education institutions (PNEIs) in South Africa. It is well established that positive practice environments improve nurse, patient, and organisational outcomes in the clinical healthcare setting, but less is known about the impact of these environments in academic settings, especially PNEIs. This policy brief examines the practice environment of PNEIs in Gauteng and aims to provide possible policy responses for creating positive practice environments.



Twitter abstract:

Positive practice environments are important for recruiting and retaining a qualified nurse educator workforce to meet the training needs of public nursing education institutions in South Africa.

Introduction

Positive practice environments can be defined as settings with characteristics that improve work and learning environments, so that all stakeholders in the public nursing education institution (PNEI) can thrive and contribute to the profession.^{1,2} These characteristics include adequate staffing and resources; strong management ability, leadership and support; nurse educator participation in organisational affairs; foundations of quality outcomes for nursing education; and effective collegial relations. Positive practice environments have been shown to have a significant impact on nurse, patient and organisational outcomes in the clinical healthcare setting, but less is known about the impact of the practice environment on nurse educator, student and organisational outcomes.^{3,4}

Recruitment and retention of qualified nurse educators are a problem in sub-Saharan Africa, and globally.⁵⁻⁷ In South Africa this affects higher education institutions (HEI), both universities⁷ and PNEIs.^{3,4,7-9} Positive practice environments have been identified as fundamental to the recruitment and retention of nurses in different clinical practice settings nationally¹¹ and globally¹². However, the effect of positive practice environment on nurse educators has been somewhat overlooked, especially in PNEIs.

This study was conducted in two phases. In phase 1 the relationship between the practice environment and nurse educator outcomes in PNEIs in Gauteng was described, with a cross-sectional design used and data collected through a survey. All-inclusive sampling was applied to PNEIs in Gauteng (N = 6), and then to principals, deputy principals, heads of department (HoDs) (N = 30, n = 17), and nurse educators [senior lecturers (N = 162, n = 45) and lecturers (N = 257, n = 80)].³ The characteristics of the practice environment were measured against the Practice Environment Scale of the Nurse Work Index (PES-NWI)¹ and the Incivility in Nursing Education – Revised (INE-R).¹³ In phase 2 the perceptions of staff of their practice environment at the PNEI with the most positive practice environment and best nurse educator outcomes were explored. Semistructured individual and focus group interviews were conducted. An all-inclusive voluntary sample was applied to include staff working at the PNEI and comprised the principal and deputy principal (N = 2, n = 1), HoDs (N = 9, n = 5), nurse educators (N = 93, n = 17) and administrative staff (N = 42, n = 11).⁴ This policy brief reports on the main findings to put forward policy recommendations.

The study findings

The perception of nurse educators when it comes to the abovementioned characteristics of a positive practice environment were studied. The practice environment was measured using the PES-NWI, which has a four-point Likert Scale (Strongly Agree, Somewhat Agree, Somewhat Disagree, Strongly Disagree). According to the instrument guidelines¹, a mean of 2.5 and above indicates a positive environment. In this study only the foundations of quality outcomes for nursing education characteristic had a mean above 2.5, indicating that nurse educators did not experience the practice environment as positive in most cases. These are discussed below.

Adequate staffing and resources can be defined as staff and resources that are sufficient for providing quality nursing education. This subscale had a mean score below the required 2.5 ($M = 2.41$, $SD = 0.7$), indicating that this characteristic was not present.⁴ Among a number of elements, nurse educators were most dissatisfied (69.2%) with the element of whether there were enough staff available to get work done (see Figure 1.1).

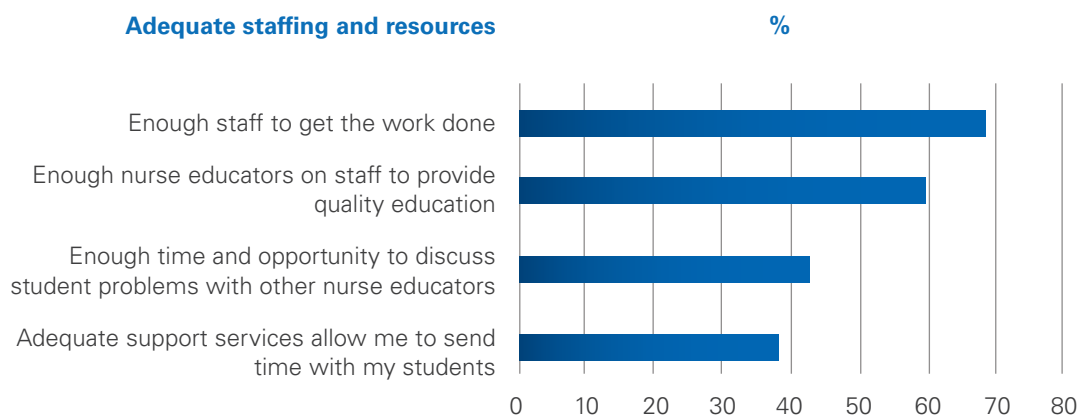


Figure 1.1: Nurse educator dissatisfaction with staffing and resources (% of nurses that selected the options somewhat disagree and strongly disagree)

The nurse **managers' ability, leadership and support** can be related to good managers and leaders who support staff in decision-making and conflict situations, provide positive feedback, and recognise staff for work well done.¹ The participants indicated dissatisfaction, as this subscale had a mean score below the required 2.5 ($M = 2.4$, $SD = 0.8$).⁴ They were most dissatisfied (63.6%) with praise and recognition for a job well done (see Figure 1.2).

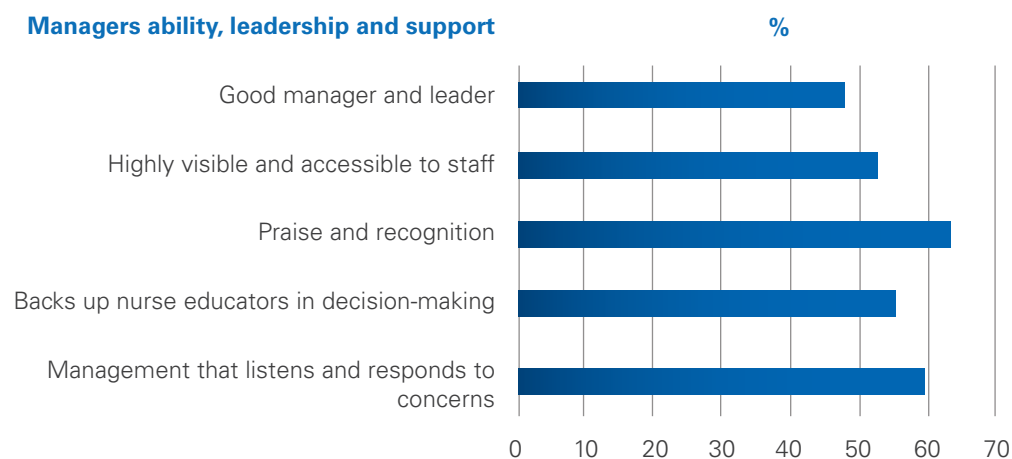


Figure 1.2: Nurse educator dissatisfaction with managers' ability, leadership and support (% of nurses that selected the options somewhat disagree and strongly disagree)

Nurse educator participation in organisational affairs relates to the involvement of nurse educators in the organisation and nursing education affairs (internal governance, policymaking and committees); opportunities for advancement; and a powerful, visible and accessible nurse management with open communication.¹ Overall, participants indicated dissatisfaction, with a mean score below the required 2.5 ($M = 2.4$, $SD = 0.7$).⁴ They also expressed dissatisfaction (63.1%) with career development and/or clinical ladder opportunity (see Figure 1.3).

Nurse educators' participation in organisational affairs



Figure 1.3: Nurse educator dissatisfaction with own participation in organisational affairs (% of nurses that selected the options somewhat disagree and strongly disagree)

The foundations of quality outcomes for nursing education are ensured through the competence of staff as achieved through a quality assurance programme and the continuous development of staff.¹ On this characteristic, overall, participants were mostly satisfied, with this subscale having a mean score above the required 2.5 ($M = 2.9$, $SD = 0.6$).⁴ Nurse educators were most dissatisfied with the existence of an active quality assurance programme (54.5% dissatisfied) (see Figure 1.4).

Foundations of quality outcomes for nursing education

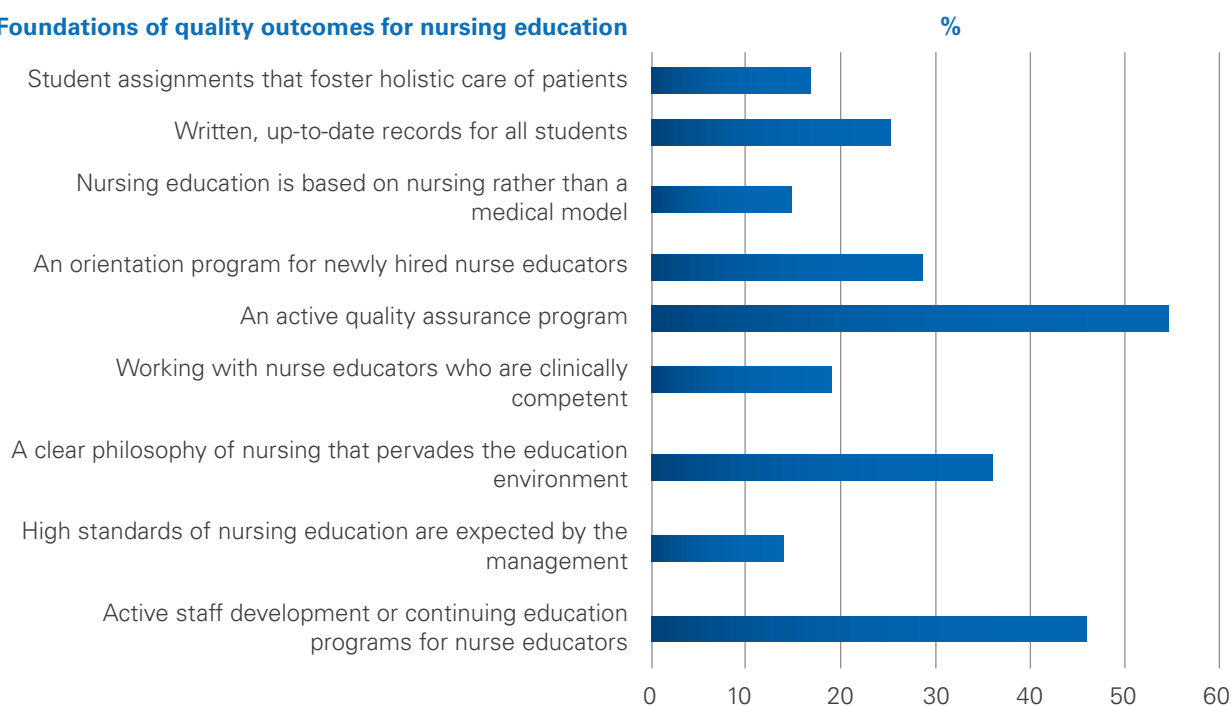


Figure 1.4: Nurse educator dissatisfaction with foundations of quality outcomes for nursing education (% of nurses that selected the options somewhat disagree and strongly disagree)

Effective collegial relations refers to good working relationships, teamwork and collaboration between nurses and other actors in the healthcare environment.¹ The INE-R¹⁶ was used for this subscale and consists of two subscales measuring the lower (disruptive behaviours) and higher levels (threatening behaviours) of incivility. The questions are

measured on a four point Likert Scale from never to often. The subscale for lower-level incivility had a mean of 1.9 (SD = 0.6), which indicates that incivility was rare. Figure 1.5 shows how often nurse educators experienced elements of lower-level incivility as reported by them.⁴

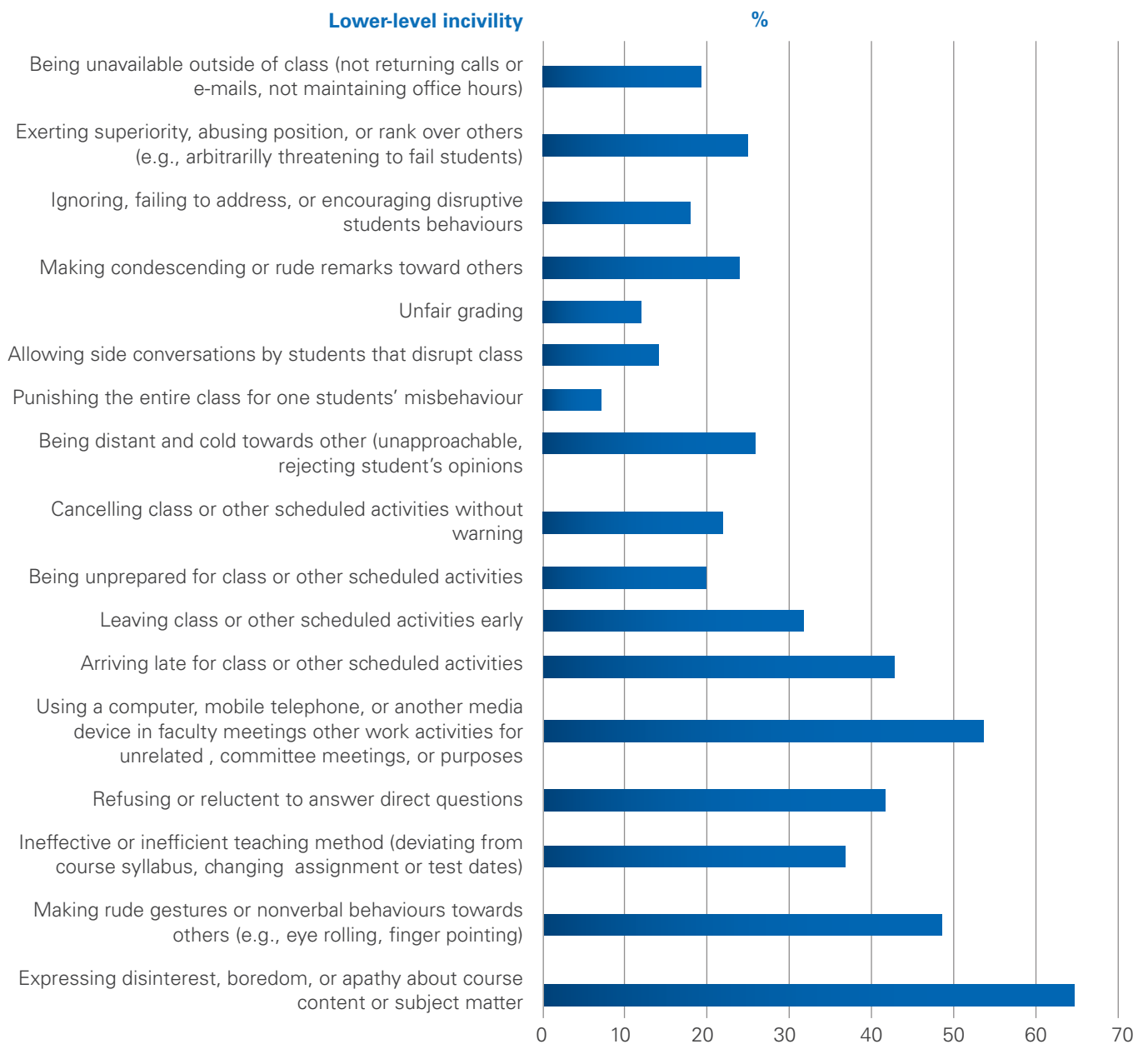


Figure 1.5: Lower-level incivility (% of nurses that selected the options sometimes and often)

The higher-level incivility scale (M = 1.2, SD = 0.4) indicates that there was almost never any higher level of incivility. However, the maximum result of 3.0 on this subscale indicates that some participants did experience higher levels of incivility and some participants even indicated threats of physical violence, as shown in Figure 1.6 below.⁴

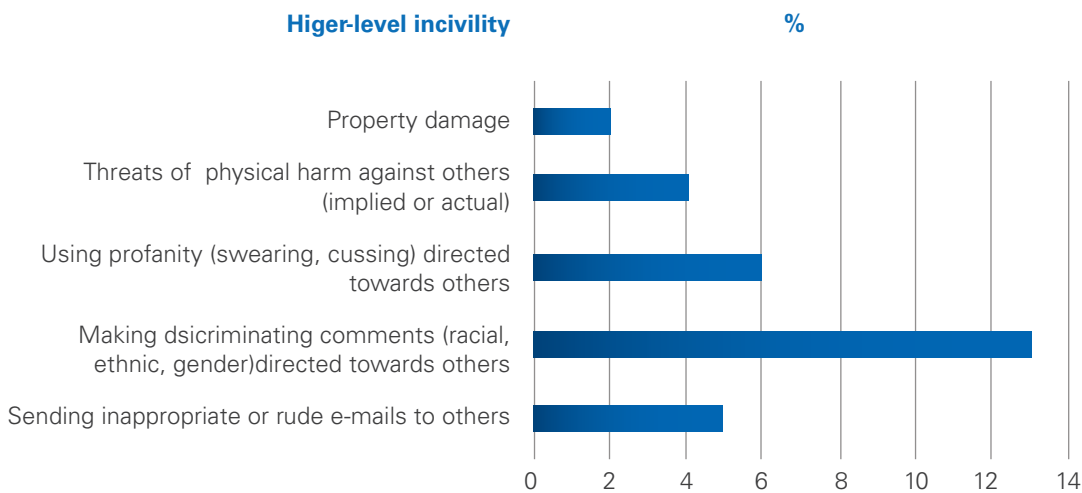


Figure 1.6: Higher-level incivility (% of nurses that selected the options somewhat disagree and strongly disagree)

It is clear that policymakers must give urgent attention to the practice environment of PNEI to effectively recruit and retain nurse educators. According to the nurse educators surveyed, the subscales that were the most important for creating a positive practice environment were the managers' ability, leadership, and support; adequate staffing and resources; and foundations of quality outcomes for nursing education³.

The second and qualitative phase of the research study explored the perceptions of the staff at the PNEI with the most positive practice environment and best nurse educator outcomes in Gauteng.⁶ The thematic analysis of the responses of the participants (managers, nurse educators, and administrative staff) generated one main theme and seven sub-themes, summarised as follow:

Table 1: Theme and sub-themes of phase two of the study⁵

Theme	Sub-theme	Focus
Interpersonal relationships, communication, and team dynamics	1. Relationships and communication with staff	Focused on managers
	2. Management, leadership, and ability to influence decision-making	
	3. Political and labour issues and conflict management	
	4. Professional and emotional support	Focused on nurse educators
	5. Interpersonal factors and group dynamics	
	6. Emphasis on teamwork and communication	Focused on administrative staff
	7. Hierarchical interactions	

The study showed that interpersonal relationships, communication, and staff dynamics play the most important role in creating a positive practice environment according to PNEI staff, with different categories of staff highlighting issues of importance. The results of the two phases of the research were integrated with a supporting literature review. Deductive logic was used to integrate the empirical findings and conclusion statements from the literature review, after which main themes were identified. Through inductive logic, the following policy recommendations were developed by the researchers.

Policy recommendations

The findings generated the following main policy recommendations.⁶

Policy recommendations for adequate staffing and resources

- *There should be adequate, functional, and updated infrastructure, resources, and technology* to provide quality nursing education, for example simulation laboratories, libraries, and computers. There should be a budget allocated as well as policies and procedures in place for acquiring infrastructure, resources, and technology, with these being maintained and updated.
- *There should be adequate numbers of highly qualified nurse educators and skilled support staff.* Categories of nurses should be appointed and trained according to the disease burden and/or healthcare needs of the community within the catchment area of the PNEI for a forecast period of at least 10 years. Nurse educators should be recruited, appointed, and developed according to the skillset needed to train the needed categories of nurses. Finally, there should be enough and skilled support staff to assist nurse educators with administration.
- *Recruitment and retention strategies should be applied to ensure adequate numbers of highly qualified nurse educators.* Highly qualified nurse educators should be appointed, on wages in line with their skills and expertise, and should receive a scarce-skills allowance. Special attention should be given to workload or large classes, and teaching strategies should be adapted, for example offering online learning, self-directed learning, and flexible work hours. Reward and recognition for nurse educators should be facilitated, for example for research completed and excellence in teaching. Joint appointments at the PNEI should be considered, for example teaching in theory and clinical teaching departments. Finally, retired nurse educators should be recruited on a contract basis, as should students from post-basic courses at the PNEI who have a nursing education qualification be recruited into an academic nursing career.

Policy recommendations for management ability, leadership, and support

- *Managers should be approachable and supportive and should lead with sensitivity.* Managers should demonstrate civil and professional behaviour and foster purposeful, positive leader–staff relations, and team building. They should be educated on collaborative, inclusive, and culturally sensitive management, including on how to prevent or manage incivility, deviant behaviour, and political activism (including collective bargaining); on effective

negotiation; and on mitigation of grievances.

They should facilitate access to top management; flatten hierarchical management; and embrace approachability, inclusivity, an open-door policy, and transparency. They should also show appreciation for each individual's contribution, for example through one-on-one interviews with staff and tokens of appreciation. Finally, management should cultivate a culture of wellness; resilience; self-care; and staff, family and occupational support.

- *Managers should communicate expectations and work plans clearly.* They should enforce the academic requirements of the HEI and promote quality education and career planning for each staff member to ensure job and career satisfaction. They should also prevent role conflict by clarifying each staff category's role and function. They should treat all workers equally and fairly, for example when giving access to equipment such as computers and assigning offices.
- *Managers should have the necessary educational background, skills and experience to manage.* Managers should be upskilled on the changing HEI landscape so that they can constitute transformational, change, collaborative and inclusive management, among other things. Managers with the necessary educational background, skills, and experience should be employed. Staff with leadership potential should be identified and mentored so that they can attain the necessary educational background, skills, and experience in order to ensure leadership succession. Existing forums, such as the College Principals and Academic Staff forum and the Nursing Education Association (NEA), should be used to engage with other managers on management issues.

Policy recommendations for nurse educator participation in organisational affairs

- *A culture of shared governance and participative decision-making in the affairs of the PNEI should be developed at all levels.* There should be decision-making forums such as committees, task teams, and staff meetings to give input into policy, procedures, student education, and work-related decisions. There should be ground rules for allowing participation, opinions, and views as well as objectives set. There should be ownership of decisions made through valuing the opinions and concerns of participants, there should be responsiveness to the ideas of nurse educators, and trust should be built through implementation of outcomes that are decided on. Finally, there should be good preparation for meetings, with timely distribution of invitations, relevant information, and agendas.

- *There should be a collective vision, mission, and goals for the PNEI, as well as clear roles and responsibilities for all staff.* There should be a collective vision and goals as well as clear and delineated roles and responsibilities for the staff to promote effective functioning and participation in committees and task teams. Committees should be assigned for specific needs and purposeful outputs for the PNEI, for example an examination committee and research committee. Task teams for working on specific tasks such as work schedules and curriculum development should be democratically nominated and selected. Finally, there should be investment in valid, outcome-driven, and participative decision-making and governance, for example generating sufficient alternatives and allowing voting for proposed solutions.

Policy recommendations for the foundations of quality outcomes for nursing education

- *The governance of the PNEI should be optimised to improve its corporate image and reputation.* The college council and senate should be effective and appoint highly qualified members with a good reputation and who promote the image and reputation of the institution. Legally sound quality assurance programmes and standard operating procedures aligned with the accredited curriculum and policies should be implemented. Specific policies and assessment tools for staff performance, quality teaching, facilitation of learning, assessment procedures, and achievement of academic outcomes and student success should be created. The college council must monitor and evaluate the quality outputs of the PNEI and consider benchmarking them against institutions that excel, to enhance performance outputs.
- *An enabling teaching learning experience for nurse educators and students should be established.* There should be high-quality teaching, curricula, and education programmes and assessment delivered through the newest technology and based on best-practice evidence. Accomplishment and autonomy, through empowering nurse educators to produce quality teaching material and teaching strategies and to do self-evaluation and reflection, should be promoted. New nurse educators should be mentored and supported for at least six months to empower them with the needed knowledge and skills so they can teach effectively in the PNEI. Students should be mentored so they can be successful, including having their effective learning skills developed and facilitating knowledge construction and remediation. Test and examination results should be analysed and reasons for success and failure should be identified. There should be

an effective and up-to-date student recordkeeping system of learning facilitation for theory and clinical academic progress, as well as auditing of such records.

- *Nurse educators need urgent upgrading of their skills to meet the requirements of HEIs and quality outcomes for the PNEI and healthcare system.* Resources for upgrading nurse educator credentials, enhancing careers, and doing research should be provided, for example so that study leave and sabbaticals can be offered. Opportunities for advancement or promotion should be discussed during the performance management process, including succession planning to give internal staff the first option to fill positions. Finally, national professional forums for nurse education, for example the Forum of University Nursing Deans of South Africa (FUNDISA) and NEA, should be liaised with for assistance with the know-how of placement and production of education programmes and research platforms. Electronic tools should be used and developed to assist with the upgrade and continuous development of nurse educators, based on examples from existing organisations, for example the National League for Nursing and the Healthcare Information and Management Systems Society.

Policy recommendations for effective collegial relations

- *Effective communication channels should be established between all stakeholders –managers, nurse educators, support staff, and students.* Several forms of communication such as written communication, for example updated noticeboards, and communication applications, for example WhatsApp, should be used to ensure that information reaches all staff, especially those in remote areas and clinical facilities. Engagement in information sharing should be ensured by letting staff co-create meeting procedures and setting ground rules to ensure professional communication and respect for each individual and their opinion.
- *Teamwork and collaboration should be improved through team building and mutual support and understanding.* All staff should receive training in interpersonal skills with regard to effective communication, problem-solving skills, stress management and conflict management. An environment of inclusiveness through self-awareness workshops that focus on personal temperament, character strengths and weaknesses, and cultural and social influence should be created. Cohesion should be promoted by having at least one occasion per week where staff meet to communicate informally, for example teatime or lunchtime. Informal team-

building events, for example celebrating special days such as birthdays or International Nurses Day, should be invested in. An annual team-building event where everyone goes to a designated meeting place, for example a year-end function or strategic-planning session, should be arranged.

- ***A culture of wellness, resilience, and self-care should be promoted to empower staff so they can manage stress and prevent burnout.*** Evidence-based resilience, self-care, and wellness programmes should be implemented at the PNEI – for example, there could be a department dedicated to counselling and supporting staff to assist with stress management and debriefing after emotional trauma or after acts of deviant behaviour. A support platform where senior staff mentor newly appointed or junior staff should be created. An opportunity for employees to suggest ideas, make suggestions, and share complaints with other members of the team through an anonymous platform should be provided.
- ***A zero-tolerance approach to incivility and bullying behaviour should be promoted between all stakeholders – managers, nurse educators, support staff, and students.*** Policies regarding unacceptable, deviant, and political behaviour, with disciplinary plans in place to manage unacceptable group behaviour, should be created. All staff should be trained on promoting civility and identifying incivility and on how to defuse difficult situations. The creation of an expert reaction team sitting in the provincial head office to mediate and intervene immediately, to prevent escalating activism and political actions and to minimise trauma and damage exacted on staff and infrastructure, should be considered. All staff and student concerns, complaints, and grievances should be taken seriously, and if they cannot be resolved within the current policies and procedures, they should be referred for mediation immediately. Finally, students and staff should be well represented on student councils and staff representative bodies.

Conclusion

This policy brief emphasises the importance of creating a positive practice environment by all stakeholders of the PNEIs, as this is fundamental to the recruitment and retention of a qualified nurse educator workforce and improves nurse educator, student, and organisational outcomes.

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