OPERATING ROOM NURSING SCIENCE
LEARNING PROGRAMMES IN SOUTH AFRICA

by

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Submitted in fulfillment of the requirements for the degree

MAGISTER CURATIONIS

in the

FACULTY OF HEALTH SCIENCES

at the

NELSON MANDELA METROPOLITAN UNIVERSITY

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January 2007
This study is dedicated to all Operating Room nurses who so
tirelessly perform their nursing duties to the surgical patient,
often under the most difficult circumstances.

Let us not despair, for we are the advocates of our patients!!
ACKNOWLEDGEMENTS

I need to express my appreciation and gratitude to the many people who contributed in making this study a reality.

*When there was only one set of footprints visible, I knew that I was being carried*

♦ To GOD, for without Him this study would never have been possible – His grace is sufficient unto me.

♦ Prof. RM van Rooyen, for your expert guidance, inspiration and patience. For availing yourself despite your busy work schedule. Your enthusiasm and love for research inspired me to persevere despite the many stumbling blocks.

♦ Dr S Carlson, for your inspiration and unfailing support when times were tough. Thanks also for unselfishly sharing your books with me.

♦ Mrs Rosemary Batchelor, for the efficient language editing.

♦ Mrs Wietske Reed, for assisting with the layout and typing of this study.

♦ Nursing directors and managers of the Nursing Institutions of Higher Education, for granting permission to include the respective Operating Room Nursing Science Learning Programmes into the study.

♦ My colleagues, especially Susan Bosch, Herman Willemse and Portia Jordan for your motivation when times were tough.

♦ Ilhaam Adams for assisting with obtaining books from the library

♦ Michael Potgieter for the assistance during my “computer struggles”.
♦ My husband, Wilfred (Pappa) for your love, support, patience and understanding when I had my nose in the books. Thanks for always being there for me. I realise that it wasn't always easy.

♦ My children - Angus, Liam and Ciaran for your love, patience and for understanding my need to study. A special thanks for the computer lessons, I know that it was extremely taxing on you to get your mother computer literate.

♦ To my dad, my siblings and extended family for your inspiration and belief in my ability.

♦ To Julia, my domestic helper and friend, for being the other mother to my family when I was occupied with studies.
ABSTRACT

Operating room nurses form the cornerstone of the operating room because perioperative care of the patient rests mainly in the hands of the nursing personnel. Unique challenges face nurses functioning in the stressful surgical environment where anticipation to prevent or cope with life-threatening situations is the order of the day. The operating room nurse must be knowledgeable, skilled and alert, as he/she is held accountable for all acts of commission and omission.

To ensure that nurses are appropriately educated and trained and able to keep trend with the changing technology in the operating room, it is essential that learning programmes meet the minimum standards for registration as prescribed by the South African Nursing Council. Reviewing and evaluating learning programmes on a regular basis by specialist nursing educationists, are therefore essential to ensure that the standards of education and training are maintained and upgraded if required.

The aim of this study is to explore and describe the various Operating Room Nursing Science Learning Programmes offered at accredited Higher Education Institutions, utilized for the education and training of the operating room nursing students in South Africa. The proposed research is based on a qualitative paradigm and the theoretical grounding is found in Bergman’s model for professional accountability (Bergman, 1982:8). A document analysis of five approved comprehensive Operating Room Nursing Science Learning Programmes from higher education institutions in South Africa (nursing colleges and universities) was carried out, together with a sixth programme, the Operating Theatre Learning Programme, as suggested by the Standard Generating Body. Requests for permission were forwarded to the management of the selected colleges or universities for inclusion of the respective programmes in the study.

The researcher formulated and utilized thirty-four essential criteria derived from three documents, the first being a document entitled “Proposed Standards for Nursing and Midwifery Qualifications” submitted to the SANC and SAQA by the SGB for Nursing and Midwifery (2001-2004). The second document entitled the Public and Private
Higher Education Institutions format template for criteria for the Generation and Evaluation of Qualifications and Standards within the National Qualifications Framework was also utilized (SAQA, 1430/00) and thirdly the researcher included the most relevant criteria from the list of criteria for curriculum development as indicated by the South African Nursing Council.

Various tables were compiled, to reflect the findings of the document analysis according to the thirty-three criteria indicated above, to provide a clear and broad overview of the specific data in the respective six Operating Room Nursing Science Learning Programmes utilized in the study.

In conclusion recommendations for a broad macro-curriculum were made to facilitate formulation of programmes in Operating Room Nursing Science relevant to the South African context.
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CHAPTER ONE

OVERVIEW OF THE STUDY

1.1 INTRODUCTION

In the early years of nursing, intuition and creativity formed the basis of rendering health care. Experience was gained through trial and error and the daily discoveries of what proved effective in caring for the sick, paved the way to a database of information that was taught to caregivers entering the field of nursing (Dolan, Fitzpatrick & Herman, 1983:2). The passing on of empirical information from one group of “nurses” to the next serves as evidence that the need for teaching was an important component of nursing from its earliest inception. Gradual development from the use of empirical techniques to the implementation of planned education systems ensured that quality in nursing practice became evident.

Around the 1970’s it was required that the care given to the sick was documented to serve as evidence of the care provided. Accountability and cost-effectiveness became a major issue in the delivery of health care (Dolan, et al, 1983:349). The evolvement of health care and therefore also the education of the healthcare providers, have been a continuous process from the days of Florence Nightingale and always will be.

Owing to the continuous development in the health care system and in the field of tertiary education, nurse educators in South Africa are faced with many challenges that have resulted in significant changes in nursing education and training over the years. Some of the current challenges facing educators are:

♦ to depart from content-based approaches, which lead learners to regurgitate content imparted by educators and literature, towards an outcomes-based approach which ensures that the learner is informed of what must be achieved within a programme;
♦ to encourage learners to develop critical thinking skills; and
♦ to move away from traditional teaching and assessment methods which lead learners to imitate exactly what was taught and demonstrated to them without
deviating from the “norm” even though the situation may warrant a creative response.

According to Bothma, (cited in Mogale, 2004:118) recommendations were made in 1996 by the National Commission on Higher Education, that institutions of higher learning revise their curricula to be on a par with international trends. A shift from content and teaching curricula to outcome-based curricula was required and implemented. The implementation of outcome-based education as a means to encourage nursing students to identify and solve problems through making use of critical, analytical and creative thinking skills became a reality. Transformation of the education system for nurses became inevitable and major changes in relation to the above were implemented with the passing of new acts related to education.

It is imperative that all nurse educators understand the complexity involved in adult learning and teaching. Nurse educators must therefore be fully informed about the relevant changes, concerns and challenges in the current health education landscape as discussed in the draft Nursing Strategy for South Africa.

On the 4th October 1995 the South African Qualifications (SAQA) Act No. 58 of 1995 was promulgated. The purpose of the act is to develop a National Qualifications Framework (NQF) for South Africa including an effective quality assurance system (Coetzee, 2002:31). The system is people-centred and aimed at developing and encouraging critical thinking skills. The reason for the establishment of the NQF in South Africa is therefore to uplift the standard of education and by implication also the standard of nursing care to the patient (Klopper, 2003:8). Until September 2006 the only legally approved framework of the NQF was the eight (8) levels which are depicted in the Table 1.1.

According to this particular framework only NQF levels 5 to 8 were relevant to Higher Education and Training (HET) as referred to in this research study, whilst NQF levels 2 to 4 referred to Further Education and Training (FET), and NQF level 1 referred to General Education and Training (GET). The eight-level NQF frame-work is included as Table 1.1 in this study.
### TABLE 1.1 THE NQF EIGHT-LEVEL FRAMEWORK

<table>
<thead>
<tr>
<th>NQF LEVEL</th>
<th>BAND</th>
<th>QUALIFICATION TYPE</th>
</tr>
</thead>
</table>
| 8         | HIGHER EDUCATION AND TRAINING (HET) | • Post-doctoral research degrees  
• Doctoral degrees  
• Masters degrees  
• Professional qualifications  
• Honours degrees  
• National first degrees  
• Higher diplomas  
• National diplomas  
• National certificates |
| 7         |      |                     |
| 6         |      |                     |
| 5         |      |                     |
| 4         | FURTHER EDUCATION AND TRAINING (FET) | • National certificates |
| 3         |      |                     |
| 2         |      |                     |
| 1         | GENERAL EDUCATION AND TRAINING (GET) | • Grade 9 / ABET Level 4  
National certificates |

In the latest documentation published by the Department of Education, it is indicated that the eight-level NQF framework is being reviewed in favour of a ten-level NQF framework. In the revised Higher Education Qualification Framework, levels 5 to 10 apply to Higher Education and Training (HET). According to the Higher Education Qualifications Framework Draft Document (2004:19) the framework as indicated in Table 1.1 above will soon be replaced by the revised HEQF framework as reflected below.
### TABLE 1.2 THE NQF TEN-LEVEL FRAMEWORK

<table>
<thead>
<tr>
<th>NQF LEVEL</th>
<th>BAND</th>
<th>QUALIFICATION TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>HIGHER EDUCATION AND TRAINING (HET)</td>
<td>• Doctoral degrees</td>
</tr>
<tr>
<td>9</td>
<td></td>
<td>• Masters degrees</td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>• Honours degrees</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>• Postgraduate diplomas</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>• Bachelor’s degrees</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>• Advanced diplomas</td>
</tr>
<tr>
<td>4</td>
<td>FURTHER EDUCATION AND TRAINING (FET)</td>
<td>• National diplomas</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>• Advanced certificates</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>• National (Higher) certificates</td>
</tr>
<tr>
<td>1</td>
<td>GENERAL EDUCATION AND TRAINING (GET)</td>
<td>• Grade 9 / ABET Level 4</td>
</tr>
</tbody>
</table>

In the draft document of the HEQF framework (2004:12) it is clearly stated that where two or more qualifications are positioned on the same NQF level it means only that the qualifications are comparable in terms of the general level of outcomes. It does not indicate that the qualifications have the same purpose, content or outcomes. It also does not indicate equivalence of the qualifications.

The responsibility rests with SAQA as well as the Higher Education Quality Committee to ensure the provision of quality assurance in education and training. This is achieved by the Education and Training Quality Assurance bodies (ETQA). The South African Nursing Council is the ETQA body for the profession of nursing, with the primary function of accrediting institutions of higher learning involved in training nurses and ensuring that quality health care is provided to the entire South African population (Klopper, 2003:24). The SANC is a statutory body responsible for regulating and maintaining standards of education and training and the registration of qualifications for the nursing profession. For a Nursing Science curriculum to be approved by the SANC, it needs to adhere to the minimum standards for registration (Van Rooyen, 1998:4).
In 1998, SAQA published the National Standards Bodies (NSB) Regulation that made provision for the registration of National Standards Bodies (Klopper, 2003:23). The responsibilities of NSB’s are to recommend standards and qualifications to SAQA. The NSB also establish Standard Generating Bodies (SGB’s) to ensure that the work of the SGB’s, meet SAQA requirements. The SGB was established for developing and recommending standards and qualifications to the NSB. The SGB for Nursing was appointed to assess nursing qualifications and make a submission to SAQA and SANC that reflect a proposed Nursing Qualification Framework. From the above discussion it is apparent that South Africa is on the path to ensure improved learning opportunities and equal access to all within higher education thus also within the various fields of nursing.

The researcher included Figure 1.1, to indicate and simplify the meaning and purpose of SAQA, NSB’s, ETQA’s, SGB’s and moderating bodies for the reader.
SAQA: The Authority consists of approximately 29 persons, appointed by the Minister of Education and Labour, who represent the national stakeholders in the education and training system; and is responsible for making and implementing policy through the Executive Office.

NSB’s (National Standards Bodies) Responsible for recommending standards and qualifications to SAQA: 12 NSB’S registered by SAQA, one for each of the 12 organizing fields of learning.

SGB: (Standard Generating Bodies) Responsible for generating standards and recommending them to NSB’s; established or recognized by NSB’s

ETQA’s: (Education and Training Quality Assurance Bodies) responsible for ensuring the quality of learning achievements, accredited by SAQA. (Linked to a particular profession)

Providers responsible for quality provision of learning according to the requirements of the registered standards and qualifications accredited by ETQA to provide learning programmes.

Moderating Bodies: appointed by SAQA if necessary, to ensure that assessment of learning outcomes is fair, valid and reliable across the NQF; and makes recommendations to SAQA


FIGURE 1.1 SOUTH AFRICAN QUALIFICATIONS AUTHORITY FRAMEWORK
Nursing programmes at higher education Institutions in South Africa are subjected to the following process depicted in Figure 1.2.

ORGANOGRAMME OF HIGHER EDUCATION IN SOUTH AFRICA

MINISTER OF EDUCATION

DEPARTMENT OF EDUCATION (DOE)

CTP COMMITTEE OF TECHNICON PRINCIPALS

SAVCA SOUTH AFRICAN VICE CHANCELLORS ASSOCIATION

HIGHER EDUCATION INSTITUTIONS (UNIVERSITIES & TECHNICONS)

COUNCIL ON HIGHER EDUCATION (CHE)

SOUTH AFRICAN QUALIFICATION AUTHORITY (SAQA)

NATIONAL STANDARD BODIES (NSB)

STANDARD GENERATING BODIES (SGB)

EDUCATION AND TRAINING QUALITY ASSURANCE BODIES

RESEARCH AND DEVELOPMENT ORGANIZATIONS

ASSOCIATIONS & REGIONAL CONSORTIA


FIGURE 1.2 ORGANOGRAMME OF SOUTH AFRICAN HIGHER EDUCATION

It was very aptly stated by Moutlana (2006) that “when all health educators rise to the occasion to provide a high standard within the education process, we serve as a powerhouse for change in health care”. In this study emphasis is placed on the significance of a well-planned learning programme in the education and training of the Operating Room Nursing Science students, who have completed the basic General Nursing Science Programme and seek to specialize in Operating Room Nursing Science. Successful completion of this programme culminates in an additional qualification in Operating Room Nursing Science registered by the SANC. The Nursing Act, 1978 (Act
no. 50 of 1978) as amended, was replaced by the new Nursing Act, 2005 (Act no. 33 of 2005). Regulation 212 (of 19 February 1993) as amended by Regulation 74 is the relevant regulation of the South African Nursing Council related to the education and practice of post-registration students and is therefore applicable for Operating Room Nursing Science as an additional qualification. To date Regulation 212 (of 19 February 1993) as amended remains unchanged (see Annexure F).

In South Africa, when reference is made to the operating room complex, the term “theatre" is still commonly assigned to it. Consultation of various dictionaries to clarify the meaning led to the most appropriate explanation recorded in Fowler and Fowler (1969:883) as:

♦ a building for dramatic performances or
♦ a room or building of similar form for lectures or surgery.

The environment and atmosphere in the operating room complex, which is a highly specialized department, understandably differs from that of the hospital wards. No surgical procedure in the operating room can be regarded as a minor event and patient outcomes are not always predictable (Fortunato, 2000:10). It is not unusual for tempers to flare and voices to be raised in stressful situations. The unplanned or unpredictable moment requires that the nurse be familiar with the operating room environment and able to act swiftly in emergency situations in order to prevent a medical disaster.

It must be borne in mind that in South Africa registered nurses form the pillars of the human health resources, constituting more than 60% in 1995. Of approximately 180,000 nurses and midwives registered and enrolled in South Africa, approximately 50% consisted of registered nurses (Muller, 2002:95). According to Subedar, (May 2006:42) the latest database of the South African Nursing Council reflects a 10.9% growth rate in its registers and rolls for the overall number of nurses from 1996 to 2005. The growth of the registered professional nurses for the past ten (10) years was 11,751, translating effectively to 13.4% reflected annually as indicated in Table 1.3.

<table>
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<tr>
<th>TABLE 1.3</th>
<th>STATISTICAL DATA REFLECTING THE NUMBER OF PROFESSIONAL NURSES REGISTERED WITH THE SANC</th>
</tr>
</thead>
<tbody>
<tr>
<td>SANC Registered Professional Nurses</td>
<td>87783</td>
</tr>
</tbody>
</table>
The greater percentage of the total number of nurses in South Africa consists of registered professional nurses. It is therefore essential that registered professional nurses keep abreast of modern trends in medicine and surgery to ensure quality patient care. Nursing is constantly evolving and therefore requires ongoing research in the field of nursing education with the aim of producing capable, skilled and efficient nurses who truly recognise that the patient is the reason for the existence of the nurse (Fortunato, 2000:81).

The theme of the International Nurses’ Day, celebrated on the 12th May 2006, was “Safe Staffing Saves Lives.” Emphasis was placed on the fact that staffing went beyond numbers and included other variables that affected the provision of safe patient care, such as work load, work environment, patient complexity, skill levels of nursing staff, mix of nursing staff, cost efficiency and effectiveness. The definition of “Safe Staffing” according to the American Federation of Teachers (1995) as quoted in the cover story of the International Nurses’ Day in Nursing Update (Subedar, 2006:22) is “Safe Staffing means that an appropriate number of staff, with a suitable mix of skill levels, is available at all times to ensure that patient care needs are met and that hazard-free working conditions are maintained”.

From discussions with nursing service managers of operating room complexes at various hospitals in the Nelson Mandela Metropolitan Municipality, it is a matter of deep concern to both them and the researcher that a significant number of registered nurses functioning in the operating rooms do not have the required additional qualification in Operating Room Nursing Science. In addition, the large exodus of qualified operating room nurses who found the financial remuneration in countries abroad enticing, contributed to the problem of inadequate staffing of operating room complexes. According to Pieterse (in SATS, 2006:32) skilled peri-operative practitioners are still leaving the country at an alarming rate as they are sought after worldwide and are offered salary package deals that are difficult to resist. The result is a situation in South Africa which has moved the focus from caring for the patient to meeting financial targets and doing as much work as possible with a small work force SATS, (2006:32)

Subedar (2006:42) indicates a steep decline in post-registration qualifications obtained by registered professional nurses. Statistics reveal that in the last ten years the numbers of registered nurses obtaining the Operating Room Nursing Science post-registration qualification have declined markedly. Unfortunately the available statistics
listed in table 1.4 below, indicate only the number of professional nurses registered with the SANC, but do not indicate how many of these professional nurses are actually currently working in South Africa.

**TABLE 1.4 STATISTICS INDICATING THE DECLINE IN REGISTRATION OF OPERATING ROOM NURSING SCIENCE QUALIFICATION WITH THE SANC**

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<td>SANC registration decline in the Operating Room Nursing Science qualification</td>
<td>3755</td>
<td>3704</td>
<td>3582</td>
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<td>3364</td>
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The above statistics clearly indicate a steady decline that leaves much cause for concern. Gilbert (1993:24) states that a decrease in the number of trained operating room nurses can result in the "area behind the double doors" becoming technically orientated rather than patient orientated. A situation of this nature should be avoided at all costs, as the nurse, being the advocate of the patient, is expected to ensure patient-orientated care throughout the peri-operative experience of all patients.

Peri-operative patient care encompasses the three aspects of care to the surgical patient undergoing surgery, namely pre-, intra- and post-operative surgical care.

Peri-operative nursing care can be depicted as follows:
FIGURE 1.3 PERI-OPERATIVE NURSING CARE

The first duty of the nurse is to protect the patient and to ensure that the patient’s health and safety are not compromised (Bandman & Bandman, 1990:18). The operating room nurse is therefore expected to be knowledgeable, informed, capable and alert. Efficient and effective pre-operative preparation, intra-operative judgment and management as well as post-operative nursing care of the patient is a non-negotiable aspect of surgery (Fortunato, 2000:4). The operating room nurse specialist is the link in the chain of events that take place in the operating room and the quality of nursing care required by the surgical patient can only be provided by a skilled, well-informed nurse.

It is apparent that the education and training of the operating room nurse is an important aspect of the health profession and careful planning and serious consideration are essential for a well-designed educational programme to prepare operating room nurses adequately for their function in the operating room. It is imperative to ensure that the quality or the cadre of the operating room nurse is of an exceptionally high standard, as these nurses should be able to render efficient assistance to the surgical team and provide the quality care required by the surgical patient.

Another important aspect for the educator to consider during learner/teacher interaction is that while most learners in the nursing profession are young adults, the learner following a post-registration course (such as the Operating Room Nursing Science Learning Programme) is a mature adult. Adult learners have unique characteristics that influence the learning process such as self-concept, experience, learning readiness and learning orientation (Klopper, 2000:43). The adult learner has a need for self-regulated and self-directed learning. Gradual guidance towards making independent decisions and planning strategies to master the learning material is required so that the learner develops confidence coupled with a sense of responsibility and independence. Encouraging critical thinking is also essential for optimal learning to take place. Adults are problem- and task-orientated and need to practise and apply what they have learnt immediately. Adult learners would also be expected to have the advantage of drawing on experience gained from their professional career (Klopper, 2000:49). The tendency to draw on previous experience is particularly appropriate to the operating room nursing student as correlation of theory with practical experience (that was gained in the operating room prior to commencement of the programme) provides clarity in many uncertain situations.
Although the volume of theoretical content of the Operating Room Nursing Science Programme can be overwhelming, the programme is predominantly a practical experience, as the learner spends most of the time in the practical environment. The nurse educator should without a doubt play an active role in the clinical preparation and evaluation of the learner in the Operating Room Nursing Science Programme. It can therefore be emphasized that the nurse educator has a dual role, that of lecturer as well as facilitator of clinical learning in the practice environment. Despite having a dual role it is also understandable that the nurse educator cannot be available to the learner all the time during the learner’s allocation to the clinical setting. This is where the role of the qualified registered operating room nurse, possessing expert clinical experience, (unit preceptor/mentor) is invaluable. Nurse preceptorship or mentorship is a much valued aspect in the education system as it provides a one-to-one learning situation between a clinical nursing expert and the learner. According to Calder and Ferguson (1993:30), this kind of learning situation facilitates the acquisition of clinical experience with resultant competency in the various surgical skills.

The post-registration operating room Nursing Science student functions as a member of the surgical team when allocated to the operating room. Together with the rest of the team, which includes the qualified operating room nursing staff, surgeons and anaesthesiologists, the learner in the Operating Room Nursing Science Programme shares in the responsibility to orientate and guide the pre-registration nursing students during their allocation to the operating room. These young and inexperienced nursing students often find the operating room environment very stressful, hence the need for the operating room staff to be approachable, empathetic, understanding and knowledgeable (Fortunato, 2000:11).

Prospective operating room Nursing Science students in South Africa could follow various learning programmes as determined and agreed upon by the respective educational institutions. The one consistent aspect is that the learning programme must be accredited by the ETQA and follow the regulation as specified by SANC.

1.2 PROBLEM STATEMENT

From the researcher’s personal experience as an Operating Room Nursing Science educator, it is evident that presently a diverse range of learning programmes is being
utilized for the education and training of the operating room nurses in South Africa. The Operating Room Nursing Science Learning Programmes are presented at certain universities with Departments of Nursing Science as well as at nursing colleges affiliated to universities. The researcher has been involved in moderation of theoretical examinations and clinical examinations for Operating Room Nursing Science Learning Programmes presented by other Nursing Education Institutions and from discussions with these nurse educators (involved in operating room training) it has become clear that each programme is unique to its own institution. Regulation 212 (of 19 February 1993) as amended by Regulation 74 implies only the minimum criteria for nursing schools and therefore programmes differ from one institution to the next according to the interpretation of the regulation by the individual institution and relevant nurse educator. The Operating Room Nursing Science Programme is also offered by private nursing colleges linked to private hospital groups. Completion of the various learning programmes may lead to the attainment of either a Diploma, Honours or Masters degree in Operating Room Nursing Science.

Although the various programmes adhere to the minimum standards and outcomes as stipulated by the SANC, the obvious differences in these curricula can be attributed to lack of standardization and uniformity. At some educational institutions, even the examination approaches differ as students are examined on all the content in the learning programme towards the end of the programme, whereas this is not the case at other educational institutions. It is obvious that having examinations covering all the content written at the end of the study year results in unnecessary pressure on both the educators as well as the students. The outcome is that a large volume of theoretical content has to be studied by the student and assessed by the educator within a short period of time.

It is also essential to point out that the current changing higher education landscape provides many aspects that must be taken into consideration to ensure learning programmes that are relevant, learner-friendly and on a par with national and international standards.

The community, the operating room Nursing Science student, the institution and relevant employing bodies will all benefit greatly if consensus is reached to standardise clinical skills and content for inclusion in the various Operating Room Nursing Science Learning Programmes. In particular, attention should be given to the following aspects as listed below, to facilitate movement of learners from one educational institution to
another should the need arise (avoiding rigidity) and also to ensure a programme that is congruent with higher education requirements:

- Objectives of the programme/programme outcomes.
- Curriculum content - theoretical as well as the practical component.
- Clinical skills.
- Total credits allocated to various modules within the programme.
- Credit value attached to total programme.
- Duration of the programme – presently this varies from twelve to twenty four months.
- Theoretical and practical examination time schedules.
- Evaluation instruments to assess clinical performance.
- Type of assessment utilized, ie Formative, continuous and/or summative, and
- Presentation modalities – block periods versus the day-release lecture system.

It is important to note that as far back as 1951 the then presiding president of the South African Nursing Council stated that nursing progress without research was a house without a foundation (Brink, 2001:2). This should not be taken lightly as without research real and significant growth are not possible. There is a definite paucity of research regarding the relevance and feasibility of available Operating Room Nursing Science programmes as well as the content of these programmes in South Africa. In view of the fact that the NQF has been established to provide for registration of national standards and qualifications, it seems appropriate that reviewing of Operating Room Nursing Science programmes is to be carried out timeously. In-depth exploration of the various programmes may provide opportunity for addressing particular shortcomings and making suitable suggestions in order to ensure that the training of these specialist nurses is relevant and directed at addressing the health care needs of the South African population.

What was acceptable ten years ago may now no longer be suitable for sound education relevant to the current South African health care context. This was reiterated in the following statement by Naidoo (2006) “what was knowledge becomes old and what is new does not stay for a long time”. From personal experience as an Operating Room Nurse Educator, it is clear to the researcher that consideration has to be given to issues such as changes in the health education landscape, available resources, the type of surgery commonly performed by surgeons, advancement in technology and the awareness of the increasing tendency towards implementing endoscopic surgical
procedures. Nurse educators are encouraged to promote a positive and acceptable student/teacher relationship by implementing changes in method and style in the presentation of course content (Bevis, 1993:104). Educators should strive to promote a comfortable environment where dialogue is a common occurrence and students share in the control of the processes of learning. Involving students in class presentations, case studies as well as assignment projects, provide students with the opportunity to engage in a deep level of evidence-based practice that encourages the ability to develop critical and analytical thinking. The researcher would therefore address the following question in this study:

*What are the content and structure for Operating Room Nursing Science Programmes at the various nursing schools in South Africa and what recommendations could be made for a macro-curriculum?*

### 1.3 RESEARCH OBJECTIVES

The objectives for this study are to:

- explore and describe the various Operating Room Nursing Science Learning Programmes offered at nursing schools in South Africa (leading to registration of an additional qualification in Operating Room Nursing Science with the South African Nursing Council) and

- make recommendations for a broad macro-curriculum for an Operating Room Nursing Science Learning Programme relevant to the current South African context.

### 1.4 CONCEPT CLARIFICATION

To facilitate comprehension of the use of terminology in this study, the main concepts are explained as follows:
1.4.1 PRE-REGISTRATION STUDENTS

Pre-registration students within the South African context are students who are registered for the four-year nursing programme culminating in professional registration as a General Nurse, Midwife, Community Health Nurse and Psychiatric Nurse (researcher’s own definition).

1.4.2 POST-REGISTRATION STUDENTS

For the purpose of this study, post-registration students are professional nurses who are registered with the South African Nursing Council. They are studying towards obtaining an additional qualification in a Diploma, Honours or Masters degree level in Operating Room Nursing Science (researcher’s own definition).

1.4.3 PRECEPTOR/MENTOR

A preceptor/mentor for the purpose of this study is a qualified registered nurse with expert clinical experience in operating room nursing (Calder & Ferguson, 1993:30). He or she functions within the operating room complex and instructs both pre-registration (basic) and post-registration (post basic) nursing students in the practical setting according to their requirements for a specific level of training.

1.4.4 CURRICULUM

A curriculum describes a plan or design upon which the provision of education is based. The curriculum is the single most important concept in educational delivery, encompassing all the activities included under the umbrella of education and training (Quinn, 2001:131).
1.4.5 LEARNING PROGRAMME

A learning programme is a pre-arranged planned schedule or sequence of events a student must follow prior to completion of a study programme (Barnhart & Barnhart, 1990:491).

The HEQC in the Academic Programmes Review Manuel (2006:1) describes an academic programme as a “purposeful and structured set of learning experiences that leads to a qualification”.

A learning programme is the process upon which one embarks in fulfilment of an outcome (http://www.saqa.org.za/showasp?main=about/faq.htm). Reference to “learning programme” in this research study would indicate the Operating Room Nursing Science Learning Programme.

1.4.6 QUALIFICATION

A qualification means the formal recognition of the achievement of the required number and range of credits and such other requirements at specific levels of the National Qualifications Framework as may be determined by the relevant bodies registered for such a purpose by the South African Qualifications Authority (SAQA ACT 58 of 1995:2).

1.4.7 PERI-OPERATIVE NURSING CARE

Peri-operative nursing care refers to the nursing care rendered to the surgical patient on a continuous basis during the pre-, intra- and post-operative period (Meeker & Rothrock, 1995:4).

1.5 THEORETICAL PERSPECTIVE

Consideration of various research theories resulted in the researcher utilizing Bergman’s model in Bergman (1982:8) for professional accountability as a theoretical
grounding for this study, as registered nurses are expected to be competent and responsible professionals accountable for their acts of commission in rendering patient care.

1.5.1 BERGMAN’S MODEL FOR PROFESSIONAL ACCOUNTABILITY

The conditions for accountability as illustrated by Bergman (1982:8) are arranged as steps within a pyramid. These conditions are ability, responsibility, authority and accountability. Each condition forms the base of the subsequent condition and each condition as a prerequisite must be met before accountability can be expected. None of these prerequisites or conditions may be omitted. The operating room Nursing Science student must be fully equipped and skilled in order to be accountable and liable for all acts of commission (carrying out duties) or omission in carrying out duties in the operating room. The conditions as illustrated for professional accountability will now be discussed.

1.5.1.1 Ability

Bergman (1982:8) identifies ability as the basic precondition necessary to decide and act on a specific issue. According to Bergman (cited in Muller, 2002:56) it is essential that the nursing student possesses the ability to carry out certain functions or actions expected at a specific level of professional development. The expected abilities are identified as knowledge, skills, attitude and values. Training programmes approved by the South African Nursing Council make provision through regulations for these abilities to be acquired during training. The diploma or degree that the student receives at the end of the programme verifies that the required knowledge and skills were mastered and that the student is an able and competent professional who accepts liability for his/her acts of omission or commission.

1.5.1.2 Responsibility

Bergman (1982:8) states that the second precondition for accountability, namely responsibility, must be given or taken in order to carry out specific actions/functions. Muller (2002:59) states that the maintenance of the patient’s health status is the
primary professional responsibility for which a nurse can be held accountable. Any neglect in carrying out this responsibility in caring for the patient may result in disciplinary action being taken against the individual by the South African Nursing Council. An example emphasizing this responsibility is that on most occasions patients are placed under general anaesthesia in the operating room and are therefore unable to speak for themselves. The nurse in this situation acts as the advocate for the patient by taking the responsibility for the patient’s safety upon him/herself.

1.5.1.3 Authority / Authorization

Bergman (1982:8) further identifies the third precondition in order to be accountable as authority. Authorization is essential to allow the nurse, in this research study the operating room nursing student, permission to perform certain tasks. This authorization is granted through legislation. The South African Nursing Act No. 33 of 2005 authorizes the operating room nurse/student the right to perform certain functions in the capacity of nurse, not as a medical practitioner.

1.5.1.4 Accountability

According to Bergman (1982:8) the top peak of the pyramid as reflected in Figure 1.3 indicates accountability. Once the necessary abilities have been acquired over a prescribed period of time, the nurse practitioner is held personally accountable for his/her own acts of omission and commission. Although the students have had at least one year of clinical experience in the operating room it is essential that they should be accompanied or supervised by a mentor/preceptor during the early stages of their training. When left alone in an operating room the operating room nursing student cannot be held solely accountable if a problem should arise and she is unable to cope or loses an instrument, swab or needle during the operation.

The pyramid as indicated by Bergman's model is applicable to the nursing situation where accountability is of the utmost importance. The process of reaching the stage of accountability is reflected in the diagram below.
FIGURE 1.4 BERGMAN’S MODEL (PYRAMID) FOR PROFESSIONAL ACCOUNTABILITY (Bergman, 1982:8).

1.6 RESEARCH DESIGN AND METHOD

A research design indicates the basic strategies that the researcher will implement to ultimately develop accurate information that can be interpreted. A discussion of the research design and method will now follow.

1.6.1 RESEARCH DESIGN

The proposed research will be based on a qualitative, explorative, descriptive and contextual research design utilizing a document analysis approach. Polit and Hungler (1995:15) define qualitative research as "the systematic collection and analysis of more subjective narrative materials using procedures in which there tends to be a minimum of researcher imposed control". A detailed discussion of the research design and method will be discussed further in chapter two.
The study is explorative and descriptive in nature, thus granting the researcher an opportunity to scrutinize and explore the programmes at her disposal so that a deeper insight regarding the content may be gained. This is imperative as the researcher plans to develop recommendations for a proposed macro-curriculum for an Operating Room Nursing Science (ORNS) Learning Programme suitable to the needs of the South African population and also to provide recommendations for a macro-curriculum to ensure a programme that is realistic and manageable within the timeframes provided for the completion of the Operating Room Nursing Science Programme.

The study is also contextual in nature, as the curriculum being explored and the recommendations made are aimed particularly at the post-registration nurses rendering care to the surgical patient in the operating room. In this study the researcher utilizes a document analysis approach utilizing specific documents, in this instance the Operating Room Nursing Science Learning Programmes of nursing education institutions in South Africa. Although documents are valuable sources of information their collection for analysis is often neglected in qualitative research (Henning, van Rensburg & Smit, 2004:99).

1.6.2 RESEARCH METHOD

The researcher found it necessary to group the study into two phases. The first phase involves the process of collecting the different curricula/programmes presently utilized for education and training of the post-registration operating room nursing students at higher education institutions in South Africa. The purposively chosen ORNS Learning Programmes that make up the sample will then be analysed, interpreted and described according to Tesch (cited in Creswell, 2003:192). The completed information or findings together with the raw data will be forwarded to experienced qualitative researchers and nurse educators to verify that the necessary and appropriate steps were followed without any prejudice or bias action.

In phase two, recommendations that are deemed essential for inclusion into a proposed macro-curriculum for an ORNS Learning Programme will be made. These recommendations will also be scrutinized and verified by the same experienced qualitative researchers and nurse educators mentioned in the discussion of phase one.
1.7 TRUSTWORTHINESS

An important aspect of research is that the findings of the study reflect the truth. To ensure this, the researcher will apply the criteria as set out in Guba’s model (cited in Krefting, 1991:215) which identified four criteria of trustworthiness namely:

♦ Truth value
♦ Consistency
♦ Applicability
♦ Neutrality

The criteria of trustworthiness will be discussed further in chapter two of this study.

1.8 ETHICAL ASPECTS

The term “ethical” is defined as having to do with standards of right and wrong (Barnhart & Barnhart, 1990:728). Involvement in research therefore requires that conduct of a morally acceptable standard be maintained. Adherence to a code of ethics for researchers is non-negotiable. Moral guidelines aim to prevent researchers becoming involved in misconduct such as breaking the rule of confidentiality and privacy of participants, distortion of information, plagiarism, involving people in research under duress and failing to execute the study in an acceptable manner (Struwig & Stead, 2001:66).

The researcher will aim to adhere to the principles of ethics as set out by the South African Society for Nursing Research, SASNR by maintaining the following:

♦ Provision of informed consent in writing.
♦ Maintenance of anonymity and confidentiality of all participating educational institutions will be assured.
♦ Assurance of totally voluntary participation and respect for the choice of non-participation or withdrawal at any stage during the research study.

The ethical considerations as applied to this research study will be further discussed in Chapter Two.
1.9 CHAPTER DIVISION

This research dissertation is divided into four chapters providing specific content applicable to the heading allocated to each chapter as indicated below.

Chapter One  –  Overview of study
Chapter Two  –  Research design and method
Chapter Three – Discussion of results and literature control
Chapter Four  –  Conclusions, recommendations and limitations

1.10 SUMMARY

In this chapter the researcher emphasized the complex and intriguing situations experienced in the operating room and the need for skilled, committed and competent operating room staff. The importance of utilizing a well-planned programme for the education and training of the post-registration operating room student is highlighted to ensure the safety of the surgical patient. The researcher finds it essential to stress the complementary role of the educator and the preceptor within the programme, to ensure the ultimate learning opportunity for the student until a standard of competency is reached, as described by Bergman’s model (pyramid) for professional accountability (Bergman, 1982:8).

The researcher aims to discuss the research design and method in detail in chapter two of this study.
CHAPTER TWO

RESEARCH DESIGN AND METHOD

Nursing research refers to research into those aspects of professional activity which are predominantly and appropriately the concern and responsibility of nurses.
Nursing research spans the wide range of investigation which include nursing education, nursing administration and nursing practice.


2.1 INTRODUCTION

In the previous chapter an overview of the envisaged study was presented, the research problem and the research objectives were identified and the theoretical perspective as well as the research design and method implemented in the study were briefly introduced.

The purpose of this chapter is to provide a dense description of the research design and method selected to support and enhance the trustworthiness of the study. The various aspects that are discussed in more detail are the research design, research method and ethical considerations as well as the strategies implemented to ensure trustworthiness of the study.

2.2 THE RESEARCH DESIGN

Tredoux and Smith (in Terre Blanche, Durrheim & Painter, 2006:161) indicate that the research design refers to a plan or protocol for a particular research study and can be viewed as a plan that is constructed to ensure maximum validity. Polit and Hungler (1995:139) define the research design as an overall plan to obtain answers to the research questions. The design also stipulates the form that the research will take and must clearly specify where the intervention will take place and where the data will be
collected (Polit & Hungler, 1995:142). It can therefore be said that the research design is the blueprint of a research study.

The research design of this study as indicated previously in chapter one is qualitative, explorative, descriptive and contextual in nature, utilising a document analysis approach. This design has been selected to obtain insight into the existing programmes utilised for the education and training of post-registration operating room nursing students in South Africa.

2.2.1 QUALITATIVE RESEARCH

According to Polit and Hungler (1993:24) qualitative research is explained as involving the systematic collection and analysis of subjective data using procedures in which there tends to be a minimum of researcher-imposed control. It attempts to understand the entirety of some phenomenon rather than focus on specific concepts. Qualitative research is an encompassing term used for a diversity of approaches that may be implemented in research (Holloway & Wheeler, 2002:3).

Myburgh and Poggenpoel, (1995:5) state that the application of a qualitative research strategy indicates the generation of new theory. The implication is that when one is following a qualitative strategy, inductive reasoning is obvious in the building of statements and in the formulation of conclusions. According to Myburgh and Poggenpoel, (1995:5), a qualitative research approach is often aimed at analysing the micro-situation by means of a micro-analysis so that a dense description of the explored micro-situation can be obtained.

In this study the researcher was interested in exploring and describing the curricula of the different Operating Room Nursing Science Learning Programmes offered at nursing schools in South Africa (leading to registration of an additional qualification in Operating Room Nursing Science with the South African Nursing Council). By implementing a qualitative method of research, the researcher was able to accomplish and complete the process of exploring and describing the different Operating Room Nursing Science Learning Programmes included in this study. The researcher utilised a document analysis approach and engaged in an intensive process of document analysis that included six Operating Room Learning Programmes. The entire process was possible only because a number of nurse educators in charge of the nursing
colleges and nursing departments at universities responded positively to the request for inclusion of their respective Operating Room Nursing Science Learning Programmes into the study. The researcher therefore acknowledges their contribution to this qualitative study.

2.2.2 EXPLORATIVE RESEARCH

According to Mouton and Marais (in De Vos, 1998:24) the goal of exploratory studies is the exploration of a relatively unknown research area. Babbie and Mouton (2004:80) support this view by stating that exploratory studies are valuable when a researcher aims to break new ground and that exploratory studies almost always yield new insights into a topic for research.

Existing research material related to Operating Room Nursing Science Learning Programmes in South Africa is found to be inadequate. The lack of research material exists despite the fact that twenty-one colleges and universities are listed in the Hospital and Nursing Yearbook for Southern Africa (2004:11) as higher education institutions involved in the training of post-registration operating room nurses. This exploratory study allowed the researcher insight into five of the Operating Room Nursing Science (ORNS) Programmes presented at nursing educational institutions in South Africa.

It must be noted though that Babbie and Mouton (2004:80) caution that exploratory studies usually lead to insight and comprehension rather than to detailed, accurate and replicable data. A chief shortcoming is therefore that exploratory studies seldom provide satisfactory answers to research questions but may only point the way towards an answer.

This study was explorative in nature in that information was gained regarding the relevance and uniformity of content of existing ORNS curricula currently utilised for teaching and learning at colleges and universities. The information gained was invaluable to develop recommendations for a broad macro-curriculum for operating room nurse training in South Africa as described in the second objective of this study.
2.2.3 DESCRIPTIVE RESEARCH

The aim of descriptive research is to obtain complete and accurate information about a phenomenon through observation, description and classification. Descriptive research provides new information about a phenomenon (Brink, 2001:11). The major purpose of many scientific studies, according to Babbie and Mouton (2004:80) is to describe situations and events that were observed by the researcher.

In this study, curricula utilised for teaching and learning at the colleges and universities for the training of operating room nurses in South Africa were explored. A concise, descriptive interpretation of the findings from different curricula was documented which provided the researcher with the necessary detail to develop recommendations towards a design for a contextually appropriate macro-curriculum for operating room nurse training in South Africa.

2.2.4 CONTEXTUALISM

Contextuality refers to a study being done within the situation in which it normally occurs. According to Holloway and Wheeler (1996:92) the phenomenon of interest is explored in the immediate environment and physical location. The researcher, as an operating room nurse educator and clinical companion, is presently actively involved in the unique environment of the operating room complex and therefore experienced and informed about the intricacies of this particular environment.

The aim of this study is to explore and describe approved and accredited Operating Room Nursing Science Learning Programmes (curricula) from various universities and nursing colleges (including private nursing colleges) within the current South African health and educational context. As mentioned in chapter one, Regulation 212 of 19 February 1993, as amended by Regulation 74, is the relevant regulation of the South African Nursing Council related to the education and practice of post-registration trainees and is therefore applicable to operating room nursing science students/learners. The SANC is the statutory body responsible for regulating and maintaining standards of education and training and the registration of qualifications for the nursing profession. For a Nursing Science curriculum to be approved by the SANC, it needs to adhere to the minimum standards for registration (Van Rooyen, 1998:4).
2.3 RESEARCH METHOD

This study was carried out in two phases and the research method involved both data collection and data analysis.

2.3.1 PHASE ONE

The objective for this phase was to explore and describe the different curricula for the Operating Room Nursing Science Learning Programmes presented at various higher education institutions in South Africa (leading to registration of an additional qualification in Operating Room Nursing Science with the South African Nursing Council). The research method included the following:

♦ Research population
♦ Sampling procedure and participants
♦ Data gathering
♦ Data analysis

2.3.1.1 Research Population

The research population consisted of the different higher education institutions offering the ORNS Learning Programme as listed in the Hospital and Nursing Yearbook for Southern Africa (2004:11). The population included nursing departments attached to universities as well as nursing colleges. The nursing colleges included were from both the private as well as the public sector. The programmes presented at the different institutions included the Diploma, Honours and the Masters Operating Room Nursing Science Learning Programmes that were presented in various formats and different qualification levels at the different institutions.

2.3.1.2 Sampling procedure

Terre Blanche, Durrheim and Painter (2006:49) state that sampling is a process of selecting participants from an entire population. It also involves taking decisions about which people, settings, behaviours and social processes are to be considered for inclusion into the study. The size of a sample is an important factor in research and it is
imperative that the sample size is representative of the population that the researcher is concentrating on. Sample size is often partly determined by practical constraints such as the number of people/groups the researcher has access to, as well as the amount of money and time at the researcher’s disposal.

Research has proved that the quality of a study is not influenced by the size of a sample (Holloway & Wheeler, 2002:128). Exploratory research is one type of research that does not necessitate a large sample size and purposeful sampling may be utilised (Terre Blanche, et al, 2006:49).

A purposive sampling method was utilised in the selection of the participants (nursing schools and the relevant programmes) for this study. A purposive sampling procedure allows the researcher to select subjects for the study by making judgements based on stated selection criteria about suitability for representation (Polit & Hungler, 1995:650).

The researcher selected Higher Educational Institutions (HEI) from the Nursing Yearbook (2004:11) because the information provided a list of HEI that presented the learning speciality of operating room nursing. The researcher was also of the opinion that the inclusion of the names of the nursing colleges and universities into the Hospital and Nursing Yearbook presented a possibility that the Operating Room Nursing Science Programmes would meet the inclusion criteria as set out in this chapter of the study. From the twenty-one approved nursing colleges and universities listed in the Hospital and Nursing Yearbook for Southern Africa (2004:11) eighteen institutions were selected and letters requesting permission to include their respective ORNS Learning Programmes as part of this research study were forwarded to them. Although twenty-one institutions were listed the researcher forwarded only eighteen letters to the different higher education institutions as it became evident that some of the nursing schools no longer offered the ORNS Learning Programme as a result of the rationalisation processes in the different provinces.

In this study a total of five ORNS Learning Programmes presented at higher education institutions in South Africa were purposively selected and the SGB Learning Programme (as submitted to SAQA in 2004) was utilized as the sixth learning programme.

The inclusion criteria required the following:

- Availability of a comprehensive ORNS curriculum.
Accreditation of the educational institution by the (SANC) ETQA for nursing (as a provider for nurse education).

Approval of individual ORNS Learning Programmes by the SANC.

Representation from universities as well as from nursing colleges, including private accredited nursing schools.

Completion of the programme should lead to an additional qualification in Operating Theatre Nursing Science.

According to Yegidis and Weinbach (1996:22) selections are made to enable access to some specialised insight or special perspective, experience, characteristic or condition that the researcher wishes to understand.

2.3.1.3 Data collection

There are four basic categories or methods that may be used in the data-collection procedure, namely observation, interviews, collection of documents and lastly audio-visual material (Creswell, 2003:187). In this study the researcher implemented the method of collecting documents (curricula). A document analysis which is the gathering of information used in a formal description of a text includes studying and analysing the content that is then processed to understand the document so that a conclusion may be drawn (Springer, 1998 & Bryman, 1987).

Within this study nurse educators of eighteen nursing education institutions at universities and nursing colleges in various provinces in South Africa were approached for inclusion of their respective Operating Room Nursing Science Learning Programmes into the research study. The researcher requested permission by means of an explanatory letter to the potential participants in order to elaborate on the aims and objectives of the study. (See Annexure B.) The researcher carried out a comprehensive document analysis of six Operating Room Nursing Science Programmes that were purposively selected based on the fact that they met the inclusion criteria as indicated. In order to develop recommendations for a broad macro-curriculum for operating room nurse training in South Africa, the researcher utilised the micro-curricula obtained from these institutions as the main source of data for the study.
The greatest advantage of a document analysis according to Maxwell (2003) is the unobtrusive manner of the data collection. Another advantage highlighted by De Vos Strydom, Fouche and Delport, (2002), (appropriate to this study) was the ability to reach inaccessible subjects without the researcher making personal contact with the respondents.

2.3.1.4 Data analysis

The process of data analysis consisted of two steps namely:

- **Step 1** Formulation of a framework for analysis as discussed in the introductory aspect of chapter three.
- **Step 2** Implementation of the process of analysis of the various programmes (curricula) according to the framework for analysis.

As part of the research the researcher performed a pilot study that is a small-scale version or trial-run of the major study. The pilot study was conducted for early detection of unforeseen problems (Brink, 2001:60). For the purpose of the pilot study the researcher first explored an Operating Room Nursing Science Learning Programme prior to embarking on the large-scale exploration. This plan of action was decided upon so that the researcher could assess the effectiveness of the programme analysis criteria (framework for analysis) that had been drawn up by the researcher. The data of the initial analysis of the pilot study was included as part of the data for the final analysis because it was not necessary to make any changes to the planned framework for analysis (pre-selected programme analysis criteria) developed by the researcher.

The programme analysis criteria (framework for analysis) consisted of a list of thirty-three criteria constructed by the researcher to serve as a guideline to ensure that the researcher functioned within a set framework during the process of analysis. The programme analysis criteria were subsequently arranged into various tables and were then fully discussed in chapter three of this research study. The relevant tables were indicated as Table 3.1, 3.2 and 3.3 respectively.

To enable the researcher to devise the framework for programme analysis the researcher utilised the proposed learning programme of the SGB “Proposed Standards for Nursing and Midwifery Qualifications” submitted to the SANC and SAQA by the SGB for Nursing and Midwifery (2001-2004), together with the framework provided by
the South African Nursing Council (for submission of new learning programmes) and the guide from the Department of Education on programme review from the HEQC. (See Annexure C.) The researcher also utilised the experience gained as an educator in the field of Operating Room Nursing Science as an additional resource of information.

The process of qualitative document analysis was based on the description of Marshall and Rossman (cited in Creswell, 1994:154) namely the “reduction” and “interpretation” of available data. The large volume of information obtained from the different curricula was broken down and categorised according to similarities and dissimilarities based on the pre-selected programme analysis criteria developed by the researcher to facilitate the process of interpretation. Creswell (1994:154) explicitly states that the researcher takes a voluminous amount of information and reduces it to certain patterns, categories or themes after which it is interpreted into some schema.

According to Tesch in Creswell (1994:153) the process of data collection is eclectic, in other words, there is no right or wrong way of its implementation. In this study the model for data analysis as described by Tesch in Creswell (2003:192), was adapted and applied by the researcher and implemented in the analysis and description of the data (programmes) in the following manner:

♦ Raw data in the form of the different Operating Room Learning Programmes, was read to obtain an understanding of the entire content of the documents (curricula).
♦ During the reading process thoughts and ideas as perceived by the researcher were written down.
♦ Initially one of the curricula was read slowly with insight in order to understand the content and notes were entered in the margins and other appropriate areas of the document.
♦ Reading was continued until all six the programmes had been read individually.
♦ The total of six programmes comprised the five Operating Room Learning Programmes received from the different learning institutions as well as the proposed Operating Theatre Learning Programme of the SGB “Proposed Standards for Nursing and Midwifery Qualifications” submitted to the SANC and SAQA by the SGB for Nursing and Midwifery (2001-2004).
During the reading process ideas and impressions were jotted down as they occurred to the researcher.

A list of the similarities and dissimilarities encountered in each programme was then drawn up in order to summarise the content into consistency groups based on the framework that was devised by the researcher as described under data analysis.

The researcher found it necessary to compare information from the programmes (curricula) constantly with the completed list of pre-determined programme analysis criteria as indicated in Table 3.3 in chapter three of this research study.

According to Creswell (1994:156) it may be necessary to compare information constantly until categories emerge. (In this instance the researcher sought information according to the programme analysis criteria instead of seeking new categories to emerge.)

When incomplete data according to the programme analysis criteria framework was not available, the researcher contacted the institutions telephonically or by fax to obtain additional information.

The researcher found it necessary to draw up Table 3.4 to identify the various symbols used during recording, so that the information communicated after the process of analysis, as it appeared under the headings and subheadings in the various tables in chapter three could be understood by the potential readers.

The list that was drawn up was again used to work through the data in order to ensure that all essential aspects in the programmes had been considered keeping in mind the framework provided by the South African Nursing Council and the Department of Education.

This preliminary organised scheme was reviewed to see whether it was realistic and in line with the framework provided by the South African Nursing Council and Department of Education (see Annexure E).

Because a document analysis approach was utilised by the researcher, the most appropriate information was recorded under the descriptive headings and sub-headings according to the consistency groupings.

After the preliminary analysis was carried out, the process was repeated to ensure that as far as possible all the concepts had been addressed and that expectations were met as planned.

A final table was then drawn up depicting the overall findings of the study.
After completion of the process of analysis and interpretation, the raw data used in the study and the findings of the researcher, were evaluated by the research supervisors who are experienced in the field of qualitative research and nursing education. This was done to ensure that the steps in the process for analysis and interpretation had been carried out correctly without any bias on the part of the researcher, thereby ensuring trustworthiness. Once the analysis had been verified by means of the audit trail as being valid and credible, recommendations for a broad macro-curriculum in the Operating Room Nursing Science Programme in South Africa were presented in chapter four.

According to Creswell, (2003:195) qualitative research could give rise to interpretation that warrants action for reform and change. The researcher therefore attempted to make suitable broad recommendations that would enhance the Operating Room Nursing Science Programmes in South Africa.

2.3.1.5 Literature control

On completion of the data analysis, a literature control was implemented to compare the research findings in relation to current available literature, in particular to the higher education guidelines linked to programme analysis and review. The research report reflecting the research findings is available in chapter three of this study.

2.3.2 PHASE TWO

The objective of this phase was to develop recommendations for a broad macro curriculum for an Operating Room Nursing Science Learning Programme relevant to the current South African context.

2.3.2.1 Recommendations

Several recommendations were made in chapter four of this study for possible utilisation for development of an Operating Room Nursing Science Programme in a South African context. The information will be published in a peer-reviewed journal.
2.4 MEASURES TO ENSURE TRUSTWORTHINESS

An important aspect in research studies is for the findings of the study to reflect the truth. Trustworthiness is outlined by Lincoln and Guba, (cited in Polit & Hungler, 1995:362) as being a term that includes the four criteria of credibility, transferability, dependability and confirmability. Similar to the description by Polit and Hungler as described above, Guba's model (cited in Krefting, 1991:215) identified four criteria of trustworthiness namely:

♦ Truth-value,
♦ Consistency,
♦ Applicability,
♦ Neutrality.

In this study the researcher utilised the criteria according to Guba’s model (cited in Krefting, 1991:214) to ensure the trustworthiness of the study.

2.4.1 TRUTH-VALUE

Truth-value is based on the criterion of credibility that refers to the findings of the research study being based on the discovery of human experience as it was experienced by the participants. It was not tampered with in any way by the researcher. According to Brink (2001:124) qualitative researchers prefer the use of terms such as “trustworthiness” and “credibility” when referring to validity and reliability. Strategies used to ensure credibility of data in this study included field experience, authority of the researcher, reflexivity, triangulation, peer examination, steps taken in document analysis and structural coherence (Krefting, 1991:215). The credibility was monitored by the research supervisors, who are both experienced in the field of qualitative research. In addition a peer review with the assistance of experienced nurse educators, was utilised to verify internal validity or credibility and authenticity (Brink, 2001:124). Evidence for an audit trail is available to allow for verification. The researcher’s attempt to establish credibility in research by applying the strategies indicated above is set out in Table 2.1.
2.4.2 **APPLICABILITY**

Applicability describes the extent to which findings can be implemented in different contexts with other groups. Transferability which is the criterion against which applicability is assessed, refers to how similar the findings of the research study would be in contexts outside of the original study. As is the case with other qualitative research studies, the purpose of this study was not to generalise findings but rather to gain an in-depth understanding of the research phenomenon. In this study the researcher attempted to enhance the possibility of transferability by providing a comprehensive description that served as a base of knowledge. The two strategies utilised to ensure applicability were:

- a nominated sample, and
- a dense description.

The two strategies are set out in Table 2.1 (Krefting, 1991:216). The researcher provided sufficient, detailed descriptive data in the research report to enable another researcher to determine if the findings of the study were applicable in other fields (Brink, 2001:125).

2.4.3 **CONSISTENCY**

Consistency refers to whether the findings of the study would remain the same when replicated, utilising the same conditions and participants. According to Polit and Hungler (1995:363) dependability is also referred to as the consistency or reliability of a research study. The researcher is called upon to account if conditions in the phenomenon chosen for the study should change. The norm is that the data should remain stable (Polit & Hungler, 1995:363). In qualitative research it is an acknowledged fact that consistency in results is difficult to expect when a study is replicated even under the same circumstances. The reason for this is that the participants, the researcher and the specific circumstances can vary greatly within the research (Krefting, 1991:216). Guba (cited in de Vos, 1998:351) states that the criterion for consistency is thus dependability, which refers to the researcher’s attempts to account for these changing conditions of the chosen research phenomenon and the changes in design. Strategies implemented by the researcher to ensure stability, as set out in table 2.1 were:

- provision of a dense description,
The researcher continually discussed the entire process and the findings with the supervisors ensuring that the data was evaluated on a continuous basis. A paper trail is available to verify the process used during the study. The paper trail serves as evidence about the extent of exploration into the programmes/curricula submitted by the participants of the relevant higher educational institutions.

2.4.4 NEUTRALITY

Neutrality means that there is no prejudice evident in the research procedure and research results. Confirmability which is the criterion against which neutrality is measured refers to whether the results attained by the researcher can be confirmed by another individual. According to Babbie and Mouton (2004:278) confirmability is “the degree to which the findings are the product of the focus of the inquiry and not of the biases of the researcher”. The concept of confirmability refers to the objectivity of research data. The relevance of the data should be agreed upon by two independent people (Polit & Hungler, 1995:363). Strategies utilised by the researcher in this study to ensure neutrality were:

- triangulation, and
- reflexivity as set out in Table 2.1.

In addition to the above strategies the researcher ensured that an adequate audit trail was available so that the auditor could ascertain if the data had been correctly interpreted. It will also be possible to determine from the audit trail whether the conclusions and recommendations made, are applicable to the information obtained from the study. As stated previously, both the supervisors for this study are experienced in qualitative research and could ensure that objectivity was maintained and that the research data confirmed neutrality.

Dahlberg (cited in Holloway & Wheeler, 2002:255) states that in addition to the availability of the audit trail it is also required that the researcher possess intellectual honesty and opennessness, together with a sensitivity to the phenomenon being studied, in this instance the Operating Room Learning Programmes as they are presented in South Africa.
<table>
<thead>
<tr>
<th>CRITERIA TO ENSURE TRUSTWORTHINESS</th>
<th>CRITERIA</th>
<th>STRATEGY</th>
<th>APPLICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Truth value</td>
<td>Credibility</td>
<td>Prolonged field experience</td>
<td>The researcher has thirty one years experience working as a registered nurse, of which ten years were spent working as a scrub sister in the operating room operating rooms at both public and private hospitals and seven years as an educator involved in the ORNS Programme for post-registration students.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reflexivity</td>
<td>The researcher made use of field notes that was kept throughout the research process. These field notes reflected the various thoughts, feeling, ideas and experiences within the research context. While writing the notes the researcher became aware of biases and preconceived assumptions. Data was collected from the various ORNS Learning Programmes and from the field notes. Objectivity was maintained as far as possible throughout the research process.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Triangulation</td>
<td>Data was collected from the ORNS Learning Programmes and from field notes. Data was verified through literature control - the literature control was done through the use of various journals, books, articles and internet searches. Participants (ORNS Learning Programmes) were from both private and public sector as well as the suggested SGB learning programme. An audit trail is available for verification purposes. Two supervisors were utilized to omit/decrease any biases.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Peer Examinations</td>
<td>Discussions were held with impartial colleges who are experienced operating room nurses and educators. Both the research supervisors are experts in qualitative research methodology.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Document analysis steps</td>
<td>A pilot study was conducted to allow for early detection of unseen problems. The data obtained from the pilot study was included as part of the data for the final analysis.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Structural coherence</td>
<td>The researcher, supervisor and co-supervisor took great care to ensure that there were no inconsistencies between the data and the interpretation thereof. The ORNS Learning Programme was the main focus of the research study.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Authority of the researcher</td>
<td>The researcher, having worked in the clinical operating room setting for a period of ten years and functioned as a lecturer in the post registration ORNS Learning Programme for the past seven years, was familiar with the phenomenon being studied. The research was guided by two supervisors who have extensive experience in the field of qualitative research.</td>
</tr>
<tr>
<td>CRITERIA TO ENSURE TRUST-WORTHINESS</td>
<td>CRITERIA</td>
<td>STRATEGY</td>
<td>APPLICATION</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>-------------</td>
<td>-------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Applicability</td>
<td>Transferability</td>
<td>Nominated sample</td>
<td>A purposive criterion-based sample was drawn from the available participants offering the ORNS Learning Programme as they appear in the Hospital and Nursing yearbook for Southern Africa (2004).</td>
</tr>
<tr>
<td></td>
<td>Dense description</td>
<td></td>
<td>A detailed description of the research method and design as well as the literature control was provided to maintain clarity. The dense description was written in such a manner that another researcher will be able to follow the proceedings of the study.</td>
</tr>
<tr>
<td>Consistency</td>
<td>Dependability</td>
<td>Dense description</td>
<td>As indicated above, a detailed description of the research method and design as well as the literature control was provided to maintain clarity.</td>
</tr>
<tr>
<td></td>
<td>Triangulation</td>
<td></td>
<td>The combination of the transcribed data from the ORNS Learning Programmes document analysis, journals and the researcher’s field notes were utilized in the process of data collection (as described above)</td>
</tr>
<tr>
<td>Neutrality</td>
<td>Confirmability</td>
<td>Triangulation</td>
<td>As described above.</td>
</tr>
<tr>
<td></td>
<td>Peer examination</td>
<td></td>
<td>As described above.</td>
</tr>
</tbody>
</table>

As adapted from Krefting (1991:214)
2.5 ETHICAL CONSIDERATION

As a researcher, one is required to abide by certain ethical obligations. It was necessary to reassure the participants who submitted the curricula that they would be protected from any harm during the entire research process. The researcher endeavoured to achieve this by adherence to the following ethical principles:

2.5.1 VOLUNTARY PARTICIPATION

It is the right of every individual to decide freely whether to participate in research. The choice to be involved in the research study was made freely and independently by the participants without coercion from the researcher (Holloway & Wheeler, 1996:39). The relevant personnel of the participating educational institutions were informed that they were free to withdraw from the study at any time during the research process.

2.5.2 INFORMED CONSENT

The researcher informed the participants of the aim and the purpose of the research study to enable them to make informed decisions regarding involvement in the study. It was necessary that consent be requested and obtained in written form; therefore the relevant personnel of the selected educational institutions were requested to complete a document of consent/permission. The document was constructed according to the guidelines prescribed by the Human Ethics Committee of the Nelson Mandela Metropolitan University (see Annexure C).

2.5.3 ANONYMITY

Anonymity means that no one should be able to identify any of the participants participating in the study. The educational institutions were assured of anonymity; therefore names were replaced with numbers throughout the research study (De Vos, 1998:20). When the possibility existed that the anonymity was threatened the researcher chose to omit the allocated numbers and rather referred to the total (number) of learning programmes meeting certain criteria or not. The educational institutions that submitted programmes/curricula for inclusion into the study remained
anonymous throughout the study and the anonymity will also be maintained into the future.

2.5.4 CONFIDENTIALITY

The manner in which the researcher dealt with the documentation received from the participating educational institutions was of a strictly confidential nature. The researcher ensured confidentiality by protecting all data gathered from participants during the research process. The names of the various educational institutions were not divulged in the study nor to any individuals other than the immediate research team.

2.6 SUMMARY

In this chapter the researcher explained in detail the research design and method utilised in this study. A description of the measures taken to ensure ethically correct implementation, emphasising confidentiality and trustworthiness was also documented.

In chapter three the researcher detailed the findings of the study in relation to the existing literature available.
CHAPTER THREE

DISCUSSION OF RESULTS AND LITERATURE CONTROL

Rudyard Kipling’s six wise men, namely
who, what, where, when, how and why
serve as constant beacons for every learner, educator and researcher
during the process of gathering or analysing information.

3.1 INTRODUCTION

In this chapter a discussion of the analysis of data is pursued. The discussion is based on the content of six Operating Room Nursing Science Learning Programmes. Of those six learning programmes, five were received from various nursing education institutions that consented to participate in this study as indicated in chapter two. All five of the Operating Room Nursing Science Leaning Programmes received from the institutions met with the inclusion criteria stated in chapter two, namely:

♦ Availability of a comprehensive ORNS curriculum.
♦ Accreditation of the educational institution by the (SANC) ETQA for nursing (as a provider for nurse education).
♦ Approval of individual programmes by the SANC.
♦ Representation from universities as well as from nursing colleges, including private accredited nursing schools.
♦ Completion of the programme should lead to an additional qualification in Operating Theatre Nursing Science.

The sixth learning programme included in the study, as indicated previously in chapter two, is the Operating Theatre Programme as suggested by the SGB.

According to the Higher Education Act 101 of 1997, (amended by Act 55 of 1999 and Act 50 of 2000) the providers of higher education may offer higher education qualifications on the following conditions:

♦ It must be registered with the Department of Education as a provider.
Each learning programme, (in this study the Operating Room Nursing Science Learning Programme) must be accredited by Council of Higher Education.

♦ The qualification must be registered on the National Qualifications.
♦ Framework by SAQA (Strydom & Van der Westhuizen, 2001:14).

The Operating Room Nursing Science Learning Programmes included in this study have been purposively selected. It is important to note that the ORNS Learning Programmes contain information that is not available for public or private access without the consent or permission of the learning institution concerned, as it belongs to that particular learning institution. Creswell (2003:187) states that protected information represents data that is “thoughtful” in that the compiling and preparing of it required careful attention and a lot of thought.

To avoid haphazard analysis of the ORNS Learning Programmes, it was clear that guidelines were necessary to ensure methodical analysis. For this purpose the researcher formulated a framework for analysis that served to guide the researcher during this phase of the research.

### 3.2 SETTING GUIDELINES FOR THE PROCESS OF ANALYSIS

To form a basis from which to commence, a framework for analysis (schematic outline) was drawn up indicating the specific criteria essential for analysing the programmes. To ensure that this framework for analysis was focused, detailed, appropriate and professional, the researcher adhered to the frameworks provided by the following councils and departments:

♦ Department of Education:
  - the Council on Higher Education,
  - the South African Qualifications Authority,
  - the Standard Generating Body.
♦ The South African Nursing Council.

The researcher first identified and then integrated the essential aspects of curriculum development, including the nine criteria for programme evaluation as set out in an
evaluator report document by the Council on Higher Education. These nine criteria were obtained from the criteria for Programme Accreditation (CHE, 2004:7).

The criteria required by the Council on Higher Education are as follows:

- Criterion 1 - Programme development.
- Criterion 2 - Student recruitment, admission and selection.
- Criterion 3 - Staff qualification.
- Criterion 4 - Staff size and seniority.
- Criterion 5 - Teaching and learning strategies.
- Criterion 6 - Student assessment.
- Criterion 7 - Venues and information technology infrastructure.
- Criterion 8 - Programme administrative services.
- Criterion 9 - Post-graduate policies, procedures and regulations.

The same criteria used by the Council on Higher Education for programme evaluation are also used by the SANC as the basis for curriculum development as verified in Annexure E. The criteria set out above are integrated into the framework for the process of analysis of the selected ORNS Learning Programmes.

3.2.1 FORMULATION OF A FRAMEWORK FOR ANALYSIS

In addition to the steps discussed above in setting the framework for analysis, essential aspects were derived from a document entitled “Proposed Standards for Nursing and Midwifery Qualifications” submitted to the SANC and SAQA by the SGB for Nursing and Midwifery (2001-2004). The researcher also used the Public and Private Higher Education Institutions format template for criteria for the Generation and Evaluation of Qualifications and Standards within the National Qualifications Framework (SAQA, 1430/00). The researcher included the most relevant criteria from the list of criteria for curriculum development as depicted by the South African Nursing Council (see Annexure E).

The researcher ultimately listed the following thirty-three criteria collated from all the documents mentioned previously, as a basis for the process of analysis of the ORNS learning programmes. After the criteria had been listed they were documented in
tabular form, then a discussion of the findings according to each criterion followed. The first twenty criteria in the framework for analysis (used to explore the programme) are set out in the main table (Table 3.3) and each criterion is then individually discussed. The remaining thirteen criteria for programme analysis are presented in two separate tables namely Table 3.1 and 3.2.

### 3.2.1.1 LIST OF CRITERIA FORMING THE FRAMEWORK FOR ANALYSIS (USED TO EXPLORE AND DESCRIBE THE PROGRAMMES)

1. Full title of qualification.
2. Purpose of qualification.
3. Statement of philosophy of institution or department.
4. Mode of presentation stated.
5. Statement of assumption of learning in place.
7. Programme exit-level outcomes stated.
8. Inclusion of Critical cross-field outcomes.
10. Articulation possibilities / Exit level outcomes indicated.
11. Structure of the programme:
   o duration of the programme,
   o full time / part time,
   o frequency of intake.
12. Pre-selection admission criteria stated:
   o previous experience in the operating theatre,
   o registration with SANC as a general nurse.
13. Qualifications of lecturers responsible for programme.
14. System of criteria for assessors / moderators in place:
   o internal moderation,
   o external moderation,
15. Assessment methods stated:
   o formative, and
   o summative.
16. Programme presentation in modules / unit standards.
17. Master plan for meso-curriculum.
18. Clinical content.
19. Accreditation of clinical facilities.
20. Clinical exposure and allocation.
22. Institutional status.
23. Learning Programme study elective.
24. Duration of the individual programmes.
25. Applicable professional regulation.
26. NQF level.
27. Total credit value of entire programme.
28. Credit value of theoretical content.
29. Credit value of clinical content.
30. Structural model used.
31. System of education utilised.
32. Frequency of theoretical assessment.
33. Frequency of clinical assessment.

The above-mentioned thirty-three criteria were highlighted and discussed in this chapter in relation to the five Operating Room Nursing Science Learning Programmes as well as the suggested learning programme of the SGB for Operating Theatre Nursing Science as submitted to the SANC. The identification of each individual criterion, together with the written discussion, is aimed at describing and clarifying the findings identified in the six ORNS Learning Programmes.

3.2.2 FORMULATION OF INFORMATION TABLES

Initially all six ORNS Programmes (including the Operating Theatre Nursing Science Programme submitted to SANC by the SGB) were individually read to enable the researcher to familiarise herself with the contents of each learning programme that was included in the research study. It was necessary for the researcher to repeat the process of reading and reworking the data often until eventually detailed documents were drawn up in the form of three compact tables, depicting the researcher’s findings in a manner that could be easily understood by the readers (see Table 3.1, 3.2 and 3.3). This is in line with the statement by Creswell (1994:154) that the researcher takes a voluminous amount of information and reduces it to certain patterns, categories or themes.
The researcher found it necessary to compile the various tables to provide a clear, broad overview of the specific data in the respective five Operating Room Nursing Science Programmes submitted for inclusion into this qualitative study as well as the Operating Theatre Nursing Science Programme suggested by the SGB. Three tables were illustrated and the thirty-three criteria were included into the three tables as described earlier in this chapter, to provide clarity to the reader and also for the purpose of keeping the researcher focused.

The three tables reflecting the specific data are identified as:

- Table 3.1 – dealing with six of the criteria.
- Table 3.2 - dealing with seven of the criteria.
- Table 3.3 – dealing with the remaining twenty criteria.

Creswell (2003:194) states that many qualitative researchers use visuals, figures or tables as adjuncts to their discussion.

The main criteria and where applicable, the subsections, are included and discussed in the tables according to the findings relevant to each ORNS Learning Programme. The thirty-three criteria included for discussion into the tables also serve as evidence of the similarities and dissimilarities found during the process of analysing the learning programme content.

The researcher selected the listed criteria to provide an in-depth description of the learning programmes included in the study and also to verify the adherence to the South African Nursing Council guidelines for the Operating Room Nursing Science Programme.

Table 3.1 depicts the findings according to the following six criteria:

- Qualification accredited by SANC.
- Learning programme study elective.
- Institutional status.
- Duration of the individual programmes.
- Applicable professional regulation (R212 of 19 February 1993).
- NQF level.
The criteria indicated above as well as those in subsequent information tables also serve to provide an overview of the Operating Room Nursing Science Programmes offered to post-registration students in South Africa. The five Operating Room Nursing Science Programmes are compared against the recommendations of the Standard Generating Body for Nursing. The SGB, as explained in chapter one of this study, was established for developing and recommending standards and qualifications to the NSB. Because the standard of their work must meet SAQA requirement, the researcher opted to use the ORNS Learning Programme suggested by the SGB as a “benchmark” for this study. Recommendations from SAQA and HEQC were also highlighted in the study.

The ORNS Learning programme as suggested by the SGB is not included in the information recorded in Tables 3.1 and 3.2, but is highlighted in the discussion that follows in order to emphasize the suggestions forwarded by the SGB to the SANC.
<table>
<thead>
<tr>
<th>ALLOTTED INSTITUTIONAL NUMBER (FOR RESEARCH PURPOSES)</th>
<th>ACCREDITAION BY SANC</th>
<th>TITLE OF QUALIFICATION LEARNING PROGRAMME STUDY ELECTIVE</th>
<th>INSTITUTIONAL STATUS</th>
<th>DURATION OF THE PROGRAMME</th>
<th>APPLICABLE PROFESSIONAL REGULATION</th>
<th>NQF LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES</td>
<td>Diploma in medical and surgical nursing science</td>
<td>College of nursing</td>
<td>44 weeks = one academic year (full time)</td>
<td>Regulation 212, 19 February 1993</td>
<td>Level 7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Operating theatre nursing (elective)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>YES</td>
<td>Advanced diploma in medical and surgical nursing science</td>
<td>University</td>
<td>2 academic years (part-time)</td>
<td>Regulation 212, 19 February 1993</td>
<td>Level 8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Operating theatre nursing (elective)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>YES</td>
<td>Advanced university diploma in operating room nursing (general)</td>
<td>University</td>
<td>44 weeks = one academic years (full time)</td>
<td>Regulation 212, 19 February 1993</td>
<td>Level not indicated in programme</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Operating room nursing (elective)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>YES</td>
<td>Diploma in medical and surgical nursing science</td>
<td>College of nursing</td>
<td>One academic year (full time)</td>
<td>Regulation 212, 19 February 1993</td>
<td>Level 6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Operating theatre nursing (elective)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>YES</td>
<td>Honours or masters degree in advanced general nursing science</td>
<td>University</td>
<td>2 academic years (part-time)</td>
<td>Regulation 212, 19 February 1993</td>
<td>Level 7 (Honours) Or level 8 (Magister) Respectively</td>
</tr>
</tbody>
</table>
At this initial stage of data analysis it was already apparent that obvious differences in
the learning programmes from the various higher education institutions were
noticeable. On completion of the analysis and recording of the criteria listed in Table
3.1, the researcher proceeded to explore and describe the learning programmes
included in the study as required for Table 3.2. After further scrutiny of these learning
programmes, the findings that provided evidence regarding the following seven criteria
were included in Table 3.2:

♦ Credit value of the entire programme.
♦ Credit value of the theoretical content of the programme.
♦ Credit value of clinical content of programme.
♦ Type of structural model utilised.
♦ System of education utilised.
♦ Frequency of theoretical examinations/assessment (summative).
♦ Frequency of clinical examinations/assessment (summative).

It must be noted that the researcher experienced a serious problem in her efforts to
obtain some of the information required for the study (which was not indicated in the
learning programmes forwarded by some of the HEI) despite the many attempts made,
as discussed in chapter four of this study.
<table>
<thead>
<tr>
<th>ALLOTTED INSTITUTIONAL NUMBER (FOR RESEARCH PURPOSES)</th>
<th>CREDIT VALUE OF ENTIRE PROGRAMME</th>
<th>CREDIT VALUE OF THEORETICAL CONTENT OF PROGRAMME</th>
<th>CREDIT VALUE OF CLINICAL CONTENT OF PROGRAMME</th>
<th>TYPE OF STRUCTURAL MODEL UTILIZED</th>
<th>SYSTEM OF EDUCATION UTILIZED</th>
<th>FREQUENCY OF THEORETICAL EXAMINATION (SUMMATIVE)</th>
<th>FREQUENCY OF CLINICAL EXAMINATION (SUMMATIVE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>128 credits Practical credits not included</td>
<td>32 = Nursing Dynamics</td>
<td>Credit value not indicated – stated that a minimum of 1200 practical hours per annum required</td>
<td>Outcomes - based model / relational resource based nursing education model</td>
<td>Minimal block system + Self study day release + contact sessions</td>
<td>Annually</td>
<td>Annually</td>
</tr>
<tr>
<td>2</td>
<td>Credits not indicated</td>
<td>Credits not indicated</td>
<td>Credits / hours not indicated</td>
<td>Outcomes - based model</td>
<td>Contact sessions + workshops</td>
<td>Semester examinations</td>
<td>Annually</td>
</tr>
<tr>
<td>3</td>
<td>130 credits</td>
<td>60 = Fundamental modules</td>
<td>20 credits</td>
<td>Outcomes - based model</td>
<td>Day release system + contact sessions</td>
<td>Semester examinations</td>
<td>No end of year OSCE - Day to day principle of assessment culminating in a final mark (based on a percentage principle)</td>
</tr>
<tr>
<td>ALLOTTED INSTITUTIONAL NUMBER (FOR RESEARCH PURPOSES)</td>
<td>CREDIT VALUE OF ENTIRE PROGRAMME</td>
<td>CREDIT VALUE OF THEORETICAL CONTENT OF PROGRAMME</td>
<td>CREDIT VALUE OF CLINICAL CONTENT OF PROGRAMME</td>
<td>TYPE OF STRUCTURAL MODEL UTILIZED</td>
<td>SYSTEM OF EDUCATION UTILIZED</td>
<td>FREQUENCY OF THEORETICAL EXAMINATION (SUMMATIVE)</td>
<td>FREQUENCY OF CLINICAL EXAMINATION (SUMMATIVE)</td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
<td>--------------------------------</td>
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<td>-----------------------------------------------</td>
<td>--------------------------------</td>
<td>--------------------------------</td>
<td>-----------------------------------------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>4</td>
<td>172 credits</td>
<td>18 = Nursing Dynamics</td>
<td>59 credits (also indicated in periods)</td>
<td>Outcomes - based model</td>
<td>Block system + contact sessions</td>
<td>Annually</td>
<td>Annual examinations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>18 = Medical &amp; Surgical</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>18 = Operating Room Nursing 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>18 = Operating Room Nursing 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>13 = Resource centre</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>20 = Formative &amp; summative evaluation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>8 = Support programmes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Honours programme 128 credits</td>
<td>20 = Nursing dynamics</td>
<td>19 credits</td>
<td>Outcomes - based model</td>
<td>Block System + Contact sessions</td>
<td>Semester examinations</td>
<td>Annual examinations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>12 = Pharmacology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>20 = Research</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>19 = Foundations of Advanced General Nursing Science</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>19 = Operating Room Nursing science</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>19 = Operating Room nursing science</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>19 = Operating Room nursing science (surgery &amp; surgical procedures)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allotted institutional number (for research)</td>
<td>Credit value of entire programme</td>
<td>Credit value of theoretical content of programme</td>
<td>Credit value of clinical content of programme</td>
<td>Type of structural model utilized</td>
<td>System of education utilized</td>
<td>Frequency of theoretical examination (summative)</td>
<td>Frequency of clinical examination (summative)</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>---------------------------------</td>
<td>-----------------------------------------------</td>
<td>-----------------------------------------------</td>
<td>---------------------------------</td>
<td>---------------------------------</td>
<td>-----------------------------------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>5 (continued)</td>
<td>Masters programme</td>
<td>24 = advanced professional practice</td>
<td>25 = credits</td>
<td>Structural model utilized</td>
<td>Educational System Utilized</td>
<td>Frequency of Theoretical examination (summative)</td>
<td>Annual examinations</td>
</tr>
<tr>
<td></td>
<td>247 credits</td>
<td>8 = research methodology</td>
<td></td>
<td>Outcomes based model</td>
<td>Block system and contact sessions</td>
<td>Semester examination</td>
<td>- anaesthetics including receiving of a patient during first semester</td>
</tr>
<tr>
<td></td>
<td></td>
<td>100 = research treatise</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- functioning as a scrub nurse during second semester</td>
</tr>
<tr>
<td></td>
<td></td>
<td>18 = nursing dynamics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>12 = pharmacology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>20 = foundations of advanced general nursing science</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>20 = operating room nursing science foundation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>20 = operating room nursing science (surgery &amp; surgical procedures)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3.2.3 UTILISATION OF THE PREDETERMINED CRITERIA - FRAMEWORK FOR ANALYSIS

Throughout the process of exploring, analysing and comparing the data of the various learning programmes, the researcher was aware of the magnitude of information that each learning programme contained. It was essential that the researcher carefully read and re-read (analysed) the information until it became possible to synthesise the knowledge gained into an organised whole. Beyer (in Mogale, 2004:159) appropriately describes synthesis as being the combining of separate elements to produce a coherent whole and as pulling together, unifying, combining and creating.

The researcher had to devise a plan to ensure that the vast amount of information (obtained from analysis of the learning programmes) was managed and controlled in an organised manner. Initially the researcher identified a preliminary list of forty-five potential predetermined criteria that were roughly arranged into a table that was devised as a draft document but proved to be unmanageable due to the unstructured and voluminous amount of criteria initially identified. Ultimately the researcher condensed the information into thirty-three criteria as indicated on page forty-five and page forty-six of this study.

The thirty-three criteria were eventually discussed by means of three illustrated tables namely:

- Table 3.1 consisting of six criteria, as indicated on page 49.
- Table 3.2 consisting of seven criteria as indicated on page 51.
- Table 3.3 consisting of twenty criteria as indicated on page 55 to page 59 and forms the bulk of the discussion consisting of a template of the main criteria, with various sub-sections where required.

The three tables were devised by the researcher to identify and describe the findings of the learning programmes for education and training of post-registration operating room nurses in South Africa according to the specific predetermined criteria identified as the framework for analysis. The criteria and their subsections were also utilised to assess the respective programmes submitted for the study against the recommendations of the SGB as documented in the report of the Proposed Standards for Nursing and Midwifery and Post-graduate Qualifications, which was submitted to the South African Nursing Council and SAQA by the SGB (SGB for Nursing and Midwifery, 2001-2004).
As indicated previously, the above final thirty-three predetermined criteria (which are part of the framework for analysis) were based on the criteria indicated by the Higher Education Quality Committee, the South African Nursing Council and the Standard Generating Body for Nursing. The criteria were then utilized to discuss the respective findings analysed from the ORNS learning programmes included in the research study. According to Creswell (2003:94) qualitative researchers may convey descriptive information about each participant in the form of a table as was implemented in this study. The term “participant” in this study refers to each ORNS Learning Programme of the relevant nursing education institutions of higher learning, that was included in this study (with the full consent from the responsible person/or management of such institution).

The following template illustrated in this chapter as Table 3.3 which was utilised to analyse further each ORNS learning programme, provides an overview of the twenty remaining criteria indicated above and reflected on in this study.

<table>
<thead>
<tr>
<th>EVALUATION CRITERION NUMBER</th>
<th>CRITERION AND SUBSECTION OF CRITERION</th>
<th>ALLOTTED LEARNING PROGRAMME NUMBER (FOR RESEARCH PURPOSES)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Full title of qualification</td>
<td>1 2 3 4 5 SGB</td>
</tr>
<tr>
<td>2</td>
<td>Purpose of qualification</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• empowerment of learner</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• meeting of health care needs of South African society</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Statement of philosophy of institution or department</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• vision statement</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• mission statement</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Mode of presentation stated</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• centralised - block system</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• day-release system – theory</td>
<td></td>
</tr>
<tr>
<td>EVALUATION CRITERION NUMBER</td>
<td>CRITERION AND SUBSECTION OF CRITERION</td>
<td>ALLOTED LEARNING PROGRAMME NUMBER (FOR RESEARCH PURPOSES)</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>--------------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>• day-release system – self study purposes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• workshop for specific subjects</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• day-release system for clinical demonstrations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• contact sessions per week</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• clinical unit allocation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• workbook as evidence for clinical record</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• workbook as evidence for Nursing Dynamics</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Statement on assumption of learning in place</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>SANC entry requirement stated</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• compulsory registration with SANC</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• maximum number of learners per intake</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• minimum number of learners per intake</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• number of intakes per year</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Programme exit level outcomes stated</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Inclusion of critical cross-field outcomes</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Official language of instruction</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Articulation possibilities / exit levels indicated in programme</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• possibility of exiting with credits for completed modules if learner is unable to complete the full programme</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• possibility for learners registered at another higher education institution to enter midstream during commencement of the programme</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• possibility of linkage of Operating Room Nursing Science Diploma to Honours or Masters degree</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• after student has successfully completed the Operating Room Nursing Science Programme, credits obtained for modules will be retained if student wishes to pursue clinical programme in another field</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Structure of programme</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• duration of programme</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• full-time</td>
<td></td>
</tr>
<tr>
<td>EVALUATION CRITERION NUMBER</td>
<td>CRITERION AND SUBSECTION OF CRITERION</td>
<td>ALLOTTED LEARNING PROGRAMME NUMBER (FOR RESEARCH PURPOSES)</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>--------------------------------------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>12</td>
<td>Pre-selection admission criteria stated</td>
<td>1 2 3 4 5 SGB</td>
</tr>
<tr>
<td>13</td>
<td>Qualifications of lecturers responsible for the programme</td>
<td>1 2 3 4 5 SGB</td>
</tr>
<tr>
<td>14</td>
<td>System for assessors/moderation criteria in place</td>
<td>1 2 3 4 5 SGB</td>
</tr>
<tr>
<td>15</td>
<td>Assessment methods stated</td>
<td>1 2 3 4 5 SGB</td>
</tr>
<tr>
<td>16</td>
<td>Programme presentation</td>
<td>1 2 3 4 5 SGB</td>
</tr>
<tr>
<td>17</td>
<td>Master plan for meso-curriculum</td>
<td>1 2 3 4 5 SGB</td>
</tr>
</tbody>
</table>

- part-time
- commencement date of programme

12. Pre-selection admission criteria stated

- previous experience in operating theatre stated
- at least one year of previous experience
- registered with SANC as a general nurse

13. Qualifications of lecturers responsible for the programme

- registered with SANC as a general nurse a priority
- Operating Room Nursing Science as an additional qualification a priority
- Nursing Education qualification a priority

14. System for assessors/moderation criteria in place

- internal moderation system
- external moderation system

15. Assessment methods stated

- formative
- summative

16. Programme presentation

- Programme set out in modules/study units

17. Master plan for meso-curriculum

- Portrays theoretical programme
- Inclusive of:
  - Nursing dynamics
  - ethos of nursing
  - management
  - communication and teaching
- Shock/resuscitation
- Homeostasis
<table>
<thead>
<tr>
<th>EVALUATION CRITERION NUMBER</th>
<th>CRITERION AND SUBSECTION OF CRITERION</th>
<th>ALLOTTED LEARNING PROGRAMME NUMBER (FOR RESEARCH PURPOSES)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>Clinical content portrayed</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>List of skills / demonstrations / learning opportunities</td>
<td></td>
</tr>
<tr>
<td>EVALUATION CRITERION NUMBER</td>
<td>CRITERION AND SUBSECTION OF CRITERION</td>
<td>ALLOTTED LEARNING PROGRAMME NUMBER (FOR RESEARCH PURPOSES)</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>--------------------------------------</td>
<td>--------------------------------------------------------</td>
</tr>
<tr>
<td>19</td>
<td>Accreditation of clinical facilities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• List of clinical facilities utilised</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• IT infrastructure and library resources included in the learning programme</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Clinical exposure and allocation or placements</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Indication of minimum clinical hours in the operating room</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Indication of minimum clinical hours required</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Allocation for clinical exposure to each specialization</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• various areas of specialisation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• in the operating room</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- general surgery</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- cardio/thoracic surgery</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- neurological surgery</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- gynaecological surgery</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- orthopaedic surgery</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- urological surgery</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- reconstructive surgery</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- ophthalmology</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- otolaryngology(ENT)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- recovery room</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Central sterilising department/settling out room</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- administration</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- anaesthesiology</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Other clinical placements:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- intensive care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- renal unit</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- burns unit</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- community-based surgical nursing care</td>
<td></td>
</tr>
</tbody>
</table>

### 3.3 DISCUSSION OF INDIVIDUAL CRITERIA

Each of the twenty criteria together with the subsections of each criterion, as listed in Table 3.3 will now be discussed. The researcher depicted each criterion and subsection as an individual entity. The flow of the discussion will follow the same pattern throughout the presentation, commencing with the title of the criterion and an explanation of the specific criterion, followed by a table in which the findings are recorded. Thereafter a discussion of the content of the different learning programmes in relation to that specific criterion will take place. The discussion that will be substantiated by information from relevant literature utilised in the study will be
provided to highlight the findings of the analysis and to facilitate the reading process, thus ensuring that the content is understood. A comparison between the different learning programmes was drawn and the particular criterion/subsection was re-contextualized within existing literature related to the specific criterion. The researcher at this stage wishes to emphasise that literature was not always available. An obvious paucity exists in the availability of relevant literature regarding Operating Room Nursing Science Programmes in South Africa.

After an in-depth analysis of the Operating Room Nursing Science Learning Programmes that were included in the research study, symbols were utilised to indicate the findings of each criterion and/or its subsections. The same symbols were also utilized to indicate the recommendations of the SGB, regarding the respective criterion and sub-sections. Each symbol indicates the following with regard to the inclusion of the criteria:

**TABLE 3.4 SYMBOL INDICATION**

<table>
<thead>
<tr>
<th>SYMBOL</th>
<th>SYMBOL INDICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔</td>
<td>The criterion and/or subsections are included in the respective learning programme. The criterion and/or subsections are recommended by the SGB documentation on the Operating Room Nursing Science programme.</td>
</tr>
<tr>
<td>✗</td>
<td>The criterion and/or subsections are not included in the respective learning programme. The criterion and/or subsections are not recommended by the SGB.</td>
</tr>
<tr>
<td>❓</td>
<td>It is not clear if the criterion and/or subsections are included in the respective learning programme. It is not clear if the criterion and/or subsections are recommended by the SGB.</td>
</tr>
<tr>
<td>☐</td>
<td>No information regarding the criterion and/or subsection is evident in the researched literature.</td>
</tr>
</tbody>
</table>

A sequential discussion of the various predetermined criteria indicated in Table 3.3 commenced with criterion number one as the point of departure.
3.3.1  **CRITERION NUMBER ONE: FULL TITLE OF THE QUALIFICATION OF THE LEARNING PROGRAMME**

Criterion number one deals with the title of the qualification of the learning programme that is essential for identification and clarification of the specific area of study.

**TABLE 3.3.1 FULL TITLE OF THE QUALIFICATION OF THE OPERATING ROOM NURSING SCIENCE LEARNING PROGRAMME.**

<table>
<thead>
<tr>
<th>EVALUATION CRITERION NUMBER</th>
<th>CRITERION AND SUBSECTIONS</th>
<th>ALLOTTED PROGRAMME NUMBER (FOR RESEARCH PURPOSES)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Title of the qualification of the learning programme</strong></td>
<td>1</td>
</tr>
</tbody>
</table>

All the learning programmes indicated the title of the qualification, in this instance Operating Room Nursing Science. According to SAQA an indication of the title of the qualification is a prerequisite for a programme outline (SAQA, 1430/00).

Learning Programme number one clearly sets out the information under the following headings:
- Qualification type.
- Focus of study.
- Abbreviated title.
- Field of study.
- Sub-field.
- Optional elective.

Learning programme numbers two, three, four and five merely reflect the title of the qualification without any further description.

The purpose of the operating room nursing qualification is discussed in Table 3.3.2.
3.3.2 **CRITERION NUMBER TWO: PURPOSE OF THE QUALIFICATION OF THE LEARNING PROGRAMME**

Criterion number two deals with the purpose of the qualification of the learning programme which is essential for providing direction to the specific area of study ensuring that the purpose is reached.

**TABLE 3.3.2 THE PURPOSE OF THE QUALIFICATION**

<table>
<thead>
<tr>
<th>EVALUATION CRITERION NUMBER</th>
<th>CRITERION AND SUBSECTIONS</th>
<th>ALLOTTED PROGRAMME NUMBER (FOR RESEARCH PURPOSES)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Purpose of the qualification of the learning programme</td>
<td>✓✓×✓✓✓</td>
</tr>
<tr>
<td></td>
<td>♦ Empowerment of learner</td>
<td>✓✓×✓✓✓</td>
</tr>
<tr>
<td></td>
<td>♦ Meeting of healthcare needs of South African society</td>
<td>✓✓×✓✓✓</td>
</tr>
</tbody>
</table>

Learning Programmes number one, two, four and five made reference to the purpose of the qualification, empowerment of the learner and the importance of meeting the health-care needs in South Africa. Programme number three omitted to include the purpose of the qualification.

Both criteria discussed up to this point have relevance to the qualification of the learning programme. The researcher finds it necessary to dwell further on the discussion of what is meant by the word “qualification” so that the importance thereof is verified.

Various explanations of the word “qualification,” provided in the Oxford Advanced Learner’s Dictionary, according to Hornby, (1995:949) are indicated as follows:

♦ quality or skill that makes one suitable for a particular job or activity.
♦ an official proof, eg. a degree or diploma, that one has successfully completed a course, passed an examination, or a teaching/nursing/postgraduate qualification.
♦ a statement that makes the meaning of a previous statement less strong or less general.
♦ the action of qualifying.

The definition of “qualification” as stated in the Government gazette no. 56559 (2004:8) is that a qualification is a formal recognition and certification of learning achievement awarded by an accredited institution (CHE, 2004:36).

The SGB indicates in their documentation that the purpose of the qualification is for the Masters Diploma and Masters Degree Operating Room Nursing Science learners accredited with this qualification, to be able to function at an advanced intellectual level of competency in specialized nursing settings, in this instance the operating room, (SGB for Nursing and Midwifery, 2001-2004:245).

According to SAQA the purpose of a qualification should “justify its existence as a qualification in its own right and satisfy the requirements for the registration of qualifications in regulation eight of the NSB regulations. The qualification should therefore indicate “what learners will be able to know (theoretical knowledge) and be able to do (practical knowledge) and whether it promotes the objectives of the NQF” (SAQA, 1430/00).

The following table illustrates the inclusion or omission of a philosophy in the respective learning programmes.

3.3.3 **CRITERION THREE: A STATEMENT OF PHILOSOPHY OF THE INSTITUTION OR DEPARTMENT**

In criterion number three the inclusion or omission of a statement of a philosophy in the different learning programmes was explored. According to the Oxford Advanced Learner’s Dictionary by Hornby (1995:867) a philosophy refers to a set of beliefs or an attitude to life that is a guiding principle for behaviour. The researcher’s understanding of a philosophy is that it provides an indication of the attitudes and beliefs of an institution, a group of people, or an individual.
It is a norm for institutions to develop a philosophy that portrays their beliefs and values regarding their profession. Vision and mission statements are also formulated to qualify further what the institution wishes to deliver through the learning programmes. Despite having formulated an institutional philosophy, some disciplines within the education institution develop a philosophy according to their specific learning programme in a specialised field, in this instance, Operating Room Nursing.

The researcher thought it necessary to define the three concepts “philosophy”, “vision” and “mission” to indicate the importance of their interrelationship when stating the beliefs and values of the profession of nursing. Hornby (1995:867) defines philosophy as:

- “a particular set or system of beliefs resulting from a search for knowledge” and
- “a set of beliefs and attitude to life that is a guiding principle for behaviour.

A vision is defined as:

- a vivid concept or mental picture, or a pleasing imaginative plan for, or anticipation of future events (Chambers, 1985:1115) or
- a task or duty that a person believes he or she must achieve (Collins, 2005:527).

A mission, on the other hand, is defined as:

- the errand or purpose for which one is sent - that for which one has been or seems to have been sent (Chambers, 1985:617) or
- a great perception of future developments (Collins, 2005:527).
Only learning programme number one provided a clearly-stated philosophy and a vision and mission statement. Learning programmes numbers two and three made no reference to a philosophy, a vision or mission statement. Learning programmes numbers four and five provided only a vision and mission statement.

The researcher could not find information regarding the inclusion of a philosophy or a vision or mission in the unpublished notes from the SGB document, section C: Post graduate qualifications.

In an application document circulated by the Department of Education regarding the approval process for new academic programmes and amendments to existing programmes an essential feature regarding the mission statement was highlighted, namely, “account will be taken of the fit between the institution’s mission, including national or regional needs and the proposed additions and/or changes to its proposed programme and qualification mix” (CHE, 2004:4).

The institution’s mission statement therefore should be carefully formulated to ensure relevance to the particular qualification. For this reason it is essential that higher education institutions have a clearly-stated vision and mission statement.

A philosophy in nursing refers to statements of beliefs about nursing and expressions of values in nursing that are used as a basic premise for thinking and acting in nursing practice. There are many schools/institutions of nursing and each formulates its own philosophy according to its own philosophical values. From current literature it is evident that although philosophies vary, there are common elements in all these nursing philosophies. Words winding like a common thread in most nursing philosophies are uniqueness, dignity, respect, care, ethical and spiritual obligation, rights of patients, accountability and responsibility (Mellish, Brink & Paten, 2003:9).

Important philosophical landmarks according to Mellish, et al, (2003:10) were identified by Charlotte Searle as follows:

- The belief in the essential meaning and worth of every human life.
- The recognition of the uniqueness of every human life.
- The responsibility the Creator has placed in the hands of human beings for the welfare of their fellow human beings.
Trust that there will always be an inner strength that will enable one to cope and help one to make the right decisions.

A yearning to be a worthy servant of mankind and of medical science.

Acceptance of the fact that nursing has instrumental and expressive dimensions and that it is not disease that matters, but patients who are ill and threatened.

Overcoming a tendency toward a nurse-patient relationship in favour of the relationship between one human being and another and overcoming all obstacles in the provision of healthcare.

Change and conservation of a precious human life and assistance to those who are vulnerable through change. All nursing is aimed at prevention, promotion, change, balance and conservation.

Help and support not only to those in need of health care but also to fellow workers.

The development of a nursing technology in the application of scientific principles, knowledge and skills.

The therapeutic use of self.

These twelve philosophical landmarks are also referred to as Searle’s credo of nursing. It can therefore be said that a philosophy of nursing without a doubt influences the philosophy of nursing education. Philosophies of nursing and nursing education provide direction to both students and educators. Within a philosophy of nursing education assumptions are made regarding the human beings involved, the purpose of nursing, values and norms of the profession and assumptions about learning and teaching.

3.3.4 CRITERION FOUR: MODE OF PRESENTATION STATED

In criterion four the researcher explores the inclusion or omission of the mode of presentation in the different learning programmes. The mode of presentation implemented in nursing education and in fact education in any field is of the utmost importance as it assists in the process of providing the learner with information in the most effective manner so that learning is assured.
A variety of modes of presentation may be utilised to impart knowledge and empower learners to facilitate learning.

After the researcher had viewed Table 3.3.4, it became obvious that although all learning programmes indicated their respective presentational modes of instruction, the manner of doing so differed from one educational institution to the next. The modes of instruction for each learning programme will now be discussed.

Two learning programmes namely learning programme numbers two and three indicated that the block system was not utilised. The teaching methods include workshops, addressing specific subjects with no formal lectures presented throughout the duration of the learning programme which is over a period of one academic year of study. In addition, one of the learning programme utilises one contact session of eight hours per week, amounting to a total of fourteen contact sessions per semester, whereas the other learning programme provides for contact sessions once per week for the duration of the study year but does not stipulate the hours or the total of the contact sessions.
The block system appears to be the mode of choice most commonly utilised. Three educational institutions are utilising the block system to a varying degree as explained below. Learning programme number one consists of only three block periods of five days each for the entire learning programme scheduled at the beginning, middle and end of the learning programme. A study day consisting of eight hours per week is scheduled for self-study activities under supervision of the nurse educator or the specialist mentor/preceptor at the various clinical learning facilities. Students are allocated to various clinical facilities over a period of one year totalling 1200 hours. A workbook is supplied to each student for recording of learning experiences in Nursing Dynamics during the period of training.

Learning programme number four consists of six block periods of two weeks each. Formal lectures are presented and students are allocated to a total of four different clinical learning facilities over a period of eight months to gain experience in all the essential branches of surgery. The duration of the learning programme is one academic year.

Learning programme number five is presented over a period of two academic years. The first year of study is on a totally part-time basis. Lectures are presented after working hours and in the form of learning packages with minimal learner/lecturer interaction. Contact sessions over and above the scheduled module presentation take place according to individual students’ needs. During the second year of study, the block system is being utilised, consisting of eight block periods of one week each. Formal lectures make up part of the educational presentation and learners are involved in peer-group teaching in the form of student seminars. A day-release per week system is also utilised for clinical demonstrations and practice. Students from state institutions are allocated to three facilities during inter-lock periods to gain experience in all the essential branches of surgery whereas learners from private facilities are allocated to their specific clinical facilities unless a branch of surgery or other speciality is not available at the institution concerned. Nursing educators arrange contact sessions with students when allocated to clinical learning facilities, otherwise the learners are accompanied by the specialist mentor/preceptor in the operating room.

It is indicated by HEQC that the teaching and learning methods and modes of delivery should cater for the learning needs of the target student intake and the relevant qualification (CHE, 2004:7).
3.3.5 **CRITERION FIVE: STATEMENT OF ASSUMPTION OF LEARNING IN PLACE**

To ensure clarity to prospective students it is important that the assumptions of learning be in place prior to a student’s commencement of the ORNS Learning Programme. From personal experience the researcher discovered that often the assumption of learning expected to be in place was viewed as being synonymous with the expected entrance requirements for the learning programme.

“Assumptions of learning required to be in place” refers to the knowledge gained by the learner during previous studies/pre-registration learning programmes and also to certain skills acquired in the proposed field of study, in this instance the operating room, (experience gained) prior to commencement of the Operating Room Nursing Science Learning Programme.

Expected entrance requirement, on the other hand, refers to criteria the student has to meet such as having proof of professional indemnity, proof of registration with the SANC as a registered nurse and proof of hepatitis B inoculation as the working environment in the operating room deals with blood and body fluids. This could also include clinical placement experience in the selected field of study. In unpublished notes from the SGB submitted to SAQA and the ETQA, (SGB for Nursing and Midwifery, 2001-2004:245) it is stated that current registration with the SANC as a general nurse is a requirement for access to the qualification.

After the document analysis had been completed, the findings revealed the following information:

<table>
<thead>
<tr>
<th>EVALUATION CRITERION NUMBER</th>
<th>CRITERIA AND SUBSECTION</th>
<th>ALLOTTED PROGRAMME NUMBER (FOR RESEARCH PURPOSES)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>5</td>
<td>Statement of assumption of learning in place</td>
<td>×</td>
</tr>
</tbody>
</table>
The findings indicated that two of the learning programmes omitted totally to include the assumptions of learning in place, whilst another portrayed uncertainty, as both the assumptions of learning to be in place prior to commencement of the learning programme and the expected admission requirements were linked to form one heading. The information pertaining to both the aspects was documented under this joint heading.

In the fifth learning programme the assumption of learning to be in place as an explicit heading/topic was not provided for, but the appropriate content that should actually appear under this heading, was documented as the expected entrance requirement.

Only one learning programme clearly and correctly indicated the assumptions of learning to be in place prior to commencement of the learning programme. The requirements listed indicated the specific qualifications (actual knowledge), as well as the required previous experience in the operating room as they related to specific surgical intervention (skills).

According to SAQA, (1430/00) “assumption of learning in place” refers to the actual knowledge and skills base the learner needs in order to embark on a learning programme leading to a qualification. It is emphasised that the entrance requirement should not be included under this heading.

The SGB document (2003:246) highlights ten requirements that reflect assumptions of learning assumed to be in place. These are to:

♦ develop, implement and evaluate population-based health care (aimed at the specific population of South Africa);
♦ plan, implement and evaluate nursing care for individuals based on thorough assessment;
♦ deliver nursing care to sick and disabled individuals and groups;
♦ promote rehabilitation in individuals and groups with disabilities;
♦ diagnose and treat minor and common ailments;
♦ maintain professional nursing in practice;
♦ manage a healthcare unit;
♦ deliver safe midwifery care;
♦ understand basic nursing research; and
integrate and apply knowledge of biomedical sciences, including body functioning, microbiology, pharmacology as well as socio-psychology in the provision of nursing care within a comprehensive healthcare system.

The policy document of SAQA, (1430/00) indicates that the information required is the actual knowledge and skills base the learner will need to be able to embark on a learning programme leading to a qualification. In addition clear emphasis is placed on the fact that the entrance requirement should not be provided under this heading SAQA, (1430/00).

3.3.6 **CRITERION SIX: THE SOUTH AFRICAN NURSING COUNCIL ENTRY REQUIREMENT FOR LEARNERS**

Although entry requirements were discussed as part of criterion number five, the registration with the SANC as an entry requirement will be pursued further as students will not be admitted to the Operating Room learning programme unless they present proof of such registration. The registration must be current, as South African nurses must renew registration with the SANC as the statutory body before the end of March of each year.

Other matters of importance that will be discussed deal with the number of students to be considered per intake and the number of intakes per year.

**TABLE 3.3.6 SOUTH AFRICAN NURSING COUNCIL ENTRY REQUIREMENT FOR LEARNERS**

<table>
<thead>
<tr>
<th>EVALUATION CRITERION NUMBER</th>
<th>CRITERIA AND SUBSECTION</th>
<th>ALLOTED PROGRAMME NUMBER (FOR RESEARCH PURPOSES)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>SANC entry requirements stated</td>
<td>☑ ☑ ☑ ☑ ☑ ☑</td>
</tr>
<tr>
<td>♦</td>
<td>Compulsory registration with SANC</td>
<td>☑ ☑ ☑ ☑ ☑ ☑</td>
</tr>
<tr>
<td>♦</td>
<td>Maximum number of learners per intake</td>
<td>☒ ☒ ☒ ☑ ☑ ☐</td>
</tr>
<tr>
<td>♦</td>
<td>Minimum number of learners per intake</td>
<td>☒ ☒ ☒ ☑ ☑ ☐</td>
</tr>
<tr>
<td>♦</td>
<td>Number of intakes per year</td>
<td>☑ ☒ ☒ ☑ ☑ ☑</td>
</tr>
</tbody>
</table>
All the learning programmes indicated the registration of students with the SANC as being non-negotiable. Clarity regarding the maximum or minimum number of students per intake and the number of intakes per year is poorly reflected in the selected Operating Room Nursing Science Programmes.

Only one learning programme clearly depicted the maximum and minimum number of learners to be accepted into the Operating Room Nursing Science Learning Programme for their specific learning institution. The number of intakes per year was also documented and it was highlighted that the number had to be in line with the facilities that were available and that the possibility existed that the number could change with time, being influenced by the expansion/decrease of the available clinical facilities where clinical experience could be obtained.

Two learning programmes provided no information regarding the maximum or minimum number of students per intake, or to the number of programme intakes per year.

A further two learning programmes documented that student intake occurred once per year, but no reference was made to the minimum or maximum number of learners allowed to register for the learning programme per intake.

This type of information is important in the planning and presentation of a learning programme as attention should be given to the manpower, cost effectiveness of implementation of the programme and the advantages and disadvantages of implementing such a programme for the country and its community.

The Council on Higher Education requires that, in the case of professional and vocational programmes, the number of students admitted to the programme should be carefully monitored as it should take into account the need of the particular profession as well as equity considerations (CHE, 2005:7).

Professional councils, in this instance the SANC, have a vested interest in career programmes related to their particular profession. It is clearly stated in the Evaluator Preparation Programme that the councils registered as ETQA’s are entitled to perform quality assurance activities within the SAQA framework regarding their particular profession (CHE, 2005:13).
3.3.7 **CRITERION SEVEN: PROGRAMME EXIT-LEVEL OUTCOMES**

There are various types of outcomes that are dealt with when one is developing learning programmes. Reference to outcomes in this specific section of discussion pertains to programme outcomes or, as previously termed, programme objectives.

### TABLE 3.3.7 PROGRAMME EXIT LEVEL OUTCOMES

<table>
<thead>
<tr>
<th>EVALUATION CRITERION NUMBER</th>
<th>CRITERIA AND SUBSECTION</th>
<th>ALLOTTED PROGRAMME NUMBER (FOR RESEARCH PURPOSES)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Programme exit-level outcomes stated</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
</tr>
</tbody>
</table>

Mogale (2004:88) states that outcomes are the end-products of a learning process and that the outcomes clearly indicate what the learner should be able to demonstrate an understanding of. Merely understanding theory will not suffice because the learner should also have the ability to correlate the theory with practice by application.

All five learning programmes utilised in this research study indicated either the programme outcomes or objectives in their respective documents. The researcher will now highlight the most common outcomes or objectives documented in all five of the learning programmes:

- The use of critical and creative thinking to manage complex clinical problems.
- Utilisation of systematic information, science and technology appropriately in order to render quality patient care.
- The contribution to the development of nursing science through research involvement.
- Communication of information to relevant parties to ensure openness and clarity, for example with the patient, his family and the surgical team members.
- Interpretation and implementation of research findings to improve the standards of nursing.
♦ Demonstrating respect for the dignity and uniqueness of man, in his social, cultural and religious context and seeing man as a complete being.
♦ Implementation of a scientific approach to the nursing of patients in the operating room.
♦ Maintenance of ethical codes of the profession and practice within the provisions of the appropriate legislation.
♦ Co-operation within the nursing and multidisciplinary team and collaboration with a view to achieve a common objective.
♦ Carrying out situational analysis, planning, implementing and evaluating service improvements.
♦ Defining and acceptance of responsibility for independent nursing practice.
♦ Developing and implementing of operational leadership, managerial and teaching skills.
♦ Exploring a variety of problem-solving and teaching strategies to empower patients in the facilitation of their health.
♦ Exploring career and entrepreneurial opportunities within the nursing profession and healthcare context.
♦ Analysing and operationalising the underlying theories that endorse the role of the clinical nurse.
♦ Performing as a preceptor/facilitator in the education of other healthcare workers.
♦ Ensuring that the role of advocacy has been integrated throughout the curriculum.
♦ Applying the principles of administration in the management if the department.
♦ Implementing nursing in all relevant situations including emergency situations.
♦ Having insight into medico-legal risks and the implication thereof, to institute preventative measures where possible and to appropriate action when required to do so.

The proposals of the SGB in the learning programme for the Operating Theatre Nursing Elective for the Masters Diploma in Nursing Science and the Masters Degree in Nursing Science are included for clarity to the reader and will be discussed separately.
 ➢ SGB PROPOSAL FOR EXIT-LEVEL OUTCOMES FOR THE MASTERS DIPLOMA AND THE MASTERS DEGREE IN NURSING SCIENCE

Under the heading of exit-level outcomes, the SGB document (2003:248) highlights six outcomes. The first three outcomes are indicated as being the core outcomes for all post-registration programmes and the subsequent three outcomes are specific to the Operating Room Theatre Learning Programme as the elected programme:

1. Function effectively as an advanced nurse specialist with other members of the health team within the health care system.
2. Analyse a range of research methods and approaches with regard to their appropriateness for investigating particular research problems in specialized nursing and midwifery.
3. Manage and evaluate specialised nursing services for individuals, families and communities at district, provincial and national level within the context of national health policy and legislation and international guidelines in a variety of workplace settings.
4. Work as a specialist practitioner with other team members within the operating theatre and surgical environment for the prevention of illness.
5. Demonstrate an informed and critical understanding of the principles, theories and emerging issues and debates in operating theatre nursing.
6. Apply specialist knowledge and skills in peri-operative care of individuals.

The six outcomes as indicated above are also included in the proposal for the Masters Degree in Nursing Science. The layout for the Masters Degree in Nursing Science differs in that a fourth outcome is proposed for the core outcomes and reads as follows in the SGB document (2003:274):

- Apply advanced research methods in investigating complex and/or ill-defined problems in nursing and midwifery (education, management and/or practice).

The outcomes proposed for the Masters Degree in Nursing Science therefore total seven outcomes compared to the six outcomes for the Masters Diploma in Nursing Science. Emphasis is placed on quality assurance activities in both programmes (SGB for Nursing and Midwifery, 2001-2004:285).

SAQA specifies the following guidelines “Exit-level outcomes should reflect an integration of specific and critical outcomes. These could be indicated separately. The associated assessment criteria should be formulated as criteria and should indicate
how the assessor will know whether the learner is competent. The appropriate assessment methods and tools should also be indicated” (SAQA, 1430/00).

According to the CHE, in order to ensure the attainment of the purpose and the outcomes of a programme, it is essential that the programme be effectively co-ordinated. This will necessitate the use of appropriate teaching and learning methods and material. The CHE further states that effective internal and external assessment and moderation practices serve as critical factors in testing student competence so that the intended learning outcomes may be achieved (CHE, 2004:16).

The many and varied exit level outcomes listed in the above learning programmes indicate the necessity for documenting the relevant outcomes so that they may be in line with the proposals of the SGB. It is also essential to inform learners of the significance and relevance of the programme they are following or intending to follow. Patients in the operating room place their trust totally in the hands of the surgical team when they consent to surgery. The student/learner registering for the Operating Room Nursing Science Learning Programme as well as the relevant educator should therefore take cognisance of the programme exit-level outcomes that are to be attained.

3.3.8 CRITERION EIGHT: INCLUSION OF CRITICAL CROSS-FIELD OUTCOMES IN THE LEARNING PROGRAMME

Critical cross-field outcomes as prescribed by SAQA are integral to the process of nursing education. Critical cross-field outcomes are also referred to as enabling tools and prerequisites necessary to achieve outcomes (Olivier, 2001:44).

<p>| TABLE 3.3.8 INCLUSION OF CRITICAL CROSS-FIELD OUTCOMES IN THE LEARNING PROGRAMMES |
|-----------------------------------------------|-----|-----|-----|-----|-----|-----|</p>
<table>
<thead>
<tr>
<th>EVALUATION CRITERION NUMBER</th>
<th>CRITERIA AND SUBSECTION</th>
<th>ALLOTTED PROGRAMME NUMBER (FOR RESEARCH PURPOSES)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Inclusion of critical cross-field outcomes</td>
<td>✓   ✓   ✓   ✗   ✓   ✓</td>
</tr>
</tbody>
</table>
Recommendations were made by SAQA that learning programmes of all South African qualifications should include the critical cross-field outcomes or generic skills. There are twelve generic critical cross-field outcomes described by SAQA that should be embedded in all the specific outcomes appearing in learning programmes (CHE, 2004:34). Following is a list of the twelve generic critical cross-field outcomes described by SAQA.

- Problem-solving, critical and creative thinking.
- Working effectively as a member of a team.
- Self-organisation and management.
- Information processing.
- Communicating effectively.
- Effective and critical use of science and technology.
- Demonstrating a systematic understanding of the word.
- Reflecting on and exploring learning strategies.
- Participating as citizens in social life.
- Being culturally and aesthetically sensitive across a range of social contexts.
- Exploring education and career opportunities.
- Developing entrepreneurial opportunities.

As evident in Table 3.3.8 learning programme number four omitted to refer specifically to how the critical cross-field outcomes were embedded into the exit-level outcomes although reference was made to the specific learning outcomes of the learning programme. Two of the learning programmes listed all twelve critical cross-field outcomes and indicated how these were embedded in each specific outcome. The third learning programme indicated some of the critical cross-fields appropriate to the learning programme and endeavoured to describe how they were implemented. As indicated in Table 3.3.8 this learning programme omitted reference to critical cross-field outcomes. The last learning programme scrutinised indicated that the critical cross-field outcomes were generic in all the specific outcomes, but the manner in which they were embedded in the programme has been omitted.

In the document of the SGB two individual schematic presentations depicting the critical cross-field outcomes for the post-graduate qualifications are clearly set out. The critical cross-field outcomes are presented according to the two learning programmes culminating in the Masters Diploma in Nursing Science (SGB for Nursing and
Midwifery, 2001-2004:273) and the Masters Degree in Nursing Science qualifications (SGB for Nursing and Midwifery, 2001-2004:302) respectively. The content of the two presentations will now be explained to the reader.

➢ **SGB RECOMMENDATIONS**

For the qualification as Masters Diploma in Nursing Science, five-exit level outcomes are listed and the critical cross-field outcomes embedded within each exit-level outcome are indicated. These five exit levels are indicated below.

➢ **MASTERS DIPLOMA IN NURSING SCIENCE**

The five exit level outcomes are:

♦ **Exit-level outcome 1**
Function effectively as a clinical nurse specialist with other members of the health team within the healthcare system: - embedded in this outcome are five critical cross-field outcomes depicted, namely teamwork, organising, communication, science and technology and self-development.

♦ **Exit-level outcome 2**
Analyse a range of research methods and approaches with regard to their appropriateness for investigating particular research problems in specialised nursing and midwifery: - embedded in this outcome are five critical cross-field outcomes depicted, namely problem-solving, organising, information, communication and science and technology.

♦ **Exit-level outcome 3**
Manage and evaluate specialised nursing services for individuals, families and communities at district, provincial and national level within the context of national health policy and international guidelines: - embedded in this outcome are seven critical cross-field outcomes depicted, namely problem-solving, teamwork, organising, information, communication and science and technology and related systems.

♦ **Exit-level outcome 4**
Apply specialist knowledge and skills in the provision of nursing care to individuals, families and communities within a specialist field of clinical nursing: - embedded in this outcome are eight critical cross-field outcomes depicted, namely problem-solving,
teamwork, organising, information, communication and science and technology, related systems and self-dependence.

♦ Exit-level outcome 5
Demonstrate an informed and critical understanding of the principles, theories, emerging national and global issues and debates in a specific area of specialised nursing practice (operating theatre nursing): - embedded in this outcome are four critical cross-field outcomes depicted namely organising, information, communication and related systems (SGB for Nursing and Midwifery, 2001-2004:273).

There are a few noticeable differences in the exit-level outcomes and the embedded critical cross-field outcomes for the two learning programmes of the respective qualifications.

➢ MASTERS DEGREE IN NURSING SCIENCE
There are three important differences in the learning programmes for the two qualifications which are, firstly, that the Masters Degree in Nursing Science indicates an additional exit-level outcome; secondly that exit-level outcome number two has an additional critical cross-field outcome; and thirdly, exit-level outcome number five indicates eight critical cross-fields outcomes. The additional exit-level reads as follows:

♦ Exit-level outcome 6
Apply advanced research methods in investigating complex and/or ill-defined problems in nursing and midwifery (education, management and or practice): - embedded in this outcome are eight critical cross-field outcomes depicted, namely problem solving, teamwork, organising, information, communication and science and technology, related systems and self-dependence.

The second and third differences are that exit-level number two has an additional critical cross-field outcome, namely self-dependence and exit-level outcome number five indicates eight critical cross-fields outcomes which are problem-solving, teamwork, organising, information, communication and science and technology, related systems and self-dependence (SGB for Nursing and Midwifery, 2001-2004:302).

The critical cross-field outcomes embedded within exit-level outcomes one, three and four are the same as in the learning programme for the Masters Diploma in Nursing
Science. Emphasis is placed on the importance of integrating the critical cross-field outcomes throughout the learning programme for a specific qualification, in this instance the Operating Room Nursing Science.

- **HEQC RECOMMENDATIONS**

The HEQC in the “Criteria for Programme Accreditation” supports the need for the inclusion of the critical cross-field outcomes and referred to them as the generic outcomes as determined by SAQA (CHE, 2004:34).

3.3.9 **CRITERION NINE: OFFICIAL LANGUAGE MEDIUM OF INSTRUCTION OR CERTIFICATION**

In South Africa there are eleven recognised official languages; so it is imperative that the learner is able to understand, read, write and converse in the language in which the learning programme is presented. Should language be a problem in the teaching environment it will result in a communication breakdown and as a variable that will negatively affect the progress of the student/learner.

<table>
<thead>
<tr>
<th>EVALUATION CRITERION NUMBER</th>
<th>CRITERIA AND SUBSECTION</th>
<th>ALLOTTED PROGRAMME NUMBER (FOR RESEARCH PURPOSES)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Language medium of instruction/certification</td>
<td>✓ ✓ ✓ ✓ ×</td>
</tr>
</tbody>
</table>

In the draft document from the Ministry of Education, (2004:14) it is stated that “the language of each certificate and transcript issued to a learner within the South African Higher Education system must be consistent with the Ministry of Education’s Language Policy for Higher Education”.

All certificates or transcripts must be supplied in the English language, in addition to any other relevant official language. This requirement is to enable all employers,
institutions, (both national and international), parents and individuals to understand the content of such a document. Previously the use of Latin in certificates and other legal documents was a common practice in South Africa. Although this practice is no longer encouraged the discretion to its use in a certificate is left to the individual institutions (Higher Education Qualification Framework Draft Document, 2004:14).

The language of instruction and certification for all the above learning programmes is English; therefore all documentation, instructions, interaction and assessment are provided in the English language to facilitate learning.

3.3.10 **CRITERION TEN: ARTICULATION POSSIBILITIES INDICATED IN THE PROGRAMME**

The Oxford Advanced Learner’s dictionary (1995:57) describes articulation as “a connection that permits movement”. In much the same way articulation in this context refers to movement in various directions, be it in the same institution or from one institution to the next or from one programme to another within the same institution.

**TABLE 3.3.10 ARTICULATION POSSIBILITIES REFLECTED IN THE LEARNING PROGRAMMES**

<table>
<thead>
<tr>
<th>EVALUATION CRITERION NUMBER</th>
<th>CRITERIA AND SUBSECTION</th>
<th>ALLOTTED PROGRAMME NUMBER (FOR RESEARCH PURPOSES)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1 2 3 4 5 SGB</td>
</tr>
<tr>
<td>10</td>
<td>Articulation possibilities/exit levels indicated</td>
<td>✓ ✓ × ✓ ✓ ✓</td>
</tr>
<tr>
<td></td>
<td>♦ Possibility of exiting with credits for completed modules if learner is unable to complete the full programme</td>
<td>× ✓ ✓ ? ✓ x</td>
</tr>
<tr>
<td></td>
<td>♦ Possibility to exit with certificate for completed module if unable to complete the full programme</td>
<td>× × × × × x</td>
</tr>
<tr>
<td></td>
<td>♦ Possibility for learners Registered at another higher education institution to enter mid-stream during commencement of the programme</td>
<td>✓ × × × × x</td>
</tr>
</tbody>
</table>
Perusal of the five Operating Room Nursing Science Learning Programmes indicated that not all of the documents made reference to articulation possibilities. The findings in the learning programmes are as follows: Learning programmes numbers one, two, four and five included articulation possibilities as a criterion in the learning programme. Of these four learning programmes only one made provision for midstream entrance retaining credits for modules that had been passed at another university or college. Two allowed for exiting with credits if the learner was unable to complete the full programme. Three learning programmes provided for linkage of the Operating Room Nursing Science Diploma to an Honours or Masters degree. Three allowed for the retainment of credits if the learner wished to pursue a clinical programme in another field of study. No reference of articulation possibilities was made in learning programme number three.

It is apparent that obvious differences exist in the articulation possibilities of the various learning programmes for the same post-basic qualification, offered at the different nursing institutions of higher education in South Africa. The researcher identified the need to scrutinise the SGB document to ascertain the proposals made regarding the articulation possibilities of both the qualifications related to the Masters Diploma in Nursing Science as well as the Masters Degree in Nursing Science.

>SGB RECOMMENDATIONS FOR MASTERS DIPLOMA AND MASTERS DEGREE IN NURSING SCIENCE

The following proposals were evident in the SGB document.
**Masters Diploma in Nursing Science**

The articulation possibility for the Masters Diploma in Nursing Science should indicate articulation with the Masters Degree in Nursing Science at NQF level 8 and any other Masters Degree in the health sciences as determined by the provider (SGB for Nursing and Midwifery, 2001-2004:245).

**Masters Degree in Nursing Science**

The articulation possibility for the Masters Degree in Nursing Science should indicate articulation with the PhD in Nursing Science at NQF level 8 and/or any other PhD in the health sciences as determined by the provider (SGB for Nursing and Midwifery, 2001-2004:303).

A perusal of the SAQA document (1430/00) revealed SAQA’s expectations as described below.

In the criteria for generation and evaluation of qualification and standards within the National Qualification framework, SAQA states that horizontal and vertical articulation or progression with specific qualifications; both internally and externally (with other higher education institutions) should be indicated (SAQA, 1430/00).

The Higher Education Quality Committee (HEQC) supports the necessity for articulation possibilities by including articulation as a relevant aspect in programme design for post-graduate studies. The higher education quality committee requires that the design of a learning programme leading to a qualification should offer the student learning and career pathways that provide opportunities for articulation with other programmes, both within and across institutions where possible (CHE, 2004:8).

Allowing for articulation ensures that learning programmes are learner-friendly, thereby serving as an incentive and as a form of encouragement for learners to study because progression is ensured in a variety of possibilities.

### 3.3.11 CRITERION ELEVEN: STRUCTURE OF THE LEARNING PROGRAMME

One of the many explanations of the term “structure” in the Oxford Advanced Learners Dictionary (Hornby, 1995:57) refers to a particular system, pattern or procedure. In this study the researcher refers to structure as the manner in which the learning
programme is arranged, in other words the system or pattern of training and education that it follows, be it full- or part-time and the duration of the learning programme.

### TABLE 3.3.11 STRUCTURE OF THE PROGRAMME

<table>
<thead>
<tr>
<th>EVALUATION CRITERION NUMBER</th>
<th>CRITERIA AND SUBSECTION</th>
<th>ALLOTTED PROGRAMME NUMBER (FOR RESEARCH PURPOSES)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Structure of programme stated</td>
<td>✓ ✓ ✓ ✓ ✓ ?</td>
</tr>
<tr>
<td>♦</td>
<td>duration of course</td>
<td>✓ ✓ ✓ ✓ ✓ ?</td>
</tr>
<tr>
<td>♦</td>
<td>full-time</td>
<td>× × × ✓ × ?</td>
</tr>
<tr>
<td>♦</td>
<td>part-time</td>
<td>× × × ✓ ✓ ?</td>
</tr>
<tr>
<td>♦</td>
<td>commencement date of the learning programme</td>
<td>✓ × × ✓ ✓ ?</td>
</tr>
</tbody>
</table>

It is essential that a learning programme provide full and accurate detail about the structure of a programme. This is necessary so that the learner can have clarity regarding the duration of the programme and also for the management of institutions granting study leave to learners, so as to be able to plan in order to avoid any hindrance to the flow of the work in the operating rooms.

Although the structure of the learning programme was indicated in all five programmes, the information in three of the documents was incomplete. The findings indicated that four of the learning programmes documented the duration of the programme as being over one academic year and one as over two academic years of study. See Table 3.1 for further detail regarding the duration of the programme. See Table 3.1 for further detail regarding the duration of the various ORNS Learning Programmes included in this study.

Two indicated the commencement date of the programme as being in the month of April and one in the month of February. One learning programme is offered part-time and one full-time. The other three learning programmes did not indicate the commencement date or whether offered as part- or full-time.
3.3.12 **CRITERION TWELVE: PRE-SELECTION ADMISSION CRITERIA STATED**

Operating room nursing is a specialised clinical field. Potential learners have to meet certain requirements before being formally admitted into the programme. Learners entering the Operating Room Learning Programme directly from a ward or community setting will have tremendous problems adjusting and coping as they will not be able to follow the programme without having some grasp of the surgical environment. Refer to Table 3.3.5 for further clarification.

**TABLE 3.3.12 PRE-SELECTION ADMISSION CRITERIA STATED IN THE LEARNING PROGRAMME**

<table>
<thead>
<tr>
<th>EVALUATION CRITERION NUMBER</th>
<th>CRITERIA AND SUBSECTION</th>
<th>ALLOTTED PROGRAMME NUMBER (FOR RESEARCH PURPOSES)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td><em>Pre-selection criteria clearly stated</em></td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td></td>
<td>♦ previous experience in operating theatre</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td></td>
<td>♦ at least six months’ previous experience</td>
<td>✓ ✓ x ✓ x x</td>
</tr>
<tr>
<td></td>
<td>♦ at least one year of previous experience</td>
<td>x x ✓ ✓ x</td>
</tr>
<tr>
<td></td>
<td>♦ registered with S.A.N.C. as a general nurse</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td></td>
<td>♦ proof of professional and personal indemnity insurance cover</td>
<td>✓ x x x ✓ ✓</td>
</tr>
<tr>
<td></td>
<td>♦ completion of pre-study package</td>
<td>x ✓ x x x 0</td>
</tr>
<tr>
<td></td>
<td>♦ written permission from employer for registration</td>
<td>✓ x x x ✓ 0</td>
</tr>
</tbody>
</table>

According to SAQA (1430/00) information should be provided regarding entrance requirements and any additional requirements expected of learners to enter into a learning programme leading to the specific qualification.

The entrance requirements indicated in the learning programmes submitted for this study were indicated as follows:

- All learning programmes required registration with the SANC as a registered nurse as a priority and the necessity of having a senior certificate or equivalent.
Previous experience in the operating room was a pre-requisite for all learning programmes although they differed in the period of such experience. Three required at least six months whilst the other two required a minimum of twelve months’ experience in the surgical environment and having been involved in operating room as a scrub nurse.

Two learning programmes required proof of professional and personal indemnity of insurance as well as proof of permission from the respective employing body.

Only one of the five included completion of a pre – study package.

It is apparent that all the educational institutions offering the Operating Room Nursing Science Learning Programmes require that a learner has proof of a matriculation certificate or an equivalent, is registered as a general nurse with the South African Nursing Council and has obtained previous experience working in the operating room.

To be allowed access to the post-registration Operating Room Nursing Science Programme, the SGB proposes that learners be in possession of an equivalent of a diploma or degree in nursing at NQF level seven, be currently registered with the SANC as a general nurse and have acquired the relevant clinical experience in the area of specialisation, in this instance the operating room (SGB for Nursing and Midwifery, 2001-2004:246).

In the document that was drawn up to serve as a guide for registration of qualifications for public higher education institutions, SAQA states that information should be provided on entrance requirements and any additional requirements of learners to enter into a learning programme leading to a specific qualification (SAQA, 1430/00:2002). This signifies the importance of having all the necessary information available for clarity to both the applicable authorities, and to both learners and staff members.

A very clear description of the expectations of the CHE is provided within the criteria set out by the HEQC regarding student recruitment, admission and selection. The requirements are indicated as follows:

- Recruitment documentation should inform potential students of the programme accurately and sufficiently.
♦ Admission requirements should adhere to current legislation.
♦ Admission and selection of students should be in line with the programme’s academic requirements and within a framework of widened access and equity.
♦ The number of students selected should be in keeping with consideration for the intended learning outcomes of the programme as well as the needs of the particular profession, aiming to provide good quality education (CHE, 2004:8).
♦ Admission of learners by means of the Recognition of Prior Learning route should not exceed 10 percent of the student intake for the programme (CHE, 2004:9).

Owing to the uniqueness and intensity of the learning programme leading to an additional qualification as an operating room nurse, it is essential that potential learners gain experience in the operating room prior to commencement of the learning programme.

In South Africa the general rule is for the individual assisting the surgeon with the instrument set-up during a surgical operation (referred to as a scrub nurse), to be registered with the South African Nursing Council as a general nurse. However, the researcher has encountered a few instances of surgeons being assisted by staff members who are not registered as general nurses. This scenario is particularly more prevalent in private rather than public institutions. When this occurs the registered nurse is required to be present in the operating room as she takes responsibility for being the advocate of the patient.

In some countries abroad it is common practice for surgical technicians to assist with surgical procedures, thus performing the duties carried out mainly by the scrub nurse in South Africa.

3.3.13 **CRITERION THIRTEEN: QUALIFICATIONS OF LECTURERS/ASSESORS RESPONSIBLE FOR THE PROGRAMME**

It is fair to expect that learners pursuing a specialised clinical programme should be educated and trained by lecturers who are appropriately qualified. To this end the
lecturers and assessors should be qualified in at least General Nursing Science, be currently registered with the SANC and have the relevant clinical expertise (of the speciality) of the programme, in this case Operating Room Nursing Science. It is further suggested that assessors be in possession of a relevant post-graduate qualification at NQF level 8 and/or above (SGB for Nursing and Midwifery, 2001-2004:303). In the opinion of the researcher the lecturer and assessor should therefore also be a registered nurse educator or be in the process of studying towards obtaining such a qualification.

TABLE 3.3.13 QUALIFICATIONS OF LECTURER/ASSESSOR STATED

<table>
<thead>
<tr>
<th>EVALUATION CRITERION NUMBER</th>
<th>CRITERIA AND SUBSECTION</th>
<th>ALLOTTED PROGRAMME NUMBER (FOR RESEARCH PURPOSES)</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>Statement of lecturer and/or assessor qualifications</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td>♦ registered as an assessor</td>
<td></td>
<td>× ✓ × × 0</td>
</tr>
<tr>
<td>♦ registered with S.A.N.C. as a general nurse</td>
<td></td>
<td>✓ ✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td>♦ Operating Room Nursing Science as an additional qualification</td>
<td></td>
<td>✓ ✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td>♦ Nursing Education as an additional qualification</td>
<td></td>
<td>× ✓ × ✓ ✓</td>
</tr>
</tbody>
</table>

The list of staff members involved in the presentation of the learning programmes included in this study indicates that their additional qualifications range from doctoral degrees in Nursing Science to the required speciality of operating room nursing.

From the information included in table 3.3.13 a conclusion can be drawn that:

♦ all lecturers involved in the Operating Room Learning Programme are registered with the South African Nursing Council as General nurses;
♦ all lecturers involved in the Operating Room Nursing Science Learning Programme are qualified operating room nurses, which is the speciality of this elective programme;
not all staff members involved in the education and training of the post-registration learners following the speciality in Operating Room Nursing Science programme, are registered nurse educators; and

not all staff members involved in the education and training of the post-registration learners following the speciality in Operating Room Nursing Science Programme are qualified assessors.

The information in Table 3.3.13 indicates clearly that the qualifications of lecturers (as documented in the programmes/curricula) at some of the colleges and universities are not in line with the suggestions made by the SGB regarding the requirements of assessors. According to the SGB, (2004:303) assessors for both the Masters Diploma and the Masters Degree in Nursing Science requires that the relevant post-graduate qualification of assessor be at a NQF level 8 and/or above.

The Council for Higher Education in the document Criteria for Programme Accreditation, (2004:10) indicates that the minimum requirement for academic staff presenting post-graduate programmes, should be the relevant academic qualifications at least on the same level as the exit level of the programme. In addition fifty percent of the academic staff for post-graduate programmes should have the relevant qualifications higher than the exit level of the programme. The said qualification must have been awarded by a recognised higher educational institution.

With regard to assessor training the SANC resolved that all nurse educators and registered nurses who were involved in assessment of learners for the purpose of accreditation of learning outcomes pertaining to nursing, had to be registered as assessors with the SANC (SGB for Nursing and Midwifery, 2001-2004:449).

An area of concern mentioned in chapter one is that most of the registered staff employed in the clinical setting in the operating rooms are not qualified in the field of operating room nursing and are therefore not equipped to mentor learners following the Operating Room Nursing Science Programme. The responsibility of supervision and mentoring in the clinical area therefore rests upon the few appropriately qualified registered nurses in the operating rooms. Table 1.4 in chapter one, clearly indicates the steady decline in the number of qualified operating room nurses in South Africa from the year 1996 to 2005.
3.3.14 CRITERION FOURTEEN: - CRITERIA FOR MODERATION/ASSESSMENT SYSTEM IN PLACE

It is extremely important that a system of internal as well as external moderation and assessment be in place at all educational institutions to ensure a competent and efficiently trained professional (SAQA, 1430/00). Educators involved in post-graduate programmes must have the relevant academic qualifications at the same level as the exit level of the programme. The assessor’s and moderator’s academic qualifications should have been obtained from and awarded by a recognized higher education institution. It is also essential that the academic staff have the necessary and relevant experience related to the clinical aspects (in this instance operating room nursing) of the programme (CHE, 2005:9).

TABLE 3.3.14 SYSTEM OF CRITERIA FOR REGISTRATION OF ASSESSORS/MODERATORS STATED

<table>
<thead>
<tr>
<th>EVALUATION CRITERION NUMBER</th>
<th>CRITERIA AND SUBSECTION</th>
<th>ALLOTTED PROGRAMME NUMBER (FOR RESEARCH PURPOSES)</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Criteria for assessors/moderators stated</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td></td>
<td>Internal moderation system</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td></td>
<td>External moderation system</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
</tr>
</tbody>
</table>

According to the information reflected in Table 3.3.14 all the learning programmes indicated that criteria for moderators and assessors were in place. A summary of the findings listed in the various learning programmes highlights the following:

♦ Three learning programmes indicated that two examiners were involved in clinical assessment of learners whilst two made no reference to the number of examiners/assessors.

♦ Of the three indicating that two examiners were required for clinical assessment of learners, one stated that the second assessor could be a mentor/preceptor from the institution (hospital) who had an additional qualification in Operating Room Nursing Science.
♦ All learning programmes required that assessors/moderators be registered with the SANC.

♦ Two learning programmes indicated that the university of affiliation appointed a moderator (theoretical and clinical) with the required qualification when there was no staff member with the necessary qualification amongst the university staff.

♦ All five of the learning programmes required that moderators/assessors be qualified in the speciality of Operating Room Nursing Science but one learning programme differed in the sense that their requirement indicated that only:
  - co-ordinators of the programme should have the qualification of the programme for which they co-ordinated;
  - that the second examiner should be an experienced nurse educator with nursing education as one of his or her major subjects; and
  - that the moderators should have the qualification for which they were moderating.

♦ The general impression is that all lecturers/tutors are listed as assessors, but only two ORNS programmes indicated that the assessors should be registered with a SETA as assessors.

♦ Also see discussion in criterion number thirteen under Table 3.3.13.

In addition to the discussion in Table 3.3.13 regarding the specifications of the assessors, the SGB suggests that moderation should be conducted by internal and external moderators for both the Masters Diploma and the Masters Degree in Nursing Science. As is the case of appointment of assessors, internal moderators must also be appointed by the providers of the programme. External moderation should be conducted by the ETQA for nurses and midwives, i.e., the SANC. The external moderators should be appointed by the provider. Both the internal and external moderators should be appropriately qualified at NQF level 8 or the equivalent or a higher level (SGB for Nursing and Midwifery, 2001-2004:303).

According to SAQA (1430/00) information should be provided in the learning programme on the criteria for moderation. It should be indicated how the assessment of learners are moderated internally and externally by a moderating body or bodies. As indicated in the discussion under Table 3.3.13 the criteria for the registration of
assessors form the basis for the appointment of assessors and should therefore be clearly set out.

Moderation options should include the following:

♦ Recommendation of a moderating body.
♦ Criteria for the registration of assessors (SAQA, 1430/00).

Under the criteria for staffing as set out in the document Criteria for Programme Accreditation by the HEQC, emphasis is placed on the following aspects, namely that:

♦ academic staff responsible for the programme are suitably qualified;
♦ they have sufficient relevant experience and teaching competence;
♦ their assessment competence and research profile are adequate for the nature and level of the programme (CHE, 2004:9);
♦ they are able to apply the assessment policies of the institution;
♦ some of the academic staff should have at least two years experience of student assessment at the exit level of the programme; and
♦ there must be ongoing/continuous professional development and training of staff as assessors keeping in line with the SAQA requirements (CHE, 2004:10).

It is therefore clear that a high level of expertise is required for assessors and moderators to ensure that the quality of the end product, the operating room registered nurse, is of a high calibre in order to provide efficient and effective assistance to the surgeon and to provide quality nursing care to the surgical patient.

3.3.15 **CRITERION FIFTEEN: ASSESSMENT METHODS STATED**

According to Wessels, (2005:8) assessment refers to the process of collecting evidence of the learner’s work in order to measure and make judgement about the learner’s achievements or non-achievement. Assessment provides learners with an opportunity to display both their clinical and their theoretical competence. The policy document (SAQA, 1430/00) states “Integrated assessment should integrate the purpose of the qualification and the learning outcomes with assessment. The statement should also include that a range of formative and summative assessment methods is used, which permit the learner to demonstrate applied competence”.
<table>
<thead>
<tr>
<th>EVALUATION CRITERION NUMBER</th>
<th>CRITERIA AND SUBSECTION</th>
<th>ALLOTED PROGRAMME NUMBER (FOR RESEARCH PURPOSES)</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>Types of assessment to be implemented stated</td>
<td>☑ ☑ ☑ ☑ ☑ ☑</td>
</tr>
<tr>
<td></td>
<td>Theoretical</td>
<td>☑ ☑ ☑ ☑ ☑</td>
</tr>
<tr>
<td></td>
<td>♦ formative</td>
<td>☑ ☑ ☑ ☑ ☑</td>
</tr>
<tr>
<td></td>
<td>♦ summative</td>
<td>☑ ☑ ☑ ☑ ☑</td>
</tr>
<tr>
<td></td>
<td>Clinical</td>
<td>☑ ☑ ☑ ☑ ☑</td>
</tr>
<tr>
<td></td>
<td>♦ formative</td>
<td>☑ ☑ ☑ ☑ ☑</td>
</tr>
<tr>
<td></td>
<td>♦ summative</td>
<td>☑ ☑ ☑ ☑ ☑</td>
</tr>
</tbody>
</table>

Based on the statement quoted in the introduction to Table 3.3.15 by SAQA, the following information was evident in the learning programmes included in the study.

In summarising the findings of the information regarding assessment the researcher has identified the following similarities and differences:

- All five of the learning programmes indicate that both theoretical and clinical assessments are being implemented at the respective education institutions.
- The theoretical aspect includes both formative and summative assessments.
- Of the five learning programmes, four provide a system of formative evaluation to obtain a year mark for both theory and clinical examinations which will contribute to 50% of the final examination mark.
- As indicated in point three, a difference is noted in the assessment of only one learning programmes where the 50% principle is only applied to the theoretical content of the learning programme as clinical assessment in the operating room is carried out on a day-to-day principle and there is no OSCE done at the end of the year – a different percentage principle is documented in this learning programme to determine the proficiency of the learner in the clinical field which is as follows:
  - The checklist covering each division of the operating room is worked through by the student (in the form of demonstrations or lectures) and the specified evaluation constitutes 10% of the final practical mark.
- Formal evaluation of four operating procedures constitutes 20%.
- The average mark of a case study constitutes 20% of the final practical mark.
- The average mark of the case presentations constitutes 20% of the final mark.
- The formal procedure evaluation done by the tutor and clinical assessor also constitutes 30% of the final practical mark and all the above forms the final examination mark.

- Formative assessment for all five learning programmes varies by inclusion of a choice of the following:
  - case studies,
  - case presentation by individuals and project teams,
  - nursing ward rounds,
  - assignments,
  - nursing care plans,
  - workbooks,
  - tests,
  - clinical skills competency evaluations,
  - self and peer evaluation and
  - field visits and seminars.

- Summative evaluation varies in the five learning programmes in the following manner:
  - Written and oral examinations: – only two learning programmes indicate.
  - The implementation of semester examinations, whilst the other three
  - Learning programmes implement annual examinations.
  - Clinical examinations –as discussed above.
  - Research project: – as discussed in table 3.3.18.

The conclusion drawn by the researcher is that all the learning programmes at higher educational institutions included in the study, pay careful attention to both formative and summative assessment of the learner registered for the Operating Room Nursing Science Programme. The exception to the general rule of summative evaluation is only obvious in one learning programme where no annual summative evaluation in the usual sense is done in the clinical field, as stated in the learning programme; but careful consideration has been given to the evaluation criteria and calculation of the
percentage principle utilised to ensure that the learner is indeed clinically proficient at the end of the study period.

According to the SGB for Nursing and Midwifery, (2001-2004:273) unpublished document, section C, for Post-graduate Qualifications it is stated that integrated assessment is essential for both the Masters Diploma and the Masters Degree in Nursing Science. Reference is made to both formative and summative evaluation and the method of assessment is indicated under each type of assessment.

- **Formative assessment** – assignments, tests, group work, projects and clinical evaluations should be conducted during the year.
- **Summative assessment** – a minimum of three assessments for each sixteen credit module should be conducted, one of which should be a clinical assessment.

According to SAQA, (2002, 1430/00) integrated assessment should be appropriately incorporated so that the purpose of the qualification is achieved. The learning programme should make provision for the inclusion of a range of formative and summative assessment methods to be utilised so that the learner is able to demonstrate applied competence.

The HEQC documented a criterion regarding student assessment policies and procedures (CHE, 2004:12). Highlighted in this criterion as being essential, is the need for appropriate policies and procedures for the various modes of delivery of the programme. These are indicated as follows:

- **Internal assessment** - academic staff involved in the presentation of the programme should be involved in the assessment process.
- **Internal and external moderation** – both types of moderation should utilize appropriately qualified personnel to assess learners and clear guidelines should be set regarding the responsibility of assessment.
- **Monitoring of student progress** – this is essential.
- **Explicitness, validity and reliability of assessment practices**.
- **Recording of assessment results** – reliable methods of record-keeping should be implemented to ensure confidentiality and security.
- **Settling of assessment disputes** – this should be seen to timeously.
- **Maintaining the rigour and security of the assessment system** – care should be taken to correct incidences of plagiarism as soon as it is detected to prevent the problem.
♦ Recognition of prior learning: – appropriate policies should be in place for all learning programmes. To ensure fair and transparent assessment it is essential that assessment instruments are designed according to the policies of the institution so that RPL is correctly implemented.

♦ The development of staff competence in assessment: - ongoing development of staff in the area of assessment is essential to ensure that learners are fairly assessed.

From the above discussion it is apparent that adequate assessment is an integral part of any learning programme.

3.3.16 **CRITERION SIXTEEN: PROGRAMME PRESENTATION**

Unit standards are described as nationally agreed upon and comparable statements which are supported by specific outcome statements as well as their associated assessment criteria including other relevant and necessary information. Unit standards are selected and combined in a manner that allows for interrelation and support of one another to form one or more qualifications (Olivier, 2001:23).

Goldsmid and Goldsmid (cited in Mellish, et al, 2003:265) define a module as a self-contained independent unit of a planned series of learning activities designed to help the student to achieve certain well-defined objectives.

**TABLE 3.3.16 PROGRAMME PRESENTATION**

<table>
<thead>
<tr>
<th>EVALUATION CRITERION NUMBER</th>
<th>CRITERIA AND SUBSECTION</th>
<th>ALLOTTED PROGRAMME NUMBER (FOR RESEARCH PURPOSES)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1 2 3 4 5 SGB</td>
</tr>
<tr>
<td>16</td>
<td>♦ Programme set out in modules/unit standards</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
</tr>
</tbody>
</table>

According to Olivier (2001:24) learning takes place towards a unit standard and assessment takes place against a unit standard. Further elaboration is made by the statement that the purpose of a unit standard is threefold, which are:

♦ to provide an assessor document;
♦ to form the basis for developing learning programmes; and
to serve as an educator’s and trainer’s guide for the preparation of learning material.

In simple terms it is then realistic to state that qualifications are made up of unit standards that are the building blocks of the NQF (Olivier, 2001:23). It is also important to consider that the size of a unit standard is of no specific importance as it may be small as one credit but may also be in excess of twenty credits.

It is necessary to indicate that all five learning programmes included in the study made reference to modules with the exception of one that referred to unit standards as being part of two modules.

- All five learning programmes implement the modular system, thus referring to modules.
- The modules reflect the fundamental, core and elective elements included in the qualification.
- Within the modular system one learning programme indicates further grouping of learning content into themes and another into study units.
- A third learning programme is presented in two modules consisting of seven unit standards (as recorded in the programme).
- The remaining two learning programmes only refer to two modules that are divided into further modules (which may be viewed as sub-modules).
- An important aspect that is totally lacking in two of the learning programmes is the research aspect as only three learning programmes indicated inclusion of research into their programme.

The importance of implementation of unit standards is supported by the fact that it is the function of the SGB to generate unit standards and qualifications according to the SAQA requirements in identified subfields and levels. The SGB also updates and reviews standards and recommends unit standards to the NSB’S (Olivier, 2001:18). Unit standards are registered on the NQF and once the registration is done the unit standard becomes public domain property (Olivier, 2001:20). Specific unit standards for Operating Room Learning Programmes have not yet been written by the SGB and therefore no unit standard for the programme is registered on the NQF.

From the indications in table 3.3.16 it is clear that, despite the differing terminology utilised all five the learning programmes meet the threefold purpose of the
implementation of unit standards which is to provide an assessor document, form the
basis to develop learning programmes and thirdly to serve as an educator’s guide for
preparation of learning material (Olivier, 2001:20).

According to Olivier (2001:24) SAQA proposes a format for unit standards. The format
includes:

♦ a unit standard title,
♦ a SAQA approved logo,
♦ a Unit standard registration number,
♦ a unit standard level on the NQF,
♦ a credit attached to the unit standard,
♦ the field and subfield of the unit standard,
♦ the issue date,
♦ the review date,
♦ the purpose of the unit standard,
♦ learning assumed to be in place prior to commencement of the unit
  standard,
♦ specific outcomes to be assessed,
♦ assessment criteria which includes the embedded knowledge essential to
  the outcomes,
♦ accreditation process including the moderation process for the unit
  standard,
♦ range statements to indicate scope, context and level of unit standard and
♦ a notes category inclusive of the critical cross-field outcomes of the
  specific unit.

Taking all the above into consideration the researcher has concluded that the
formation/creation of unit standards is a necessity in all-learning programmes. From
perusal of the five learning programmes it is clear that not all the above information
provided in the format proposed by SAQA is addressed in each individual ORNS
Learning Programme. To provide insight into the detailed aspects of the ORNS
curricula included in this study, a discussion of the findings of the various meso-
curricula was pursued as criterion seventeen.
A meso-curriculum refers to the detailed curriculum at training school level, for which the planning has been done by authorised nurse educators. Meso-curricula are planned in detail to serve as a guide for the student/learner (Mellish, et al, 2003:84).

**TABLE 3.3.17  MASTER PLAN FOR MESO - CURRICULUM**

<table>
<thead>
<tr>
<th>EVALUATION CRITERION NUMBER</th>
<th>CRITERIA AND SUB-SECTION</th>
<th>ALLOTTED INSTITUTIONAL NUMBER (FOR RESEARCH PURPOSES)</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>Is a plan for meso-curriculum available</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td></td>
<td>Portrays theoretical programme</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td></td>
<td>Inclusive of:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nursing dynamics</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td></td>
<td>- ethos of nursing</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td></td>
<td>- management</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td></td>
<td>- communication and teaching</td>
<td>✓ ? ✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td></td>
<td>shock/resuscitation</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td></td>
<td>homeostasis</td>
<td>✓ ✓ ✓ ✓ ✓ ?</td>
</tr>
<tr>
<td></td>
<td>Research</td>
<td>✓ × × ✓ ✓ ✓</td>
</tr>
<tr>
<td></td>
<td>- research essay</td>
<td>✓ × × ✓ X</td>
</tr>
<tr>
<td></td>
<td>- research proposal</td>
<td>✓ × × ✓ X</td>
</tr>
<tr>
<td></td>
<td>- research thesis</td>
<td>× × × ✓ X</td>
</tr>
<tr>
<td></td>
<td>- research dissertation</td>
<td>× × × ✓ X</td>
</tr>
<tr>
<td></td>
<td>Pharmacology</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td></td>
<td>- applied</td>
<td>✓ ✓ × ✓ X</td>
</tr>
<tr>
<td></td>
<td>- one semester course of pharmacology</td>
<td>× × ✓ X</td>
</tr>
<tr>
<td></td>
<td>Principles of Operating Room Nursing Science</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td>EVALUATION CRITERION NUMBER</td>
<td>CRITERIA AND SUB-SECTION</td>
<td>ALLOTTED INSTITUTIONAL NUMBER (FOR RESEARCH PURPOSES)</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>--------------------------</td>
<td>------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>- principles of sterile technique</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>- principles and methods of skin preparation</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>- principles and methods of draping</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>- operating room environment</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>- sterilization and disinfection</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>♦ Peri-operative nursing science</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>- peri-operative nursing care</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>- legal and ethical aspects in the operating room</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>- wound healing</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>- haemostasis</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>- care of various equipment in the operating room</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>♦ Microbiology</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>♦ Anaesthesiology</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>♦ Surgery and surgical procedures</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>♦ Capita Selecta (medicine and surgery)</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

The ORNS Learning Programme suggested by the SGB provides guidelines for the planning of the curriculum/programme, but does not provide a specific, detailed plan as set out in Table 3.3.17. Only after carefully scrutinising the programme it became apparent to the researcher that most of the main criteria as described above were included in the suggested programme as indicated in Table 3.3.17.

**PLANNING FOR A CURRICULUM**

It is important that great care is taken in the planning of a curriculum. The individual or team involved in planning must take cognisance of the guidelines of the SANC and the SGB. This fact is emphasised by the Mellish, et al, (2003:84) in stating that the broad
framework as determined by the South African Nursing Council provides or serves as a point of departure for the planning and fleshing out of the detail required for a particular learning programme.

Mellish, et al, (2003:85) provides three levels of planning for a curriculum, which are:
- regional or overall curriculum planning,
- training school curriculum planning,
- individual curriculum planning.

A discussion of the three levels of curriculum planning follows to provide thorough insight into the importance of curriculum planning at each level.

- **Regional or overall curriculum planning – Provincial level**

When the nursing school forms part of a larger provincial authority, it may become necessary to form a planning committee. Nurse educators from the respective nursing schools involved should serve on such a committee. The clinical staff from the clinical institutions should also serve on the planning committee, as they would be expected to participate in the training of the learner in the clinical field.

Prior to detailing by the relevant planners of the content of a curriculum it is essential that policy be formulated to provide clarity regarding the training regulations, finance, duration of the programme, block times, clinical hours, hours to be worked per week and time to be spent in specialised wards or departments. Only then can the fleshing out (further detail) of the curriculum content be implemented (Mellish, et al, 2003:85).

- **Training school curriculum planning – Training school level**

At this level of planning it must be ensured that the curriculum is detailed, yet allows for flexibility as it pertains to implementation of teaching strategies, internal assessment methods, allocation of the learner to the wards (in this instance the operating room) and other specialized departments according to learner needs (Mellish, et al, 2003:86).

Mellish, et al, (2003:86) stress the fact that at this level of planning it should be clear to those involved in the planning that they are accountable to the South African Nursing Council, to the university of association, to the learner, the patient whom the learner is
being educated to serve and to a certain extent also the taxpayer (who contributes in paying taxes towards the education of the learner).

It is also essential to carry out a situational analysis regarding the available resources prior to commencement of the programme to avoid unnecessary problems once the programme has been implemented.

- **Individual curriculum planning:**
  In this instance curriculum planning is carried out by the individual educator and at this level the broad outline laid down by the South African Nursing Council is fleshed out to provide added detail of the content to be included in the programme (Mellish, et al, 2003:86). It is imperative that the standards suggested by the SGB be met during the planning of the detailed meso-curriculum, keeping in mind the broad framework for essential requirements and the notional hours as determined by the ETQA for nurses, namely the SANC.

SANC stipulates in the annexure to Regulation 212 of 19 February 1993 as amended by Regulation 74 of January 1997 that the content of the one-year Diploma in Advanced Medical and Surgical Nursing Science should include the following:

- Nursing Dynamics: 90-120 teaching periods per year.
- Medical and Surgical Nursing Science: 90-120 teaching periods.

An overview of the meso-curricula in this study indicates that most of the basic requirements essential for the programme were included. There were two major differences noted, namely the research aspect and the pharmacology requirement.

- **A DESCRIPTION OF THE NURSING DYNAMICS CONTENT OF THE DIFFERENT PROGRAMMES**

  Nursing dynamics is a module in the ORNS Learning Programme that includes:
  - Ethos and Professionalism.
  - Health Service Dynamics.
  - Communication and Teaching.
  - Management.
  - Research.
Differences noted in the research aspects:

Of the five learning programmes only three included nursing research as a compulsory aspect of the curriculum. Although nursing research was a requirement for the three institutions, there was a noticeable difference in the manner of the presentation.

Two learning programmes required that learners utilise a team approach and that they prepare only a research essay therefore handing in a proposal for mark allocation. One learning programme required that all learners registered for an Honours or Masters Degree in the Operating Room Nursing Science Programme complete either an individual research essay or a treatise.

The researcher will now further analyse the Nursing Dynamics modules as presented in the learning programmes by highlighting the following aspects:

- Module contents
- Periods/credits allocated per module
- Notional hours per module

According to the SANC the minimum periods to be allocated for nursing dynamics should be 90 lecture periods of forty minutes per lecture. Conversion to credits has to be done calculating 2.5 teaching hours per credit.

In the guide for Institutional Quality Assurance and Management (IQAM) based on self-evaluation in higher education, SAQA describes a credit as the value assigned to a given number of notional hours of learning (Strydom & van der Westhuizen, 2001:vii).

SAQA defines notional hours of learning as “the learning time that it is conceived it will take an average learner to meet the defined outcomes and includes concepts such as contact time, time spent in structured learning in the work place and individual learning” (SAQA, 1999:26).

According to SAQA a credit should be determined as:

- one credit = 10 notional hours (SGB for Nursing and Midwifery, 2001-2004:274).

One credit comprises the following:

- Two-and-a-half (2.5) teaching hours.
- Seven hours (7) of student time (eg study, library & project time).
♦ Half an hour (30 minutes) of assessment time.

**SUMMARY OF THE FINDINGS OF THE NURSING DYNAMICS MODULE AS PRESENTED IN THE RESPECTIVE LEARNING PROGRAMMES**

The respective learning programmes reflected the content value either according to the number of periods or credits allocation to each unit in the following manner respectively:

♦ **Ethos and professional nursing**

The findings of the five learning programmes are reflected as follows:

- Programme number one: 20 periods.
- Programme number two: individual credits not indicated in the programme.
- Programme number three: 10 credits.
- Programme number four: 7 credits.
- Programme number five: individual credits not indicated in the programme.

♦ **Health service dynamics**

- Programme number one: 10 periods.
- Programme number two: individual credits not indicated in the programme.
- Programme number three: 10 credits.
- Programme number four: 1 credit.
- Programme number five: individual credits were not indicated in the programme.

♦ **Communication and teaching**

- Programme number one: 30 periods
- Programme number two: individual credits not indicated in the programme
- Programme number three: included under Nursing Dynamics module but under Health Care Management. Individual credits not recorded.
- Programme number four: 3 credits
- Programme number five: individual credits were not recorded in the programme

♦ **Management**

- Programme number one: 20 periods.
- Programme number two: not included in the programme.
- Programme number three: 15 credits not included under the Nursing Dynamics module but as Health Care Management.
- Programme number four: 2 credits.
- Programme number five: recorded under Nursing Dynamics module but individual credits were not recorded.

♦ Research

Of the five ORNS Learning Programmes only three included nursing research as a compulsory aspect of the curriculum. There was no indication of nursing research as a requirement in two of the learning programmes. Although nursing research was a requirement for the three institutions, there was a noticeable difference in the expected presentation.

Two learning programmes required that learners utilise a team approach and that they prepare only a research essay therefore handing in a proposal for mark allocation. One learning programme required that all learners registered for an Honours or Masters Degree in the Operating Room Nursing Science Programme complete either an individual research essay or a treatise.

The learning outcomes as indicated in the learning programmes making provision for inclusion of research ranged between the following:

- Effectively utilising the research principles.
- Maintaining the ethics and relevant legislation applicable to research.
- Conducting an individual research project or within a team context and submitting the project.
- Analysing research articles according to set criteria.
- Demonstrating the skills of writing research proposals for the purpose of being granted permission by the employer.
- Conducting a study on a researchable problem in an area that is problematic in the department.
- Conducting a study on a researchable problem on any topic relevant to the operating room.
- Communicating the results to the stakeholders for follow-up.
- Publishing the results so as to increase the body of knowledge.
- Critically analysing research findings.
Of the five learning programmes, only three included research under the Nursing Dynamics module. Of the three, one learning programme included research in the Nursing Dynamics module for only the Honours degree but indicated research separately for the Masters degree.

- Programme number one: 20 periods.
- Programme number two and three: no indication of research in the learning programmes at all.
- Programme number four: 5 credits.
- Programme number five: for the Honours degree programme 20 credits for a research essay and for the Masters degree 8 credits for the research methodology plus 100 credits for the research treatise.

The importance of research in the learning programme is stressed by the NSB in their concern that the research component incorporated in the proposed B Tech and B Nursing qualifications were inadequate, considering the level of the qualification (SGB for Nursing and Midwifery, 2001-2004:456).

A brief analysis of the five learning programmes therefore reflected the following:

- Programme number one indicated the number of the lecture periods as indicated in Table 3.4 but no reference was made to the credit value of each module.
- Programme number two omitted reference to the number of periods as well as credit value, and only referred to the various units included in the Nursing Dynamics module.
- Learning programmes three and four indicated the credit value of each component of the Nursing Dynamics module of the learning programme.
- Learning programme number five indicated only the total credits of the research aspect and also of the entire Nursing Dynamics module.

The SANC requirement for the Nursing Dynamics module is 90-120 lecture periods that equals a minimum of 18 credits.

The credits/periods allocated to the Nursing Dynamic aspect as reflected in the five respective learning programmes are summarised in table 3.5 as follows:
### TABLE 3.5  MODULE CONTENT – NURSING DYNAMICS

(Learning programme of the SGB not included in this table)

<table>
<thead>
<tr>
<th>Allotted institutional number (for research purposes)</th>
<th>Ethos and professionalism</th>
<th>Health service dynamics</th>
<th>Communication and teaching</th>
<th>Management</th>
<th>Research</th>
<th>Total number of periods/credits for module</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>20 periods</td>
<td>10 periods</td>
<td>30 periods</td>
<td>20 periods</td>
<td>20 periods</td>
<td>80 + 20 periods for Research (the total number includes the 20 periods for research)</td>
</tr>
<tr>
<td>2</td>
<td>Credits not indicated per unit</td>
<td>Credits not indicated per unit</td>
<td>Credits not indicated per unit</td>
<td>Credits not indicated per unit</td>
<td>Research not included in the programme</td>
<td>Credits not indicated</td>
</tr>
<tr>
<td>3</td>
<td>10 credits</td>
<td>10 credits</td>
<td>5 credits</td>
<td>10 credits</td>
<td>Research not included in the programme</td>
<td>35 credits + 25 credits = 60 credits (pharmacology is included in the nursing dynamics)</td>
</tr>
<tr>
<td>4</td>
<td>7 credits</td>
<td>1 credit</td>
<td>3 credits</td>
<td>2 credits</td>
<td>5 credits</td>
<td>13 + 5 = 18 credits (the total number includes The 5 credits for research)</td>
</tr>
<tr>
<td>5</td>
<td>Credits not indicated per Unit</td>
<td>Credits not indicated per unit</td>
<td>Credits not indicated per unit</td>
<td>Credits not indicated per unit</td>
<td>20 credits (for the honours Programme) (but for the Masters programme the credits recorded as research methodology = 8 credits + research treatise = 100 credits.)</td>
<td>20 + 20 credits = 40 credits (the total number includes The 20 credits for research)</td>
</tr>
</tbody>
</table>
After concluding the analysis of the nursing dynamics module, the researcher proceeded to analyse the module for clinical pharmacology.

FINDINGS OF THE PHARMACOLOGY MODULE
All the learning programmes indicated pharmacology as a compulsory unit of learning, but with a variation in the presentation and assessment.

Differences noted in the pharmacology requirements:
Three learning programmes presented pharmacology in an applied form included in anaesthesiology and specific to operating room nursing, whereas the remaining two learning programmes required that learners register for a course in pharmacology (a module) and do summative assessment by writing a theoretical examination.

Credits allocated for the pharmacology component ranged between one and twenty-five credits.
- Programme number one: allocated only five lecture periods.
- Programme number two: individual credits not indicated in the programme.
- Programme number three: allocated twenty-five credits.
- Programme number four: allocated only one credit.
- Programme number five: allocated twelve credits.

Programme numbers one, two and four provided only for applied pharmacology applicable to the elected programme, in this instance the Operating Room Nursing Science Programme.

Programme number three allocated twenty-five credits. Presentation of lectures takes place over one semester and summative evaluation consists of a three-hour theoretical examination of one hundred and fifty marks.

Programme number five allocated twelve credits to pharmacology. This indicated to the researcher that the pharmacology was presented in some depth and was not specifically applied to the pharmacology as experienced only in the operating room. In this learning programme lectures were indicated as being presented on a part-time basis as seminars, once a month on Saturday mornings. Summative evaluation consisted of a three-hour theoretical examination of one hundred marks.
The findings were also presented in tabular form in Table 3.6.

**Table 3.6  CLINICAL PHARMACOLOGY – CREDIT ALLOCATION**

<table>
<thead>
<tr>
<th>ALLOTTED INSTITUTIONAL NUMBER (FOR RESEARCH PURPOSES)</th>
<th>PHARMACOLOGY TOTAL NUMBER OF PERIODS</th>
<th>TOTAL NUMBER OF CREDITS/FOR MODULE</th>
<th>PRESENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 5 periods</td>
<td>Credits not indicated</td>
<td>Applied pharmacology</td>
<td></td>
</tr>
<tr>
<td>2 Periods not indicated</td>
<td>Credits not indicated in data available to researcher</td>
<td>Applied pharmacology</td>
<td></td>
</tr>
<tr>
<td>3 Periods not indicated</td>
<td>= 25 credits</td>
<td>Pharmacology module</td>
<td></td>
</tr>
<tr>
<td>4 Periods not indicated</td>
<td>= 1 credit</td>
<td>Applied pharmacology</td>
<td></td>
</tr>
<tr>
<td>5 Periods not indicated</td>
<td>= 12 credits</td>
<td>Pharmacology module</td>
<td></td>
</tr>
<tr>
<td>SGB suggested programme</td>
<td>Periods not indicated</td>
<td>Specific credits were not suggested</td>
<td>No specific method for presentation was suggested</td>
</tr>
</tbody>
</table>

From the above table it was evident that there was a marked difference in the presentation of the pharmacology module in the ORNS Learning Programme. The researcher then proceeded to analyse the content of the Capita Selecta module as presented by the respective learning programmes.

**THE CAPITA SELECTA MODULE**

Capita Selecta is also referred to as Internal Medicine and Surgery. In this module fundamental knowledge, skills and values are taught to the student/learner because all nurses should be able to manage the compromised patient, keeping in mind that health-care must be provided within the legal and ethical framework of the profession.

**FINDINGS IN THE CAPITA SELECTA MODULE**

All the ORNS Learning Programmes included in this study included Capita Selecta as a fundamental module of the programme. It was obvious that the presentation of the module differed from one programme to the next as far as the weighting (how much of what) was concerned.

The learning programmes included the following content into their respective Capita Selecta modules:
♦ **Module number one**
- Psycho-social health problems of the high-risk and surgical patient.
- Pain and pain management.
- Pharmacology.
- Homeostasis.
- The various systems, namely neurological, respiratory, cardio-vascular, haematological, immunological, endocrine and renal systems.

One hundred lecture periods were allocated to the module.

♦ **Module number two**
- Scientific method of nursing.
- Infection control in the operating room complex.
- Pain control.
- Electro-cardiographs.
- Acid-base and electrolyte balance.
- Shock.

No credits or lecture periods were recorded in the programme.

♦ **Module number three**
Unlike the other programmes, the term “Capita Selecta” or “Internal Medicine and Surgery” was not mentioned anywhere and no clear grouping of the content included in the module was provided. Although the content was included in the programme, the researcher had to scrutinise the document carefully to identify the relevant content because it was spread between the themes categorised under Operating Room Nursing Science 1.

♦ **Module number four**
Primary health care aspects were included under Capita Selecta. The content of this module reflected the following:
- Physical assessment of the various systems.
- Epidemiological studies.
- The National Health team.
- Contemporary issues (which encompassed a diversity of changes that took place in South Africa ranging from repeal of Group Areas Act, influx control, various kinds of abuse, mental illness, HIV AIDS and other constraints).
- Trans-cultural issues.
- Immunity.
- Immunological disorders.
- Haematological system.
- Homeostasis.
- Temperature regulation.
- Infection /sepsis.
- Pharmacokinetics.
- Pharmacodynamics.
- The various systems, namely integumentary, cardio-vascular, renal, nervous and endocrine.

The credit value assigned to this Capita Selecta module amounted to 18 credits

♦ Module number five

The content of this module reflected the following:
- High risk/compromised surgical patients and accompanied psycho-social problems.
- Homeostasis.
- The various systems, namely: haematological, haemorrhagic, respiratory, cardio-vascular, renal, neurological, endocrine and immunological.
- Immunity.
- Pain and pain control.
- Temperature regulation.

A total of one-hundred-and-twenty-five (125) lecture periods were allocated to the module.

With the exception of the manner in which the content of module number three has been arranged, there were many similarities observed in the content and presentation of the Capita Selecta module of the five ORNS Learning Programmes though the question of how much content to include is cause for concern as indicated in the module of Learning Programme number three (module three).

As indicated previously the SANC stipulates that 90 - 120 teaching periods be allocated for Medicine and Surgery (Capita Selecta).

The researcher then continued to view the module dealing with the principles and practice of the operating room.
OPERATING ROOM NURSING SCIENCE – PRINCIPLES AND PRACTICE

Students following the ORNS Learning Programme will not become competent or proficient nurses unless they understand the principles and practice of the operating room. Knowledge about the content included in this module is therefore of the utmost importance as it sets the basis for preparing the student /learner to assist the surgeon as a scrub nurse at the operating table.

FINDINGS IN THE NURSING SCIENCE MODULE – THE PRINCIPLES AND PRACTICE

All the learning programmes included the principles and practice of Nursing Science as a module. The five ORNS Learning Programmes included in this study documented similar content into their programmes. The content included in all the programmes is appropriate and essential for the education and training of operating room Nursing Science students/learners to ensure competency/proficiency in carrying out expected duties at the end of their training particularly in relation to the exit-level outcomes suggested by the SGB in their Proposed Standards for Education of Post-registration Qualifications (2004:248) as indicated for the ORNS Learning Programme which are:

♦ Work as a specialist practitioner with other team members within the operating theatre and surgical environment for the prevention of illness.
♦ Demonstrate an informed and critical understanding of the principles, theories and emerging issues and debates in operating theatre nursing.
♦ Apply specialist knowledge and skills in peri-operative care of individuals.

The researcher then analysed the ORNS component dealing with the surgical aspect of the programme.

OPERATING ROOM NURSING SCIENCE – SURGICAL INTERVENTION AND SURGICAL PROCEDURES

In this module of the learning programme the student/learner is being prepared to gain deepened insight into the various surgical procedures carried out by the surgeons. This is what differentiates the qualified scrub nurse from an unqualified scrub nurse who may pass on instruments to the surgeon but not have the necessary understanding of the procedure being carried out. It is during this time that the students start to understand and recognise the sequence or steps in the surgical procedure (as implemented by the surgeon) and learn to anticipate what the surgeon will need next.
FINDINGS IN THE NURSING SCIENCE MODULE - SURGICAL INTERVENTION AND SURGICAL PROCEDURES

The ultimate aim of the ORNS Learning Programme is to ensure a competent/proficient operating room nurse to assist the surgeon during surgical intervention. This is apparent in the manner in which the surgical module of all the ORNS Learning Programmes included in this study has been formulated. All programmes allow for guidance in one or other form, for example, surgical lectures, assignments, case studies, case presentations, classroom debates, role play and other appropriate forms of learning experiences. All these methods utilised in the formal or informal classroom setting are then integrated into or correlated with what takes place in the clinical setting. The clinical aspect of the ORNS Learning Programme is further discussed in criterion 3.3.18.

The SANC stipulates certain regulations relating to the course in Clinical Nursing Science leading to registration of an additional qualification in this instance the ORNS Programme. Regulation 212 of 19 February 1993 as amended by Regulation 74 of January 1997 is relevant to the ORNS Learning Programme (see Annexure F). The SANC also made available a teaching guide for the purpose of providing further direction to educators (see Annexure G).

In Table 3.6 the researcher highlighted the curriculum content as discussed under criterion 3.3.17 of this study.

TABLE 3.7 MODULE CONTENT – INDICATION OF LECTURE PERIODS AND CREDITS ALLOCATED TO THE VARIOUS MODULES IN THE PROGRAMME

<table>
<thead>
<tr>
<th>MODULE CONTENT</th>
<th>ALLOTED INSTITUTIONAL NUMBER (FOR RESEARCH PURPOSES)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Anaesthesiology</td>
<td>30 periods</td>
</tr>
<tr>
<td>Homeostasis</td>
<td>20 periods</td>
</tr>
<tr>
<td></td>
<td>Lecture periods/credits not indicated</td>
</tr>
<tr>
<td>The principles and practice of the operating room</td>
<td>80 periods</td>
</tr>
<tr>
<td>Microbiology</td>
<td>Included in principles and practice</td>
</tr>
</tbody>
</table>
### Module Content

<table>
<thead>
<tr>
<th>Operating theatre nursing science</th>
<th>Sterile technique</th>
</tr>
</thead>
<tbody>
<tr>
<td>- <strong>Capita selecta</strong></td>
<td></td>
</tr>
<tr>
<td>100 periods (homeostasis included in capita selecta)</td>
<td>Lecture periods/credits not indicated</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>- <strong>Surgery and surgical procedures</strong></th>
<th>Lecture periods/credits not indicated</th>
<th>25 credits</th>
<th>90 periods = 18 credits</th>
<th>60 periods = 12 credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>- <strong>Anatomy</strong></td>
<td>Included in surgery and capita selecta</td>
<td>Lecture periods/credits not indicated</td>
<td>Included in surgery</td>
<td>Included in surgery</td>
</tr>
<tr>
<td>- <strong>Physiology</strong></td>
<td>Included in surgery and capita selecta</td>
<td>Lecture periods/credits not indicated</td>
<td>Included in surgery</td>
<td>Included in surgery</td>
</tr>
</tbody>
</table>

| **Clinical module** Operating theatre nursing science practica | Lecture periods/credits not indicated | 20 credits | 59 credits | 1200 hours |

#### Discussion of Findings

The overall impression of the researcher was that there seemed to be uncertainty regarding the following areas:

- The calculation of periods/credits/notional hours.
- Capita Selecta and weighting of content to include in the module.
- Homeostasis: where it should be included as well as the essential content that should be included.
- The inclusion of the research components in nursing dynamics.
- Reflection of anatomy and physiology as individual components or as part of the surgical or Capita Selecta component.

The researcher will now consider the clinical component of the learning programme, where the theoretical content that was obtained in class, in a formal setting is correlated with or applied to experiences in the clinical/practical situation.
3.3.18 **CRITERION EIGHTEEN: CLINICAL COMPONENT OF THE PROGRAMME**

The researcher has highlighted earlier that the Operating Room Nursing Science Programme is in essence a clinical programme. This means that much learning takes place within the operating room where the learner is exposed to experiences that are directly linked to the real clinical situation. This is aptly described in the Council of Higher Education (programme level) Evaluator Report as follows: “Students master techniques and skills required for a specific profession”. This is further supported by the statement that “work-based learning and placement in a work-based environment form an integral part of the curriculum” (CHE, 2005:5).

It is important that clear guidelines/objectives are determined for learners to accomplish in the clinical situation to allow for clarity and objectivity.

**TABLE 3.3.18 CLINICAL COMPONENT OF THE PROGRAMME**

<table>
<thead>
<tr>
<th>EVALUATION CRITERION NUMBER</th>
<th>CRITERIA AND SUBSECTION</th>
<th>ALLOTTED INSTITUTIONAL NUMBER (FOR RESEARCH PURPOSES)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>Clinical component included in programme</td>
<td>✓   ✓   ✓   ✓   ✓   ✓</td>
</tr>
<tr>
<td></td>
<td>♦ Demonstrations/clinical skills/learning opportunities listed</td>
<td>×   ×   ✓   ✓   ✓   ✓</td>
</tr>
</tbody>
</table>

All the Operating Room Nursing Science Learning Programmes provided for a clinical component although only three institutions included a list of the clinical skills that were emphasised in the programme. A programme of this nature cannot be presented without the clinical aspects of the learning programme because this forms the axis around which the programme rotates.

The SGB explicitly recommends as the sixth exit-level outcome for the Post-registration Programme for Operating Room Nursing Science “Application of specialist knowledge and skills in peri-operative care of individuals” (SGB for Nursing and Midwifery, 2001-2004:254). It is therefore apparent that the inclusion of a specific and relevant clinical component into the programme should be a non-negotiable aspect. A detailed indication of the recommended content is discussed under Table 3.3.19.
3.3.19 **CRITERION NINETEEN: ACCREDITATION OF CLINICAL FACILITIES**

Strict control is implemented by the SANC regarding the placement of learners at healthcare institutions that are accredited for specific educational/learning institutions.

**TABLE 3.3.19 ACCREDITATION OF CLINICAL FACILITIES**

<table>
<thead>
<tr>
<th>EVALUATION CRITERION NUMBER</th>
<th>CRITERIA AND SUBSECTION</th>
<th>ALLOTED INSTITUTIONAL NUMBER (FOR RESEARCH PURPOSES)</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>Accreditation of clinical facilities available</td>
<td>✔ ✔ ✔ ✔ ✔ ✔ 0</td>
</tr>
<tr>
<td>19</td>
<td>List of clinical facilities available in the learning programme</td>
<td>✔ ✔ ✔ ✔ ✔ ✔ 0</td>
</tr>
<tr>
<td>19</td>
<td>Infrastructure and library resources included in the learning programme</td>
<td>x x X x x 0</td>
</tr>
</tbody>
</table>

All the institutions included in this study met the criteria for utilising only clinical facilities that had been accredited by the South African Nursing Council in its capacity as an approved ETQA. Although a list of the clinical institutions (hospitals and clinics) utilised by the respective educational institutions were not included in four of the learning programmes, each learning programme reflected a list of clinical areas such as the intensive care unit, renal unit and various other areas within the operating room complex, where learners had been allocated for clinical exposure to acquire the necessary experience.

Placement of learners at a clinical facility cannot be done without adhering to the rules set out in the South African Nursing Council Accreditation Policy and Procedure document. All providers that offer education and training programmes or manage the assessment aspects or are involved in both the education and training and the assessment, must be accredited by the South African Nursing Council. A pre-requisite is that the mentors at the facility should have the clinical qualification suitable for the specific learning programme.
All the learning programmes omitted to refer to the information technology (IT) infrastructure, library resources and to the existence of any policies to ensure proper maintenance and management of the library resources.

According to the Accreditation Policy and Procedure document (SANC, 2005:3) that was discussed at a workshop, one of the accreditation criteria applicable to the management of off-site or work-site components indicated that:

- service agreements should be in place between primary sites and other sites and should include issues of mentorship and coaching;
- clinical facilities should meet approved quality assurance standards; and
- practice guidelines should be met.

As a result of the changing situation in the education of students/learners, all clinical institutions, both public and private, should meet all other criteria set out in the policy. Previously reference was made to the “status of approval of the clinical facilities”, but presently reference to “status of accreditation” is preferred.

SAQA RECOMMENDATIONS

The SANC is an ETQA accredited by SAQA. On the 18th November 2005, at a workshop held by the SANC at a local university, it was stressed that the task of the SANC as an ETQA was to ensure that all providers comply with both the Nursing Act 50 of 1978 as amended and the SAQA Act 58 of 1995. Any organisation seeking accreditation must accept that the SANC has a right to visit the institution at any time. Some of these visits may be done unannounced to be able to detect any shortcomings not so much as to “catch out” the provider, but to provide guidance. It was also further emphasised that granting of the accreditation comprised a two-way process between the Nursing Education Institutions and the SANC. Compliance with the accreditation criteria will not only ensure a high standard and quality of nursing education and training but will also in the long term contribute to a high standard of nursing care.

To assist nursing education institutions and healthcare providers to maintain acceptable standards the SANC has made available to them, a quality assurance self-assessment tool to facilitate a self-audit so that quality should be assured.

One of the criteria highlighted by the HEQC in its evaluator report as an important criterion, is the need for suitable and sufficient venues and IT infrastructure. The
availability of IT infrastructure and library resources at all sites of learning for both students and staff in the programme is also stressed by the HEQC (CHE, 2005:17). This is important so that learners are equipped to keep up with modern trends and latest information in Operating Room nursing which is available to learners via the Internet.

♦ **Information Technology infrastructure**

IT infrastructure includes computer hardware, software and databases that should be maintained on a regular basis. Students and staff should be trained in the use of technology as required for the specific programme (CHE, 2004:12).

♦ **Library resources**

The HEQC regards suitable and sufficient library resources as a priority for the purpose of complementing the curriculum, serving as incentives for students to learn according to their own needs, capacity and pace and thirdly supporting appropriate professional learning and teaching activities of the programme.

It is also required that library personnel be included in staff development programmes on a regular basis so that they keep updated with modern trends in computer/library knowledge and skills (CHE, 2004:13). Well-informed library staff is an asset to any student seeking assistance to supplement information that has been taught in the classroom.

It is imperative that the learner following the Operating Room Nursing Science Learning Programme be exposed to the various branches of surgery with its diversity of surgical procedures. To accomplish this in a controlled manner it would be necessary for the lecturers/mentors to ensure that learners follow a well-planned clinical roster to allow for sufficient exposure to each branch of surgery. The clinical allocation included in the learning programmes will now be discussed.

### 3.3.20 **CRITERION TWENTY: CLINICAL EXPOSURE AND ALLOCATION**

The importance of a well-planned clinical programme for learners registered for the Operating Room Nursing Science Programme cannot be over emphasised. Without
the sufficient clinical exposure the theoretical content presented in class and in prescribed and recommended books will remain only cold facts, to which the learner will be unable to relate. An indication of the findings in the various learning programmes is illustrated in table 3.3.20.

**TABLE 3.3.20 DATA OF CLINICAL ALLOCATION**

<table>
<thead>
<tr>
<th>EVALUATION CRITERION NUMBER</th>
<th>CRITERIA AND SUBSECTIONS</th>
<th>ALLOTED INSTITUTIONAL NUMBER (FOR RESEARCH PURPOSES)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>Clinical allocation required:</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td></td>
<td>♦ Indication of total minimum clinical hours required in the operating room</td>
<td>✓ x ✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td></td>
<td>♦ Indication of minimum clinical hours required in each specialisation</td>
<td>x x ✓ x ✓ x</td>
</tr>
<tr>
<td></td>
<td>♦ Allocation for clinical exposure during the programme to various areas of specialisation</td>
<td>✓ ✓ ✓ ✓ ✓ x</td>
</tr>
<tr>
<td></td>
<td>- general surgery</td>
<td>✓ ✓ ✓ ✓ x</td>
</tr>
<tr>
<td></td>
<td>- cardio / thoracic surgery</td>
<td>✓ ✓ ✓ ✓ x</td>
</tr>
<tr>
<td></td>
<td>- neurological surgery</td>
<td>✓ ✓ ✓ ✓ x</td>
</tr>
<tr>
<td></td>
<td>- gynaecological and obstetric surgery</td>
<td>✓ ✓ ✓ ✓ x</td>
</tr>
<tr>
<td></td>
<td>- orthopaedic surgery</td>
<td>✓ ✓ ✓ ✓ x</td>
</tr>
<tr>
<td></td>
<td>- urological surgery</td>
<td>✓ ✓ ✓ ✓ x</td>
</tr>
<tr>
<td></td>
<td>- reconstructive surgery</td>
<td>✓ ✓ ✓ ✓ x</td>
</tr>
<tr>
<td></td>
<td>- ophthalmology</td>
<td>✓ ✓ ✓ ✓ x</td>
</tr>
<tr>
<td></td>
<td>- otorlaryngology (ENT)</td>
<td>✓ ✓ ✓ ✓ x</td>
</tr>
<tr>
<td></td>
<td>- recovery room</td>
<td>✓ ✓ ✓ ✓ x</td>
</tr>
<tr>
<td></td>
<td>- central sterilising department/setting out room</td>
<td>x ✓ x 0 ✓ x</td>
</tr>
<tr>
<td></td>
<td>- administration</td>
<td>✓ ✓ ✓ ✓ x</td>
</tr>
<tr>
<td></td>
<td>- anaesthesiology</td>
<td>✓ ✓ ✓ ✓ x</td>
</tr>
<tr>
<td></td>
<td>♦ intensive care</td>
<td>x ✓ x ✓ x</td>
</tr>
</tbody>
</table>
The South African Nursing Council requires that the Operating Room Nursing Science Learning Programme should provide for at least 1200 hours to be spent in the clinical environment in the operating room and other relevant surgical areas. The researcher acknowledges and endorses the need for this requirement and strict adherence thereto.

According to the findings in the documentation at the researcher’s disposal, four of the ORNS Learning Programmes indicated the minimum total compulsory clinical hours that the learners were required to spend in the clinical setting. The required clinical hours were in line with the expectations of the South African Nursing Council requirement.

**Minimum requirement for each specialisation**

In addition to specifying the areas where the learners are expected to gain experience, it is also important to specify the period of time that the learner should spend in a specific specialisation to gain clinical experience. After analysis of the respective learning programmes the findings were as follows:

- Three learning programmes did not indicate the minimum clinical hours to be spent in each specialisation area as listed in table 3.3.20.
- Two programmes did not indicate whether learners were allocated to the central sterilising/setting-out room.
- Two programmes did not indicate allocation to the intensive care unit.
- Three programmes did not indicate allocation to the renal unit.
- Of the five learning programmes only one learning programme indicated allocation of learners to the burns unit.
Three did not indicate that learners were exposed to community-based areas to acquire experience in this regard.

Community-based education refers to educational input gained by contact made with the patient/client outside the in-patient hospital setting, allowing the learner the opportunity to encounter the patient outside the environmental confines of the ward or the operating room setting. During this encounter the operating room student/learner is provided with the opportunity to see the client in the pre-operative period of surgery where the client’s health status is assessed and a health examination may be done by the surgeon and the nurse to allow the process of planning for the surgical procedure (either in a community clinic setting or out-patient department). Another opportunity is encountering the client in the post-operative period of surgery to evaluate the success of the surgical intervention and the health progress of the client.

One learning programme required that learners be allocated to a day hospital for experiential learning in physical assessments of patients whilst another required that learners be allocated to the surgical clinics in the out-patient department of an accredited facility, in order to experience the surgical patient in the pre- and post-operative setting to ensure that the surgical patient was viewed in totality or as a whole (peri-operatively).

As stated in Table 3.3.17 the importance of specialist knowledge and skills in peri-operative care of the individual in the operating room is a non-negotiable aspect of the learning programme. Although the SGB has not specifically indicated the components in table 3.3.17, the SGB (2004:254) in its recommendations for exit-level outcomes and assessment criteria highlighted the following aspects:

- The peri-operative assessment of patients ie pre-, intra- and post-operative assessment should be done accurately.
- All procedures associated with the role of the scrub nurse must be competently implemented. Examples of these procedures are documented as:
  - preparation of the operating room, instrumentation, equipment and the medical and surgical sundries;
  - scrubbing, gowning and gloving technique;
  - preparation and setting up of instrument tables for the surgical intervention;
  - effective co-ordination of the surgical team;
  - timeous provision of all requirements during surgical intervention through anticipation of needs; and
- Safe transportation and moving of patients.
- All procedures associated with assisting the anaesthetists are competently implemented namely preparation and assisting with all methods of anaesthesia.
- Demonstration of cultural sensitivity towards patients during the assessment, preparation for surgery and also in the disposal of any tissue (anticipation of special needs).
- Procedures associated with the care of the patient in the recovery room are competently implemented, such as
  - Identification and management of complications and
  - Management of pain.
- The needs of clients are “championed by advocacy”.
- Quality assurance activities are conducted to enhance the quality of perioperative services (SGB for Nursing and Midwifery, 2001-2004:255).

Although the SGB does not include detailed suggestions for clinical allocation to specific areas, reference is made to the importance of experiential learning and work-based learning. The difference between the two must be noted by nurse educators.

*Experiential learning hours are credit-earning hours and are calculated as one actual hour equals one notional study hour and ten notional hours equal one credit.* These hours are spent under the direct supervision of the nurse lecturers as supervised practice, laboratory learning and project learning. All qualifications must include a minimum of 32 credits of experiential learning (SGB for Nursing and Midwifery, 2001-2004:274).

*Work-based learning hours (when the learner is allocated to the practical situation during clinical placement and is functioning under the supervision of the unit manager or registered nurse) are not credit-earning hours, but are essential for the learner to become fully skilled.* It is during this placement into the practical situation that the nurse practises and becomes a skilled and competent practitioner (SGB for Nursing and Midwifery, 2001-2004:274).

It is apparent that the Operating Room Nursing Science Learning Programme is very compact, with the result that learners may find this intimidating and become overwhelmed by the extent of the theoretical and clinical content.
3.4 SUMMARY

In this chapter the five ORNS Learning Programmes, together with the suggested ORNS Learning Programme of the SGB that was submitted to the SANC, were explored in depth and the findings described in detail. The five ORNS Learning Programmes from the different educational institutions which were included in the document analysis, all culminate in the acquisition of an additional qualification, namely, Diploma/Degree in Operating Room Nursing Science (either Honores Curationis or Magister Curationis). All the learning programmes were accredited by the ETQA for nursing.

The research findings were constantly weighed against the recommendations of the SGB and recommendations made by the SANC, SAQA and the HEQC were also taken into consideration. It was discovered that the learning programmes all differed considerably in the weighting of credits and that research was excluded (not indicated in the documentation made available to the researcher) in one of the learning programmes. The conclusions, recommendations and limitations resulting from the document analysis of this study will be further addressed in chapter four.
CHAPTER FOUR

CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS

The daring and manual dexterity of the barber-surgeon was surpassed only by the courage and forbearance of his conscious patient. Survival of such an ordeal was followed by many months in bed during which time “laudable” pus drained from the wound. The surgeon of that day operated without even washing his hands and was clad in a frock coat well stained with blood and pus. For convenience he carried his ligature and suture materials in the buttonhole of his lapel - there were no skilled nurses, as we know them today. The nurse’s predecessor was often an illiterate, rough, dirty handywoman.

James Moroney, (Surgery for nurses, 1967:1).

4.1 INTRODUCTION

Chapter three provided an in-depth analysis and description of the Operating Room Nursing Science Learning Programmes that were included in the study. The findings of this research study (after the analysis) were reflected and illustrated mainly in tabular form. Emphasis was placed on Table 3.3 where the researcher not only indicated, but also discussed the findings of each of the five ORNS Learning Programmes from the different nursing education institutions. Twenty of the thirty-three predetermined criteria were discussed in relation to the recommendations of the SGB as well as information from available literature.

In chapter four the researcher is faced with the task of concluding the research study, by discussing the following:

- Achievement of research objectives.
- Recommendations for a macro-curriculum for Operating Room Nursing Science Learning Programmes offered at higher education institutions in South Africa.
- Identifying limitations to the study.
- Recommendations for Nursing Education, Nursing Practice and Nursing Research.
The researcher has approached the study with the awareness that the emphasis in an operating room is placed on quality assurance in the clinical field. To be able to accomplish and maintain an exceptional standard of quality, a good theoretical base is essential. The theoretical content that was gained in the classroom, is put into practice in the clinical field to ensure maintenance of the principles of aseptic and sterile technique, thus ensuring optimal nursing care for the surgical patient. It is only when individuals understand the reasons for carrying out functions in a certain manner and time frame that they strive to abide by the principles and guidelines ensuring an optimal level of quality, thus avoiding unnecessary complications to the patient.

As described in chapter one, the researcher utilised Bergman’s model in Bergman (1982:8) for professional accountability as a point of departure for this study, as registered nurses are expected to be competent and responsible professionals and are held accountable for their acts of commission in rendering patient care. This model is appropriate for quality assurance in patient care and provides an excellent grounding for the nurse educator, as the learners (in the Operating Room Nursing Science Programme) must become fully equipped and skilled so that they are accountable and liable for their acts of commission or omission in carrying out duties in the operating room.

The dynamic nature of the healthcare system and the field of tertiary education together with the researcher’s concern that a diversity of Operating Room Nursing Science curricula are being implemented at various higher educational institutions, universities and private nursing colleges, inspired the researcher to undertake this study.

The researcher, who is an experienced and qualified operating room nurse and educator, often points out that the best part of her nursing career was and still is her experience obtained as a surgical scrub sister in the operating room. Then, as a young, vibrant and ambitious “theatre nurse”, she often had to listen to disheartening accusations and comments that scrub sisters were only instrument nurses and that theatre work becomes repetitive and could be done by any person, not necessarily a qualified theatre trained nursing specialist. On the contrary, the researcher believes that the operating room nurse instills the very essential aspect of the human element of caring (for the surgical patient) into the operating room complex. It is particularly essential that the operating room nurses live out their role as being the advocates for the patient in this unique setting, as they have to be the eyes and the ears of the
patient, especially the anaesthetised patient, who totally depends on the theatre nursing and medical staff to ensure their safety during this time.

4.2 REVISITING THE OBJECTIVES FOR THE STUDY

The objectives for the study as indicated in chapter one are:

♦ to explore and describe the different curricula for the Operating Room Nursing Science Learning Programmes in higher education institutions in South Africa (leading to registration of an additional qualification in Operating Room Nursing Science with the South African Nursing Council) and
♦ to develop recommendations for a broad macro-curriculum for an Operating Room Nursing Science Learning Programme in South Africa.

After an intense exploration of the five different ORNS Learning Programmes (document analysis) from colleges and universities, as well as the suggested curriculum of the SGB, a detailed description of the findings was provided in chapter three. Recommendations for a macro-curriculum for an ORNS learning programme in South Africa, are presented in this chapter. Recommendations will be generated from information obtained from the document analysis of the five learning programmes included in the study, the SGB programme, and relevant literature, as well as from the field notes of the researcher. On completion of this research study, the objectives as set out were therefore met.

4.3 DEFINING A MACRO-CURRICULUM

Mellish, et al, (2003:83) describe a macro-curriculum as really being a broad outline for programmes, stating principles only. The broad outline is laid down by the relevant examining or registering body to serve as a guide for developing learning programmes. In South Africa the broad outline is drawn up by the SANC in the form of regulations linked to the Nursing Act.
All regulations drawn up by the SANC have to be promulgated in the Government Gazette by the Minister of Health. As stated in chapter one the Nursing Act, 1978 (Act no. 50, 1978, as amended), and Regulation 212 of 19 February 1993 as amended by Regulation 74 of 1997, constitute the relevant legislation of the South African Nursing Council related to the education and practice of post-registration programmes and are therefore, applicable to the Operating Room Nursing Science Programme. Owing to the process of promulgation that provides legality and pronounces the regulation as binding, it is not possible to bring about frequent changes. In order to overcome the need to keep up to date with the changing needs in the nursing profession, the SANC draws up guidelines that can be changed without promulgation in the Government Gazette (Mellish, et al, 2003:83).

In the case of the Operating Room Nursing Science Learning Programme this is done in the form of a teaching guide for a course or programme in clinical Nursing Science leading to registration of an additional qualification (see Annexure F). The teaching guide not only sets minimal requirements but also provides guidelines to interpret the Operating Room Nursing Science Programme accordingly.

4.4 CONCLUSIONS OF THE RESEARCH FINDINGS

During the process of analysis of the various curricula both positive and negative aspects were identified. The researcher will emphasise and highlight only the areas of concern, as the positive aspects were included and adequately described in chapter three. The researcher has concluded that all the learning programmes included in this study aim to meet the minimum requirements of the SANC; but at the same time there is a measure of uncertainty regarding the know-how of keeping abreast with the continuous changes linked to the tertiary education system. There is a tendency to adhere to the old concept of classroom teaching and formal lecture presentation as the main educational method of teaching (transferring knowledge).

Some of the learning programmes indicate an adherence to the known and familiar education ideologies for teaching as well as assessment, rather than willingness to venture to a different yet more suitable and manageable system for both learner and educator. It is evident that revision of curricula should be a regular exercise and that
the staff should be encouraged to provide input into updating the learning programmes
to cater for the changing needs of the South African community at large.

Although credits are indicated, the emphasis is still placed on the number of lecture
periods provided in the classroom situation. During discussions with individual nurse
educators at nursing colleges, it became apparent to the researcher that there were
educators who were not familiar with the credit system and how the credits were
calculated. There also appears to be a discrepancy regarding the calculation of credits
according to SAQA and the SANC guidelines. It is imperative that consensus be
reached regarding the calculation of the credit system linked to learning programmes
and that all educators be kept informed of the correct method of credit calculation to
ensure that all educators are empowered in this regard.

The researcher will now list the most significant findings.

4.4.1 AREAS OF CONCERN IDENTIFIED IN THE LEARNING PROGRAMMES

1. Tendency to refer only to objectives rather than outcomes.
2. Tendency to provide the weighting of the programme in lecture periods rather
   than credits.
3. Not making completion of a compulsory pre-study package an essential
   requirement for entry into all the ORNS Learning Programmes.
4. Not making community-based clinical experience as part of the clinical learning
   requirement a priority in all the ORNS Learning Programmes.
5. Not providing adequate attention to the articulation possibilities.
6. A lack of clarity evident regarding assumptions of learning to be in place.
7. Majority of learning programmes provided at nursing colleges completed over a
   period of one academic year.
8. Majority of learning programmes requiring a minimum of only six months clinical
   experience as a scrub nurse in the operating room.
9. No reference made to Information Technology (including the library facilities
   available).
10. A lack of a clear philosophy which include the mission and the vision of the
    educational institution.
11. Lecturers involved in the learning programme not all qualified as:
    ♦ nurse educators,
♦ operating room nurses or
♦ registered assessors

12. A noticeable difference in the weighting of the pharmacology for the Diploma and the Degree learning programme. (Two learning programmes provide for three hour pharmacology summative assessment and the remaining three for only applied pharmacology).

13. Tendency (for college ORNS Learning Programmes) to adherence to annual summative assessment rather than per semester allowing the student/learner to “write off” work after each semester.

14. Uncertainty regarding equation of learning content to credits.

15. Unit standards not yet available for post-registration Operating Room Nursing Science Learning Programmes.

16. Research not indicated as being a priority for all of the five the ORNS Learning Programmes. (not indicated/recorded in two learning programmes).

17. Pressurized and overloaded second year of study as students are required to complete both the ORNS elective content (area of specialisation) as well as the actual research in the one year i.e. in the second year of study (evident in one of the two learning programmes completed in two years)

18. Adherence to known and familiar education ideologies for assessment rather than venturing to a different yet more suitable and manageable system for both learner and educator. (Only one learning programme implements formative assessment until competency is attained, thereby excluding the summative assessment (OSCE) as competency/proficiency is already proved).

19. Lack of reflection in the documentation of the latest date of accreditation of the ORNS Learning Programme as well as the educational and clinical facilities with SANC.

The researcher envisaged a potential problem in attempting to discuss the various findings of the study on a broad basis and therefore narrowed down the nineteen main research findings as listed above, into seven encompassing broad themes to address the concerns. This enabled the researcher to convey the findings of this study in a clear and uncomplicated manner to the reader.
4.5 SEVEN ENCOMPASSING THEMES UTILISED FOR DISCUSSION OF THE RESEARCH FINDINGS

As stated earlier, a macro-curriculum serves as a broad outline to guide and direct the educator towards a more specific learning programme. The researcher utilised the following seven encompassing themes to discuss the findings and also to facilitate the process of formulating recommendations for a broad macro-curriculum.

1. Programme structure and outcomes.
2. Recording of essential information in the ORNS Learning Programme.
4. Theoretical and clinical content of the specific programme.
5. Credit weighting of Operating Room Nursing Science Learning Programmes.
6. Assessment schedule in relation to weighting of content.
7. Learner/lecturer programme overload.

The research findings in relation to the seven encompassing themes are presented in the form of a schematic diagram and a written explanation is provided in the form of an annexure. (See Annexure H.)
FIGURE 4.1  A SCHEMATIC DIAGRAM DEPICTING THE FINDINGS AFTER CONCLUDING THE PROCESS OF ANALYSIS
4.6 RECOMMENDATIONS FOR A BROAD MACRO-CURRICULUM IN RELATION TO THE SEVEN ENCOMPASSING THEMES

The aim of making recommendations in this chapter of the study is to ensure that the post-registration operating room nurse is a well-informed capable and proficient individual able to work in a team for the benefit of the patient. Based on the researcher’s experience and information discovered from literature viewed during the process of this study, the following recommendations are made.

4.6.1 PROGRAMME STRUCTURE AND OUTCOMES

♦ All ORNS Learning Programmes should be prepared according to an outcomes-based structure because outcomes-based learning is based on the achievements of end results and is learner-driven. The learner obtains knowledge and masters skills whilst demonstrating competence. The context within which the learning takes place is critical, since it gives meaning to the learning (Olivier, 2001:6).

♦ A compulsory pre-study package should be prepared for the learner to complete prior to the commencement of the programme to facilitate learning already in place, thereby ensuring that the nurse enters the programme with the essential basic knowledge to follow discussions in the classroom or in the clinical situation.

♦ Community-based clinical experience should form part of the clinical programme to enable the learner to see the surgical patient in a comprehensive setting (not only in the operating room) thereby experiencing the surgical patient in the pre-, intra- and post-operative environment.

♦ Articulation possibilities should be planned to ensure uniformity, thereby allowing for movement between educational institutions when students are faced with situations requiring transfers.

♦ Consensus should be reached regarding the compulsory minimum period of clinical experience prior to commencement of the programme - preferably not less than one year of experience as a scrub nurse in the operating room so that the student is able to follow the lectures presented in class and in the clinical situation (avoiding situations where a student does not know
basic items or terms the lecturer may refer to because she has never seen or heard of them and is unable to follow the explanation presented).

♦ A decision should be taken with regard to the duration of the ORNS Learning Programme.

- Since the duration of the ORNS Diploma is presently over a period of one year with pharmacology presented as an applied subject, the gap between the weighting of the pharmacology for the degree and the diploma needs to be narrowed and the duration of the learning programme be extended to a period of at least eighteen months to avoid overload.

- ORNS Degrees are offered over a period of two years with pharmacology presented as a specific module in the programme and provision must be made to avoid the overlap of the research study being completed during the time when the ORNS lectures are presented.

4.6.2 RECORDING OF ESSENTIAL INFORMATION IN THE ORNS LEARNING PROGRAMME

♦ The necessary information including dates of accreditation should be reflected on the ORNS Learning Programme:

- The date of accreditation of the ORNS Learning Programme with the SANC should be reflected in the actual programme document to provide clarity with regard to the status of the accreditation of the programme to all the stakeholders.

- The latest date of accreditation of the educational and clinical facilities with the SANC should be included in the actual programme document to ensure that all learners register at accredited educational institutions and are allocated to accredited clinical institutions to gain the necessary experience. Presently nursing education institutions are awaiting the new regulations linked to the new Nursing Act No. 33 of 2005.

♦ The availability of IT infrastructure and library resources at educational institutions should be reflected in the programmes. As indicated previously one of the criteria highlighted by the HEQC in its evaluator report as an important criterion, is the need for suitable and sufficient venues and IT infrastructure. The availability of IT infrastructure and library resources at all sites of learning for both students and
staff in the programme is also stressed by the HEQC (CHE, 2005:17). This is important so that learners are equipped to keep up with modern trends and latest information in Operating Room nursing which is available to learners via the Internet.

♦ The qualifications of all educators involved in the programme should be recorded in the ORNS Learning Programme document to reflect that education/instruction or assessment of learners is done by appropriately qualified educators as suggested by the SGB.

4.6.3 EDUCATIONAL/INSTITUTIONAL PHILOSOPHY (INCLUDING MISSION AND VISION)

♦ All learning programmes should reflect a clear philosophy that includes the vision and the mission of the educational institution so that all stakeholders may be able to verify what the institution stands for and professes to be implementing.

4.6.4 THEORETICAL AND CLINICAL CONTENT OF THE ORNS LEARNING PROGRAMME

♦ The assumptions of learning to be in place should be clearly stated so as to avoid misunderstanding regarding the learning programme.

♦ The research component in the programme should be compulsory for both the students registered for the diploma and the degree in the ORNS Learning Programme. Consensus must be reached regarding the extent/intensity of the research and be set out clearly for the respective Diploma, Honours and Masters Learning Programme.

♦ Consensus must be reached regarding the content weighting of the pharmacology component for the Diploma, Honours and Masters Learning Programme respectively to provide clarity for the student/learner registering for the programme and also to narrow the huge gap that exists in this aspect of the presentation in the two programmes.
4.6.5 CREDIT WEIGHTING OF OPERATING ROOM LEARNING PROGRAMMES (INCLUDING THE VARIOUS MODULES IN THE PROGRAMME)

♦ All documentation should reflect the credit weighting of the various modules as well as the weighting of the content included in the modules so that educators are informed about the time to be spent on a given amount of content. This will also allow for uniformity in the use of the weighting system.

♦ In-service education must be provided to all educationists to avoid uncertainty regarding conversion of the learning content to the credit system, with lessened emphasis on lecture periods (time spent in the classroom) and also to allow for movement between educational institutions as described in theme 4.6.1.

♦ The unit standards for the Operating Room Nursing Learning Programme should be finalised to ensure stability and uniformity in the presentation of the ORNS Learning Programme for all nurse education institutions in South Africa.

4.6.6 ASSESSMENT SCHEDULE IN RELATION TO WEIGHTING OF CONTENT

♦ The assessment strategies should be student-friendly and enhance critical thinking and the application of knowledge; and a recommendation is made that educators implement innovative yet acceptable methods of assessment such as formative assessment in the clinical setting until the student has reached a level of competency or proficiency, thus omitting the need for “summative” evaluation in this area, and avoiding repetition of assessment when the learner has already proved competency/proficiency over a period of time – only one learning programme reflected this method of assessment.

4.6.7 LEARNER/LECTURER PROGRAMME OVERLOAD

♦ The subjects/modules registered for in the first year of study (in respect of the two year programme) eg nursing research or pharmacology should not overlap or interfere with the elective content of the second year of study, to avoid
overloading the theoretical aspect of the second year, as it results in poor performance by the learners (this statement is based on evidence available to the researcher) as it causes a conflict of interest as the learner is forced to juggle the heavy workload.

4.7 EVALUATION OF THE RESEARCH EXPERIENCE

Whilst engaged in the document analysis of the respective learning programmes, the researcher was extremely aware of the time taken and the effort made by the educators in the compilation of such detailed programmes with the common goal of quality assurance for the ultimate benefit of surgical patients during their stay in the operating room. It is imperative that learners following the Operating Room Nursing Science Learning Programme be well educated and trained, thus properly informed and equipped to render the highest degree of excellence of nursing care to the surgical patient peri-operatively.

As an educator the researcher is motivated to emphasise even more strongly than ever the importance of the operating room nurse as the advocate of the surgical patient during this stressful time in their lives. The researcher regards it as her duty to stress the need for implementation of the “advocacy concept” in the teaching and learning situation. The researcher also sees this as the duty of every trained professional to inculcate advocacy as one of the non-negotiable criteria for all nurses employed in the operating room.

The evaluation of this study includes both positive (encouraging) and negative (limiting) aspects. The researcher will highlight the findings of both these aspects.

4.7.1 POSITIVE ASPECTS ENCOUNTERED FROM THE STUDY

The researcher considers this experience as a personal “eye-opener” and an educational and personal investment as the research experience yielded wide and informative results and opportunities that are:
♦ an opportunity to scrutinise the learning programmes of institutions in other provinces in South Africa as well as in the private and public sector;
♦ the challenge to read extensively to acquire insight into the constantly changing educational milieu;
♦ a further challenge to become familiar with the current higher education landscape; and also
♦ to get to know the relevant vocabulary and abbreviations that are widely used in the educational environment such as SAQA, NSB’s, HEQC, HEQF and the NQF.

The results or outcome of this study may
♦ serve as a springboard for further research into Operating Room Nursing Science Learning Programmes;
♦ encourage and inspire educators to become more challenged than previously and reconsider the layout of their relevant learning programmes;
♦ motivate educators to venture into implementing different, yet more suitable and manageable methods of teaching in relation to the lecture presentations commonly used at present, to benefit both the learner and the educator;
♦ motivate educators to consider more student-friendly and innovative yet acceptable methods of assessment/evaluation.

4.8 LIMITATIONS OF THE STUDY

The many obstacles encountered in the efforts made to obtain the information needed for completion of the study proved to be another challenging experience to the researcher. It was very surprising and disheartening to find that some of the requests to learning institutions (letters of application for inclusion into the study), were met with apprehension. Although eighteen letters were submitted to the various nursing institutions listed in the Hospital and Nursing Yearbook for Southern Africa (2004:11) as institutions offering the programme as a clinical speciality, many letters had to be followed up by telephone calls.

Some institutions simply failed to respond in a positive or negative manner despite follow-up letters and phone calls by the researcher. Owing to the poor response to the letters of application the researcher saw the need to contact the institutional managers
telephonically to ascertain if the letters had indeed been received. It became apparent to the researcher that some institutional managers were apprehensive about granting permission as they requested the university stamp and a letter from the study co-ordinator to verify that the researcher was indeed registered as a learner with the Nelson Mandela Metropolitan University. Although this requirement was met and the co-ordinator forwarded faxes with the necessary proof, some institutions still chose not to respond.

Other problems encountered were the following:

♦ Owing to the rationalization process and affiliation of colleges with universities, the programme was no longer offered at some of the nursing colleges listed in the Hospital and Nursing Yearbook for Southern Africa (2004:11).

♦ The researcher also discovered that research linked to the field of Operating Room Nursing Education was very limited and that the document analysis was not a commonly implemented approach to data gathering in this context.

The end result was that the researcher had to choose participants for the study from a smaller sample size than initially planned but this did not hinder the trustworthiness of the study. This opinion was held because research has proved that the quality of a study is not influenced by the size of a sample (Holloway & Wheeler, 2002:128).

The researcher will now provide further recommendations emanating from this study under the following headings:

4.9 RECOMMENDATIONS FOR FURTHER RESEARCH

The recommendations emanating from this research study are made taking into consideration the research findings as well as the limitations identified.

4.9.1 RECOMMENDATIONS FOR NURSING EDUCATION

Nursing education is in a constant state of change therefore it is essential that nurse educators are vigilant and pro-active in implementing necessary changes to keep abreast with the modern trends as required. It is therefore recommended that:
♦ nurse educators review the teaching and assessment strategies utilised and evaluate whether there is a need to implement change;
♦ nurse educators arrange in-service courses and workshops to identify innovative education and assessment methods that will enhance the learners’ critical thinking skills;
♦ interviews are done with students/learners who have recently completed the ORNS Learning Programme to discover the positive and negative aspects about the programme presentation in South Africa; and
♦ the SANC is encouraged to reconsider the name of the qualification, namely Operating Theatre Nursing (South African qualification) versus the term Operating Room Nursing to be on a par with other countries of the world. As described in chapter one, South Africans refer to the operating room complex, as the “theatre”.

4.9.2 RECOMMENDATIONS FOR NURSING PRACTICE

To ensure that the post-registration operating room nurse is a well informed, capable and proficient individual able to work in a team for the benefit of the patient, the following recommendations are made:

♦ The findings of this study need to be made available to all hospitals utilised for the education and training of students following the ORNS Learning Programme so that the mentors/preceptors involved in their training in the clinical setting are informed about the requirements as well as the concerns of the programme.

♦ Nursing Directors managing the health institutions (with operating room units attached) need to be informed about the outcome of this study so that they may:
  - understand the importance of the Operating Room Nursing Science student being exposed to the various branches of surgery according to the ORNS Learning Programme requirements; and
  - be aware of the latest statistics indicating the decline of registered nurses acquiring the ORNS qualification as an additional qualification;
  - Health Education Institutions should provide current information to healthcare institutions (hospitals) regarding the availability of the various learning programmes on offer by means of informative and updated brochures.
4.9.3 RECOMMENDATIONS FOR NURSING RESEARCH

During this study the researcher became aware of the paucity of research projects particularly in the field of Operating Room Nursing Science in relation to this study. This is cause for concern to the researcher who therefore forwards the following recommendations:

♦ Nurse educators from various educational institutions could implement further research by utilising qualitative interviews;
♦ Nurse educators from various education institutions could replicate the study on a larger scale to substantiate the generalisability of the study;
♦ A questionnaire based on the findings of this study could be developed for utilisation in a quantitative study.

4.10 SUMMARY

In chapter four the researcher highlighted the findings as they unfolded during the analysis of the five Operating Room Learning Programmes in relation to the recommended SGB Learning Programme that was used as a benchmark in the study. The conclusion drawn by the researcher is that there are differences in the presentation of the five programmes. There is also an obvious difference in the presentation of the programmes at colleges and at the nursing departments at universities.

Colleges and universities are both listed under the higher education band and therefore the colleges need to implement the changes that are required to foster a student-friendly programme. Such a revised ORNS Learning Programme will enable the student/learner to complete semester content and semester assessments thus allowing the learner the opportunity to commence with new theoretical content to be assessed at the beginning of a new semester.

Change on a continuous basis in the workplace is imperative; for without change in Nursing Education, nursing will become a stagnant profession. It is up to nurse educators to implement change in the manner in which they bring across information to the learner as well as in the manner in which the learner is being assessed.
BABBIOGRAPHY


Bevis, EO. 1993. All in all it was a pretty good funeral. Journal of Nursing Education 32, Vol 3. 101-105.


**Regulations:**

South African Nursing Council Regulation number 212 as amended by Regulation number 74.


**Acts:**


**Workshops**

Preparing for Re-curriculation of Learning Programmes. 10th November 2005, Nelson Mandela Metropolitan University (North Campus), Port Elizabeth.

Accreditation of Providers of Nursing Education and Training. 18th November 2005, Nelson Mandela Metropolitan University (South Campus), Port Elizabeth.

**Conferences**

Moutlana, I. Health Research Conference. 17th August 2006. Nelson Mandela Metropolitan University (South Campus), Port Elizabeth.

Naidoo, N.T. Health Research Conference. 17th August 2006. Nelson Mandela Metropolitan University (South Campus), Port Elizabeth.

**Manuals**


Hospital and Nursing Yearbook for Southern Africa. 2004. 7-11.

**Documents**


SAQA 1430/00 Criteria for the generation and evaluation of qualifications and standards within the national qualifications framework.


**Catalogues**

ADVANCED DEGREES
COMMITTEE APPROVAL
Ref: 204064341
Contact person: Ms G Ehbel
Date: 31 August 2005

Address:
Ms J Prince
25 Amelia Street
Gelvan Park
PORT ELIZABETH
6020

Dear Ms Prince

FINAL RESEARCH PROPOSAL

Please be advised that your final research proposal was approved by Faculty Management subject to the following amendments/suggestions/recommendations being made to the satisfaction of your Supervisor:

(i) That the candidate was to be congratulated on a well prepared final research proposal;
(ii) that the title does not reflect the second research objective as stated on page 8;
(iii) that there was some concern raised regarding the literature search as described on page 14. There seemed to be a need to specify criteria upfront that one was searching for. Other criteria that would be important to consider was the length of the programmes, when programmes were last revised, who presents the programmes etc,
(iv) that the budget, work and time frames seemed rather optimistic.

Yours sincerely

OFFICE OF THE DEAN
FACULTY OF HEALTH SCIENCES

SG/hh/hichie/letters/final research proposal
EXAMPLE OF APPLICATION LETTER TO CONDUCT RESEARCH
The Head of the Nursing College  
Lilitha College of Nursing  
P O Box X0028  
Bhisho  
5605

08TH September 2005

Dear Madam

APPLICATION TO CONDUCT RESEARCH

I am currently registered at the Nelson Mandela Metropolitan University as a Magister Curationis student. My research project is entitled **A Review of Operating Room Nursing Science Programmes in South Africa**. My supervisors are Prof R M van Rooyen and Dr S Carlson, both from the Department of Nursing Science at the above mentioned university.

Currently in South Africa, a diversity of curricula are utilized in the training of professional nurses following the Operating Room Nursing Science programme at institutions of higher learning.

The aim of the study is to review the existing curricula and to develop recommendations for a proposed comprehensive macro curriculum for Operating Room Nursing Science.

Presently, I am acting as subject head for the post registration programme in Operating Room Nursing Science at Lilitha College of Nursing, Port Elizabeth campus. I also manage the programme for the honours and masters degree in Operating Room Nursing Science for the Nelson Mandela Metropolitan University in consortium with Lilitha college of nursing.

I hereby request your permission to utilize the curricula presently in use at the Port Elizabeth and East London campuses as part of my study. Will you be so kind as to forward the curriculum from East London campus together with the completed attached consent form to me at the above mentioned address.

Your co-operation will greatly assist to standardize a proposed curriculum in an effort to strive toward excellence in the operating room. This study is not possible without your assistance.

I will attempt to adhere to all ethical principles of research. Should you have any queries please contact me at (041) 3743000 / 3923314 (W) or 4525373 (H)

Your favourable consideration of my request will be greatly appreciated.

Mrs. J. Y. Prince.
Manager of Training and Development  
Life Health Care  
Oxford Manor  
21 Chaplin Road  
Illovo  
2196  

20th July 2005  

Dear Madam  

APPLICATION TO CONDUCT RESEARCH  

I am currently registered at the Nelson Mandela Metropolitan University as a Magister Curationis student. My research project is entitled *A Review of Operating Room Nursing Science Programmes in South Africa.* My supervisors are Prof R M van Rooyen and Dr S Carlson, both from the Department of Nursing Science at the above mentioned university.

I am presently employed at the Lilitha College, Port Elizabeth Campus and hereby request your permission to utilize the curriculum presently in use at the Affrox College of Nursing as part of my study.

Currently in South Africa, a diversity of curricula are utilized in the training of professional nurses following the Operating Room Nursing Science programme at institutions of higher learning.

The aim of the study is to review the existing curricula and to develop recommendations for a proposed comprehensive macro curriculum.

Your cooperation will greatly assist to standardize a proposed curriculum in an effort to strive toward excellence in the operating room.

I will attempt to adhere to all ethical principles of research. Should you have any queries please contact me at (041) 3743000 / 3923314 (W) or 4525373 (H)

Your favourable consideration of my request will be greatly appreciated.

Mrs. J. Y. Prince.
EXAMPLE OF CONSENT FORM
SIGNED BY THE RESEARCH PARTICIPANTS
CONSENT FORM

TITLE OF RESEARCH PROJECT: A review of Operating Room Nursing Science

RESEARCHER: Mrs Jacqueline Yvonne Prince

ADDRESS: 25 Amelia Street
Gelvan Park
Port Elizabeth
6020

CONTACT TELEPHONE NUMBERS: 041- 4525373 (H) 0842503937 (Cell)

UNIVERSITY OF REGISTRATION: Nelson Mandela Metropolitan University

DECLARATION BY PARTICIPANT:
I, the undersigned …………………………………………….. (name)
(ID No………………………….. ) the participant in my capacity as Nurse Manager /Supervisor of
………………………………………………….(Hospital / Address)

A. HEREBY CONFIRM AS FOLLOWS:
1. I was invited to participate by including the Operating Room Nursing Programme in the research project that is being undertaken by Mrs JY Prince of the Department of Nursing Science in the Faculty of Health Science at the Nelson Mandela Metropolitan University in Port Elizabeth.

2. The following aspects has been explained to me:
2.1 Aim: To explore and describe the Operating Room Nursing Science Programme utilized for the education and training of the operating room nursing student in South Africa. The information will be used to develop recommendations for a comprehensive macro curriculum in Operating Room Nursing Science relevant to the South African context.

2.2 I will not be exposed to any form of risk or harm.
2.3 Possible benefits: As a result of my participation, by including the educational institution’s Operating Room Nursing Science programme into the study, guidelines will be constructed to enable nurse educators to develop a comprehensive macro curriculum, relevant to the South African context.

2.4 Confidentiality: The identification of my institution will not be revealed in the study in any manner, not in discussion or scientific publication.

2.5 Voluntary participation: Inclusion of the Operating Room Nursing Science programme of my nursing education institution in the study is voluntary. My decision whether or not to participate will in no way affect my present or future working relationship with the researcher.

3. No pressure was exerted on me to consent to participation and I understand that I May, on behalf of my educational institution, withdraw at any stage without penalization of any nature.

4. Participation in this study will not result in any additional cost to myself or my educational institution of employment.

5. I understand that a copy of the results and guidelines of the study will be made available to my educational institution.

B. I HEREBY CONSENT VOLUNTARILY TO PARTICIPATE, BY INCLUDING THE OPERATING ROOM NURSING SCIENCE PROGRAMME OF MY EDUCATIONAL INSTITUTION IN THE ABOVE MENTIONED STUDY.

Signed/confirmed at ................................on ........................................2005

(place) (date)

Signature of consenting participant Signature of witness
EDUCATIONAL INSTITUTIONS OFFERING THE OPERATING ROOM NURSING SCIENCE LEARNING PROGRAMMES IN SOUTH AFRICA ACCORDING TO THE HOSPITAL AND NURSING YEARBOOK 2004
In medicine, you don't get to be one of the decision-makers without developing a sense of anticipation, a vision for what you need to achieve every single day. At Philips we've come to know about these things, because we design every new technology, product and service with insights from people like you. For us, the goal is always the same: to help you solve your problems and see your visions become realities.

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POST-BASIC COURSES

(Continue)

MIDWIFERY & CHILD NURSING

Midwifery and Neonatal Nursing Science
Butterworth General Hospital: P. Bag X9057, Butterworth, 4960.
Chris Hani Baragwanath Nursing College: P. Bag X05, Boksburg.
Ga-Rankuwa Nursing College: P. Bag X830, Pretoria. 0001.
McCord Hospital: P. Box 37587, Overport, 4067.
Medical University of Southern Africa: P. Bag 142, Medunsa. 0294.
National College of Nursing: P. Bag X9089, Pietermaritzburg. 3200.
Potchefstroom University for CHE: P. Bag X6001, Potchefstroom.
University of Cape Town: Annius Rd. Observatory. 7925.
University of the Free State: P. Box 339, Bloemfontein. 9300.
University of Natal: P. Bag X10, Dalbridge. 4041.
University of Pretoria: P. Box 667, Pretoria. 0001.
University of Stellenbosch: P. Box 19066, Tygerberg. 7505.
University of the Western Cape: P. Bag X17, Bellville. 7535.
Western Cape College of Nursing: P. Box 2660, Cape Town. 8000.

Child Nursing Science

Chris Hani Baragwanath Nursing College: P. Bag X05, Boksburg.
Cape Peninsula University of Technology: P. Bag X133, Cambridge. 7502.
Eastern Cape College of Nursing: P. Bag X6047, Port Elizabeth. 6000.
Edendale Nursing College: P. Bag X9099, Pietermaritzburg. 3200.
Free State School of Nursing: P. Bag X20520, Bloemfontein. 9300.
Ga-Rankuwa Hospital: P. Bag X422, Pretoria. 0001.
Ga-Rankuwa Nursing College: P. Bag X830, Pretoria. 0001.
Le Cottet Nursing College: P. Bag X751, Pretoria. 0001.
Le Cottet Nursing College: P. Box 600, Randvaal. 1873.
Natal College of Nursing: P. Bag X9099, Pietermaritzburg. 3200.
St. Louis Nursing College: P. Bag X736, Pretoria. 0001.
University of Cape Town: Annius Rd. Observatory. 7925.
University of the Free State: P. Box 339, Bloemfontein. 9300.
University of Pretoria: P. Bag X667, Pretoria. 0001.
Western Cape College of Nursing: P. Box 2660, Cape Town. 8000.

CLINICAL SPECIALTIES

Medical & Surgical Nursing Science

(1) General
Eastern Cape College of Nursing: P. Bag X6047, Port Elizabeth. 6000.
SAMHS Training Formation: P. Bag X1022, Thaba Tshwane. 0143.
University of the Free State: P. Box 339, Bloemfontein. 9300.

(2) Operating Theatre Nursing

Chris Hani Baragwanath Nursing College: P. Bag X05, Boksburg.
Cape Peninsula University of Technology: P. Bag X6047, Port Elizabeth. 6000.
Edendale Nursing College: P. Bag X9099, Pietermaritzburg. 3200.
Entabeni Hospital: P. Box 2230, Durban. 4000.
Free State School of Nursing: P. Bag X20520, Bloemfontein. 9300.
Freer College of Nursing: P. Bag X9023, East London. 5200.
Ga-Rankuwa Hospital: P. Bag X422, Pretoria. 0001.
Ga-Rankuwa Nursing College: P. Bag X830, Pretoria. 0001.
Goldfields Nursing College: P. Box X11, Westonaria. 1780.
Le Cottet Nursing College: P. Bag X751, Pretoria. 0001.
Le Cottet Nursing College: P. Box 600, Randvaal. 1873.
Maulamango College of Nursing: P. Bag X1005, Kabokweni. 1245.
Natal College of Nursing: P. Bag X9089, Pietermaritzburg. 3200.
SAMHS Training Formation: P. Bag X1022, Thaba Tshwane. 0143.
SG Lourens College of Nursing: P. Bag X755, Pretoria. 0001.
University of Cape Town: Annius Rd. Observatory. 7925.
University of Natal: P. Bag X10, Dalbridge. 4041.
University of Pretoria: P. Box 667, Pretoria. 0001.
University of Stellenbosch: P. Box 1963, Tygerberg. 7505.
University of the Free State: P. Box 339, Bloemfontein. 9300.
Western Cape College of Nursing: P. Bag X600, Cape Town. 8000.

CLINICAL SPECIALTIES

Medical & Surgical Nursing Science

(3) Orthopaedic Nursing

Edendale Nursing College: P. Bag X9099, Pietermaritzburg. 3200.
Free State School of Nursing: P. Bag X20520, Bloemfontein. 9300.
Le Cottet Nursing College: P. Box 600, Randvaal. 1873.
Stellenbosch University: P. Bag X9166, Stellenbosch. 7600.
University of Cape Town: Annius Rd. Observatory. 7925.

(5) Oncological Nursing

Free State School of Nursing: P. Bag X20520, Bloemfontein. 9300.
Le Cottet Nursing College: P. Box 600, Randvaal. 1873.
W. Cape College of Nursing: P. Box 2660, Cape Town. 8000.

(6) Critical Care Nursing

Chris Hani Baragwanath Nursing College: P. Bag X05, Boksburg.
Eastern Cape College of Nursing: P. Bag X6047, Port Elizabeth. 6000.
Entabeni Hospital: P. Box 2230, Durban. 4000.
Free State School of Nursing: P. Bag X20520, Bloemfontein. 9300.
Ferre College of Nursing: P. Bag X9023, East London. 5200.
Ga-Rankuwa Hospital: P. Bag X422, Pretoria. 0001.
Le Cottet Nursing College: P. Box 600, Randvaal. 1873.
Natal College of Nursing: P. Bag X9089, Pietermaritzburg. 3200.
Technology Pretoria: P. Bag X667, Pretoria. 0001.
University of Cape Town: Annius Rd. Observatory. 7925.
University of Natal: P. Bag X10, Dalbridge. 4041.
University of Pretoria: P. Box 667, Pretoria. 0001.
University of Stellenbosch: P. Box 1963, Tygerberg. 7505.
University of the Free State: P. Box 339, Bloemfontein. 9300.
Western Cape College of Nursing: P. Box 2660, Cape Town. 8000.

(7) Cardiovascular Nursing

SG Lourens College of Nursing: P. Bag X755, Pretoria. 0001.
SG Lourens College of Nursing: P. Bag X755, Pretoria. 0001.
Stellenbosch University: P. Box 1963, Tygerberg. 7505.

(8) Neurological Nursing

SG Lourens College of Nursing: P. Bag X755, Pretoria. 0001.

(9) General Nursing

SG Lourens College of Nursing: P. Bag X755, Pretoria. 0001.

(10) General Surgery

Stellenbosch University: P. Box 1963, Tygerberg. 7505.

(11) Gastroenterological Nursing

SG Lourens College of Nursing: P. Bag X755, Pretoria. 0001.

(12) General Surgery

Stellenbosch University: P. Box 1963, Tygerberg. 7505.
SOUTH AFRICAN NURSING COUNCIL AND DEPARTMENT OF EDUCATION GUIDELINES FOR EDUCATIONAL PROGRAMMES
CURRICULUM DEVELOPMENT

I.1 Details of proposed programme:

NAME OF INSTITUTION

- Motivation for the proposed programmes
- Title of the Qualification
- Applicable Regulation
- Sub Field
- NQF level
- Duration of the course:
  - Full Time / Part Time
  - Mode of Instruction: Centralized, Decentralized, Distance learning
- A statement of the purpose of the qualification
- Assumptions of learning already in place
- Entry requirements / Selection criteria;
- Number of pupils / students per intake
- Number of intakes per year
- Programme objectives
- Critical cross field outcomes / associated assessment criteria
- Exit level outcomes / associated assessment criteria
- Summary of subjects / content indicating specific learning outcomes / associated assessment criteria
- Minimum credits required at specific level:
  - Theory - convert SANC periods into notional hours and credits
  - Practica - convert practical hours into credits
  - Add both theoretical and practical credits to get;
  - Total credits / weighting required
  - Integrated assessment appropriately incorporated to ensure that the purpose of the qualifications is achieved
- Articulation possibilities with other qualifications
- Criteria for the registration of assessors
- Moderation options including the recommendation of a moderating body / bodies i.e. Internal or external
- International comparability
- Human Resources
1.2 Criteria for The approval of Clinical/Additional Clinical Facilities

An application for accreditation of each programme should be accompanied by an application for accreditation of the clinical facilities (off-site practice areas) that an institution intends using for placement of students/pupils.

Cognisance should be taken of the following criteria applied by the Council for the approval of a clinical/additional clinical facility:

1. The application for approval should be submitted to the Council by the approved nursing education institution (NEI) prior to the placement of students/pupils in the proposed clinical/additional clinical facility.

2. Retrospective approval of clinical/additional clinical facilities will not be granted.
3. The period for which students have been placed at a clinical facility that has not received prior approval, will not be recognized by this Council.

4. Approval of a clinical facility is granted for a specific programme for a particular NEI. Automatic blanket approval for any programme for a particular NEI is not accommodated.

5. A situational analysis of each clinical facility based on the norms and standards of the facilities must be carried out by the school and submitted to the Council.

*The *Gatta&l*’ should, among others, include:

- Identity details of the facility
- Geographical location
- Bed capacity of the facility and of each unit
- Bed occupancy i.e. total and per unit
- Human resources (nursing)
- Medical and other support staff
- Security system
- Relevant clinical learning opportunities for the particular programme
- Disease profile

A copy of the final agreement between school and the facility.

The agreement should specify.

- Name of the programme(s)
- Number of students/pupils per placement and per programme (per programme means on twelve hour shift and refers to the same students)
- Duration of placement
- Other schools using the same facility, indicating the programme(s) and numbers of students/pupils placed
- Reciprocal duties and responsibilities of both the school and facilities.
- Termination clause
- Signatures of authorized persons
- Official stamps of each institution
7. In the event of the alternative clinical facility not being an approved facility, the same application procedure should be followed in order to obtain approval.

8. The name(s) and professional qualifications of the person(s) responsible for the structured clinical guidance and the clinical accompaniment, as well as the number of students/pupils each preceptor is responsible for, should be submitted by the NEI at the time of application to the Council, whenever there is a change in the staff structure annually, for as long as the clinical facility is to be used by the NEI.

9. Documented evidence of clinical accompaniment must be kept for all basic, supplementary basic and post basic nursing education and training programmes. The Council has the mandate to visit all facilities where students/pupils are placed for clinical practice at any time. The Council may also interview students and personnel during such an accreditation visit.
2005 CYCLES FOR THE APPROVAL BY THE DOE OF NEW ACADEMIC PROGRAMMES AND AMENDMENTS TO EXISTING PROGRAMMES

During 2005 there will be two opportunities for institutions to submit applications to the DOE for the approval of new academic programmes or for substantial amendments to existing programmes. The submission dates for 2005 are as follows:

First cycle

- Closing date for submissions to the Department on the prescribed form - **14 March 2005**
- Date by which the Department will inform institutions of the outcome of its initial assessments - **1 April 2005**
- Period during which institutions will be able to interact with the Department to clarify applications or to resolve outstanding issues - **4 to 11 April 2005**
- Date by which HEQC and SAQA will be informed of Department's final decisions - **18 April 2005**

Second cycle

- Closing date for submissions to the Department on the prescribed form - **30 June 2005**
- Date by which the Department will inform institutions of the outcome of its initial assessments - **15 July 2005**
- Period during which institutions will be able to interact with the Department to clarify applications or to resolve outstanding issues - **18 to 27 July 2005**
- Date by which HEQC and SAQA will be informed of Department's final decisions - **1 August 2005**

The JHEQC\(^{\dagger}\) will communicate all HEQC submission dates and deadlines to institutions in due course.

Any enquiries regarding the application process to the DOE may be directed to Mr. Hennie De Beer. Electronic copies of the amended application form and guidelines may also be obtained from Mr de Beer.

Mr De Beer's contact details are listed below:

Tel: (012) 312 5098, Fax: (012)3237532 E-mail address: Debeer.H(o)doe.gov.za

Yours sincerely

MS N BADSHA
DEPUTY DIRECTOR GENERAL: HIGHER EDUCATION
DEPARTMENT OF EDUCATION

APPLICATION FOR ADDITIONS OR CHANGES TO APPROVED ACADEMIC PROGRAMMES

[Please read the attached notes before completing this form]

1. NAME OF INSTITUTION:- …………………………………………………….

2. NAME OF PROGRAMME TO BE CONSIDERED: …………………………..

3. TECHNICAL INFORMATION ON EACH QUALIFICATION TO BE OFFERED IN PROGRAMME (If more than 3 qualifications are involved in above programme, continue on another form)

<table>
<thead>
<tr>
<th>Qualifications involved in programmes</th>
<th>Qualification 1</th>
<th>Qualification 2</th>
<th>Qualification 3</th>
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<tbody>
<tr>
<td>3.1 Qualification type</td>
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<tr>
<td>3.2 Full title of qualification</td>
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<td>3.3 Abbreviated title</td>
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<td>3.4 Majors/fields of study by 2nd order CESM categories</td>
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<tr>
<td>3.5 Course level of majors in final year of study</td>
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<td>3.6 Delivery mode</td>
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<td>3.7 Delivery sites</td>
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<td>3.8 Minimum total time</td>
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<td>3.9 Minimum experiential time</td>
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<tr>
<td>3.10 Exit points</td>
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</table>

Signed ……………………………………………………
Date-…………………………………………………

APPENDIX
APPROVAL PROCESS FOR NEW ACADEMIC PROGRAMMES AND AMENDMENTS TO EXISTING PROGRAMMES

1. APPLICATION FLOW

The Department of Education, the South African Qualifications Authority (SAQA) and the Council On Higher Education have agreed on the following process dealing with programmes, new qualifications registration, accreditation and approval:

- All applications, which must be approved in advance by the Council and/or Senate of an institution and signed by the Vice-Chancellor or his designate, must be submitted to the DOE on the attached form.
- Institutions will be allowed to submit applications at the most twice a year. The closing date for these submissions will be communicated to institutions annually.
- The DOE will analyse and evaluate applications in term of the criteria as set out in Par. 2. The decisions of the DOE in this regard will be conveyed to institutions no later than one month after receipt of the application.
- In the event of an application being approved, the DOE will communicate such outcomes to the HEQC and SAQA.
- If the DOE decides that it cannot support an application the process ends for that particular application. The HEQC and SAQA will only consider those programmes or parts of programmes, which have been certified as acceptable by the DOE.
- If the DOE decides that all or part of an institution’s application is acceptable, then that institution must submit an application for accreditation to the HEQC and at the same time apply to SAQA for the registration of the new qualification on the National Qualifications Framework (NQF). Applications for accreditation and registration must be in the format required by the SAQA and the HEQC. The closing date of these submissions will be communicated to institutions annually.
- Only those programmes, which are accredited and registered, will then be submitted to the Minister of Education for formal approval.

It must be stressed that institutions will not be permitted to introduce any new or reconfigured programmes until it has been (a) accepted as part of the institution's PQM by the DOE, (b) accredited by the HEQC, (c) registered on the NQF by SAQA and (d) approved by the Minister of Education.

Applications that are incomplete or do not comply with any of the conditions will not be screened or evaluated.

2. CRITERIA FOR ASSESSING APPLICATIONS

2.1 National academic policies

All applications must be consistent with the set of national academic policies approved by the Minister of Education. If an application is not consistent with these policies, then it will not be considered further by the DoE.

The latest versions of these policies are contained in the following documents:
- *General Policies for Technikon Instructional Programmes* (Report 150, January 1997)
- *Norms and Standards for Educators* (Government Gazette, Vol 415, February 2000)

The Government Gazette referred to above sets out the latest academic policy for all qualifications associated with teacher training. Report 116 that for all qualifications and programmes offered by universities, other than those in teacher training, and Report 150 that for all qualifications and programmes offered by technikons. other than those in teacher training.

2.2 Guidelines developed in 2001 and 2002
The Higher Education Branch will continue to use the guidelines developed during the 2001/2002 assessment of institutional programme and qualification profiles, when assessing those applications which are consistent with national academic policies. These guidelines are spelled out in Section A of the report Approved Academic Programmes for Universities and Technikons: 2003-2006, which was circulated to institutions in December 2002. The essential features of these guidelines are the following:

2.2.1 Account will be taken of the following in assessing any application:

• the fit between the institution's mission, including national or regional needs and the proposed additions and/or changes to its approved programme and qualification mix;
• institutional capacity, in particular in terms of qualified academic staff and student to academic staff ratios;
• overall graduation rates and the graduation rates in the proposed programme area;
• past enrolment trends, particularly if the application is for a new qualification which builds on a lower level qualification;
• the programme and qualification mix of neighbouring institutions.

2.2.2 Proposed programmes either (a) in new CESM categories or (b) at new qualification levels will be approved in exceptional circumstances only.

2.2.3 New distance education programmes to be offered by contact institutions will be permitted in exceptional circumstances only.

2.2.4 If a new programme area is approved, either in a new CESM category or in a new cell in an existing category, then, unless further exceptional circumstances obtain, the institution will be permitted to introduce only the appropriate first level qualification.

2.2.5 A qualification (undergraduate or postgraduate), which builds on an existing lower-level qualification, will be considered for approval only if the enrolment and graduation trends of the lower-level qualification show that there is likely to be an adequate flow of students into the new qualification.

3 SOME POINTS ON THE APPLICATION FORM

• A separate application form must be used for each programme for which an institution is submitting an application.
• Paragraph 2: the name of the proposed programme is that given to it by the institution. This can be a specific title or generic title covering a number of qualifications
• Paragraph 3:
  3.1 The qualification type is that which will appear in the HEMIS qualification file.
  3.2 & 3.3 The full and abbreviated titles used must be consistent with the degree, diploma and certificate designations of the national academic policies referred to in 2.2 above
  3.4 A short (at most 4 words) description of the second order CESM plus the appropriate numerals should be used here.
  3.5 Course levels are as used in the HEMIS course file. The classification used must be that which applies to the final course of the major or principal subject.
  3.6 The delivery mode should be as defined in HEMIS, and should be reflected as either (a) contact or (b) distance or (c) mixed.
  3.7 The delivery site should, in the case of a contact programme, be either the main campus or an approved satellite campus.
  3.8 & 3.9 These times should be as defined in the HEMIS qualification file.

3,10 The exit paints would be those lower level qualifications which could be awarded to a candidate who does not complete the proposed qualification.

• A fuller, more detailed justification of the application may be attached separately if the space provided in paragraph 5 is not sufficient.
REGULATION 212 (OF 19 FEBRUARY 1993) AS AMENDED BY REGULATION 74 and THE NURSING ACT NO 33 OF 2005
THE SOUTH AFRICAN NURSING COUNCIL

REGULATIONS RELATING TO THE COURSE IN
CLINICAL NURSING SCIENCE LEADING TO
REGISTRATION OF AN ADDITIONAL
QUALIFICATION

The Minister of National Health has, on the recommendation of the South African Nursing Council, in terms of section 45 (1) of the Nursing Act, 1978 (Act No. 50 of 1978), made the regulations contained in the Schedule hereto.

SCHEDULE

Definitions

1. In these regulations “the Act” means the Nursing Act, 1978 (Act No. 50 of 1978), and any expression to which a meaning has been assigned in the Act shall bear such meaning and, unless the context otherwise indicates—

   “academic year course” means at least 90 teaching periods of 40 minutes each;
   “clinical nursing qualification” means a qualification in one of the following study directions:
      (a) Child Nursing Science;
      (b) Community Nursing Science;
      (c) Gerontological Nursing Science;
      (d) Medical and Surgical Nursing Science;
      (e) Midwifery and Neonatal Nursing Science;
      (f) Occupational Health Nursing Science;
      (g) Psychiatric Nursing Science;
   “course” means a programme of education and training approved by the council, presented by an approved nursing school referred to in section 3, which leads to a clinical nursing qualification that confers on the holder thereof the right to register such qualification as an additional qualification in terms of section 22 of the Act;
   “study direction” means the relevant subject choice for one of the qualifications necessary to obtain a clinical nursing qualification.

Institution of a clinical course

2. A course is hereby instituted which shall lead to the obtaining of a clinical nursing qualification.

DIE SUID-AFRIKAANSE RAAD OP VERPLEGING

REGULASIES BETREFFENDE DIE KURSUS IN
KLINIESE VERPLEEGKUNDE WAT TOT
REGISTRASIE VAN ’N ADDISIONELE
KWALIFIKASIE LEI

Die Minister van Nasionale Gesondheid het, op aanbeveling van die Suid-Afrikanse Raad op Verpleging, kragtens artikel 45 (1) van die Wet op Verpleging, 1978 (Wet No. 50 van 1978), die regulasies vervolg in die Bylae hiervan, uitgevaardig.

BYLAE

Woordomskrywing

1. In hierdie regulasies beteken “die Wet” die Wet op Verpleging, 1978 (Wet No. 50 van 1978), en het enig uitdrukking waarin ’n betekenis in die Wet geheg is daardie betekenis en, tensy uit die samehang ander blyk, beteken—

   “akademiëse jaar kursus” minstens 90 onderliggende periodes van 40 minute elk;
   “kliniese verpleegskwalifikasie” ’n kwalifikasie in een van die volgende studierigtings:
      (a) Bedryfsgesondheidsverpleegkunde;
      (b) Gemeenskappeverpleegkunde;
      (c) Gerontologiese Verpleegkunde;
      (d) Kinderverpleegkunde;
      (e) Mediese en Chirurgiese Verpleegkunde;
      (f) Psigologiese Verpleegkunde;
      (g) Verloskundige en Neonatale Verpleegkunde;
   “kursus” ’n deur die raad goedgekeurde program van onderrig en opleiding wat deur ’n goedgekeurde verpleegskool soos in regulasie 3 bedoel, aangebied word en wat lei tot ’n kliniese verpleegskwalifikasie wat aan die houer daarvan die reg verleen om sodanige kwalifikasie kragtens artikel 22 van die Wet as ’n addisionele kwalifikasie te registreer;
   “studierigting” die toepaslike vakkeuze vir een van die kwalifikasies wat nodig is vir die verwervig van ’n kliniese verpleegskwalifikasie.

Instelling van ’n kliniese kursus

2. Daar word hierby ’n kursus ingestel wat lei tot die verwerving van ’n kliniese verpleegskwalifikasie.
Conditions for the approval of a nursing school

3. (1) A nursing school may be approved by the Council for the presentation of a course referred to in these regulations if—

(a) It is a nursing school that has been approved to present a course leading to the registration of nurses (general, psychiatric or community nurses) and midwives;

(b) the curriculum for the course, including the evaluation system, has been approved by the Council;

(c) the organisational structure and facilities of the nursing school provide for the continued presentation of the curriculum and the achievement of the course objectives referred to in Regulation 6; and

(d) the qualifications of the persons who participate in the theoretical and clinical instruction of the students are satisfactory in the opinion of the Council.

(2) Notwithstanding the provisions of subregulation (1), the Council may approve a nursing school on conditions that essentially correspond with the requirements of that subregulation.

Admission to a course and the issuing of a qualification

4. (1) A candidate shall apply to the person in charge of a nursing school for admission to a course referred to in these regulations.

(2) Such application shall be accompanied by proof of current registration as a general nurse and, where applicable, also proof of registration as a psychiatric nurse or midwife, or of having registration in community nursing science.

(3) The current registration referred to in subregulation (2) shall be maintained for the full duration of the course.

(4) A clinical nursing qualification referred to in these regulations shall be issued by—

(a) a nursing school referred to in Regulation 3 (1) (a) which has statutory authority to issue qualifications; or

(b) the Council, if the nursing school does not have statutory authority to issue qualifications.

Duration of the course

5. The duration of the course shall be at least one academic year of 44 weeks.

The curriculum

Course objectives

6. (1) The curriculum for the course shall be compiled in such a manner that it leads to the consolidation of the

Voorwaardes vir die goedkeuring van 'n verpleegskool

3. (1) 'n Verpleegskool kan vir die aanbieding van 'n kursus bedoel in hierdie regulasies, deur die Raad goedgekeur word indien—

(a) dit 'n verpleegskool is wat goedgekeur is om 'n kursus aan te bied wat betrekking het op die registrasie van verpleegkundiges (algemene, psigiaatrese en gemeenskapsverpleegkundiges) en vroedvroue;

(b) die leergang vir die kursus, insluitend die evalueringstelsel, deur die Raad goedgekeur is;

(c) die organisatoriese struktuur en fasilitate van die verpleegskool voorbereid maak vir die voortgesette aanbieding van die leergang en die bereiking van die kursusdoelstellings in regulasie 6 bedoel; en

(d) die kwalifikasies van die persone wat deelneem aan die toorleis en kliniese onderwijs van die studente, na die mening van die Raad bevrindelik is.

(2) Ondanks die bepaling van subregulase (1) kan die Raad 'n verpleegskool goedkeur op voorwaardes wat wesenslik ooreenstem met die vereistes van daardie subregulase.

Toelating tot 'n kursus en die uitreiking van 'n kwalifikasie

4. (1) 'n Kandidaat moet bydie persoon in beheer van 'n verpleegskool aansoek doen om toelating tot 'n kursus bedoel in hierdie regulasies.

(2) Soos die aansoek moet volgens die betrokkenes in hierdie regulasies, waar voorgestel word, ook vereis word van die verpleegskool as 'n algemene verpleegskundige en, waar van toepassing, ook van die verpleegskool as 'n psigiaatrese verpleegkundige of vroedvrou, of van die registrasie in gemeenskapsverpleegkunde.

(3) Die lopende registrasie bedoel in subregulase (2), moet vir die volle duur van die kursus in stand gehou word.

(4) 'n Kliniese verpleegskundigeskwalifikasie bedoel in hierdie regulasies, word uitgereik deur—

(a) 'n verpleegskool bedoel in regulasie 3 (1) (a) wat wetlik die bevoegdheid het om kwalifikasies uit te reik; of

(b) die Raad, indien die verpleegskool nie wetlik die bevoegdheid het om kwalifikasies uit te reik nie.

Duur van die kursus

5. Die kursus duur minstens een akademiese jaar van 44 weke.

Die leergang

Kursusdoelstellings

6. (1) Die leergang vir die kursus moet so opgestel word dat dit lei tot die verdieping van die kennis van,
knowledge of, personal growth in and the continued skill of a student in respect of the following:

(a) Developing a sound view and philosophy of life and a continued understanding of the influence of different views of life on the thoughts and behaviour of man;
(b) showing respect for the dignity and uniqueness of men in his social, cultural and religious context, and approaching and understanding man as a complete being within this context;
(c) applying and pioneering a systematic approach to the nursing of man in the various phases of life at any point along the health/sickness continuum, in situations inside and outside the hospital;
(d) effective interaction which promotes growth in individual and groups;
(e) maintaining ethical codes of the profession and practising within the provisions of the appropriate legislation;
(f) developing, organising and showing evidence of contributions to a comprehensive health service;
(g) defining and accepting responsibility for independent nursing practice;
(h) rendering a scientifically based nursing practice;
(i) meaningful co-operation within the nursing and multi-disciplinary team according to the principles of co-responsibility for and collaboration with a view to achieving a common objective;
(j) developing and implementing operational leadership, and managerial and teaching skills;
(k) developing nursing science through research involvement;
(l) motivating and maintaining community participation, involvement and development.

Course content

(2) (a) The course shall consist of the following subjects:

(i) Nursing Dynamics; and
(ii) one of the following subjects, determined by the study direction, which shall be referred to as course choice A:

(aa) Child Health (including Paediatrics) capita selecta;
(bb) Community Health capita selecta;
(cc) Gerontology (including Geriatrics) capita selecta;
(dd) Internal Medicine and Surgery capita selecta;

personlike groei en die voortgesette vaardigheid van 'n student ten opsigte van die volgende:

(a) die ontwikkeling van 'n gesonde wêreldsaanskynning en voortgesette begrip van die lewensbeskouing en vooruitsigte begin van die lewensgeskiedenis op grond van die denke van 'n mens;
(b) die betonning van respect vir die waardigheid en unieke van die mens in sy sociale, kulturele en religieuse konteks, en die benadering van en bemarking van die mens as 'n totale persoon in hierdie verband;
(c) die toepassing en innovering van 'n stelselmatige benadering tot die verpleging van die mens in die verskillende lewensfasies, en enige punt langs die gesondheid/siekte-kontinueum, in situasies binne en buite die hospitaal;
(d) effektiewe interaksie en wat groei by individue en groepe bevorder;
(e) die handhaving van die etiese kode van diens en praktiese werking binne die bepaling van diens toepaslike wetgewing;
(f) die ontwikkeling, organisaasie en bewyslewer van hulde en integrasie tot in omvattende gelykeheidstekens;
(g) die afsettering van en aanvaarding van verantwoordelikheid vir, onafhanklike verpleging, praktiese werking;
(h) die voor van 'n wetenskapslik gefundeerde verplegingsgedrag;
(i) sinvolle samewerking binne die verpleegkundige en multidisplinêre span volgens die beginstruktuur van medeverantwoordelikheid en samewerking met die benadering van 'n gemeenskaplike doel;
(j) die ontwikkeling en implementering van opsionele, teleskops-, student- en onderwysgeriewe hede;
(k) die ontwikkeling van die verpleegkundige deugnootskaapenskap; en
(l) die motivering en interlandhouding van gemeenskapsdeelname, -betrokkenheid en -ontwikkeling.

Kursusinhoud

(2) (a) Die kursus bestaan uit die volgende vakke:

(i) Verplegingsdynamika; en
(ii) een van die volgende vakke, afhangende van die studieling wat gevolg word, wat bekend staan as keusekursus A:

(aa) Bedryfsbeskouing capita selecta;
(bb) Gemeenskapsbeskouing capita selecta;
(cc) Gerontologie (Insultende Geriatrie) capita selecta;
(dd) Interna Geskuldig en Chirurgie capita selecta;
(ee) Kindergesondheid (Insultende Pediatrie) capita selecta;
(ee) Obstetrics and Neonatology capita selecta;
(ff) Psychiatry capita selecta;
(gg) Occupational Health capita selecta; and
(iii) one of the following subjects, determined by the study direction, which may include an area of specialisation and which shall be referred to as course choice B:
(aa) Child Nursing Science;
(bb) Community Nursing Science;
(cc) Gerontological Nursing Science;
(dd) Medical and Surgical Nursing Science;
(ee) Midwifery and Neonatal Nursing Science;
(ff) Occupational Health Nursing Science.
(gg) Psychiatric Nursing Science.

(b) (i) The subject referred to in paragraph (a) (i) and (ii) shall each be considered one academic year course.
(ii) The subjects referred to in paragraph (a) (ii) shall each be considered two academic year courses.
(iii) Every subject referred to in these regulations shall be examined—
(a) by a nursing school referred to in regulation 4 (4) (a) in accordance with the examination rules of the nursing school concerned; or
(b) by a nursing school on behalf of and with the approval of the council in accordance with the regulations relating to examinations of the council.

Transition clauses

(2) Notwithstanding the provisions of the regulations referred to in subregulation (1), no person shall be admitted to the courses referred to in that subregulation after 31 December 1993.

(3) (a) Subject to the provisions of paragraph (b), these regulations shall not derogate from the provisions of the regulations published in terms of the Nursing Act, 1984 (Act No. 13 of 1984) (Ciskei), under Government Notice No. 92 of 1985, as amended, hereafter referred to as the 1985 regulations, and the regulations published under Government Notices No. 9A of 18 March 1988 (Ciskei), as amended, hereafter referred to as the 1988 regulations, which shall remain in force until 31 December 1998.

(f) Psigiatris capita selecta;
(gg) Verloskunde en Neonatologie capita selecta; en
(iii) een van die volgende vakke, afhankende van die studieligting wat gevolg word, wat ’n onderdelding van spesialisering kan inlui en bekend staan as kausekursus B:
(aa) Bedryfsgesondheidsverpleegkunde;
(bb) Gemeenskapsverpleegkunde;
(cc) Gortontologiese Verpleegkunde;
(dd) Kinderverpleegkunde;
(ee) Mediese en Chirurgiese Verpleegkunde;
(ff) Psigiatrisa Verpleegkunde;
(gg) Verloskundige en Neonatale Verpleegkunde.

(b) (i) Die vakke bedoel in paragraaf (a) (i) en (ii) word elk as een akademiese jaar kursus gereken.
(ii) Die vakke bedoel in paragraaf (a) (ii) word elk as twee akademiese jaar kursusse gereken.
(iii) Elke vak bedoel in hierdie regulasie word geëksamineer —
(a) deur ’n verpleegskool bedoel in regulasie 4 (4) (a) ooreenkomstig die eksamenreeks van die betrokke verpleegskool; of
(b) deur ’n verpleegskool namens die raad en met die goedkeuring van die raad ooreenkomstig die regulasies betrefende eksamens van die raad.

Oorgangsmaatreëls

(2) Ondanks die bepalinge van die regulasies genoem in subregulasië (1) word geen persoon na 31 Desem- ber 1993 toegelaat tot die kursusse bedoel in daardie regulasie nie.

(3) (a) Behoudens die bepalinge van paragraaf (b), doen hierdie regulasies geen afbreuk nie aan die bepa- ling van die regulasies gepublisoeer kragtongs die Wet op Verpleging, 1984 (Wet No. 13 van 1984) (Ciskei), by Goewermentskennisgewing No. 92 van 1966, soos gewysig, hierna die 1986-regulasies genoem, en die regulasies gepublisoeer by Goewermentskennisgewing No. 9A van 16 Maart 1988 (Ciskei), soos gewysig, hierna die 1988-regulasies genoem, wat tot 31 Desember 1998 van kracht bly.
(b) Notwithstanding the provisions of paragraph (a), no person shall be admitted to a course referred to in the 1986 or 1988 regulations after 28 February 1997.

(4) (a) Notwithstanding the provisions of subregulation (1), these regulations shall not derogate from the provisions of the regulations published under the Health and Related Professions Act, 1985 (Act No. 33 of 1985) (Bophuthatswana), by Government Notice No. 62 of 23 March 1990, as amended, hereafter referred to as the 1990 regulations, which shall remain in force until 31 December 1998.

(b) Notwithstanding the provision of paragraph (a), no person shall be admitted to a course referred to in the 1990 regulations after 28 February 1997.

(5) (a) Notwithstanding the provisions of subregulations (1) and (2), the regulations published under Government Notice No. R. 1665 of 3 August 1979, as amended, hereafter referred to as the 1979 regulations, shall apply in the territory of the former Republic of Transkei, until 31 December 1998.

(b) Notwithstanding the provisions of paragraph (a), no person shall be admitted to a course referred to in the 1979 regulations after 28 February 1997.

THE PRESIDENCY

No. 492 29 May 2006

It is hereby notified that the President has assented to the following Act, which is hereby published for general information:


IHHOVISI LIKAMONGAMELI

No. 492 29 May 2006

Ngalokhu kwaziiswa ukuthi uMongameli usewumile iMhetho nosewuzo-shicilelwa umphakathi:

ACT

To regulate the nursing profession; and to provide for matters connected therewith.

BE IT ENACTED by the Parliament of the Republic of South Africa, as follows:—

ARRANGEMENT OF SECTIONS

Sections

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SOUTH AFRICAN NURSING COUNCIL

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2. South African Nursing Council
3. Objects of Council
4. Functions of Council
5. Composition and dissolution of Council
6. Disqualification from membership
7. Vacant office
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10. Chairperson and vice-chairperson of Council
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CHAPTER 1

SOUTH AFRICAN NURSING COUNCIL

Definitions

1. In this Act, unless the context indicates otherwise—

"auxiliary midwife" means a person who prior to the commencement of this Act was enrolled or eligible to be enrolled with the Council as such;

"auxiliary nurse" means a person registered as such in terms of section 31;

"code" means the code of conduct, good practice and any other code made under this Act;

"Council" means the South African Nursing Council contemplated in section 2;

"database" means an integrated system of particulars of persons registered under this Act, nursing education institutions and nursing agencies kept by the Council to meet its information processing and retrieval requirements in terms of this Act;

"Director-General" means the head of the national Department of Health;

"fruitless and wasteful expenditure" has the meaning assigned to it in section 1 of the Public Finance Management Act, 1999 (Act No. 1 of 1999);

"health care user" has the meaning assigned to it in section 1 of the National Health Act, 2003 (Act No. 61 of 2003);

"health establishment" has the meaning assigned to it in section 1 of the National Health Act, 2003 (Act No. 61 of 2003);

"health services" has the meaning assigned to it in section 1 of the National Health Act, 2003 (Act No. 61 of 2003);

"irregular expenditure" means expenditure, other than authorised expenditure—

(a) incurred in contravention of or that is not in accordance with a requirement of any applicable legislation; or

(b) that falls outside of the scope of the functions of the Council contemplated in this Act;

"learner midwife" means a person registered as such in terms of section 32;

"learner nurse" means a person registered as such in terms of section 32;

"midwife" means a person registered as such in terms of section 31;

"midwifery" refers to a caring profession practised by persons registered under this Act, which supports, cares for and treats a health care user to achieve or maintain optimum health during pregnancy, all stages of labour and the puerperium;

"Minister" means the Minister of Health;

"national department" means the national Department of Health;

"nurse" means a person registered in a category under section 31(1) in order to practice nursing or midwifery;

"nursing" means a caring profession practised by a person registered under section 31, which supports, cares for and treats a health care user to achieve or maintain health and where this is not possible, cares for a health care user so that he or she lives in comfort and with dignity until death;

"nursing education institution" means any nursing education institution accredited by the Council in terms of this Act;

"nursing service" means any service within the scope of practice of a practitioner;

"practitioner" means any person registered in terms of section 31(1) of this Act;

"prescribed" means prescribed by regulation;

"professional nurse" means a person registered as such in terms of section 31;

"register" means a register containing the names and other particulars of all persons registered in terms of section 31, 32 or 33 and additional qualifications registered in terms of section 34;

"Registrar" means the person appointed in terms of section 18;

"regulation" means any regulation made in terms of section 58;

"rule" means any rule made in terms of section 59;

"scope of practice" means the scope of practice of a practitioner that corresponds to the level contemplated in section 30 in respect of that practitioner;

"staff nurse" means a person registered as such in terms of section 31;

"this Act" includes the regulations;
"unauthorised expenditure" means expenditure that is not in accordance with the budget of the Council or that takes place outside of the systems of financial and risk management and internal control of the Council contemplated in section 29(2);

"unprofessional conduct" means a conduct which, with regard to the profession of a practitioner, is improper, disgraceful, dishonourable or unworthy.

South African Nursing Council

2. (1) The South African Nursing Council established by section 2 of the Nursing Act, 1978 (Act No. 50 of 1978), continues to exist as a juristic person, notwithstanding the repeal of that Act by this Act.

(2) The head office of the Council is situated in Pretoria.

Objects of Council

3. The objects of the Council are to—

(a) serve and protect the public in matters involving health services generally and nursing services in particular;

(b) perform its functions in the best interests of the public and in accordance with national health policy as determined by the Minister;

(c) promote the provision of nursing services to the inhabitants of the Republic that complies with universal norms and values;

(d) establish, improve, control conditions, standards and quality of nursing education and training within the ambit of this Act and any other applicable laws;

(e) maintain professional conduct and practice standards for practitioners within the ambit of any applicable law;

(f) promote and maintain liaison and communication with all stakeholders regarding nursing standards, and in particular standards of nursing education and training and professional conduct and practice both in and outside the Republic;

(g) advise the Minister on the amendment or adaptation of this Act regarding matters pertaining to nursing;

(h) be transparent and accountable to the public in achieving its objectives and in performing its functions;

(i) uphold and maintain professional and ethical standards within nursing; and

(j) promote the strategic objectives of the Council.

Functions of Council

4. (1) The Council must—

(a) in all its decisions, take cognisance of national health policies as determined by the Minister and implement such policies in respect of nursing;

(b) where authorised by this Act, enter, remove from or restore to the register the name of a person;

(c) conduct examinations, and appoint examiners and moderators and grant diplomas and certificates in respect of such examinations;

(d) conduct inspections and investigations of nursing education institutions, nursing education programmes and health establishments, in order to ensure compliance with this Act and the rules and standards determined by the Council in terms of this Act;
(e) report to the relevant statutory body any non-compliance established after an inspection and investigation referred to in paragraph (d);

(f) ensure that persons registered in terms of this Act behave towards users of health services in a manner that respects their constitutional rights to human dignity, bodily and psychological integrity and equality, and that disciplinary action is taken against persons who fail to do so;

(g) investigate complaints against persons registered in terms of this Act and take appropriate disciplinary action against such persons in accordance with the provisions of this Act in order to protect the interests of the public;

(h) publish in the Gazette the details of the unprofessional conduct and the names and qualifications of the persons against whom disciplinary action was taken in terms of this Act within 30 days of the conclusion of such disciplinary action;

(i) ensure that a register of persons registered in terms of this Act is available to the public as prescribed;

(j) investigate and take action against non-accredited nursing education institutions;

(k) withdraw or suspend accreditation of a nursing education institution or nursing education programme if the education or training provided does not comply with the prescribed requirements and inform the relevant licensing authority;

(l) determine—

(i) the scope of practice of nurses;

(ii) the conditions under which nurses may practise their profession;

(iii) the acts or omissions in respect of which the Council may take steps against any person registered in terms of this Act; and

(iv) the requirements for any nurse to remain competent in the manner prescribed;

(m) determine prescribed licence or registration fees, payable under this Act;

(n) monitor the assessment by education and training providers, including the recognition of prior learning, register constituent assessors and moderators and grant diplomas and certificates in accordance with the requirements of this Act and any other law;

(o) be regarded as an education and training quality assurer in terms of section 5 of the South African Qualifications Authority Act, 1995 (Act No. 58 of 1995), for all nursing qualifications;

(p) submit to the Minister—

(i) a five-year strategic plan within six months of the Council coming into office which includes details as to how the Council plans to achieve its objectives under this Act;

(ii) a report every six months on the status of nursing and on matters of public importance compiled by the Council in the course of the performance of its functions under this Act; and

(iii) an annual report within six months of the end of the financial year;

(q) ensure that an annual budget is drawn up in terms of sections 23 and 24 and that the Council operates within the parameters of such budget; and

(r) perform such other functions as may be prescribed.

(2) The Council may—

(a) make extracts from the register;

(b) acquire, hire or dispose of property, borrow money on the security of the assets of the Council, accept or make any donation and administer any trust;
(c) institute or defend any legal action in its name;
(d) appoint experts and advisers as may be required to assist the Council in the performance of its functions in terms of this Act;
(e) delegate to any person or organisation any function referred to in this section, provided that the Council is not divested of any function so delegated;
(f) accredit nursing education institutions and nursing education programmes and monitor all assessments by education and training providers in accordance with this Act or any other law;
(g) carry out quality control inspections in accordance with the prescribed conditions;
(h) investigate complaints against any health establishment in respect of its nursing service;
(i) subject to prescribed conditions and upon payment of a prescribed fee, issue a licence for a professional nurse to conduct a private practice;
(j) consider any matter affecting nursing, and make representations to the Minister and Director-General or take such action in connection therewith as the Council may find advisable;
(k) require nursing education institutions to submit annual returns of learner nurses and to submit any information that the Council may require;
(l) require employers to submit annual returns of nurses in their employ and any other information necessary to enable the Council to perform its functions and fulfill its objectives;
(m) in consultation with the Minister of Finance, establish, manage and administer a pension or provident fund for the employees of the Council;
(n) recommend to the Minister regulations relating to any matter under this Act which may be prescribed; and
(o) generally, do all such things as it may find necessary or expedient to achieve the objects of this Act.

Composition and dissolution of Council

5. (1) (a) The Council consists of not more than 25 members, of whom 14 must be registered in terms of section 31(1)(a) and (b), appointed by the Minister taking into account their expertise in nursing education, nursing, community health, primary health care, occupational health and mental health.

(b) Of the 25 members—
   (i) one person must be an officer of the national department;
   (ii) one person must have special knowledge of the law;
   (iii) one person must have special knowledge of financial matters;
   (iv) one person must have special knowledge of pharmacy;
   (v) one person must have special knowledge of education;
   (vi) one person must have knowledge of consumer affairs;
   (vii) three persons must represent communities;
   (viii) one person must be registered in terms of section 31(1)(c); and
   (ix) one person must be registered in terms of section 31(1)(d).

(2) (a) The members must be appointed by the Minister on the basis of nominations made by interested parties, after publication of a notice in the Gazette inviting nominations for new members.

(b) If the Minister receives no nomination or an insufficient number of nominations within the period specified in the invitation, the Minister may appoint the required number of persons who qualify to be appointed in terms of subsection (1).

(3) A member holds office for a period not exceeding five years reckoned from the date of his or her appointment.

(4) The names of the members of the Council, the dates of commencement of their terms of office and the periods for which they have been appointed must be published by the Minister by notice in the Gazette as soon as possible after their appointment.

(5) The Minister may re-appoint a member whose term of office has expired, for one further period not exceeding five years.
(6) Each member must, on assumption of office, sign an undertaking to abide by the provisions of this Act and the codes.

(7) (a) The Minister may dissolve the Council if the Council fails to comply with any of the provisions of this Act.
   (b) All the functions of the Council are vested in the Minister until a new Council is appointed.

(8) (a) The Minister may at any time request copies of the records, including minutes of meetings and financial statements, of the Council in order to ascertain the extent of the Council’s compliance with this Act and any codes.
   (b) The Registrar must furnish copies of all such records within 15 days of the date of the Minister’s written request.

(9) The Minister may appoint one or more persons to investigate the affairs of the Council and to prepare a report after such investigation if there is a reasonable suspicion that the Council is failing to comply with this Act or any code.

Disqualification from membership

6. A person may not be appointed as a member of the Council if he or she—
   (a) is an unrebated insolvent or if his or her creditors have accepted an offer of a composition made in terms of section 119 of the Insolvency Act, 1936 (Act No. 24 of 1936);
   (b) is disqualified from practising his or her profession under this Act;
   (c) is not a South African citizen and ordinarily resident in the Republic;
   (d) he or she becomes mentally ill to such a degree that it is necessary that he or she be detained, supervised or controlled;
   (e) has been removed from an office of trust on account of misconduct;
   (f) has been convicted of—
      (i) an offence for which he or she was sentenced to imprisonment without the option of a fine; or
      (ii) theft, fraud, forgery or uttering a forged document, perjury, an offence under the Prevention and Combatting of Corrupt Activities Act, 2004 (Act No. 12 of 2004), or any other offence involving dishonesty;
   (g) has previously been a member of the Council for a period exceeding 10 consecutive years;
   (h) has had his or her membership terminated by the Minister in terms of this Act; or
   (i) is, at the time of his or her appointment, or was, during the preceding 12 months—
      (i) a member of a municipal council, a provincial legislature or Parliament; or
      (ii) a provincial or national office-bearer or employee of any party, organisation or body of a political nature.

Vacation of office

7. A member must vacate his or her office if—
   (a) he or she becomes disqualified in terms of section 6 from being appointed as a member;
   (b) he or she has been absent from more than two consecutive ordinary meetings of the Council without leave of the Council;
   (c) he or she tenders his or her resignation in writing to the Minister and the Minister accepts his or her resignation;
   (d) he or she becomes incapacitated to the extent that he or she is unable to carry out his or her duties as a member of the Council; or
   (e) he or she ceases to hold any qualification necessary for his or her appointment to the Council.
Termination of membership

8. The Minister may terminate membership of a member of the Council where—
   
   (a) a member fails to perform the duties of a member in terms of this Act or the codes;
   
   (b) a member obstructs or impedes the Council in the performance of its functions in terms of this Act or the codes;
   
   (c) a member fails to declare a conflict of interest between his or her affairs and those of the Council;
   
   (d) a member acts in a manner that is likely to bring the Council into disrepute;
   
   (e) a member misuses or misappropriates Council funds or resources;
   
   (f) a member approves or engages in unauthorised or irregular expenditure or fruitless and wasteful expenditure; or
   
   (g) such termination is in the interest of the public.

Filling of vacancies

9. Every vacancy on the Council arising from a circumstance referred to in section 7 or 8 and every vacancy caused by the death of a member must be filled by appointment by the Minister in terms of section 5(2), and every member so appointed must hold office for the unexpired portion of the period for which the vacating member was appointed.

Chairperson and vice-chairperson of Council

10. (1) (a) The Minister, after consultation with the Council, must appoint one of the members of the Council appointed in terms of section 5(1)(a) as chairperson of the Council.

   (b) At the first meeting of the Council the members must elect a vice-chairperson from the categories mentioned in section 3(1)(a) and (b).

   (c) The Minister may withdraw a member's appointment as chairperson or vice-chairperson if it is in the public interest or if the member is for any reason unable to perform or incapable of performing his or her functions as chairperson for a period exceeding three months.

   (2) The chairperson and vice-chairperson must hold office for the duration of the term of office for which he or she has been appointed as a member of the Council unless the chairperson or vice-chairperson resigns or ceases to be a member of the Council prior to the expiry of his or her term of office as a member or is removed from office by the Minister in terms of section 8.

   (3) In the absence of the chairperson or in the event that the chairperson is for any reason unable to act as chairperson, the vice-chairperson, subject to the provisions of subsection (1), has the authority to perform all the functions and exercise all the powers of the chairperson.

   (4) If both the chairperson and the vice-chairperson are absent from any meeting, the members present must elect one of their number to preside at that meeting and, until the chairperson or vice-chairperson resumes duty, to perform all the functions and exercise all the powers of the chairperson.

   (5) If the office of the chairperson becomes vacant, the Minister must appoint as chairperson, at his or her discretion, a person among the remaining members of the Council, or any other person in terms of section 5(1) and (2), and the person so appointed must hold office for the unexpired portion of the period for which his or her predecessor was appointed.

   (6) If the office of the vice-chairperson becomes vacant, the members must, at the first meeting after such vacancy occurs or as soon thereafter as may be convenient, elect from among themselves a new vice-chairperson and the member so elected must hold office for the unexpired portion of the period for which his or her predecessor was appointed.

   (7) The chairperson or vice-chairperson may vacate office as such without terminating his or her membership of the Council and if such vacation occurs, the Minister must appoint a new chairperson from amongst the members of the Council in terms of subsection (1).
Duties of chairperson

11. The chairperson of the Council must—
   (a) ensure that every member of the Council has signed the codes made under this Act and adheres to those codes;
   (b) convene meetings of the executive committee;
   (c) liaise with or advise the Minister on issues relating to the Council;
   (d) generally ensure that the Council performs its functions and fulfills its objectives in terms of this Act and complies with the relevant provisions of any other Act; and
   (e) ensure that the budget of the Council is formulated as prescribed and that the Council operates within such budget.

Meetings of Council

12. (1) The Registrar must, in consultation with the chairperson, convene meetings of the Council at the place and time and on the date determined by the Council and must draw up the agenda and compile documentation for such meetings.
   (2) The Council must meet not less than four times annually for the purpose of conducting its business, but the Council may in addition hold such further meetings as it may from time to time determine.
   (3) A special meeting of the Council—
      (a) may be convened by the chairperson at any time; or
      (b) must be convened by the chairperson at such place and time and on such date as he or she may determine within 30 days of the receipt of a written request by the Minister or of a written request signed by at least a third of the members.
   (4) A written request contemplated in subsection (3)(b) must state clearly the purpose for which the meeting is convened.

Quorum and procedure at meetings

13. (1) A quorum of any meeting of the Council is one half of the total number of members plus one.
   (2) At all meetings of the Council each member present must have one vote on a question before the Council.
   (3) Any decision taken by the Council must be decided by a majority vote at a meeting of the Council at which a quorum is present and, in the event of an equality of votes on any matter, the member presiding has a casting vote in addition to his or her deliberative vote.
   (4) For the purposes of this Act, a majority vote at a meeting of the Council or of any of the committees is one half of the total number of members present plus one.
   (5) Only members have voting rights on any matter in which the Council is required to make a decision.
   (6) A decision taken by the Council or an act performed under the authority of the Council is not invalid merely by reason of—
      (a) an interim vacancy in the Council; or
      (b) the fact that a person who is not entitled to sit as a member of the Council, sat as a member at the time when the decision was taken, if the act was authorized by the required majority of members present at the time and entitled to sit as members of the Council.

Executive committee of Council

14. (1) There is an executive committee of the Council consisting of—
   (a) the chairperson;
   (b) the vice-chairperson;
   (c) three persons appointed in terms of section 5(f)(a);
   (d) a person appointed in terms of section 5(f)(b)(i); and
   (e) a person appointed in terms of section 5(f)(b)(iii); and
(f) a person appointed in terms of section 5(f)(b)(vii).
(2) The members of the executive committee contemplated in subsection (f)(c) and
(f) must be elected by the members of the Council.
(3) In the event that there is an equality of votes on any matter on which the executive
committee is required to take a decision, the chairperson has a casting vote in addition
to his or her deliberative vote.
(4) The term of office of the executive committee is 20 months.
(5) The executive committee may, subject to the directives of the Council, exercise all
the powers, other than a power referred to in Chapter 3, and may perform all the
functions of the Council during periods between meetings of the Council, but does not
have the power to set aside or amend the decisions of the Council, save in so far as the
Council otherwise directs.
(6) Any act performed or decision taken by the executive committee is binding unless,
on good grounds shown, it is set aside or amended by the Council at its next meeting.

Other committees

15. (1) The Council may from time to time establish such committees, including
professional conduct committees and education committees, as it may think necessary to
investigate and report to the Council on any matter falling within the scope of its
functions.
(2) Each committee appointed in terms of subsection (1) consists of as many persons
appointed by the Council as the Council may determine but must, except in the case of
a disciplinary appeal committee referred to in subsection (4), include one member of the
Council, who must be the chairperson of such committee.
(3) (a) The Council may, subject to the provisions of subsection (4), delegate to any
committee established in terms of subsection (1) or to any person such of its powers as
it may determine.
(b) The Council is not divested of any power so delegated and may amend or set aside
any decision of such committee made in the exercise of its delegated power.
(4) Despite subsection (1), the Council may establish an ad hoc disciplinary appeal
committee consisting of—
(a) as chairperson, either a retired judge, retired senior magistrate or an attorney
with at least 10 years' experience; and
(b) not more than two registered persons who have professional qualifications
that are the same as those of the person who is subject to the disciplinary
proceedings.
(5) A disciplinary appeal committee referred to in subsection (4) has the power to
vary, confirm or set aside a finding of a disciplinary committee established in terms of
subsection (1) or to refer the matter back to the disciplinary committee with such
instructions as it may consider fit.
(6) A decision of a disciplinary committee, unless appealed against, is binding from
the date determined by that committee but if an appeal is lodged against a penalty of
removal or suspension from practice, such penalty remains effective until the appeal is
finalised.
(7) Where a matter has been considered by a disciplinary appeal committee, its
decision is binding from the date determined by the disciplinary appeal committee
unless appealed against to the Council.

Remuneration of members of Council and committees

16. (1) The members of the Council and members of the committees of the Council
must be paid remuneration or allowances determined by the Minister in consultation
with the Minister of Finance.
(2) (a) Any person who is not subject to the laws governing the public service shall be
entitled to such remuneration, including allowances for travelling and subsistence
expenses incurred by him or her in the exercise, performance or carrying out of the
powers, functions and duties conferred upon, assigned to or imposed upon him or her by
the Director-General, as the Minister in consultation with the Minister of Finance may
determine.
Act No. 33, 2005

(b) Any other remuneration not referred to in paragraph (a) must be paid by the Council.
(c) Any member who is subject to the laws governing public service must be entitled to special leave to attend to the functions of the Council.

Minister may rectify defects

If anything required to be done under this Act in connection with the appointment of any member is omitted or not done within the time or in the manner required by this Act, the Minister may order such steps to be taken as may be necessary to rectify the omission or error or may validate anything done in an irregular manner or form, in order to give effect to the objects of this Act.

Appointment of Registrar and staff

18. (1) The Minister must, after consultation with the Council, appoint the Registrar of the Council to carry out his or her functions under this Act and the Minister may, after consultation with the Council, dismiss the Registrar.

(2) The appointment of the Registrar is subject to the conclusion of a written performance agreement entered into between the Council and the Registrar, and approved by the Minister.

(3) The term of office of a Registrar is five years, but the Minister may, after consultation with the Council, renew the Registrar’s term of office for such further period as the Minister finds appropriate.

(4) The Registrar may appoint such other persons, subject to the policies and guidelines of the Council, as he or she may think necessary to perform the functions specified in this Act and the Registrar may dismiss any such other person.

(5) The staff must include such number of senior managers as the Council may determine, after consultation with the Registrar and the Minister.

Duties of Registrar

19. (1) The Registrar must—

(a) exercise the powers and perform the functions assigned to the Registrar in terms of this Act;
(b) keep the registers in respect of practitioners and must on the instructions of the Council enter in the appropriate register the name, physical address, qualifications, date of initial registration and such other particulars, including, where applicable, the details of the category of practitioner, learner midwife or learner nurse, as the Council may determine, of every person whose application for registration in terms of this Act has been granted;
(c) update the registers correctly and in accordance with the provisions of this Act and remove therefrom the names of all practitioners who have been removed in terms of this Act and must from time to time record changes in the addresses or qualifications of registered persons;
(d) be the secretary of the Council and maintain the records of its meetings;
(e) provide guidance and advice on compliance with this Act to the Council and the officials;
(f) act with fidelity, honesty, integrity and in the best interest of the Council in managing its financial affairs;
(g) disclose to the Council all material facts and information which in any way might influence the decisions or actions of the Council or the chairperson and prevent any prejudice to the financial and administrative interests of the Council.

(2) The Registrar may not—

(a) act in a way that is inconsistent with the duties assigned to him or her in terms of this Act; or
(b) use the position or privileges of, or confidential information obtained as, Registrar for personal gain or to improperly benefit another person.

20. (1) The Registrar must, in a format and for periods as may be prescribed, report to the Council on all revenue received and expenditure incurred by the Council including, but not limited to—
   (a) all fees collected and funds received;
   (b) salaries and wages;
   (c) contributions for pensions and medical aid, if any;
   (d) travel, motor car, accommodation, subsistence and other allowances;
   (e) housing benefits and allowances;
   (f) overtime payments;
   (g) loans and advances; and
   (h) any type of benefit or allowance related to staff.

(2) The Registrar must—
   (a) assist the Council in performing the budgetary functions assigned to it in terms of this Act; and
   (b) provide the chairperson with the administrative support, resources and information necessary for the performance of those functions.

(3) The Registrar is responsible for implementing the Council's approved budget, including taking all reasonable steps to ensure that—
   (a) the spending of funds is reduced if necessary when revenue is anticipated to be less than projected in the budget; and
   (b) revenue and expenditure are properly monitored.

(4) When necessary, the Registrar must prepare an adjustments budget and submit it to the chairperson for consideration and tabling in the Council.

(5) The Registrar must no later than 14 days after the approval of an annual budget submit to the chairperson—
   (a) a draft service delivery and budget implementation plan for the budget year; and
   (b) drafts of the annual performance agreements as required for the Registrar and all senior managers.

(6) The Registrar must report in writing to the Council—
   (a) any impending—
      (i) shortfalls in budgeted revenue;
      (ii) overspending of the Council's budget; and
      (iii) any steps taken to prevent or rectify such shortfalls or overspending.

(7) The Registrar must by no later than 10 working days after the end of each month submit to the chairperson a statement in the prescribed format on the state of the Council's budget.

(8) The Registrar must inform the Director-General, in writing, of—
   (a) any failure by the Council to adopt or implement a budget-related policy, any other policy approved by the Council or a statutory function or responsibility in terms of this Act or any other legislation; or
   (b) any non-compliance by a member or official of the Council with any such policy.

(9) The Registrar must submit to the Council and the Director-General such information, returns, documents, explanations and motivations as may be prescribed or required.

(10) If the Registrar is unable to comply with any of the responsibilities in terms of this Act, he or she must promptly report the inability, together with reasons, to the Council and the Director-General.

(11) Any action taken by the Council or member of the Council against the Registrar solely because of the Registrar's compliance with a provision of this Act is an unfair labour practice for the purposes of the Labour Relations Act, 1995 (Act No. 66 of 1995).
(12) The Registrar may delegate to a staff member or any other official of the Council—
(a) any power or duty assigned to the Registrar in terms of this Act; or
(b) any power or duty necessary to assist the Registrar in complying with a duty which requires the Registrar to take appropriate steps to ensure the achievement of the aims of a specific provision of this Act.

(13) The Registrar may not delegate to any member of the Council any power or duty assigned to him or her in terms of this Act.

(14) A delegation in terms of subsection (12)—
(a) must be in writing;
(b) is subject to such limitations and conditions as the Registrar may impose in a specific case;
(c) may either be to a specific individual or to the holder of a specific post in the Council;
(d) may, in the case of a delegation to a senior manager, authorise that senior manager to sub-delegate the delegated power or duty to an official or the holder of a specific post in that senior manager's area of responsibility; and
(e) does not divest the Registrar of the responsibility concerning the exercise of the delegated power or the performance of the delegated duty.

(15) The Registrar may confirm, vary or revoke any decision taken in consequence of a delegation or sub-delegation in terms of this Act, but no such variation or revocation of a decision may detract from any rights that may have accrued as a result of the decision.

Funding of expenditure

21. An annual budget may only be based on—
(a) anticipated revenue to be collected; and
(b) accumulated funds from previous years' surpluses not committed for other purposes.

Bank account of Council

22. (1) The Council must open and maintain at least one bank account in the name of the Council.
(2) All money received by the Council must be paid into its bank account promptly and in accordance with this Act and any requirements that may be prescribed.
(3) Money may only be withdrawn from the bank account as prescribed.
(4) The Registrar must submit the name of the bank where the account is held, and the type and number of the account, to the Auditor-General and the Director-General within 60 days of opening such bank account.
(5) The Registrar must—
(a) administer the bank account of the Council and must account to the Council as requested to do so, but the Minister may order the Registrar and the Council to account to him or her regarding anything concerning such bank account; and
(b) ensure compliance with subsections (2) and (3) in the handling and managing of the bank account.
(6) The Registrar may delegate the duties referred to in subsection (5) only to the manager in charge of finance or the chief financial officer.

Council budget

23. (1) The Council may, except where otherwise provided for in this Act, incur expenditure only—
(a) in terms of an approved budget; and
(b) within the limits of the amounts appropriated for the different programmes in an approved budget.
(2) The Council must for each financial year approve an annual budget for the Council before the start of that financial year by adoption of a Council resolution.

(3) In order for the Council to comply with subsection (2), the chairperson must table the annual budget at a Council meeting at least 90 days before the start of the budget year.

(4) The chairperson is responsible for the preparation of the budget and must ensure that the draft budget is linked to the Council's strategic plan and that the annual budget is approved as prescribed.

(5) The Registrar must submit the approved annual budget to the Director-General within 30 days of such approval by the Council.

Contents of annual budget and supporting documents

24. (1) An annual budget of the Council must be a schedule in the prescribed format—
(a) setting out anticipated revenue for the budget year from each revenue source;
(b) appropriating expenditure for the budget year under the different programmes of the Council;
(c) setting out indicative revenue per revenue source and projected expenditure by programme for the two financial years following the budget year;
(d) setting out—
(i) estimated revenue and expenditure by programme for the current year; and
(ii) actual revenue and expenditure by programme for the financial year preceding the current year; and
(e) must include a statement containing any other information required, including—
(i) estimates of revenue and expenditure, differentiating between capital and current expenditure;
(ii) proposals for financing any anticipated deficit for the period to which they apply; and
(iii) an indication of intentions regarding borrowing and other forms of liability that will increase the Council debt during the ensuing year.

(2) The annual budget of the Council must be divided into a capital and an operating budget in accordance with international best practice and as may be prescribed.

(3) When an annual budget is tabled, it must be accompanied by amongst other things the following documents:
(a) draft resolutions—
(i) approving the budget of the Council;
(ii) imposing any fees as may be required for the budget year or as prescribed; and
(iii) approving any other matter that may be prescribed;
(b) measurable performance objectives for revenue from each source and for each programme in the budget, taking into account the Council's strategic plan;
(c) a projection of cash flow for the budget year by revenue source, broken down per month;
(d) any proposed amendments to the budget-related policies of the Council;
(e) particulars of the Council's investments;
(f) the proposed cost to the Council for the budget year of the salary, allowances and benefits of—
(i) members of the Council;
(ii) the Registrar;
(iii) the deputy Registrar, if any; and
(iv) senior managers, including the chief financial officer, and other persons appointed by the Registrar; and
(g) any other supporting documentation as may be prescribed.
(6) The Registrar must report to the South African Police Service all cases of alleged—
   (a) irregular expenditure that constitute a criminal offence; and
   (b) theft and fraud that occur in the Council.

(7) The Council must take all reasonable steps to ensure that all cases referred to in
   subsection (6) are reported to the South African Police Service if—
   (a) the charge is against the Registrar; or
   (b) the Registrar fails to comply with that subsection.

Cash management and investments

27. The Council must set out in writing a policy framework within which the Council
   must conduct its cash management and investments, and invest money not immediately
   required.

Disposal of capital assets

28. (1) The Council may only transfer ownership as a result of a sale or other
   transaction or otherwise permanently dispose of a capital asset after the Council has by
   resolution decided—
   (a) on reasonable grounds that the asset is not needed for the performance of the
       Council’s functions; and
   (b) that the fair market value of the asset will be received for the asset.

(2) Any transfer or disposal of an asset referred to in subsection (1) must be fair, equitable, transparent, competitive and consistent with the policy framework of the Council contemplated in section 27.

Corporate governance

29. (1) The Registrar is the accounting officer of the Council.

(2) The Registrar must—
   (a) keep full and proper records of all moneys received and expenses incurred by,
       and of all assets, liabilities and financial transactions of, the Council; and
   (b) ensure that the Council has and maintains—
       (i) effective, efficient and transparent systems of financial and risk
           management and internal control;
       (ii) an appropriate procurement and provisioning system which is fair,
            equitable, transparent, competitive and cost-effective;
       (iii) a system for properly evaluating all projects involving expenditure of
            capital prior to a final decision on the project;
   (c) take effective and appropriate steps to—
       (i) collect all moneys due to the Council;
       (ii) prevent unauthorised, irregular or fruitless and wasteful expenditure and
            losses resulting from criminal conduct; and
       (iii) manage available working capital efficiently and economically;
   (d) take into account all relevant financial considerations, including issues of
       propriety, regularity and value for money, when policy proposals affecting the
       Registrar’s responsibilities are considered and, when necessary, bring those
       considerations to the attention of the Council;
   (e) be responsible for the management, including the safeguarding and the
       maintenance, of the assets and for the management of the liabilities of the
       Council;
   (f) settle all contractual obligations and pay all moneys owing by the Council
       within 30 days of the due date or within a period to which the relevant creditor
       has agreed;
(g) ensure that expenditure of the Council is in accordance with the budget and decisions of the Council;

(h) keep full and proper records of the financial affairs of the Council in accordance with any prescribed norms and standards;

(i) submit the financial statements of the Council within two months after the end of the financial year to an independent auditor for auditing;

(j) submit within four months after the end of a financial year to the Council—

(i) an annual report on the activities of the Council during that financial year;

(ii) the financial statements for that financial year after those statements have been audited; and

(iii) an independent auditor’s report on those statements.

(3) The Council must ensure that the requirements of subsection (2) are met and properly fulfilled.

(4) Any person who obstructs the Registrar or the Council in fulfilling the requirements of subsections (2) or (3) is guilty of an offence and is liable on conviction to a fine or to imprisonment for a period not exceeding two years or to both a fine and such imprisonment.

CHAPTER 2

EDUCATION, TRAINING, RESEARCH, REGISTRATION AND PRACTICE

Scope of profession and practice of nursing

30. (1) A professional nurse is a person who is qualified and competent to independently practise comprehensive nursing in the manner and to the level prescribed and who is capable of assuming responsibility and accountability for such practice.

(2) A midwife is a person who is qualified and competent to independently practise midwifery in the manner and to the level prescribed and who is capable of assuming responsibility and accountability for such practice.

(3) A staff nurse is a person educated to practise basic nursing in the manner and to the level prescribed.

(4) An auxiliary nurse or an auxiliary midwife is a person educated to provide elementary nursing care in the manner and to the level prescribed.

(5) The Minister may prescribe scopes of profession and practice for other categories of nurses contemplated in section 31(2).

Registration as prerequisite to practise

31. (1) Subject to the provisions of section 37, no person may practise as a practitioner unless he or she is registered to practise in at least one of the following categories:

(a) Professional nurse;

(b) midwife;

(c) staff nurse;

(d) auxiliary nurse; or

(e) auxiliary midwife.

(2) The Minister, after consultation with the Council, may by notice in the Gazette create such other categories of persons to be registered to practise nursing as he or she considers necessary in the public interest.

(3) An employer must not employ or retain in employment a person to perform the functions pertaining to the profession of nursing, other than a person who holds the necessary qualification and who is registered under subsection (1) or (2).

(4) No person may use as a title any of the categories contemplated in subsection (1) or (2) unless he or she is registered as such in the terms of this section.

(5) A practitioner who wishes to register in terms of subsection (1) must apply in the prescribed manner to the Registrar and submit with his or her application—
(a) proof of identity;
(b) certificate of good character and standing;
(c) proof of his or her qualifications;
(d) the prescribed registration fee; and
(e) such further documents and information in relation to his or her application as may be required by the Registrar on the instructions of the Council.

(6) If the Registrar is satisfied that the information and documentation submitted in support of an application for registration meet the requirements of this Act and upon receipt of the prescribed registration fee, the Registrar must issue a registration certificate authorising the applicant, subject to the provisions of this Act, to practise or engage in any of the categories contemplated in subsection (1) within the Republic.

(7) If the Registrar is not satisfied that the information and documentation submitted in support of an application for registration meet the requirements of this Act, he or she must refuse to issue a registration certificate to the applicant and must inform the applicant in writing of the reasons for his or her decision, but must, if so required by the applicant, submit the application to the Council for a decision.

(8) The Registrar may only register a person in terms of subsection (1) if the Registrar is satisfied that the person applying for registration is suitably qualified or if the Council is so satisfied.

(9) Any entry which is proved to the satisfaction of the Council to have been made in error or through misrepresentation or in circumstances not authorised by this Act may be removed from the register and—
(a) a record of the reason for every such removal must be made in the register;
(b) the person in respect of whom such removal has been made must be notified thereof in writing by the Registrar; and
(c) any certificate issued in respect of such registration is considered to have been cancelled as from the date on which notice has so been given.

(10) The Registrar must delete from the register the name of any person removed or suspended, respectively, from practice and must notify such person in writing accordingly.

(11) A person who contravenes subsection (1), (3) or (4) is guilty of an offence and on conviction liable to a fine or to imprisonment for a period not exceeding 12 months or to both a fine and such imprisonment.

(12) A person who has completed a programme qualifying him or her for registration in another category must apply to have his or her entry in the register altered accordingly.

(13) A person who completed a programme leading to registration in a higher category must, upon application and after evaluation by the Council, have his or her entry in the register altered accordingly.

(14) A practitioner must notify the Registrar in writing of any change of particulars within 30 days after such change.

Registration of learners

32. (1) A person undergoing education or training in nursing must apply to the Council to be registered as a learner nurse or a learner midwife.

(2) The Council must register as a learner nurse or a learner midwife any person who has complied with the prescribed conditions and has furnished the prescribed particulars for a training programme at a nursing education institution.

(3) The person in charge of a nursing education institution must, within 30 days, notify and furnish to the Council information prescribed by the Council in respect of each learner nurse who has commenced, completed, transferred to or abandoned a nursing education and training programme.

(4) A person who fails to furnish the Council within a period of 90 days with the required particulars for the registration of a learner nurse or a learner midwife as contemplated in subsection (3) or who contravenes the provisions of subsection (5) is guilty of an offence and liable on conviction to a fine or to imprisonment for a period not exceeding 12 months or to both a fine and such imprisonment.

(5) A health establishment must not allow access to clinical facilities for training purposes to anyone who is not registered in terms of this Act.
(6) The Registrar must delete from the register the name of a learner nurse, or mark in the register the name of any person, suspended from study and must notify such learner nurse or person accordingly, in writing.

Limited registration

33. (1) The Council may provide limited registration to a person who holds a qualification other than a qualification contemplated in section 38 to practise as a nurse if he or she—
   (a) has a qualification that does not meet all the required standards of education and training;
   (b) has not complied with section 31(5);
   (c) does not have all the required professional knowledge, skills and ability; or
   (d) is in the Republic for a limited period for the purpose of practice, research or education.

   (2) A person registered under subsection (1) as a nurse may only be entitled to practise—
       (a) for such period as the Council may determine, but not exceeding three years; and
       (b) under conditions determined by the Council.

   (3) A person registered under this section who practises in contravention of the provisions of subsection (2) is guilty of an offence and liable on conviction to a fine or to imprisonment for a period not exceeding two years or to both a fine and such imprisonment.

Registration of additional qualifications

34. (1) Subject to the provisions of subsection (2) and on payment of the prescribed fee, the Council may register the additional qualification of a person who is registered under section 31 and who applies in writing for such registration, if the Council is satisfied with the prescribed conditions and furnishes the prescribed particulars.

   (2) Only such qualifications as are prescribed may be registered under this section.

Custody and publication of registers

35. The registers must be kept at the office of the Registrar, and the Council may, at intervals determined by it, cause copies of the registers or supplementary lists, showing additions, removals, amendments or revisions effected since the last publication of copies of the completed registers, to be printed and published or displayed on the internet as the Council thinks fit.

Register as proof

36. (1) A copy of the last published issue of a register or any supplementary list purporting to be printed and published in terms of section 35 is on the face of it proof of the facts recorded in all legal proceedings, and the absence of the name of any person from such copy is proof, unless there is credible evidence to the contrary, that such person is not registered in terms of this Act, but that in the case of any person whose name—
   (a) does not appear in such copy, or whose name has been added to the register after the date of the last published issue thereof, a certified copy under the hand of the Registrar of the entry of the name of such person in the register is proof that such person is registered under the provisions of this Act; or
   (b) has been removed from the register since the date of the last published issue thereof and has not been restored thereto, a certificate under the hand of the Registrar that the name of such person has been removed from the register is proof that such person is not registered in terms of this Act.

   (2) A certificate of registration is proof of registration for a period of one year after its date and thereafter an annual practising certificate, issued upon payment of the prescribed annual fee and the submission of such information as may be required by the Council to keep accurate statistics on human resources in nursing, is proof of registration in the absence of any credible evidence to the contrary.
Receipt as proof

37. A receipt issued by or on behalf of the Council in respect of the payment of registration fees will be proof, in legal proceedings, that such person is registered according to the provisions of this Act, but in the case of any person whose name—

(a) appears in such register and who is unable to produce such receipt, certification under the hand of the Registrar is proof that such person is registered in terms of this Act; or

(b) has been removed from the register since the date of issue of such receipt and has not been restored to the register, certification by the Registrar that such name has been removed from the register is proof that such person is not registered in terms of this Act.

Qualifications prescribed for registration

38. The Minister may, on the recommendation of the Council, prescribe qualifications obtained by virtue of examinations conducted by a nursing education institution in the Republic, which, if held singly or conjointly with any other qualification, entitles any holder thereof to registration in terms of this Act if he or she has, before or in connection with or after the acquisition of the qualification in question, complied with such conditions or requirements as may be prescribed.

Conditions relating to continuing professional development

39. The Council may determine—

(a) conditions relating to continuing professional development to be undergone by practitioners in order to retain such registration;

(b) the nature and extent of continuing professional development to be undergone by practitioners; and

(c) the criteria for recognition by the Council of continuing professional development activities and accredited institutions offering such activities.

Community service

40. (1) A person who is a citizen of South Africa intending to register for the first time to practise a profession in a prescribed category must perform remunerated community service for a period of one year at a public health facility.

(2) A person referred to in subsection (1) must be registered in the category community service.

(3) The Minister may, after consultation with the Council, make regulations concerning the performance of the service contemplated in subsection (1), including but not limited to—

(a) the place at which such service is to be performed;

(b) the conditions of employment pertaining to persons who perform such service; and

(c) the categories of registration excluded from such service.

Regulation of research

41. The Council must ensure that the prescribed ethical conduct pertaining to research related to the practice of nursing is adhered to and may take appropriate disciplinary action against persons who act in contravention of such rules or any other law.
Education and training

42. (1) An institution intending to conduct a nursing education and training programme in order to prepare persons for practice in any one of the categories contemplated in section 31 must first—
   (a) apply to the Council in writing for accreditation and submit information on—  
      (i) the education and training programme to be provided; and  
      (ii) how it will meet the prescribed standards and conditions for education and training;  
   (b) furnish the Council with any additional information required by the Council for purposes of accreditation or approval of the education and training programme; and  
   (c) pay the prescribed fee.  
(2) The Council may refuse any application made in terms of subsection (1) or grant conditional or provisional accreditation.  
(3) Subject to subsections (1) and (2), the Council must issue an accreditation certificate for a nursing education institution and for each nursing programme offered by that nursing education institution.  
(4) A person who contravenes a provision of this section is guilty of an offence and is liable on conviction to a fine or imprisonment for a period not exceeding two years or to both a fine and such imprisonment.

Use of certain titles

43. (1) A person who is registered in one of the categories contemplated in section 31 may use the title "Registered Professional Nurse", "Registered Midwife", "Registered Staff Nurse", "Registered Auxiliary Midwife" or "Registered Auxiliary Nurse", as the case may be, or the abbreviations "RPN", "RM", "RSN", "RAM" or "RAN", respectively.  
(2) A person who is following a programme of study in a nursing education and training institution may use the title "Learner Nurse" or "Learner Midwife", as the case may be, or the abbreviations "LN" or "LM", respectively.  
(3) A person registered in terms of section 40(2) may use the title "Community Service Practitioner".

Removal from and restoration of name to register

44. (1) The Council may instruct the Registrar to remove from the register the name of any practitioner—
   (a) who has died;  
   (b) who has ceased to be a citizen or permanent resident of the Republic and has permanently left the Republic;  
   (c) who has failed to pay any relevant prescribed fee;  
   (d) who has failed to notify the Registrar of any change in residential and postal address or the address of his or her practice within six months after any such change;  
   (e) who has requested that his or her name be removed from the register, in which case he or she may be required to lodge with the Registrar an affidavit or affirmation to the effect that no disciplinary or criminal proceedings are being or are likely to be instituted against him or her;  
   (f) who has been found guilty of unprofessional conduct and a penalty contemplated in 47(1)(b) or (d) was imposed in terms of this Act;  
   (g) whose name has been removed from the register, record or roll of any accredited institution or other body from which he or she received the qualification by virtue of which he or she was registered;  
   (h) who has failed to furnish the Registrar, within a period to be determined by the Council, with such information as the Registrar may require under this Act;  
   (i) whose registration is proved to the satisfaction of the Council to have been made in error or through fraudulent misrepresentation or concealment of material facts or information or in circumstances not authorised by this Act; or
Education and training

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   (a) apply to the Council in writing for accreditation and submit information on—
      (i) the education and training programme to be provided; and
      (ii) how it will meet the prescribed standards and conditions for education and training;
   (b) furnish the Council with any additional information required by the Council for purposes of accreditation or approval of the education and training programme; and
   (c) pay the prescribed fee.
(2) The Council may refuse any application made in terms of subsection (1) or grant conditional or provisional accreditation.
(3) Subject to subsections (1) and (2), the Council must issue an accreditation certificate for a nursing education institution and for each nursing programme offered by that nursing education institution.
(4) A person who contravenes a provision of this section is guilty of an offence and is liable on conviction to a fine or to imprisonment for a period not exceeding two years or to both a fine and such imprisonment.

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   (a) who has died;
   (b) who has ceased to be a citizen or permanent resident of the Republic and has permanently left the Republic;
   (c) who has failed to pay any relevant prescribed fee;
   (d) who has failed to notify the Registrar of any change in residential and postal address or the address of his or her practice within six months after any such change;
   (e) who has requested that his or her name be removed from the register, in which case he or she may be required to lodge with the Registrar an affidavit or affirmation to the effect that no disciplinary or criminal proceedings are being or are likely to be instituted against him or her;
   (f) who has been found guilty of unprofessional conduct and a penalty contemplated in 47(1)(b) or (d) was imposed in terms of this Act;
   (g) whose name has been removed from the register, record or roll of any accredited institution or other body from which he or she received the qualification by virtue of which he or she was registered;
   (h) who has failed to furnish the Registrar, within a period to be determined by the Council, with such information as the Registrar may require under this Act;
   (i) whose registration is proved to the satisfaction of the Council to have been made in error or through fraudulent misrepresentation or concealment of material facts or information or in circumstances not authorised by this Act; or
(j) who, after an inquiry in terms of section 51, is found to be mentally impaired.

(2) The Registrar must give notice of the removal of a person’s name from the register in terms of paragraph (b) to paragraph (k) of subsection (1) by registered mail addressed to such person at the address of such person as it appears in the register.

(3) From the date on which notice was given in terms of subsection (2)—

(a) any registration certificate issued in terms of this Act to the person concerned is considered to have been cancelled; and

(b) a person whose name has been removed from the register must cease to practise as a practitioner and is precluded from performing any act which he or she, in his or her capacity as a registered person, was entitled to perform.

(4) The Registrar must restore the name of a person whose name has in terms of this section been removed from the register if the person concerned—

(a) applies on the prescribed form to the Registrar for restoration of his or her name;

(b) pays the prescribed fee, if any;

(c) complies with such other requirements as the Council may determine; and

(d) is otherwise eligible for registration.

Issue of duplicate registration certificate, certificate of status, extract from register or certificate

45. (1) The Registrar may, on application by a practitioner, issue a duplicate certificate of registration if the applicant—

(a) provides proof of his or her identity to the satisfaction of the Registrar;

(b) provides an affidavit in which he or she confirms that the certificate of registration has been lost or destroyed; and

(c) pays the prescribed fee determined by the Council.

(2) The Registrar may, upon payment of the prescribed fee, issue to any registered person a certificate of status containing—

(a) particulars relating to such person’s registration; and

(b) a statement to the effect that—

(i) the said person is not disqualified from practising his or her occupation; and

(ii) no disciplinary steps are pending against him or her in terms of this Act.

(3) The Registrar may issue a certified extract from the register or a certificate referred to in subsection (2) under his or her hand to any person upon payment of the prescribed fee.

(4) A certificate may be issued subject to certain conditions imposed by the Council and such conditions shall be indicated on the certificate.

CHAPTER 3

POWERS OF COUNCIL WITH REGARD TO UNPROFESSIONAL CONDUCT

Inquiry by Council into charges of unprofessional conduct

46. (1) The Council may institute an inquiry into any complaint, charge or allegation of unprofessional conduct against a practitioner or a director, manager or owner of an agency registered in terms of this Act, on finding such person guilty of such conduct, may impose any of the penalties contemplated in section 47, but in the case of a complaint, charge or allegation which forms or is likely to form the subject of a criminal case in a court of law, the Council may postpone the holding of an inquiry until such criminal case has been disposed of.

(2) In the absence of a complaint, charge or allegation, the Council may institute an inquiry into any alleged unprofessional conduct that comes to its notice.

(3) If the Council doubts whether an inquiry should be held in connection with a complaint, charge or allegation, it may consult with or seek information from any person, including the person against whom the complaint, charge or allegation has been lodged, to determine whether an inquiry should be held.
Procedure of inquiry by Council

47. (1) A person registered in terms of this Act who, after an inquiry has been held by the Council, is found guilty of unprofessional conduct is liable to one or more of the following penalties:
   (a) A caution or a reprimand or both;
   (b) suspension for a specified period from practising or, in the case of a learner nurse or a learner midwife, extension or suspension for a specified period of the prescribed period of education and training;
   (c) removal of his or her name from the register;
   (d) a prescribed fine; or
   (e) payment of the costs of the proceedings.

(2) The Council must appoint a pro forma complainant to act on behalf of the Council in terms of this Chapter.

(3) A preliminary investigating committee appointed by the Council may—
   (a) investigate all matters of alleged unprofessional conduct;
   (b) based on evidence, determine whether the case should be referred for a professional conduct inquiry; and
   (c) in the case of a minor offence, recommend a prescribed fine instead of a full professional conduct inquiry.

(4) The Registrar may then issue a summons on the prescribed form against the defendant carrying an endorsement by the committee of preliminary investigation that the defendant may admit that he or she is guilty of unprofessional conduct and that he or she may pay the fine specified in the summons, without having to appear at an inquiry in terms of section 46.

(5) If a summons referred to in subsection (4) is issued against a defendant he or she may, without appearing at an inquiry in terms of section 46, admit that he or she is guilty of unprofessional conduct by paying the prescribed admission of guilt fine to the Council on or before the date specified in the summons.

(6) (a) A penalty imposed under this section, excluding an admission of guilt fine, is effective within 14 days after notification.

   (b) The imposition of a fine under this section has the effect of a judgment in civil proceedings in the magistrate's court of the district in which the inquiry in question under section 46 took place or the district wherein the defendant is subsequently resident or employed.

(7) A penalty referred to in subsection (1) imposed by a professional conduct committee or the preliminary investigation committee referred to in subsection (3), other than a reprimand, is not effective until confirmed by the Council, but a penalty referred to in subsection (1) imposed by a professional conduct committee or any order made by such committee under subsection (1) must, if such committee so directs in the public interest, come into operation forthwith, and must then lapse after expiry of a period of six months unless confirmed by the Council within that period.

(8) (a) During an inquiry in terms of this section, the defendant must be afforded an opportunity of pleading to the charge and of being heard in his or her defence.

   (b) Any party in a professional conduct hearing has the right to be represented by a person of his or her choice, but such representative must adhere to the prescribed procedure pertaining to such inquiry.

   (c) Despite a plea of guilty by a defendant, the Council or a professional conduct committee may require the pro forma complainant or defendant to lead evidence.

(9) Any penalty imposed under subsection (1) must be reduced to writing and signed by the chairperson of the Council and dealt with in the prescribed manner.

(10) (a) The Council or a professional conduct committee may—
   (i) take evidence from any witness who has been subpoenaed by the Registrar;
   (ii) administer an oath to, or take an affirmation from, any witness; and
   (iii) examine any book, record, document or thing which a witness has been required to produce.
(b) A subpoena to appear before the Council or a professional conduct committee as a witness or to produce any book, record, document or thing must be in the prescribed form and must be served either by registered post or in the same manner as a subpoena issued by a magistrate's court.

(c) A person subpoenaed under this subsection who—
(i) refuses or, without sufficient cause, fails to attend and give evidence relevant to the inquiry at the time and place specified in the subpoena;
(ii) refuses to take the oath or to make an affirmation when required by the chairperson to do so;
(iii) refuses to produce any book, record, document or thing which he or she is in terms of the subpoena required to produce;
(iv) willfully misleads the Council or a professional conduct committee; or
(v) refuses to answer any question that is not self-incriminatory or to answer, to the best of his or her knowledge and belief, any question lawfully put to him or her,
is guilty of an offence and on conviction liable to a prescribed fine.

(d) A person so subpoenaed is entitled to all the privileges to which a witness subpoenaed to give evidence before a magistrate's court is entitled.

(11) The chairperson of a professional conduct committee may appoint assessors to advise the Council or such committee on matters of law, procedure or evidence when holding an inquiry.

Postponement of imposition and suspension of operation of penalty

48. (1) Where a person has been found guilty of unprofessional conduct, a professional conduct committee may—
(a) postpone the imposition of a penalty for such period and on such conditions as it may determine; or
(b) impose any penalty mentioned in section 47(1)(b) or (c) but may order the execution of the penalty to be suspended for such period and on such conditions as it may determine.

(2) If, at the end of the period for which the imposition of a penalty has been postponed in terms of subsection (1)(a), the Council is satisfied that a registered person has observed all the relevant conditions of a penalty imposed, the Council must inform such registered person that the penalty contemplated in section 47 will not be imposed upon him or her.

(3) If the execution of the penalty or any part thereof has been suspended in terms of subsection (1)(b) and the Council is satisfied that the person concerned has observed all the relevant conditions throughout the period of suspension, the Council must inform that person that the penalty contemplated in section 47 will not be executed.

(4) If the execution of the penalty or any part thereof has been suspended in terms of subsection (1)(b) and the practitioner concerned fails to comply with one or more of the conditions of suspension, the Council must put the penalty or part thereof into operation unless the practitioner satisfies the Council that the failure to comply with the conditions concerned was due to circumstances beyond his or her control.

Suspension or removal from register related to professional conduct matters

49. (1) A practitioner suspended or whose name is removed from the register in terms of section 47 is disqualified from practising the profession and his or her registration certificate is withdrawn until the period of suspension has expired or until his or her name is restored to the register.

(2) The name of the person removed from the register in terms of section 47(1)(c) or restored to the register in terms of subsection (3)(b) must be published in the Gazette.

(3) The Council may on such conditions as it may determine—
(a) terminate any suspension referred to in subsection (1) before the expiry of the specified period; or
(b) restore to the register the name which has been removed, but such restoration may be considered only 12 months after such removal.

Cognisance by Council of conduct of registered persons under certain circumstances

50. (1) If—
   (a) a registered practitioner has been convicted of any offence by a court of law; and
   (b) the Council is of the opinion that such offence constitutes unprofessional conduct contemplated in section 46.

such practitioner may be dealt with by the Council in terms of this Chapter and is liable on conviction to one or more of the penalties contemplated in section 47 but, before imposition of any penalty, such practitioner must be afforded an opportunity to address the Council in extenuation of the conduct in question.

(2) Whenever in the course of any proceedings before any court of law it appears to the court that there is, on the face of it, proof of unprofessional conduct on the part of a person registered in terms of this Act, the court must ensure that a copy of the record of such proceedings, or such portion thereof as is material to the issue, is transmitted to the Council.

Unfitness to practise due to impairment

51. (1) Whenever it appears to the Council that a person registered in terms of the Act is or may be incapacitated as a result of disability or is or may be impaired, whether mentally or otherwise, to such an extent that—
   (a) it would be detrimental to the public interest to allow him or her to continue to practise;
   (b) he or she is unable to practise the profession with reasonable skill and safety; or
   (c) in the case of a learner, has become unfit to continue with the education programme,

the Council must appoint a committee to conduct an inquiry in the prescribed manner.

(2) If the Council after holding an inquiry finds the person registered in terms of the Act incapacitated or impaired as referred to in subsection (1), the Council may—
   (a) allow that person to continue practising the profession and in the case of a learner to continue with the education programme under such conditions as it may think fit; or
   (b) suspend that person for a specified period or stop that person from practising and, in the case of a learner, from continuing with his or her education and training programme.

(3) If a person referred to in subsection (2) applies for re-instatement, the Council must evaluate the person’s ability to continue practising and may extend or withdraw the period of operation of the suspension.

(4) Section 49 must, with the necessary changes, apply in respect of a practitioner suspended in terms of subsection (2).

(5) A practitioner registered under this Act who contravenes or fails to comply with the provisions of subsection (2)(a) or (b) is guilty of an offence.

(6) The committee referred to in subsection (1) may appoint persons with relevant expertise and experience as assessors to advise such committee.

(7) For the purposes of this section "impairment" refers to a condition which renders a practitioner incapable of practising nursing with reasonable skill and safety.

Investigation of matters relating to teaching of learners

52. (1) Despite anything to the contrary contained in any law, any person who has been authorised by the Council in writing may, in the presence of police officer, enter any institution or premises where learners are trained and confiscate any document or object relevant to such education and training for purposes of—
(a) inspecting such institution or premises for the quality of nursing service in relation to its professional conduct function; or
(b) investigating any matter relating to the education and training of learners for the qualification to practise the profession of nursing in terms of this Act.

(2) Any person who prevents or hinders an authorised person referred to in subsection (1) is guilty of an offence.

CHAPTER 4
OFFENCES BY PERSONS NOT REGISTERED

Penalties for practising as professional nurse, midwife, staff nurse, auxiliary nurse or auxiliary midwife while not registered

53. (1) A person registered under this Act who misrepresents that he or she is competent or registered to practise nursing or practices in a capacity that he or she is not registered for is guilty of an offence.
(2) Subsection (1) is not applicable to—
(a) a learner nurse or a learner midwife registered under section 32, while acting in the course of his or her education and training;
(b) a learner nurse or a learner midwife who has taken or will at the first available opportunity take the final examination for a qualification which, if obtained, will entitle him or her to be registered until such time as he or she is advised on the results of such an examination;
(c) a person rendering assistance in a case of emergency; or
(d) any other class or classes of persons determined by the Council.

Penalty for misrepresentation inducing registration and false entries in register and impersonation

54. (1) A person is guilty of an offence if he or she—
(a) by means of a false representation procures or attempts to procure for himself or herself or any other person registration or any certificate or decision referred to in this Act;
(b) makes or causes to be made any unauthorised entry in, alteration to or removal from a register or a certified copy of or extract from any certificate issued under this Act;
(c) wilfully destroys, damages or renders illegible any entry in the register or, without the permission of the holder, any certificate issued under this Act;
(d) wilfully omits any information or gives false information to the effect that no professional misconduct proceedings are being or are likely to be held regarding him or her;
(e) forges or, knowing it to be forged, utters any document purporting to be a certificate issued under this Act; or
(f) impersonates any person registered in terms of this Act.
(2) A person found guilty of an offence contemplated in subsection (1) is liable on conviction to a fine or to a period of imprisonment or to both a fine and such imprisonment.

Penalties

55. (1) A person registered under this Act who in any way takes, uses or publishes any name, title, description or symbol which indicates, or which is calculated to lead persons to infer, that he or she holds a registered professional qualification which is not shown in the register in connection with his or her name is guilty of an offence and liable on conviction to a prescribed fine or to imprisonment for a period not exceeding two years or to both a fine and such imprisonment.
(2) Any person who contravenes or fails to comply with any provision of this Act is guilty of an offence and, save where a penalty is expressly provided, liable on conviction to a prescribed fine or to imprisonment for a period not exceeding three years or to both a fine and such imprisonment.

CHAPTER 5

GENERAL AND SUPPLEMENTARY PROVISIONS

Special provisions relating to certain nurses

56. (1) Despite the provisions of this Act or any other law, the Council may register a person who is registered in terms of section 3(1)(a), (b) or (c) to assess, diagnose, prescribe treatment, keep and supply medication for prescribed illnesses and health related conditions, if such person—

(a) provides proof of completion of prescribed qualification and training;
(b) pays the prescribed registration fee; and
(c) complies with subsection 6.

(2) The Council must issue a registration certificate to a person who complies with the requirements referred to in subsection (1).

(3) The registration certificate referred to in subsection (2) is valid for a period of three years.

(4) The Council may renew a registration certificate referred to in subsection (2) subject to such conditions as the Council may determine.

(5) A person registered in terms of subsection (1) may—

(a) acquire, use, possess or supply medicine subject to the provisions of the Medicines and Related Substances Act, 1965 (Act No. 101 of 1965); and
(b) dispense medicines subject to the provisions of the Medicines and Related Substances Act, 1965.

(6) Despite the provisions of this Act, the said Medicines and Related Substances Act, 1965, the Pharmacy Act, 1974 (Act No. 53 of 1974), and the Health Professions Act, 1974 (Act No. 56 of 1974), a nurse who is in the service of—

(a) the national department;
(b) a provincial department of health;
(c) a municipality; or
(d) an organisation performing any health service designated by the Director-General after consultation with the South African Pharmacy Council referred to in section 2 of the Pharmacy Act, 1974,

and who has been authorised by the Director-General, the head of such provincial department of health, the medical officer of health of such municipality or the medical practitioner in charge of such organisation, as the case may be, may in the course of such service perform with reference to—

(i) the physical examination of any person;
(ii) the diagnosing of any physical defect, illness or deficiency in any person; or
(iii) the keeping of prescribed medicines and their supply, administering or prescribing on the prescribed conditions;

any act which the said Director-General, head of provincial department of health, medical officer of health or medical practitioner, as the case may be, may, after consultation with the Council, determine in general or in a particular case or in cases of a particular nature, if the services of a medical practitioner or pharmacist, as the circumstances may require, are not available.

(7) A person contemplated in subsection (1) is not entitled to keep an open shop or pharmacy.

(8) For the purpose of subsection (7) "open shop" means a situation where the supply of medicines and scheduled substances to the public is not done by prescription by a person authorised within the scope of practice concerned to prescribe medicine.
Appeal against decisions of Council

57. (1) A person aggrieved by a decision of the Council may within the prescribed period and in the prescribed manner appeal against such decision to an appeal committee contemplated in subsection (2) and appointed by the Minister.

(2) The appeal committee referred to in subsection (1) consists of—

(a) a retired judge or magistrate or an advocate or attorney of the High Court of South Africa who has practised as such for a period of at least five years, and who must be the chairperson of such committee; and

(b) a nurse.

(3) An appeal under subsection (1) must be heard on the date, place and time fixed by the appeal committee.

(4) The appeal committee must ensure that the appellant as well as the Council are informed of the date, place and time contemplated in subsection (3) at least 14 days before such appeal is heard.

(5) The appeal committee may for the purposes of an appeal lodged with it—

(a) summon any person who, in its opinion, may be able to give material information concerning the subject of the appeal or who it believes has in his or her possession or custody or under his or her control any document which has any bearing upon the subject of the appeal to appear before it at a time and place specified in the summons, to be interrogated or to produce that document, and may retain for examination any document so produced; and

(b) administer an oath to or accept affirmation from any person called as a witness at the appeal.

(6) The chairperson of the appeal committee must determine the procedure to be followed during the appeal hearing and notify the appellant and the Council of such determined procedure.

(7) The appeal committee may after hearing the appeal—

(a) confirm, set aside or vary the relevant decision of the Council, and

(b) direct the Council to execute the decision of the appeal committee in that regard.

(8) (a) The decision of the appeal committee must be in writing, and a copy must be furnished to the appellant as well as to the Council.

(b) The decision of the appeal committee contemplated in paragraph (a) must be conveyed to the appellant and the Council within 14 days of the decision being reached.

(9) The members of the appeal committee who are not in the full-time employment of the State may be paid such remuneration and allowances as the Minister may determine with the concurrence of the Minister of Finance.

Regulations

58. (1) The Minister may, after consultation with the Council, make regulations relating to—

(a) the appointment of members of the Council in terms of section 5(1) and the requirements for a valid nomination of a candidate for appointment as a member of the Council;

(b) the register to be kept, the information which must be recorded in the register and the manner in which alterations may be effected in the register and the diplomas and certificates that may be issued, in terms of this Act;

(c) the conditions under which extracts from the register may be made;

(d) the particulars to be furnished to the Council to enable it to keep the register;

(e) the registration of an additional qualification;

(f) the qualifications, and the conditions to be complied with, which entitle a person to be registered under section 31;

(g) accreditation of institutions as nursing education institutions;
(h) identification symbols provided by the Council that a practitioner may use;
(i) the instituting and holding of professional conduct inquiries;
(j) the conditions under which private practice may be licensed;
(k) the circumstances in which any name may be removed from or restored to a
register;
(l) the manner of instituting, and the procedure to be followed at, an appeal
hearing in terms of section 57 and any other matter incidental thereto;
(m) mandatory supplementary training or refresher courses to be undergone or
taken by persons registered under this Act, the provision of and control over
such training or courses, the intervals between such training or courses and
sanctions for failure to undergo such training or take such courses;
(n) the performance of community service;
(o) ethical conduct for research;
(p) conditions for limited registration in terms of section 33;
(q) the scope of practice of practitioners;
(r) the fees and fines payable in terms of this Act; and
(s) generally, any matter which in terms of this Act is required or may be done,
which the Minister considers necessary or expedient to prescribe in order that
the objects of this Act may be achieved.

(2) The Minister may make regulations regarding—
(a) procedures for the proper functioning of the Council where, in the opinion of
the Minister, the Council is not fulfilling one or more of its functions
adequately;
(b) disciplinary steps that may be taken against a member, the chairperson or the
vice-chairperson for failure to perform his or her duties as required in terms of
this Act, including the suspension of a member, chairperson or the
vice-chairperson from the office pending an investigation into his or her
conduct as a member of a profession or as a member, chairperson or
vice-chairperson of the Council, or a criminal investigation involving such
person;
(c) interim measures for the continued management and functioning of the
Council in the event that the Minister terminates membership of 10 or more
members simultaneously in terms of section 8 or that the Minister dissolves
the Council in terms of section 57;
(d) investigations to be conducted into the affairs of the Council concerning the
procedure at Council meetings and meetings of the executive committee of the
Council, keeping of records of meetings and resolutions of the Council, the
manner in, and extent to, which the Council fulfills its functions in terms of this
Act and any other matter which, in the opinion of the Minister, is impeding the
Council in the fulfillment of its functions; and
(e) returns, reports, registers, records, documents and forms to be completed and
kept by the Council or to be submitted to the Minister or the Director-General
by the Council.

(3) A regulation made in terms of this Act may prescribe penalties for any
contravention thereof or failure to comply therewith.

(4) A notice issued or regulation or order made under this Act may from time to time
be amended or revoked by the authority which issued or made it.

(5) The Minister must, not less than three months before any regulation is made under
subsection (1), publish the regulation in the Gazette together with a notice—
(a) declaring his or her intention to make such regulations; and
(b) inviting interested persons to comment thereon or to make representations
with regard thereto.

(6) Subsection (5) does not apply in respect of—
(a) any regulation which, after the provisions of subsection (5) have been complied with, has been amended by the Minister in consequence of representations received by him or her as a result of the notice published in terms of subsection (5); and

(b) any regulation in respect of which the Council advises the Minister that the public interest requires it to be made without delay.

Rules

59. (1) The Council may make rules relating to—
(a) conditions relating to continuing professional development to be undergone by practitioners in order to retain such registration;
(b) the nature and extent of continuing professional development to be undergone by practitioners;
(c) the criteria for recognition by the Council of continuing professional development activities and of providers offering such activities; and
(d) any other matter which must be promulgated as rules under this Act.

(2) The Council must, not less than three months before any rule is made under this Act—
(a) publish such rule in the Gazette together with a notice declaring the Council’s intention to make such rule; and
(b) invite interested persons to comment thereon or to make representations with regard thereto.

Repeal of laws

60. (1) The laws set out in the first and second column of the Schedule are repealed to the extent set out in the third column of the Schedule.

(2) The repeal does not affect the transitional arrangements contained in section 61.

Transitional provisions

61. (1) Any proclamation, notice, regulation, authorisation or order issued, made or granted, any registration or enrolment, any removal from a register or roll or any appointment or any other thing done in terms of a provision of any law repealed by section 60(1) is, unless inconsistent with any provision of this Act, deemed to have been issued, made, granted or done under the corresponding provision of this Act.

(2) The members of the Council as constituted immediately prior to the commencement of this Act must continue to be members thereof, and the Council is regarded to be validly constituted in terms of this Act until a date determined by the Minister and published in the Gazette.

(3) If any member referred to in subsection (2) vacates his or her office, the Council must, until the date referred to in that subsection, consist of the remaining members.

(4) Despite the provisions of subsection (1) and subject to the provisions of subsection (5), the Council has the power to institute or conclude disciplinary proceedings under the relevant provisions of the repealed laws in accordance with the procedures as prescribed by regulations made under such repealed laws, against any person who, at any time prior to the first meeting of the Council after the commencement of this Act, is alleged to have committed an act which may have constituted improper or disgraceful conduct in terms of the provisions of the repealed laws or any regulation made thereunder.

(5) The Council may not institute proceedings referred to in subsection (4) against any person unless the nature of the contravention which such person is alleged to have committed in terms of the repealed laws or any regulation made thereunder is substantially the same as that of a contravention referred to in the corresponding provisions of this Act or of any regulation made thereunder.
Short title and commencement

62. This Act is called the Nursing Act, 2005, and comes into operation on a date determined by the President by proclamation in the Gazette.
### SCHEDULE

(Section 60)

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SANC TEACHING GUIDE FOR A COURSE IN CLINICAL NURSING SCIENCE LEADING TO REGISTRATION OF AN ADDITIONAL QUALIFICATION
TEACHING GUIDE FOR A COURSE IN
CLINICAL NURSING SCIENCE LEADING TO
REGISTRATION OF AN ADDITIONAL QUALIFICATION

**************************
ONDERRIGGIDS VIR 'N KURSUS IN
KLINIESE VERPLEEGKUNDE WAT TOT
REGISTRASIE VAN 'N ADDISIONELE KWALIFIKASIE LEI

THIS TEACHING GUIDE MUST BE READ IN
CONJUNCTION WITH THE PHILOSOPHY AND
POLICY OF THE SOUTH AFRICAN NURSING
COUNCIL WITH REGARD TO PROFESSIONAL
NURSING EDUCATION

HIERDIE ONDERRIGGIDS MOET SAAM GELEES
WORD MET DIE FILOSOFIE EN BELEID VAN
DIE SUID-AFRIKAANSE RAAD OP VERPLEGING
TEN OPSIGTE VAN PROFESSIONELE
VERPLEEGINGSOPLEIDING

Government Notice
Goewermentskennisgewing R.212

19 February Februarie 1993
TEACHING GUIDE FOR A COURSE IN CLINICAL NURSING SCIENCE LEADING TO REGISTRATION OF AN ADDITIONAL QUALIFICATION

1. INTRODUCTION

The post-basic course referred to in this guide extends over a minimum duration of one academic year of 44 weeks and leads to registration of an additional qualification in one of the following clinical nursing fields -

- Child Nursing Science
- Community Nursing Science
- Gerontological Nursing Science
- Medical and Surgical Nursing Science
- Midwifery and Neonatal Nursing Science
- Occupational Health Nursing Science
- Psychiatric Nursing Science.

The curricula for all programmes have a compulsory component which is common to all programmes, and an elective component determined by the clinical field involved; the latter may also include an area of specialisation, (eg., examples of specific fields of study in medical and surgical nursing science, page 14).

Each school develops its own curriculum for any of the programmes and submits this to the Council for approval. When such a curriculum has been approved, is binding and any significant amendments must be presented to the Council for approval.

2. DEFINITIONS

Academic year - a period of at least 44 weeks in any calendar year.

Academic year course - equivalent of 90 - 120 teaching periods.

Capita selecta - portions of a larger discipline which are selected as appropriate for the nursing science study field.

Teaching period - a structured 40 minute period of direct or indirect contact initiated by the tutor using any adult education method.
Nursing Dynamics

The programme consists of at least 1 academic year course.

Objectives

The curriculum must be designed in a manner which enables the student to:

- Obtain perspective concerning the philosophy of nursing, in relation to:
  * the fundamentals of nursing
  * a personal professional task
  * factors currently influencing the development of the nursing profession

- Demonstrate an understanding of the position and the contribution of the nurse practitioner in the national health system and the factors which have an influence thereon

- Demonstrate assertiveness

- Demonstrate empathy

- Demonstrate skills in respect of:
  * handling conflict and stress
  * accompaniment
  * appropriate and creative teaching
  * written communication
  * first level management
  * ethical decision making and moral reasoning

- Obtain perspective concerning research

Content

2.1 Ethos and professionalism

- Professional task:
  * professionalisation of colleagues and students
  * the clinical nurse/midwife as role model
  * evaluation and future development of nursing as a science
  * the nurse/midwife as independent professional practitioner within team context

- Factors currently influencing the development of the nursing/midwifery profession

- The fundamentals of nursing:
  * viewpoints on the world, life, man and science
  * fundamentals of professional practice
  * ethical and legal provision for contemporary professional practice
2.2 Health service dynamics

- National population and health profiles

- Policy:
  * the policy-making structure at macro and micro levels
  * the national policy

- Service:
  * contemporary factors influencing the rendering of a service
  * nationally
  * socio-economic implications of rendering of a service

2.3 Communication and teaching

- Stress:
  * theories
  * process
  * management

- Innovation:
  * renewal
  * change
  * initiation

- Interpersonal skills and methods:
  * assertiveness
  * empathy
  * handling conflict with individuals, groups and mobs
    . confrontation
    . support
    . negotiation
    . conformity
    . withdrawal
  * critical evaluation, interpretation and handling of information
  * development of criteria for alternative methods in nursing interventions and possibilities for referral in respect of:
    . support of the individual, family and group
    . crisis support
    . crisis intervention
    . creating a therapeutic milieu

- Written communication

- Appropriate principles of teaching, health education and patient teaching

- Principles of community development
2.4 Management

- The management process within the framework of current health service policy and in accordance with personal and professional priorities in respect of:
  * health service environment, i.e. sphere of responsibility:
    - organisational climate
    - information and data systems
    - resources, including requisitioning of equipment and services
    - emergency and disaster situations
  * standards for nursing practice:
    - determining and monitoring
    - safety measures
    - approaches to staff utilisation in the provision of patient care
  * personnel management:
    - implications of the South African Nursing Council regulations regulating the practice of registered and enrolled nurses and midwives and enrolled nursing assistants
    - communication strategies
    - methods for assessment of requirements, allocation and utilisation of personnel
  * personnel development:
    - induction/orientation
    - career planning
    - continuing education
    - identification and development of leadership potential
    - personnel appraisal
    - grievance procedures
    - decision making
    - approaches to effective functioning within the multidisciplinary health team
    - support systems, e.g. voluntary organisations and other community resources
  * principles of financial management:
    - financial control systems
    - financial estimates
    - cost-effectiveness
    - utilisation of resources
  * management principles for a private nursing practice

2.5 Research

- Research principles:
  * the need, purpose, use and extent
  * selection, storage and release of data
  * ethics and relevant legislation
  * research resources

- Methodology of research: an introduction
  * research protocol, methods and application

- Research within team context
3 Guidelines for practice

3.1 Professional socialisation
- Learning opportunities should be provided to enable the student to practise leading the nursing team in the following situations:
  * the multidisciplinary team
  * problem management
  * as the representative of a particular viewpoint
  * patient advocacy
  * debating ethical principles and contemporary problems
- Exposure to disciplinary hearings, actual and/or simulated

3.2 Teaching and communication
- It is important that the student reflect a healthy life-style
- Learning opportunities should be provided to enable the student to practise the following:
  * assertiveness
  * empathy and accompaniment
  * handling conflict by means of:
    - confrontation
    - support
    - negotiation
    - conformity
    - withdrawal
  * management of groups
  * crisis intervention
  * creating a therapeutic milieu
  * committee procedure
  * teaching strategies and skills for clinical practice
- A group project for community development

3.3 Management skills
- Learning opportunities should be provided which permit the student to practise the following:
  * assessing needs and establishing priorities with a view to financial estimates
  * applying strategies for utilising personnel and facilities with a view to cost-effectiveness
  * applying decision-making strategies
  * using an evaluation instrument
  * carrying out retrospective evaluation
  * writing motivations, personal appraisals, memoranda and reports
  * designing a disaster management plan

3.4 Research
- Learning opportunities should be provided to enhance the student's skills in research.
Elective programme: Medical and Surgical Nursing Science

The programme consists of at least two academic year courses:

- Medicine and surgery (capita selecta)
- Medical and surgical nursing science and in-depth study in a specific field of study. The area of study may be determined by the nursing school depending upon local needs and the facilities available in the curative service/s involved. A nursing school may offer programmes in a variety of study fields from which a candidate must select one (for examples see * below).

The curriculum submitted to the Council for approval must indicate the specific fields of study for which approval is sought.

* EXAMPLES OF SPECIFIC FIELDS OF STUDY IN

Medical and surgical nursing science:
- general
- operating theatre nursing
- orthopaedic nursing
- ophthalmological nursing
- oncological nursing
- critical care nursing - general
- critical care nursing - cardio thoracic
- critical care nursing - neurosurgical
- critical care nursing - trauma
- critical care nursing - nephrology, etc, etc.

1. General objective:

The nurse at this level must be able to contribute meaningfully to the formulation of policy and the development of medical and surgical nursing science

2. Objectives

The curriculum should be developed in a manner which enables the student to:

- Analyse and interpret the population and health profiles at national level
- Evaluate relevant curative and rehabilitation services at national level and analyse the factors which have an influence thereon
- Identify and evaluate the factors which promote or threaten the health of man
- Evaluate the appropriateness of interventions and of diagnostic and treatment methods
- Analyse different viewpoints and justify a personal viewpoint regarding the practice of medical and surgical nursing science
- Practise medical and surgical nursing in a curative setting according to a scientific approach within the scope of:
  * professional ethical norms
  * legal provision
- Develop and implement standards for quality assurance
- Utilise and/or establish referral resources

3. Subjects

3.1 Medicine and surgery (capita selecta)
- a national, a regional and a local health profile
- policy-making structure at macro and micro levels
- national policy
- approaches in the assessment of the health status of man
- diagnostic and treatment methods (including relevant pharmacology) for disorders
- relevant legislation
- contemporary factors which influence health and the rendering of health services
- social, cultural and transcultural considerations
- etiology of disorders and disabilities
- primary, secondary and tertiary prevention of disease

3.2 Medical and surgical nursing science
- viewpoints and approaches
- professional ethical norms and legal provision for professional practice
- a systematic approach to the assessment of the health status of man and the appropriate nursing intervention within family, group and community context
- referral and referral resources
- quality assurance
- the dynamics of nursing practice in nursing the medical and/or surgical patient

4. Guidelines for practice

The purpose of creating learning opportunities is to prepare the student to function effectively in this specialty in both hospital and community settings and to be skilled in ethical decision making and moral reasoning by the end of the programme. Optimal utilization of local/regional resources is encouraged.

The curriculum submitted to the Council for approval should include the proposed clinical practice programme.
The nursing school should identify, and include as practice assignments, the clinical skills in which the nurse at this level must achieve competence, with regard to:
- the critical aspects of a national, a regional and a local health profile of man
- the prescribed scope of practice
- cultural differences

In addition to the above, the programme should make provision, inter alia, for the following practice assignments:
- Applying a systematic approach to high risk or acutely sick patients. At least 5 should be monitored for evaluation purposes
- Creating a therapeutic milieu in at least one medical or surgical nursing situation
- Setting standards for at least 1 medical or surgical nursing situation
- Participating in at least 1 research project
- Acting as leader/expert
- Designing and presenting at least 1 clinical in-service education programme for nurses in medical or surgical nursing situations
- Acting as primary practitioner in a multidisciplinary team
- Conducting 5 sessions in which nurses in medical or surgical nursing are given supportive guidance: 1 on intrapersonal problems, 1 on interpersonal problems, 1 on staff problems and 2 on patient problems
- Carrying out at least one situational analysis and making proposals for promotion of health in a specific community.
DISCUSSION OF THE RESEARCH FINDINGS IN RELATION TO THE SEVEN ENCOMPASSING THEMES IDENTIFIED FOR MAKING RECOMMENDATIONS FOR A BROAD MACRO CURRICULUM
DISCUSSION OF THE RESEARCH FINDINGS IN RELATION TO THE SEVEN
ENCOMPASSING THEMES IDENTIFIED

4.5.1 Programme structure and outcomes

- The tendency to refer only to objectives rather than outcomes has been noted.
- Completion of a compulsory pre-study package by learners appears not to be an essential requirement.
- Community-based clinical experience as part of the clinical learning requirement is not considered a priority.
- Inadequate attention is paid to the articulation possibilities.
- The majority of learning programmes require only a minimum of six months' clinical experience as a scrub nurse in the operating room.
- The majority of learning programmes for the diploma in ORNS are completed over a period of one academic year.

4.5.2 Recording of essential information in the ORNS Learning Programme

- The latest date of accreditation of the ORNS Learning Programme as well as the educational and clinical facilities with SANC should be reflected in the actual programme document.
- Reference to available Information Technology Infrastructure and to library facilities was neglected/omitted.
- Not all lecturers in the learning programme are qualified as:
  - nurse educators.
  - operating room nurses.
  - registered assessors.

4.5.3 Educational / Institutional philosophy (including mission and vision)

- Only two learning programmes indicated a clear philosophy of the educational institution including the vision and mission statement and a third learning programme documented only a vision and mission statement.

4.5.4 Theoretical & clinical content of the ORNS Learning Programme

- There is an evident lack of clarity regarding assumptions of learning to be in place.
- There is a noticeable difference in the weighting of the pharmacology for the diploma and the degree-learning programme (Two learning programmes
provide for a three hour pharmacology summative assessment and the
remaining three for applied pharmacology).

- Not all of the five learning programmes indicated research as being
  compulsory. (not indicated in two learning programmes).
  - The second year of study is pressurised and overloaded, as students
    are required to complete both the ORNS elective content as well as the
    research in the one year. (Evident in one of the two learning
    programmes completed in two years)

4.5.5 Credit weighting of Operating Room Learning Programmes (including the
various modules in the programme)
  - There is a tendency to provide the weighting of the programme in lecture
    periods rather than credits than.
  - There appears to be an uncertainty regarding conversion from lecture
    periods to credits.
  - Unit standards are not yet available for post-registration Operating Room
    Learning Programmes.

4.5.6 Assessment schedule in relation to weighting of content
  - There is too much adherence to the known and familiar education
    ideologies for assessment rather than to venturing to a different yet more
    suitable and manageable system for both learner and educator.
  - Only one learning programme implements formative assessment until
    competency is attained, thereby excluding the summative assessment as
    competency/proficiency is already proved.

4.5.7 Learner/lecturer programme overload
  - There is a pressurised and overloaded theoretical and clinical workload in
    the second year of study as students are required to complete both the
    ORNS elective content (area of specialisation) as well as the actual
    research in the one year (evident in one of the two learning programmes
    presented over a period of two years).

The researcher utilised the following schematic diagram (figure 4.1) to depict the
findings and outcomes of the study. By means of arrows the researcher indicates how
each of the twenty findings is encompassed within the seven themes. All the findings
are identified by the researcher as a concern needing to be addressed.