MENTORING NEEDS OF NEWLY APPOINTED NURSE EDUCATORS IN NURSING EDUCATION INSTITUTIONS IN SOUTH AFRICA

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ABSTRACT

There seems to be no sufficient mentoring programmes for supporting and guiding newly appointed nurse educators (NANEs) in nursing education institutions (NEIs) in South Africa. The available programmes are international and yet seem not to fully address the needs in the South African context. However, the research identified the need to determine the mentoring needs of NANEs in NEIs in South Africa. The aim of this study was to describe the mentoring needs of NANEs in NEIs in South Africa. A quantitative, descriptive research design was utilised. The population for this study consisted of nurse educators appointed at nursing education institutions in South Africa. The sample was drawn from nurse educators appointed at the universities and nursing colleges in South Africa using a probability, multi-stage, cluster sampling method. The results indicated the need for mentoring to develop required competencies in NEIs and to be mentored in order to improve the performance of NANEs. Two stakeholders in a mentoring relationship, namely, mentor and mentee\ were identified. The role of a mentor seems to be important in facilitating the relationship between the two while the mentee is important in participative interaction. The research concluded that both mentor and mentees have a need to commit to, and actively participate in a relationship. The researcher recommended mentoring of NANE in order to develop required academic competencies and to improve their performance.

Keywords: Educators, Mentoring, Needs, Newly Appointed, Nurse

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INTRODUCTION AND BACKGROUND INFORMATION

In past decades, there has been an increased focus on mentoring. In nursing, characterised by its shortage of skilled professionals, the role of mentoring is also increasingly recognised. Nursing education in South Africa is regulated by the South African Nursing Council (SANC), in accordance with the *Nursing Act (No.33 of 2005)* relating to nursing education institutions. The SANC acts as an accreditation and quality assurance body (ETQA) for nursing education (SANC Accreditation Policy, 2005: 123). Nursing education institutions are approved or accredited by the SANC as nursing colleges (public or private), or as departments/schools of nursing within higher education institutions (HEIs). The shortage of health care professionals in nursing applies also to nursing education (Wright-Harp & Cole, 2008:20). The process of rationalising and restructuring higher education, together with an increase in the migration of experienced nurse educators from nursing education institutions, has given rise to the need to appoint more nurse educators in NEIs. The increased numbers of NANEs in NEIs have also resulted in a greater need for the mentoring of NANEs.

The word mentoring denotes a person outside of one's normal chain of command, someone who helps one understand the system and offers guidance on how to be successful in the organisation (Bryant, Brody, Perez, Shillam, Edelman, Bond, Foster & Siegal, 2015:258). Mentoring is comparable to leadership, managing and apprenticing (Seekoe, 2014: 8). Mentoring is part of the leader's role that has growth as its outcome (Bryant *et al*., 2015: 268: 258; Fedynich & Bain, 2011:7). The concept of mentoring, according to Bain, Fedynich and Knight (2010:7), is popular in the military context where followers become familiar with a well-developed style of leadership that should help them better develop their own style. Similarly, Bain, Fedynich and Knight (2010:7) note that this concept has been used to describe the master craftsman, who trains his/her apprentice in the art of his/her trade and also ensures that he/she grows up to follow certain values perceived by the society to be important.

A mentor is seen as a peer – someone who is at the same level as the mentee, and with whom the mentee shares information, strategies, support and benefits (Williams & Williams, 2011:20). He or she is a guide who explains the system to a mentee but is not in a position to champion him or her (Bain, Fedynich & Knight, 2010:8). A mentor is a sponsor who is less powerful than a patron in promoting and shaping the career of a mentee; a patron who is influential and uses his or her power to help the mentee advance in his or her career. Mentoring solidifies people as leaders and helps mentees achieve the results expected by the institution. Mentoring assists the career advancement of novices as well as that of leaders. Williams and Williams (2011:20) describe mentoring as a supportive, protective, insightful, intentional and nurturing process fostering growth that eventually leads to wisdom.

Mentoring is a relationship between an experienced nurse educator and an inexperienced nurse educator (Bain, Fedynich & Knight, 2010:7).The aim of the relationship is for the mentor to assist in nurturing the mentee and helping her achieve her potential. Mentoring take place formally or informally within an organisation but the results are seen when mentoring is formalised and supported by the institution with a purpose as stated by the institution (Bain, Fedynich & Knight, 2010:8). According to Williams and Williams (2011: 21), each mentoring programme is different and is influenced by the context in which it occurs, the way it is organised, structured, the ideas and models that inform it and the teaching practices and the learning strategies it adopts. The nursing profession is educator-based and nursing-based in context, while educator mentors function as gatekeepers to the nursing education profession.

Mentoring assists with both the professional socialisation and personal development (Bryant *et al*., 2015:259) of NANEs, on the one hand, and the facilitation of both educational and academic competencies on the other (Williams and Williams (2011: 20). Nursing education places emphasis on academic competencies, such as teaching, learning and assessment, research and community development. In the past, all nursing colleges, both public and private, fell under the jurisdiction of the National Department of Health. However, with the restructuring of HEIs, including nursing education institutions, new demands for quality teaching and learning and increased performance have been placed not only on nursing colleges in general, but also on teaching staff in particular. Whereas academic competencies, such as research and research activities, had not previously been part of the functions of staff at nursing colleges, with the move of nursing colleges into the higher education band, a different focus has now been placed on academic competencies. Hence, the need for nurse educators at nursing colleges to be mentored on the development of academic competencies (*Higher Education Act No. 101 of 1997*).

Nursing colleges are required to provide teaching and learning to nurses in terms of the *Higher Education Act (Act No 101 of 1997)*. Public nursing colleges are governed in accordance with the National Department of Health and the various provincial Departments of Health (DoH). The nurse educators are employed by HEIs or nursing colleges in accordance with the requirements of the South African Nursing Council. There is an interface between the professional regulatory system (SANC) and the public governance system (Department of Education or Department of Health), which complicates the responsibilities and scope of accountability of a nurse educator in South Africa. This is due to a duality in the government policy on the management and control of nursing colleges. Nursing colleges are classified as HEIs and are expected to comply with the quality requirements of the (*Higher Education Act No. 101 1997*; the *Nursing Act No. 33 of 2005*). Conversely, the management of nursing colleges falls under the control of the Departments of Health in the various provinces, but the academic quality control is regarded as the responsibility of the

universities. The universities are controlled by the Department of Higher Education, which is the counterpart of the Department of Health, and remains responsible for the control of nursing colleges. The nurse educators at nursing colleges are appointed by the Department of Health and their conditions of service are controlled by the human resources departments of their respective provinces. Nurse educators at universities are appointed by their respective universities and their conditions of service are controlled by the human resource departments of their universities. Nurse educators in both environments are orientated and inducted into their institutions through induction programmes offered by their institutions. Neither environment has mentoring programmes, hence NANEs at NEIs find the environment to be challenging and stressful (Leggat, Balding and Schiftan, 2015:1576). The focus of this article is to describe mentoring of NANEs in NEIs in South Africa.

STATEMENT OF THE RESEARCH PROBLEM

NANEs are faced with an unsupportive academic environment, which causes them to experience stress in Higher Education. The academic environment's culture and system remain unique to each institution, and are strange to NANEs. They constantly feel anxious about succeeding (Leggat et al., 2015:1578). NANEs are unfamiliar with the demands of higher education and struggle with course preparations and teaching responsibilities (Williams & Williams, 2011: 20). They do not have a clear understanding of institutional expectations and the resources available. These factors are made more complex by feelings of isolation and lack of support from senior experienced staff (Williams & Williams, 2011:22). The NANEs rarely seek advice because of their fear of being considered incompetent. All these factors lead to feelings of frustration, isolation, lower self-esteem and lower aspirations for themselves (Moore, 2009: 50). There is also the problem of juggling professional and personal responsibilities, which causes anxiety (Cusick & Lannin, 2008:1984). The dual nature of the government policy on the control of nursing colleges in South Africa makes the HE environment more difficult for nurse educators at universities, as it places a greater burden of responsibility on the NANEs employed at universities. Truby (2010:66) rightfully says that institutions of higher education do not have mentoring programmes that can be used to provide support in order to reduce anxiety and stress to NANEs.

PURPOSE AND OBJECTIVES

The purpose of this study was to describe the mentoring needs of NANEs in NEIs in South Africa. The objective of this research was to determine the mentoring needs of NANEs in NEIs in South Africa.

Definition of concepts

Mentoring is an interactive, reflective, participatory process of relationship building, engagement and development between mentor and mentee, during which the former develops and evaluates the achievement of specific development needs in order to achieve the outcome of mentee for empowerment and capacity building with regard to specific competencies (Cusick & Lannin, 2008:1988).

Nursing education is the process whereby learners are guided, assisted and provided with means that enable them to learn the art and science of nursing, so that they can apply this to the nursing care of people who need such care. The ultimate aim of nursing education is the development of highly skilled professional practitioners as registered nurses (SANC, 2005: 15).

A newly appointed nurse educator (mentee) (NANE), in this study, is a professional nurse who holds a nursing education qualification and is registered with the SANC for that qualification, or a professional nurse who is registered with the SANC as a general nurse and is in her/his first five years of appointment by an NEI

RESEARCH METHODOLOGY

A quantitative, descriptive research design was utilised (Burns & Grove, 2011:56).

Population and sampling

A total population of 1 054 nurse educators were selected for recruitment and possible inclusion in this study. Among these, 407 (4.2%) were appointed at universities while 647 (6.7%) were appointed at nursing colleges affiliated to universities. Of these, 116 (28.5%) were identified as NANEs in NEIs within universities and 116 (17.9%) at nursing colleges affiliated to universities. Thus, a target population of 232 was selected for recruitment and possible inclusion in this study. Two main clusters of NEIs, namely universities and nursing colleges, were created. Thereafter, additional clusters of Universities based on geographical location (according to the nine provinces in South Africa) were made. A probability, multi-stage, cluster sample of newly appointed nurse educators within NEIs at, or affiliated to, HEIs in South Africa, was recruited (Burns & Grove, 2011:85). For clarification purposes, departments or schools of nursing at universities and nursing colleges will collectively be referred to as Nursing Education Institutions (NEI's). The inclusion criteria were that professional nurses registered with the South African Nursing Council (SANC) must hold valid certification as nurse educator with SANC, male or female; must hold current employment within a nursing college, school or department at NEI's must

have been employed for a minimum of 1 year but not more than 5 years as lecturers at universities and tutors in Nursing Colleges; must identify with one of the four major racial classification categories (black, person of colour, Indian or Caucasian) in South Africa). Using the SANC register (South African Nursing Council 2006:4) as a sample frame, the total number of registered nurses with a valid certification as a nurse educator (N = 9 659) were identified. Of these, based on the inclusion criteria, 8 605 (89%) were excluded for the following reasons: they hold current registrations with SANC as nurse educators, but were employed as clinicians or nurse managers, or have left the country.

Data collection

Data was collected using a structured questionnaire that was based on an extensive literature review consistent with the aim of the study (Chin & Kramer, 2011:65). The questions were structured according to the survey list of Dickoff, James and Wiedenbach (1968:415), focusing on purpose, structure (context), stakeholders (role players), process and the dynamic. The researcher visited different institutions to hand-deliver, administer and to collect questionnaires from some of them. There was enough time to give an explanation in person on questions where respondents needed some clarity during these visits (De Vos, Delpoort, Fouche & Strydom, 2011:56).

Data analysis

Data from the close-ended questions of the questionnaire was analysed using the Statistical Package of Social Science (SPSS) version 2.0 (Burns & Grove, 2011:220). A senior statistician converted all data to the SPSS programme for data analysis. Percentages were calculated showing means, standard deviations and range of scores for each variable, as well as frequencies.

Reliability and validity of a questionnaire

Reliability is concerned with how consistently the measurement technique measures the concept of interest. According to De Vos et al. (2011:75) the most important aspects that ensured reliability were dependability, stability, consistency, accuracy and predictability, reproducibility (equivalence) and generalisability. Validity is a crucial factor in the development, selection and application of an instrument. De Vos et al. (2011:77) refer to validity as the degree to which the questionnaire or instrument measures the actual questions and the accuracy of questions. The questionnaire was validated by face, content, construct and criterion validity. Face validity was ensured through submission of the questionnaire to an expert for evaluation. The statements in the questionnaire reflected all the concepts developed through the intensive literature study that was conducted on mentoring. A pilot study was done before research was

conducted. An exploratory factor analysis was done on the analysed data to ensure construct validity (Burns & Grove, 2011:78).

Ethical considerations

The ethical considerations were observed. These included consent, confidentiality and anonymity, beneficence, non-maleficence, justice and the quality of the research. Participants were requested to sign a consent form, after explanation, before they responded to the questionnaire (Chin & Kramer, 2011:75).

Results

The provincial distribution of NANEs represented a combination of nursing colleges and universities. There were 250 NANEs at NEIs. A total of 134 (54%) of the participants responded to the questionnaire. 73 (54%) of the nurse educators who responded were from universities, while 61 (46%) were from nursing colleges. 40 (30%) of the respondents were from Gauteng province, while only 9 (7%) were from Limpopo province. This may mean that the mentoring of NANEs is mostly needed in Gauteng. This is not surprising because the majority of the population in South Africa is concentrated in Gauteng.

Sample realisation

NANEs from both nursing at universities (n = 93) and at nursing colleges associated to universities (n = 39) were included in the sample (93, 69%), and individuals at university campuses were identified for data collection and were issued with questionnaires. Most of the participants (n = 73; 78%) responded to the questionnaires. Sixty-nine (51%) questionnaires were issued to respondents at all the six college campuses. Sixty-one (46%) nurse educators responded to the questionnaires. Fifty-nine questionnaires (97%) were available for analysis and 2 (3%) were spoiled as the respondents did not indicate their provinces of origin. Despite a concerted effort to collect data at nursing colleges, the sample size did not represent a success.

Table 1:   Biographic information of newly appointed nurse educators in nursing education institutions in South Africa (n = 132)

	Frequency (f)	%	Total
Gender (n = 132)			
Male	6	4.5	
Female	126	95.5	**132**
Race (n = 131)			

African	93	71	
White	24	18.3	
Coloured	13	9.9	
Asian	1	0.8	**131**
Age (years) (n = 132)			
21 – 30	5	3.8	
31 – 40	24	18	
41 – 50	67	51	
51 – 60	36	27.2	**132**
Qualifications			
Diploma in nursing	2	1.5	
Bachelor's degree	50	38.5	
Post-basic diploma in nursing education	10	7.7	
Honours degree	17	13.1	
Master's degree	39	30.0	
Doctoral degree	12	9.2	

One hundred and thirty-two (132) of the participants responded to the question on gender. In terms of gender distribution, women (126, 95.5%) form the larger component of this sample, while Africans (93; 71%) represent the larger racial group. The predominance of women is not surprising as the nursing profession is female-dominated. This represents a good sample from the data. The largest 'race group' indicates where the most need for mentoring is: Africans are a group that has been historically disadvantaged in the past history of South Africa. These are the newly appointed nurse educators who need to be motivated through mentoring relationships in order to develop the required higher education competencies.

Fifty-one (38%) of newly appointed nurse educators in the sample are between the ages 41–50 (n = 67); this larger proportion of the sample is acceptable. The majority of nurse educators in the 41 to 50 age groups can be mentored in order to develop the required academic competencies and continue to add value to nursing education.

Fifty (38.5%) of the respondents have a Bachelor's degree as their highest academic qualification. Only 40 (30%) have a Master's degree. Such academics would be able to offer valuable insights into what is needed in higher education, to ensure quality in teaching and learning. However, nurse educators at basic degree level might not be able to conduct research. At the time of the study, nursing colleges were still not expected to conduct research. For the universities, this picture does not

look good as it means there is a need to mentor NANEs to develop competencies in research. This picture does not comply with the requirements of the *Resource Plan for Health* (2011:50). It states that nurse educators must be well-prepared in order to supply more educated nurses in the healthcare field (*Resource Plan for Health*, 2011:60). This is supported by the Higher Education Quality Committee (2005: 115), which emphasises the need for higher education to supply educators who are prepared to offer good quality education at undergraduate and postgraduate levels (Higher Education Quality Committee 2005:115). Most of the population in South Africa is concentrated in urban areas or on the outskirts of urban areas. There has been a natural movement from rural to urban areas for education and employment in South Africa, hence the population concentration (*National Plan for Higher Education*, 2002:55). Mentoring is mostly needed at nursing education institutions in urban areas and on the outskirts of urban areas.

The results indicate that 54 (42%) of the respondents are at the level of lecturers at universities, while 33 (26%) were at the level of tutors at nursing colleges. This indicates the need to mentor NANEs in order to advance their careers to levels more senior than a lecturer or a tutor. However, according to the Skills Development *Act (No 97 of 1988)* and the need for transformation, this does not seem to be relevant to the changing needs of the country (Half, 2015:10). This may indicate a lack of success of African women in higher education, as nurse educators take much longer to reach the levels of senior lecturer or professor (Half, 2015:12). Most respondents, 89 (66%), belonged to a professional association and 77 (57%) have attended a national conference. Only 13 (10%) have published research papers in accredited journals. The increase on the attendance of conferences at national level and for nurse educators who belong to a professional association fits the context of nursing colleges.

Mentoring needs of NANEs

The mentoring needs of NANEs that relate to the context of mentoring will be discussed hereunder and include needs related to familiarity with institutional strategy, performance-based needs and competency-based needs.
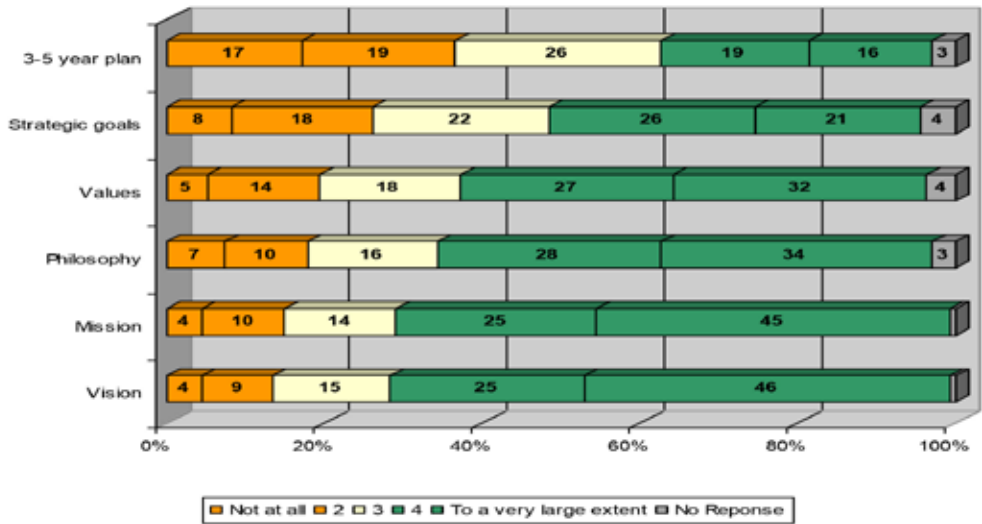
Figure 1:   Distribution of needs with regards to institutional strategy
              (n = 132)

Figure 1 shows that some 95 (71%) of the respondents are familiar, to a greater extent, with the vision of their institutions, while 94 (70%) of the respondents are familiar with the mission statements of their institutions. In addition, 84 (62%) are, to a large extent, familiar with the philosophy of their institutions, while 79 (59%) of the respondents indicated that they are familiar with the values of their institutions. Some 63 (47%) of the respondents are familiar with the strategic goals of their institutions. Few (46; 35%) of the respondents are familiar with the three-year to five-year plan of their institutions.

NANEs need to be mentored in order to become familiar with the strategic goals and the three- to five-year plan of their institutions. This could be an indication that induction alone is not sufficient for assisting newly appointed nurse educators to adjust to a higher education environment (Booyens, 2008: 90). NANEs need to be mentored in order to understand the strategy of the institution in which they are employed. If they have an understanding of the strategy, it becomes easier for them to know the direction that their institutions are taking. They can then prepare themselves and perform according to the expectations of the institution, to ensure quality, their success and retention in higher education as indicated by *National Plan for Higher Education* (Bain, Fedynich & Knight, 2010:8).
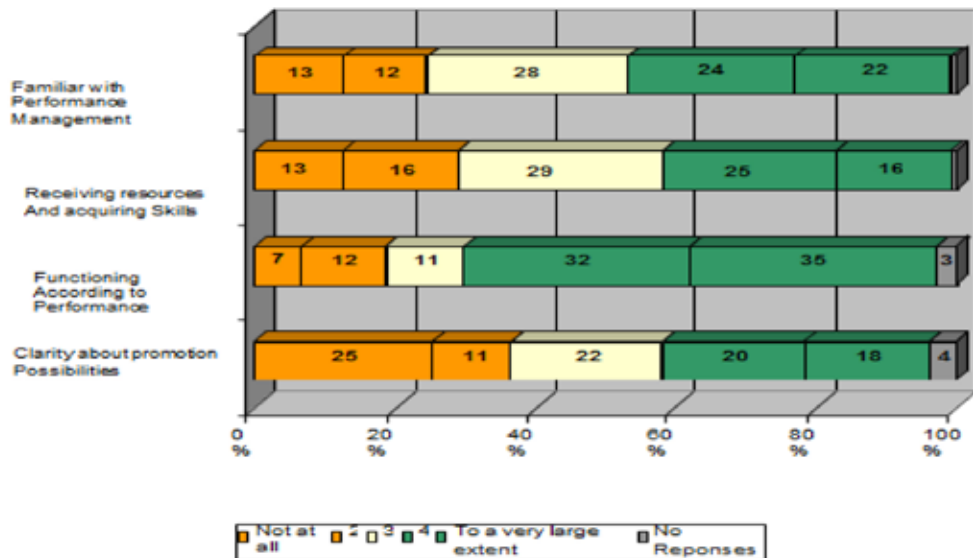
Figure 2: Distribution of needs with regard to performance (n = 132)

Figure 2 shows that only 78 (38.2%) of the respondents had clarity about their promotion possibilities, while 90 (67%) of the respondents were functioning according to their key performance areas. In addition, only 78 (41%) received resources for development, as expected by their institutions. A few, 90 (44%), of the respondents were familiar with the performance management system of their institutions. Some (55, 41%) seemed to have access to resources that enhanced their performance, yet 62 (46%) indicated that they were familiar with the performance management of their institutions.

NANEs had needs that could advance their careers. They seemed to have needs for clarity about promotion possibilities, access to resources that enhance their performance and to be familiar with the performance management systems of their institutions. Nursing education institutions need to ensure access to resources for success in higher education, as indicated by the government's policy on the development of employees, in order to develop the required skills in the country (Skills Development Act No. 97 of 1998; Resource Plan for Health, 2011:50).
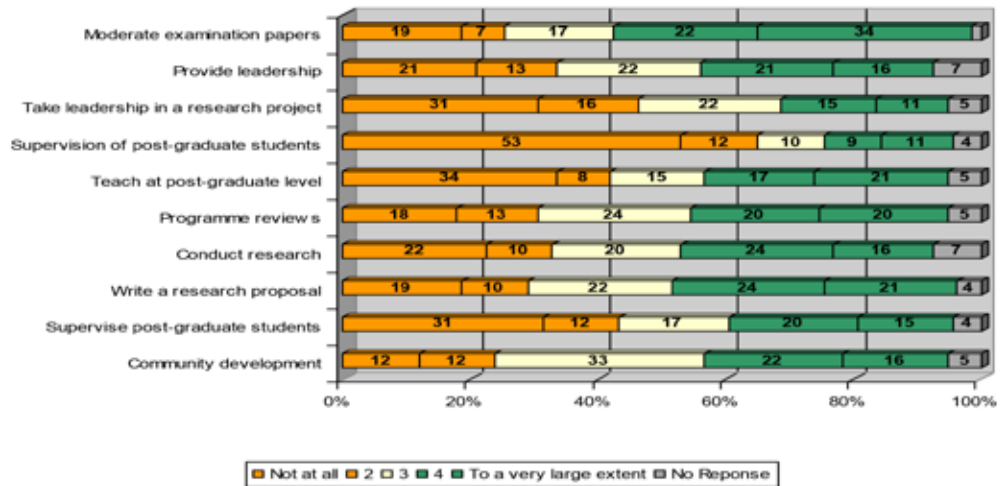
Figure 3:   Distribution of needs pertaining to competencies of NANEs (n=132)

Figure 3 shows the needs, with regard to the development of specific academic competencies, which are the teaching, research and community development function. As far as the teaching function is concerned, some 75 (54%) of the respondents had the ability to moderate papers, while only 49 (37%) had the ability to provide leadership in an academic institution, and 54 (40%) were able to prepare for programme reviews. Also, a few (38%) could facilitate community development.

   With regard to the research function of NANEs, only 27 (20%) of NANEs were able to supervise postgraduate students. Similarly, only 35 (26%) could take leadership roles in a research project, while 51 (38%) were able to teach postgraduate students. Only 47 (35%) have the ability to supervise postgraduate students, while 53 (40%) could conduct research and 60 (45%) were able to write a research proposal. Thus, NANEs have indicated the need to be mentored in order to develop the required academic competency, particularly in research.

DISCUSSION OF RESEARCH RESULTS

On the whole, the results showed that it is important that NANEs be mentored to enable them to understand the new environment/context of their institutions, and to ensure adaptation. The results reflected mentoring needs in the context of nursing education institutions. The strategy-related needs included the need to understand the three- to five-year strategic goals of institutions. Performance-based mentoring needs included mentoring in the following aspects: clarity about promotion possibilities, clarity of the performance management system of their institutions, functioning according to their key performance areas, and access to resources of their institutions. Mentoring

will improve the quality of teaching for nurse educators (National Nursing Strategy, 2012:20). Nurse educators indicated a lack of skills in the following areas: research, teaching and community development. There is also the need for mentoring in order to develop the required competency in research with regard to postgraduate supervision skills, taking leadership in research projects, writing research proposals and teaching at postgraduate level. These are quality requirement skills, which every nurse educator is expected to have (Higher Education Quality Committee, 2004: 10; South African Nursing Council, 2005: 50). Competency-based needs also include the need to be mentored in teaching skills (accrediting programmes, preparing for programme reviews, moderating examination papers, providing leadership in academic institutions). Increasing the success of NANEs will increase the retention rate (Half, 2015:5).

Limitations of the study

The study sample does not seem to be similar to the national profile of South African nursing colleges and this is due to poor participation, which might constitute a limitation to the study.

CONCLUSION

NANEs in nursing education institutions have competencies in core aspects of teaching and learning, and functioning at junior levels. There is also a need to develop competencies in broad directional issues and postgraduate activities more typical of senior educators. There is a need for mentoring to develop competency in areas of strategy, research, teaching and community development. The mentoring needs, according to the context of nursing education institutions, include the strategy-related needs and the strategic goals of institutions. Performance-based mentoring needs include the need for mentoring about clarity of promotion possibilities and the performance management systems of their institutions, functioning according to their key performance areas and access to resources of their institutions.

RECOMMENDATIONS

For the purpose of nursing education, the researcher recommends that NANE be mentored to development competencies on research (postgraduate supervision, taking leadership in research projects, writing research proposals and teaching at postgraduate level), teaching and community engagement. NANEs need to be mentored to develop competencies on accrediting programmes, preparing for programme reviews, moderating examination papers and providing leadership in academic institutions. NANEs should be mentored in order to improve their

performance through receiving clarity on promotion possibilities, performance management systems of their institutions and to function according to their key performance areas and on how to access available resources.

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