Evaluating facilitation and mentoring in a Management and Leadership Fundamentals programme (MLF) for registered nurses

by
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DECLARATION

By submitting this assignment electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the owner of the copyright thereof (unless to the extent explicitly otherwise stated) and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

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ABSTRACT

In the private health care sector the demand for skilled registered nurses as shift leaders exceeds the supply. The shift leader of each shift plays an important and essential role in the nursing unit. The Management and Leadership Fundamental (MLF) programme has been developed to provide, equip and empower registered nurses with the best skills, knowledge and attitudes to lead a shift with confidence.

The aim of this study was to investigate and evaluate the facilitation and mentoring experiences of the registered nurses as learners who completed the MLF programme successfully.

A qualitative methodology was used to address the research questions of the discussion guide in the real life situation. The discussion guide consisted of four sections: section one focused on facilitation, section two on mentoring, section three on management, and the focal point of the fourth section was on the MLF programme.

The data were collected by means of structured interviews conducted with 14 registered nurses as learners who had completed the MLF programme. The data were analysed by doing verbatim transcriptions of the interviews, using coding and an Excel spreadsheet analysis. The results revealed that facilitation and mentoring can contribute significantly to the success of the MLF programme.

OPSOMMING

Die aanvraag na bevoegde geregistreerde verpleegkundiges as skofleiers in privaat hospitale oorskrei die aanbod. Die skofleier in die verpleegeenheid vervul 'n belangrike en essentiële rol tydens die skof sodat kwaliteit produktiewe gehalte sorg aan pasiente gelwer kan word. Die 'Management and Leadership Fundamental (MLF)' program is ontwikkel om die geregistreerde vepleegkundige as skofleier toe te rus met die nodige kennis, vaardighede en ingesteldheid om met vertroue 'n skof te kan lei.

Hierdie navorsing ondersoek en evalueer die geregistreerde verpleegkundige as leerder se ervarings van fasilitering en mentorskap tydens die MLF program wat hul suksesvol voltooi het.

Kwalitatiewe navorsing is gebruik om die navorsingsvrae in die werklike situasie te ondersoek. 'n Besprekingsgids is ontwerp met navorsingsvrae in vier afdelings: afdeling een se fokus was op fasilitering, afdeling twee het gefokus op mentorskap, afdeling drie het gefokus op bestuur en afdeling vier se fokus was op die MLF program self.

Die data is versamel met behulp van gestruktureerde onderhoude wat gevoer is met 14 geregistreerde verpleegkundiges as leerders wat die MLF program suksesvol voltooi het. Die data analise het bestaan uit verbatim getranskribeerde onderhoude, die kodering daarvan asook 'n gerekordeerde Excel ontledingstaat. Die resultate van die ondesoek het aangetoon dat fasilitering en mentorskap 'n betekenisvolle bydrae kan lewer tot die sukses van die MLF program.

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CHAPTER 1
ORIENTATION TO THE STUDY

1.1 INTRODUCTION

The shortage of skilled nurses in the private as well as public health sectors in South Africa is a problematic and challenging issue. This dilemma is perhaps realised most fully when considering that the already existing limited source of registered nurses consists of young registered nurses between the ages of 21 and 25 who have inadequate clinical experience, have just completed their studies and have not yet been sufficiently exposed to the clinical nursing environment and older, more experienced registered nurses who are between 35 and 45 years old, have had adequate clinical experience, but needs to update their skills.

The present situation in private hospitals is that only one inexperienced registered nurse has to manage every 12-hour shift per nursing unit most of the time; yet comprehensive, quality and cost-effective patient care still have to be provided. In other words, currently the demand for skilled shift leaders exceeds the supply.

During every 12-hour shift, the shift leader is the backbone of the unit; she or he therefore plays a pivotal and essential role in the nursing unit. The Management and Leadership Fundamentals (MLF) programme has been developed to provide and empower both the young, inexperienced and the older more experienced registered nurses with the optimum skills, knowledge and attitudes to lead a shift with confidence.

The aim of the study was to gain insight into the facilitation and mentorship of the MLF self-study programme by exploring the perceptions and experiences of the registered nurses who had completed the programme successfully. In this chapter an overview of the study is presented.

1.2 RESEARCH PROBLEM

The research problem for this study originated from the researcher's observations and interaction with the nursing managers, the training and development consultants as well as the registered nurses who had been registered on the first course of the MLF programme and had completed, or alternatively did not complete, this first course. Fulmer (1997:65-66) states that organisations where leadership programmes are implemented are better prepared for the challenges of the future. However, it was determined during personal observation, discussions and interaction between the researcher and other professionals that, after having completed the course, some registered nurses still seemed to experience uncertainty a lack of confidence in their own abilities to cope with new information and practice.

1.2.1 Background to the problem

The combination of the limited source of registered nurses, low salaries and an increase in the sub-categories of health care workers resulted in a paradigm shift of the functions of the registered nurse. The importance of a strong shift leader in nursing units is increasingly being recognised, while good management and leadership have become the focal point in nursing. Registered nurses are accountable for productivity and high quality services rendered in a diverse working environment. Regardless of the nature of the nursing unit, the management and leadership in these units require shift managers to be experts as regards their knowledge, skills, and attitudes.

For this reason a four month outcomes-based programme was developed to provide registered nurses as learners in the MLF programme with the appropriate basic knowledge and skills that they might not have been familiar with. Additionally, the programme served to revise the relevant knowledge that the learners had already covered in their general nursing training under the management of a nursing unit. It was a self-study programme with no contact sessions. To support the learners, mentors were allocated.

The theoretical and practical components of the MLF programme were facilitated by the training and development consultants of each registered nurse as a learner and the author on request. In order to successfully complete the programme and facilitate effective practice learning, the registered nurse as a learner needed to complete a workbook and a portfolio, perform a unit management round, and complete a daily planning task assignment. The study guide design also facilitated learning within modules that encompassed leadership and management development in the clinical environment.

Leadership development, according to Day (2001:586), is critical in an organisation to prepare the registered nurse as a leaner in the MLF programme for current and future challenges in the health care environment. Zenger and Folkman (2003:5) envisage that the registered nurse as a learner will improve his or her productivity after leadership development. After all, as Leskiw and Singh (2007:447) point out, high performance organisations promote the use of leadership skills at all levels throughout the organisation. Therefore, the aim of implementing the MLF programme is to develop registered nurses, as learners, into effective, visionary leaders within the health care environment.

1.2.2 Problem statement

Successful businesses and organisations realise the importance of strong leadership to maintain, grow and sustain long-term business productivity and viability (Leskiw & Singh, 2007:444-446). In this time of a worldwide shortage of registered nurses in the private health care industry, it has become essential to develop a successful management practice to ensure that the organisation will be well positioned to compete successfully in the future.

A private health care organisation needs to develop its registered nurses as effective shift leaders; this will impact positively not only on performance but will also ensure a training climate in which leaders take the responsibility for making registered nurses as learners more astute so as to become a future generation of high performance leaders (Melum, 2002:58). Despite the fact that the author emphasises the importance of facilitation for personal and professional growth of the

registered nurse through structured experiential learning, in this study the feedback from students indicated that they found it difficult to complete the self-study programme on time and that mentors were not always available. They requested facilitated sessions and mentor support to help them complete the programme on time.

Leskiw and Singh (2007:447) state the content of the learning programme must be meaningful and needs to be business applicable; therefore, the choice of learning experiences should be guided by an attempt to increase the defined leadership competencies, to reinforce the use and importance of the corporate values, and to incorporate strategy. Marcus (2004:11-12) ascertains that the learning journey of the registered nurse as learner in the MLF programme must specifically go together with interactive facilitation sessions and ongoing mentor support focusing on real business issues. This is because the traditional theory-based course lectures and workshops have been replaced with facilitation and experiential learning in the nursing unit.

Lord and Hall (2005:596) asses that there is a need to utilise different modes of learning in leadership development. This includes experiential learning, facilitation, and mentoring. According to them, the delivery mechanism of developmental opportunities is shifting away from a pure traditional training approach to a more facilitated outcomes learning approach. The value of mentoring and developmental opportunities has an enormous impact on the training and development of the registered nurse as a learner in the MLF programme, specifically when it is embedded in their working environment, namely the nursing unit (Hernez-Broome & Hughes, 2004:25). These authors also highlight the significance of mentoring in the support of performance and skills development of the registered nurse.

The quickest and most enduring learning, according to Giber, Carter and Goldsmith (2000:89), occurs when the registered nurse as a learner is engaged in finding solutions to real life problems through active interaction and participation. Learning methods should focus on changing behaviour; therefore, it should be practical, immediately applicable, yield concrete results, and build in accountability for implementation (Zenger & Folkman, 2003:6).

Hernez-Broome and Hughes (2004:25) state mentoring is a committed relationship in which a more experienced registered nurse supports the development of the registered nurse as learner in the MLF programme; thus it is these authors' viewpoint that mentoring is a key element of leadership development. The building of a relationship through mentoring has been found to be significantly helpful in the pass off and speed up of learning the necessary leadership skills and competencies.

The stance of Leskiw and Singh (2007:455) is that the best practice of mentoring would be to include management in the implementation of any MLF programme. Supporting this view, Zenger and Folkman (2003:5-6) add managers would help the registered nurse as a learner to find her or his way around potential issues and would provide support when necessary. For Zenger and Folkman (2003:6) management involvement adds credibility, ensures effective teaching, and contributes to the fact that expectations are clearly communicated to the future leaders.

Facilitated sessions provide networking opportunities and the consequential face to face interaction is more critical to the success of a programme (Giber *et al.,* 2000:220). A combination of techniques, such as mentoring and facilitating sessions, affords the registered nurse as a learner the opportunity to practice new skills and plan developmental experiences (Zenger & Folkman, 2003:6). Any particular learning experience, according to Melum (2002:60), has a more significant impact if it is linked to other experiences, especially if these experiences are part of a supportive and thoroughly designed system. Without a management support system the unsuccessful and uncompleted programmes of the registered nurses as learners will be experienced more in the private health care organisation than the successes of the registered nurses as learners in the MLF programme (Ready & Conger, 2003:85).

As observed by Melum (2002:61), obtaining feedback from the registered nurses as learners who completed the MLF programme successfully will help in terms of focusing on the shortfalls of the MLF programme. Giber *et al.* (2000:185) emphasise the importance of maintaining the appropriate balance of fulfilling the organisational

needs, the individual needs as well as the team needs. It is important to evaluate the effectiveness of mentoring and facilitation during the MLF programme because the registered nurse as a learner of today must respond and adapt to the shifting health care needs of patients nowadays as well as the rapid changes in the health care environment.

Ready and Conger (2003:84) argue that the performance of senior management is visible in those organisations with internal leadership development programmes. Equally important, Leskiw and Singh (2007:456) opine that the effective evaluation of such a programme would involve questions pertaining to how effective the programme is in fulfilling the initial needs outlined in the assessment as well as whether the programme objectives and desired results expected have been met.

Based on the problem that no in-depth evaluation of the learning experiences of registered nurses in the MLF programme had been conducted previously and therefore needed to be explored, the following aim and objectives were formulated to evaluate elements of the MLF programme for registered nurses.

1.3 AIM OF THE STUDY

1.3.1 Research purpose

The purpose of the study was to explore whether facilitated sessions and providing mentors had indeed contributed to improving the learning outcomes of the MLF programme.

1.3.2 Research objectives

The following objectives applied to the study:

- to determine the possible value of facilitated sessions on the outcomes of the MLF programme; and
- to determine the possible value of support from mentors to the learners in the MLF programme.

1.4 RESEARCH QUESTIONS

The main research question addressed in this study was:

"What is the potential value added by facilitation and mentoring to the outcomes of a Management and Leadership Fundamentals (MLF) programme?"

It was envisaged that the above primary research question would be answered by answering the following two subsidiary questions:

i. *"What is the value of facilitated sessions in the MLF programme as perceived by students and their managers?"*

ii. *"What is the value of mentorship support in the MLF programme as perceived by students and their managers?"*

These questions guided the design of the study which is mentioned next but described in more detail in Chapter 3.

1.5 RESEARCH DESIGN

In correlation with the main research question as formulated, the principle aim of the study was to gain insight into the facilitation and mentorship of the MLF programme by exploring the perceptions and experiences of the registered nurses, as learners in the MLF programme, who had completed the programme successfully.

The research design directs the planning of uncovering the answers to the research questions (Burns & Grove, 2007:553) as well as directing the implementation of the study with the aim to accomplish the proposed objectives. After initial efforts to employ a quantitative survey design with questionnaires, it was decided to rather employ an exploratory qualitative survey design using structured interviews with open-ended questions to investigate the perceptions and experiences of the registered nurses as learners (Creswell, 1994:1; Polit & Beck, 2008:495) who had

completed the MLF programme. In this study a qualitative, exploratory and descriptive survey design using an interpretative lens was utilised to generate data (Burns & Grove, 2005:340; Mouton, 2008:161-162).

1.6 RESEARCH METHODS

Polit and Beck (2008:758) define the methods with regard to research as “the steps, procedures and strategies for gathering and analyzing data in a study”. They add research methods are “the techniques used to structure a study and to gather and analyze information in a systematic fashion” (Polit & Beck, 2008:765).

Qualitative methods based on a naturalistic approach (Maree, 2007:70; Polit & Beck, 2008:489) was used in this study to generate data in order to address the research questions and explore the phenomenon (McMillian & Schumacher, 1993:40), namely the learning experiences of practicing nurses in the MLF programme (Brynard & Hanekom, 2006:37; Maree, 2007:79). In this case the focus was on the possible value added by facilitation and mentoring in the context of a clinical learning environment. The unit of analysis in this study was the experiences of leaners in the MLF programme.

1.6.1 Population

The population, according to Brynard and Hanekom (2006:55), represents a group with particular similar characteristics. The accessible population in this study was registered nurses (N=14) as learners who had completed the MLF programme successfully. This met with the sample criteria as set by the researcher (Burns & Grove, 2007:549). The registered nurses as learners in the MLF programme were all female (no male registered nurses had registered for the programme) in the age group 23 to 50 years.

1.6.2 Sample selection

A small, suitable sample (Maree, 2007:79) of 14 registered nurses, as learners in the MLF programme and who had completed the programme successfully, was

selected as the best information rich resource for gaining significant relevant information about facilitation and mentoring during the MLF programme (Leedy & Ormrod, 2005:145; Merriam, 2009:77). The sample was selected from four private hospitals of one particular private hospital group in one region of South Africa.

The rationale for selecting the sample included considering the costs involved. The registered nurses, as learners in the MLF programme, were selected from the specific area because it was closest to the researcher which reduced, for example, travelling and accommodation expenses. Additionally, restricting the sample selection to one region made the available time for interviews more manageable. It is important to note that the selected representatives represented the same characteristics as the registered nurses, as learners in the MLF programme, in the other regions of South Africa (Brynard & Hanekom, 2006:54).

1.6.3 Data collection

Creswell (1994:110) states data collection is a series of interrelated activities for the purpose of obtaining rich information to answer the research question. The structured interviews with the 14 registered nurses as learners who completed the MLF programme successfully provided an enormous amount of functional information to evaluate the contribution of learning facilitation and support of mentors during the MLF programme (Leedy & Ormrod, 2005:146).

A discussion guide (Merriam 2009:102; Polit & Beck, 2008:537) with a semi-structured questionnaire (De Vos, Strydom, Fouché & Delport, 2005:292) consisting of between five and seven open-ended questions (Leedy & Ormrod, 2005:147) was developed for use during the interviews. The discussion guide consisted of four sections. Section one focused on facilitation, section two on mentoring, section three on management, and the focal point of the fourth section was on the MLF programme as a whole (See Addendum B).

Before every interview began, the interviewer informed the participant about the purpose of the study as well as the nature of the interview. Every individual participant was further informed that the interview would be digitally recorded

(Maree, 2007:89) and transcribed verbatim. The participants were assured that all information they shared would be kept confidential and that their anonymity would be protected as their names would not appear anywhere or would not be used at any time during the interview reporting process.

1.6.4 Data analysis

Data analysis is seen as the heartbeat of any research (Henning, Van Rensburg & Smit, 2004:103). The saturation point during the data collection process was reached with the 14th interview (Maree, 2007:79; Polit & Beck, 2008:521; Streubert Speziale & Carpenter, 2003:174). Every interview was transcribed verbatim (Maree, 2007:89) with the assistance of an external research consultant to minimise bias from the researcher's side.

The aim of the data analysis in this study was to ascribe meaning to the registered nurses' worlds as regards the learning facilitation and mentor support during their experiences while working in the MLF programme (Merriam, 2009:85). Therefore, descriptive analysis was used with the assistance of the external research consultant. The data collected were analysed by making use of the verbatim transcriptions, coding and an Excel spreadsheet.

1.7 VALIDATING THE STUDY

In the use of qualitative data the researcher strives towards trustworthiness (Corbin & Strauss, 1990:10). For this reason, steps must be taken to increase and optimise the trustworthiness of data and procedures (Polit & Beck, 2012:62). The concept of trustworthiness means adhering to four criteria in a research study, namely credibility, transferability, conformability and dependability (Lincoln & Guba 1985:294-301). These criteria are equivalent to the criteria of reliability and validity in quantitative methods (Polit & Beck, 2012:583) and are described in more detail in Chapter 3.

The credibility of data in this study was enhanced by means of member checking (Lincoln & Guba, 1985:296; Polit & Hungler, 1995:429). Every individual participant

was informed of the nature of the interview and expressed their willingness to participate by signing a consent form. Additionally, all the structured interviews and the data collection were done by an independent external research consultant (Bless & Higson-Smith, 2000:126). In order to decrease bias and increase the trustworthiness of the qualitative data obtained, the researcher utilised the help of other professionals to analyse and interpret the data. Moreover, it ensured that some distance was created between the researcher and the participants since some of the latter were known to the researcher (Miles & Huberman, 1984:210).

The structured exploration assisted in developing a clearer understanding of the facilitation and mentoring experiences of the registered nurses as learners during the MLF programme (Brink, Van der Walt & Van Rensburg, 2007:110). Trustworthiness in this study was increased with the use of the categorical classification of data in the questionnaire (Bless & Higson-Smith, 2000:134). The participants in this study, namely the registered nurses as learners in the MLF programme, confirmed the credibility of the data. (Brink *et al.,* 2007:118). Providing them with the researcher's interpretations of the collected data after the data analysis had been completed enabled the participants to assess and confirm whether the interpretation thereof was truthful.

1.8 DEFINITIONS OF CONCEPTS

A number of concepts are clarified and defined below to prevent uncertainty or misunderstanding of their meaning in the context of this study (Gurther & Huber, 2006:314).

Key concepts:

- 'Facilitation' is a derivative of the verb 'facilitate' meaning "make easy or easier" which, in turn, originates from the Latin word *'facilis'* which means 'easy' (*Concise Oxford English Dictionary,* 2006:509). Therefore, facilitation is a method of support through which the facilitator makes learning easier for the learner (Kitson, Harvey & McCormack, 1998:152; Weaver & Farrell, 1997:3).

- ‘Mentor’ is defined as “an experienced person in the organisation who trains and counsels others” (*Concise Oxford English Dictionary,* 2006:893). In the context of this study the registered nurses as learners were supported and trained by mentors.
- ‘Evaluating’ in the context of this study referred to “a research process to determine how effective facilitation and mentoring is working in the clinical learning environment” (Polit & Beck, 2012:727).

1.9 ETHICAL CONSIDERATIONS

Ethical issues in research which encompass protection from harm, informed consent, the right to privacy, honesty between colleagues, and professional codes of ethics, must be assiduously applied when human subjects are used in a research study (Leedy & Ormrod, 2005:101; Saunders, Lewis & Thornhill, 2000:130). The two cornerstones pertaining to ethical issues that the researcher was confronted with in this study, were confidentiality and anonymity.

As advised by Leedy and Ormrod (2005:144), the participants were reassured, notified and informed concerning the reasons for the study, their participation and rights as well as the confidential treatment of the data collected (see Addendum B). All the participants gave their informed consent (see Addendum C) and participated out of their own free will (Maree, 2007:88). Approval to conduct this study was obtained from the Research Ethics Committee of the Stellenbosch University and the private hospital group (see Addendums D and E).

1.10 SIGNIFICANCE OF THE STUDY

Leadership development has emerged as an essential theoretical and practical stream of management. Leskiw and Singh (2007:445) state the content of a learning programme must be business applicable and geared to fulfil the unique needs of the business as determined by a needs analysis. Kotze (2008:88) emphasises the importance of evaluating educational programmes such as the MLF programme to determine its effectiveness. Therefore, the purpose of this study was to evaluate the effectiveness of the MLF programme for registered nurses. The MLF programme

was developed to equip the registered nurse with the appropriate basic knowledge and skills, thereby enabling him or her to become productive and confident as a shift leader. It was foreseen that, by identifying any shortcomings in the programme, the necessary and relevant changes could be made to improve the management and leadership function of the registered nurse.

1.11 SCOPE AND LIMITATIONS OF THE STUDY

Some limitations of this study need to be noted and included the following:

Due to a delay of eight months in the process of obtaining clarification and approval from the private hospital group and the ethical protocols of Stellenbosch University, the initial pool of learners identified for the research was reduced due to resignations. This obviously restricted the comprehensiveness of the study and also compromised the initial quantitative survey as had been intended.

The study was also limited to and conducted in the private hospitals of one region's private hospital group. However, due to staff shortages and time constraints it was decided it would be less problematic to conduct the interviews in one region of choice. Also, the prospective participants were in close proximity of the researcher. The results can therefore not be generalised for the whole private hospital group with private hospitals in all the regions of South Africa. Findings were thus limited to the region where the study was carried out.

1.12 CONCLUSION

In summary this chapter comprised of the research problem, the background to the problem and the problem statement. The aim of the study, its research purpose and objectives were also introduced. The significance of the study, the definitions and clarification of concepts, the research design and method, trustworthiness and ethical considerations as well as the scope and limitations of the study were presented. In Chapter 2 literature perspectives are presented.

CHAPTER 2
THEORETICAL PERSPECTIVES

2.1 INTRODUCTION

In a time when the skilled workforce of registered nurses continues to shrink and the competition for top talent in nursing increases, one of the three big private health care companies has developed a Management and Leadership Fundamentals (MLF) programme to ensure the organisation will be well positioned to compete in the future. The purpose of this study was to determine participants' experiences of the potential value of facilitation and mentor support during the programme.

This chapter deals with the literature regarding facilitation and mentoring. A perspective of literature related to the key concepts in this study is provided. It specifically presents an overview of the value of facilitation and the support of mentors in learning programmes in general, and advanced learning programmes in particular. The chapter focuses on whether a combination of facilitation and mentoring can contribute to the success of a management and leadership programme as well as the leadership development of registered nurses in particular.

2.2 LEARNING FACILITATION AND MENTORING

2.2.1 The value of learning facilitation

Over the past number of years facilitation has attracted a lot of consideration and attention in training and education. It represents one of the methods to enhance learning in the MLF programme in an efficient manner, making the learning experience more productive and pleasant. Van Maurik (1994:30) states the word 'facilitation' is to a considerable extent used in modern times because it has such widespread prevalence; however, it is not always understood very well.

In 1983 the term 'facilitation' became known in counselling when Carl Rogers encouraged a student-centred approach to learning. With student-centred learning the registered nurse as a learner is empowered with self-determination to develop

as an individual and, according to Rogers (1983:223), he or she will, as a result, become more adjustable and self-sufficient. The work of the facilitator, in the view of Rogers, is to expand learning by using the personal insight and experience of the registered nurse as a learner and to assist him or her towards serious self-reflection.

Barr and Tagg (1995:20-21) point out that a change from an emphasis on teaching to a greater emphasis on learning promoted the move from placing the emphasis on the teacher to placing it on the learner. Facilitation, according to Van Maurik (1994:30), is not purely limited to the lecture room but is linked to mentoring, coaching, leadership and teaching in the clinical environment. The author asserts that facilitation is vital to the success of the effect of management development such as the outcomes of the MLF programme for registered nurses. In addition, facilitation is the ability of making sources available to, and supporting, the learner in achieving the necessary goals (Bentley, 1994:12).

In the context of training and education, to 'facilitate' is an action representing a method by which the mentor, coach, or teacher (in other words the facilitator) plays a more non-active role by guiding and assisting rather than teaching or instructing (Bentley, 1994:10). 'Facilitation' is a derivative of the verb 'facilitate' meaning "make easy or easier" which, in turn, originates from the Latin word *'facilis'* which means 'easy' (*Concise Oxford English Dictionary,* 2006:509). Therefore, facilitation is a method of support through which the facilitator makes learning easier for the learner (Kitson *et al.,* 1998:152; Weaver & Farrell, 1997:3). Musinski (1999:29), Rideout (1994:147) and Rolfe (1996:100) concede by highlighting facilitation as a student-centred approach where the registered nurse as a learner is able to manage and guide her or his own learning.

Facilitation in the health care business environment has shown exceptional growth over the past few years; the significant progress made in this milieu is ascribed to the fact that the aim has been to focus on creating and sustaining an environment in which learning is produced and promoted (Kirk & Broussine, 2000:13). The health care environment and nursing education in particular in the new millennium has experienced many essential changes in order to meet the requirements of a fast changing human race (Quinn, 2000:250). To Weaver and Farrell (1997:3) it is clear

that facilitation can assist the registered nurse as a learner in the MLF programme to respond successfully to these changes. It is important to note that nowadays, with the limited source of skilled registered nurses, there are predominantly only one registered nurse per shift per ward or unit who has to set an example for providing quality and cost-effective patient care.

Effective facilitation is a process that seemingly helps learners to clarify their goals and complete their courses successfully; naturally effective facilitation can thus improve productivity significantly in the health care environment. Authors such as Weaver and Farrell (1997:4) argue that facilitation is extremely valuable to keep learners focused. Effective facilitation provides a calming influence and provides practical methods to the learner on how to deal with problems as well as providing direction to them while doing their work. The facilitator, according to Weaver and Farrell (1997:5), has to help the registered nurse as a learner to connect the quality of work with the way he or she works in collaboration with other team members as well as being responsible for his or her own tasks.

Direction by way of demonstration gained through experience and knowledge is passed on from the facilitator to the registered nurse as a learner according to her or his needs (Beckett & Wall, 1985:259). These authors' stance is that the experienced shift leaders must facilitate the registered nurse as a learner because they have the understanding and ability to do so. Bentley (1994:11) adds facilitation will empower the registered nurse as a learner to be accountable and in charge of her or his own attempts and accomplishments.

The support of the facilitator is vital to synchronise the objectives of the health care organisation and the needs of the registered nurse as a learner. Knowledge subsists in the mind of the registered nurse as a learner and is formed by their experiences (Barr & Tagg, 1995:21). These authors view learning as student-centred and a cooperation of frameworks; therefore all expert nursing facilitators develop the skills of the registered nurse as a learner in a supportive learning environment. In nursing education facilitation is used to develop competent nurse practitioners such as, for example, the shift leader (Howard & Steinberg, 1999:16; Klopper, 1999:6; Nicol & Glen, 1999:99).

Harvey, Loftus-Hills, Rycroft-Malone, Titchen, Kitson, McCormack and Seers (2002:579) explain facilitation as a procedure which enables the experienced facilitator to support the learner in the clinical learning environment. Although literature does not supply exact or specific definitions for facilitation, some sources consider facilitation as a means of assisting with quality improvement (Loftus-Hills & Duff, 1997:33).

Facilitation differs from instruction or teaching in the sense that the registered nurse as a learner is guided by an expert to discover meaning and learning on his or her own during the MLF programme. As Dogherty, Harrison and Graham (2010:85) advise, facilitation entails supporting and permitting the registered nurse as a learner to develop his or her performance.

Successful facilitation is the sum total of knowledge, skills and planning. The traditional lectures and workshops can be replaced with a learning journey of customised interactive learning sessions (Marcus, 2004:11-12) since this type of learning provides developmental opportunities and growth. In the clinical environment, facilitation of the registered nurse as a learner allows for learning from experience (Koh, 2002:35-36).

White and Ewan (1991:112) refer to facilitation as the direction and progress of the registered nurse as a learner through regular challenges to his or her knowledge and the ability to identify his or her own learning needs. Mashaba and Brink (1994:130) observe facilitation as assistance and a combination of expectation, support and encouragement as professionals smooth the path. This view is supported by Chabeli (1998:39) who reasons facilitation in the clinical environment is a goal-directed, self-motivated process in which the learner interacts with the knowledgeable shift leader in order to learn through critical reflection within the scientific nursing milieu.

Nursing is a complex combination of theory and practice and therefore effective facilitation is required to bridge the theory/practice gap (Corlett, 2000:501). The facilitator has the proper skills and knowledge (Harvey *et al.*, 2002:579) to assist the registered nurse as a learner to apply facts and evidence in the nursing unit. The

spotlight is on facilitating experiential learning all the way through critical reflection and the demanding culture of the nursing unit and health care organisation (Marshall & McLean, 1988:202).

A comparable understanding of facilitation is evident in a number of approaches to practice-based learning in health care such as student-centred, problem-based and experiential learning that have been applied within frameworks of reflective practice and clinical supervision (Palmer, Burns & Bulman, 1994:187). Reid (1993:305) explains reflection as a method of assessment; in other words, to reflect on the facilitation of learning the learner has to evaluate, explain and examine experiences in the clinical environment. The author posits that reflection of events continuously help to develop the registered nurse as a learner in the practical environment.

Sheehan and Kearns (1995:13) consider reflection as the winning solution of a programme such as the MLF programme for registered nurses. Reflection and theory are considered to be the drivers of the learning cycle (Caple & Martin, 1994:12-18). The principle of facilitation can fluctuate (Harvey *et al.*, 2002:580) from help and support to accomplish an explicit goal, to enabling the leaner to examine, reveal and transform his or her behaviour, performance and ways of working. Justice and Jamieson (1999:69) posit that facilitation is not the presenting of information, recommendations or education, but it is the planning and supervision of arrangements and procedures which help the learner to do work and reduce the general problems people have when working together.

Cross (1996:351) interprets facilitation as a student-centred, mutually discussed method making change possible inside an environment of admiration, confidence and approval. The principles of successful facilitation as advocated by Brookfield (1986:92) include intentional involvement, universal admiration, partnership, substitute, serious evidence and self-direction. The author describes facilitators as “qualified persons who encourage and support self-directed empowered adults” (Brookfield, 1986:93).

An important fact that must be recognised is that facilitation is a helping process which is particularly focused on the improvement and accomplishment of tasks or

goals (Weaver & Farrell, 1997:3). This may call on the facilitator to manage the training needs and phases of development of the registered nurse as a learner in various ways and at different stages (Heron, 1989:190). Burrows (1997:401) cites facilitation as a "goal-orientated dynamic process in which learning takes place through critical reflection". According to Haith-Cooper (2000:268), an effective facilitator is skilled in knowing when to get involved and when to not take over control of the learning situation in problem-based learning.

Van Manen (1990:72) believes intelligence and understanding can be improved by means of investigating lived experiences. It is not necessary to have facilitated sessions to improve the outcomes of the MLF programme Carr (1999:58) explains, but the facilitator plays an important role in the success of a self-study programme because she or he can facilitate the learning concepts, opinions and facets within the material delivered. In a study conducted by Carr (1999:58) the participants accredited the vital role the facilitator plays in explaining theory-practice correlation by elucidating the information contained in the workbooks. It was further revealed that the participants, all learners, were motivated by the activities which they had to complete in the workbook. Accordingly, the study guide of the MLF programme consists of practical activities to help the registered nurses as learners with theory/practice correlation.

Facilitation has different advantages as pointed out by Reece and Walker (2003:94), namely, building on the experiences of the registered nurse in the clinical environment, adult treatment of learners, and the increase in inspiration and critical thinking. In fact, as proposed by Rycroft-Malone, Harvey, Seers, Kitson, McCormack and Titchen (2004:915), the solution for success in practical growth and work-based learning is effective facilitation. Manley, Titchen and Hardy (2009:89) regard effective facilitation as a complex skill which necessitates the facilitator to prepare for work-based learning.

In facilitated education the registered nurses as learners are not merely inactive receivers of knowledge, but are actively involved in actions where they create their own individual information as they are thrust into unfamiliar learning situations (Massa, 2008:19). Moreover, Subramaniam, Scally and Gibson (2004:336) state

learners expand their way of thinking abilities professionally and they accept liability for their own education to become independent learners.

Furthermore, Marsick (1988:44) states workplace (experiential) learning and the development of the learner is not unconnected from the clinical environment; the fact is the learner assimilates more knowledge and learns best when her or his own growth and development is recognised as an integral part of clinical learning. The adult learners need to buy in and realise that professional development and their day-to-day activities are related and relevant. Although facilitators may be able to make the learning process meaningful and possible, the eventual action to learn will be rooted in the registered nurse as a learner in doing the work (Prokopenko, 1998:272). The adult learner needs to experience direct, concrete situations in which he or she can apply learning in the real clinical environment. Equally important is Musinski's (1999:29) view that education and learning will take place when the registered nurse as an adult learner is facilitated and accountable as a responsible participant in the learning process.

The important facilitating factors for learning, namely, learner responsibility, the independence of the learner, receiving of feedback after a task has been practiced by the learner, collaboration, supervision, overview, and control were identified in a study done by Lofmark and Wikblad (2001:45). An adult learner needs constant feedback which includes performance evaluation and methods to improve performance. The study further revealed that an adult learner should be allowed to give input, and that it was advisable to discuss the correct answer instead of only supplying the correct answer.

Harvey *et al.* (2002:580) acknowledge the importance of creating new knowledge through critical reflection and conversations between the registered nurse as a learner and the experienced shift leader (facilitator). These authors perceive facilitation as a method of motivating learners to achieve tasks and goals by giving practical help to the registered nurse as a learner in order to change her or his attitude and work practice. The effectiveness of facilitation in the clinical environment depends on the creation of a positive learning environment and the

availability of learning resources as pointed out by Musinski (1999:29), Olivier (1998:68) and Rolfe (1996:96).

According to Van Rooy (1997:4) it should be expected of the registered nurse as a learner to utilise discussions and problem-solving to be, or then to become, enthusiastically involved in training events. Van Rooy believes the learner is in charge of gaining information; therefore, facilitation gives power to the registered nurses as learners to take responsibility for their own learning and accomplishments. Howard and Steinberg (1999:15) add the clinical environment has highly competent shift leaders who can support and assist the registered nurse as a learner.

It is important for the registered nurse as a learner to submit the application of the theoretical information gained during the MLF programme to the existing clinical environment to create an understandable connection between theory and practice (Goldberg & Brancato, 1998:30). Therefore, it is required from the facilitator (expert) to facilitate and encourage the registered nurse as a learner in the clinical milieu as proposed by Winch, Henderson & Creedy (2005:24). Eaton, Henderson and Winch (2007:317) believe facilitation is necessary in the construction of a future workforce of competent shift leaders because it mainly forms and expands the skills and knowledge of the registered nurse as a learner.

In addition, Henderson, Winch and Heel (2006:104) posit it is clear that, to achieve the most wanted outcomes and productivity, the knowledge and skills gained in real-life surroundings require effective facilitation. These authors believe efficient learning develops during controlled direction and supervision, while Spouse (2001:512) adds competence and understanding is influenced by the intensity of support and guidance the registered nurse as a learner receives from the more experienced shift leader. In fact, all the professionals in the clinical environment can, and should, be involved in the facilitation of learning of the registered nurse as a learner (Kinnell & Hughes, 2010:55).

According to Kolb (1984:122), learners can only learn by being drawn into activities; experiential learning and reflection is necessary for commitment to lifelong learning.

Wakley (2002:11) expands on this view by adding learning facilitation is vital to sustain the interest, motivation and engagement of learners in active learning. The role of the facilitator is to assist the registered nurse as a learner to transform her or his new theoretical knowledge into the development of her or his clinical skills.

The significance of experiential learning and transformation of practice cultures is obvious in practice development (Titchen & Binnie, 1993:1062). In the model of Titchen the knowledgeable facilitator is seen as a critical companion. Clinical and facilitation proficiency in the view of these authors are developed all the way through experiential learning with the accent on the assistance of learning through the application and the construction of new information, critical reflection and conversations between the learner (registered nurse as a learner) and the knowledgeable facilitator.

Managers in the new information market are educators and facilitators who do not manage workers, but release them; therefore, a beneficial environment for personal development must be generated through the coaching, education and mentoring of managers (Crawford, 1991:126). According to Hughes (2002:57), it is the role of the manager to assist the registered nurse as a learner assigned to him or her to work through the process of reflection. Field and Ford (1995:86,88) explain that, within a team, the role of the manager shifts from that of authority to facilitation in order to help the team to learn from their mistakes.

For Harvey *et al.* (2002:580) the aim of facilitation is to maintain practice development through highlighting experiential learning and critical reflection. These authors see the role of the facilitator as one who uses new theoretical insights to transform and improve the clinical environment. For them the purpose of facilitation is to facilitate the registered nurse as a learner to reflect and transform his or her individual approach and performance in the nursing unit.

Effective facilitation results in positive learning outcomes; it therefore challenges and encourages the facilitator to use a range of facilitation styles (Van Maurik, 1994:31). In this way, the facilitator can develop the registered nurse as a learner more effectively through directing, aggravating, responding to questions, setting relevant

challenges, exhibiting clear judgment, providing information, and showing understanding where required. Since the aim of facilitation is to help the registered nurse as a learner to solve problems and not have it done for her or him (Perry, 1995:10), the expected outcome will be a skilled and knowledgeable shift leader. Although a positive learning environment is the responsibility of the facilitator, the learner still bears the responsibility of willingly engaging in the learning process (Macneil, 2001:249).

As Bentley (1994:11) argues, facilitation is concerned with giving power to the learners to manage their own attempts and accomplishments; therefore, the registered nurse as a learner in the clinical environment needs to increase and grow his or her essential reflection skills if he or she wants effective learning to take place in the this environment (Macneil, 2001:247). The author adds a positive learning environment is generated by learning opportunities and resources and not by controlling of the learning process. However, the support of management and the facilitator remains crucial in the development of the learner's reflective skills. Similarly, Prokopenko (1998:272) states although the learning process is initiated by the facilitator, the learner has to take action in learning as they are the ones doing their work in the clinical environment.

Research conducted by Ellinger and Cset (2007:448) revealed that the power of management dictated two approaches: firstly, managers who are role models of learning and development, and secondly, managers who promote, maintain and emphasise the value of developing registered nurses as shift leaders. The learning culture of the healthcare organisation is manipulated by the actions, state of mind, and importance of learning and facilitation strategies of management. Beattie (2006:100) and Skule (2004:10) also recognise the vital role of management in the development of clinical learning.

A study done by Vera and Crossan (2004:222) confirmed that, if managers and leaders are not directed and made knowledgeable as regards the positive influence of facilitation in learning, learning is hampered. Contributing factors restraining effective facilitation is the mindset of employees and the lack of time due to a work overload (Ellinger & Cset, 2007:449).

The author regards this as an essential restructuring of the conventional managerial privilege of giving orders; it is the construction of a beneficial environment for personal growth through coaching, teaching, reflection and mentoring. Persuading organisations to regard learning as the main concern and use supervisors to sustain workplace learning through facilitation of the learning of staff has been proposed by various authors such as, for example, Heron (1993:107), Knowles (1990:141-142), Senge (1990:356) and Watkins (1991:252).

Critical reflection is used to clarify the learning which takes place in the workplace during non-routine and routine day-to-day work activities, distribution and management of knowledge (Marsick & Watkins, 1997:7). Acknowledging the role played by the manager in the facilitation of learning in the workplace, these authors recommend that managers facilitate learning during the planning of challenges as learning opportunities and the development of an environment beneficial for learning. The effectiveness of facilitation by managers will depend on the supporting atmosphere of the health care organisation.

Facilitation supports and conducts reflection, empowering the registered nurse as a learner to become aware of and understand embedded and implied knowledge. This creates relationships between the different factors of nursing circumstances, thus improving decision-making. Facilitation encourages reflection and observation, evoking positive, critical thought concerning the elements and procedures of a clinical environment and the knowledge required to function positively in practice (Durgahee, 1998:158). Kanuka (2002:181) notes reflection is vital for higher cognitive learning and the full enjoyment of compound subjects and theories. With reflection the students in the case of the current study ‘students’ referred to the registered nurses as a learners expose how they think about what they have learned and it assists with the incorporation of any new material taught (Langley & Brown, 2010:13).

In their study, Pedler and Abbott (2008:189-193) determined that the most important factors influencing the success of the MLF programme are facilitation skills, knowledge, and the ability of the facilitator. In nursing, and particularly in the private

sector, a serious need exists for outstanding, experiential cost-effective learning and education to assist nursing students' learning in the clinical environment (Dunn & Burnett, 1995:1166). The fact is, facilitation is vital to improve teaching and to stimulate learning by the registered nurse as a learner in a clinical environment because the learners rely on the facilitator for support during their experiential learning (Chu-Heung & French, 1997:457). Attack, Comacu, Kenny, Labelle and Miller (2000:387) and Baillie (1993:1044) concur that existing knowledge, expertise, efficient management skills, and the enthusiasm to facilitate learning are characteristics of a facilitator who will improve the learning skills of the registered nurse as a learner in the MLF programme.

The registered nurse as a learner must be trained to integrate and combine his or her theoretical knowledge with clinical competence to render high quality cost-effective nursing care by maintaining excellent management and leadership throughout a 12-hour shift in the nursing unit (Benner, 1984:202). To train registered nurses to be excellent shift leaders in the private sector, it is essential for experiential learning to remain a significant component of nursing education (Dunn & Burnett, 1995:1166).

Experiential learning in the clinical environment forms an important element of the MLF programme because of theory practice correlation (Vallant & Neville, 2006:23). Cope, Cuthbertson and Stoddart (2000:852) as well as Dunn, Ehrich, Mylanos and Hansford (2000:394) assert that student nurses of all learning programmes or courses consider clinical learning and facilitation as a major part of their education. The registered nurse as a learner relies on the facilitator for the daily facilitation of learning in the nursing unit. In a study done by Dunn *et al.* (2000:394) results illustrated that the learning process of the registered nurse as a learner will be improved if the facilitator dynamically contributes to the learner-facilitator relationship.

Nursing management plays a key role and has to accept their role as facilitator of learning (Coulter, 1990:335). As Lister (1990:22) states, management has to use teaching methods which will enable the registered nurses as learners to be more responsible for their own learning. Quinn (2000:258) is of the opinion that the

registered nurse as a learner can be facilitated to independence through the construction of an environment which necessitates the learner to be actively involved. With the student-centred approach of facilitation the focus is on the learning needs and educational outcomes of the registered nurse as a learner.

Knowles (1990:180) points out that an encouraging learning environment is crucial for the development of the registered nurse as a learner. In a study conducted by Chan (2002:70) nursing students identified the impact of management styles, inter-personal skills, friendliness, staff support, and the stipulation of learning opportunities as vitally important in their training. In contrast, Fretwell (1980:70) found unsatisfactory relationships and a lack of assistance from the nursing personnel in the nursing unit major constraints in the learning process of registered nurses; in fact, it added to the negative experiences of the learner in the clinical environment.

In a study conducted by Dunn and Hansford (1997:1302) it was found that, since nursing management has an influence on all the aspects in the environment of the nursing unit, nursing management in the private health care environment plays a crucial role in the attitudes of their nursing personnel towards the facilitation of the registered nurse as a learner in the MLF programme.

As has been shown in the above literature investigation, it is evident that facilitation is not exclusively limited to the classroom, but is also significantly associated with the clinical environment. This student-centred learning approach in training and education plays an important role in the individual development of the registered nurse as a learner in the MLF programme because it functions as a helping process to make learning easier. The expert nurse facilitator develops, assists, directs and supports the registered nurse as learner in a supportive learning environment. The learner is in charge of gaining information and must be actively involved in the learning situation to understand the integration of theory with clinical competence.

By mastering the necessary skills in this way, the learner will deliver high quality cost-effective nursing care through excellent management skills during 12-hour shifts in a nursing unit. Furthermore, the literature revealed the positive impact

support by management can have since it not only affects the effectiveness of facilitation, but is also crucial for the development of the registered nurse as a shift leader. The latter is especially important since they are the role models for learning and development.

2.2.2 The support of mentors in learning

Over the years mentoring has developed into a popular strategy for providing learning support in practices spanning a series of disciplines (McKenna, 2003:7). The word 'mentor' is deeply rooted in Greek mythology. Since Odysseus, the king of Ithaca, trusted his friend, Mentor, with the education of his son (Janas, 1996:1), the word 'mentor' has evolved specifically in the history of education into other terms, for example, 'mentoring' and 'mentee'.

In the context of this study, the literal definition of the word 'mentor' given in the *Concise Oxford English Dictionary* (2006:893) as "an experienced person in an organization or institution who trains and counsels new employees or students" was quite applicable. However, it is important to note that, even though a variety of definitions for the term 'mentoring' exists, in the educational milieu the common rationale is that the word is comparable in its various usages and is often described as self-motivated and valid to the professional and personal growth of a less knowledgeable individual, namely the mentee (Roberts, 2000:162).

Mentoring, as a management and leadership improvement technique, can be formal or informal (McAlearney, 2005:494). In nursing it has a salient influence on personal and professional development and satisfaction (Gibson & Heartfield, 2005:53). Informal mentoring is acknowledged as contributing to professional growth while structured, formalised mentoring is recommended and emphasised as important (Palermo & McCall, 2008:805).

Informal mentoring, according to Salami (2010:105), develops by shared identification whereby the mentor chooses the mentee. Kram (1985:202) opines that informal mentoring is a voluntary, unstructured, mutual attraction focusing on the long-term career goals of the mentee.

Formal mentoring, on the other hand, is applied for the duration of the assignment of mentees to mentors by the employer (Ragins, Cotton & Miller, 2000:1179). Health care organisations normally employ formal mentoring since it augments the organisation's chance for a successful mentoring programme (Scandura, 1998:449). Therefore, in this study the focus was on formal mentoring. Mentoring is a facilitated occurrence where the mentoring relationship can be influenced by the culture of the organisation, work output, and self-esteem of the registered nurse as a learner (Grossman, 2009:74).

According to a study done by Salami (2010:119), formulating mentoring opportunities for the mentored registered nurse as a learner to obtain and demonstrate professional knowledge, skills and abilities will result in more job participation, job fulfilment, and loyalty to the organisation. It is expected of mentors in the clinical health care environment to take on a multiplicity of roles when working with their mentees.

The available literature on mentoring is saturated with definitions and illustrations pertaining to the role and functions of a mentor. According to Clark (1995:37), if mentoring is appropriately used it can be exceedingly profitable and advantageous to organisations in the corporate world. Although the author mentions numerous purposes of mentoring, in the context of this study the most applicable purpose of mentoring was to facilitate education through supporting the registered nurse as a learner who was involved in the MLF programme.

Mentoring in the health care industry is by no means less important than in any other industry (McAlearney, 2005:494). The swiftly ongoing changes within the very complex health care system demand strong leadership at all levels, including shift leaders (Smith, Cowan, Sensenig & Catlin, 2005:185). It is becoming more challenging and difficult for health care organisations to attract new shift leaders from the shrinking pool of skilled registered nurses (Lawrence, 2008:126). For this reason, it was foreseen in this study that the mentoring of the registered nurse as a learner in the MLF programme would restructure this challenge as the more

knowledgeable shift leader mentor would pass on experience and expertise to the registered nurse as a learner (mentee).

According to Lawrence (2008:126), companies recognised for excellent mentoring become employers of choice. These companies have more success in pinpointing and employing leadership talent. The word 'mentor' has become synonymous with leader, trusted therapist, teacher, and wise person. Education in the clinical environment may be improved with individual direction by knowledgeable nurse mentors who motivate the learners to develop insight and abilities (Burnard, 1987:190).

Mentoring is a multifaceted, extremely influential relationship between two individuals intent on accomplishing a number of goals; it can create opportunities for individuals to accomplish their potential (Roman, 2001:57). In contrast to other clinical methods, mentoring possesses an important personal element which creates a sensitively powerful adult relationship (Palmer in Humphris & Masterson, 2000:84). Morton-Cooper and Palmer (1993:102) explain mentorship as a humankind relationship model which improves the clinical practice by its comprehensive focus on the development of the entire person.

A knowledgeable person (mentor) guides and leads the learner (mentee) to increase his or her knowledge (Armitage & Barnard, 1991:226) in achieving success in a programme such as the MLF programme. One of the major roles of the mentor is the transfer of information and skills. In the current study this statement pertained specifically to helping with the development and enhancement of the skills and knowledge of the registered nurses. The mentor thus had the opportunity to help the registered nurse, as a learner, to convert theory into practice. The diverse and all-inclusive relationship in mentoring activates personal and professional development (Wagner, 2007:201). Moreover, according to Shenkman (2005:231), mentoring does not only supply successors but assists people in the progress from managing to leading.

The role of the registered nurse as a shift leader in today's health care facilities is complex and demanding. As any professional engaged in health care matures,

multifaceted professional skills must be mastered and new professional skills must be acquired. It is expected of an individual in this role to be a leader in the professional practice of nursing. A registered nurse as a shift leader is seen as an expert, but she or he also requires education and support while learning to master the role; accordingly, mentoring is used to help the inexperienced registered nurse in the new role (Hockenberry-Eaton & Kline, 1995:74-75).

Results of a research study conducted by Doerksen (2010:145) showed that a registered nurse, as a learner, needs informal and formal mentorship. The results also highlighted the fact that the registered nurse may need more than one mentor to complete professional growth in all the domains of practice. Formal mentorship, according to Cohen, Jacobs, Quintessenza, Chai, Lindberg, Dickey and Ugerleider (2007:164), is ultimately the solution to success in the mastering of new multifaceted expert skills.

Edmond (2001:256) states a mentor plays a vital role in clinical leadership in the clinical environment, while they are described as advisors and companions by Teatheredge (2010:1). According to research done by Spouse (1996:33), the power of the clinical mentor and the character of the relationship between the mentor and mentee are essential for the development of the knowledge of the registered nurse as a learner. Consequently, the personnel in the clinical environment are the most suitable mentors because they are hands-on and have brand new information (Spouse,1996:34).

Roberts (2003:143) perceives the mentor as undeniably the most important person in individual and specialised relationships. Expanding on this view, Bourne (2002:96-97) maintains an effective mentor is capable of showing the registered nurse as a learner innovative ways to overcome the most ordinary problems. Leskiw and Singh (2007:454) regard mentorship as one of many leadership styles and mentoring as one of the different, but extremely important, modes of learning in leadership development.

Effective mentorship starts with the culture of an institute and must have managerial ownership to be successful (Race & Skees, 2010:163). Organisational support and

active participation in mentoring on every level is therefore essential; effective mentorship results in added job satisfaction as well as a pleasant working environment. Indeed, effective mentorship is therefore not only vital for the success of the MLF programme, but it also has a constructive impact on health care institutions, increases job satisfaction, and encourages professional growth and development of the registered nurse as a shift leader. The World Health Organization (2005:6) recognises clinical mentorship as a method of realistic training that encourages professional growth which, in turn, will result in sustainable high quality clinical care outcomes.

Andersen (1988:40) describes mentoring as “an encouraging method in which an expert and knowledgeable person serves as a role model, a teacher, a sponsor, a counsellor and a friend” to a less skilled person for the purpose of promoting the inexperienced person’s growth and development. In other words, as Granger (2006:3) advises, mentoring of the registered nurse as a learner on the MLF programme should begin as soon as possible when the programme starts; it is also possible that this relationship may continue for a number of years.

For effective and successful mentoring Teatheredge (2010:1) emphasises the magnitude and value of an encouraging attitude as well as high motivation. It is essential for the mentor to endow the learner (registered nurse) with a secure and tolerant environment conducive to learning, therefore, the mentoring process can only be successful with the assistance of management (Grindel & Hagerstrom, 2009:185).

The direction and support of the mentor during the MLF programme assists the registered nurse to accomplish the learning outcomes and objectives of the program. Moreover, it ensures the improvement of the crucial leadership and management skills for the medical environment. According to Leskiw and Singh (2007:455), the support of a mentor is critical for the improvement of competencies in an extensive scope of clinical and interpersonal skills. In the view of Palermo and McCall (2008:801-802), mentorship is a shared, joint and encouraging learning relationship which makes it an effective model and one of the most influential contributors in competency development.

Even though mentoring has been identified as one of the essential steps in attaining success, health care managers do not acknowledge the value of support from mentors. Brown (2000:10) states that mentorship has the possibility of significantly improving the achievement of clinical skills at a time and pace that suits the registered nurse as a learner.The right construction and coordination is vital to implement and manage the MLF programme, while the support and contribution of the senior management in every hospital is needed for the success of the programme (Leskiw & Singh, 2007:451).

Sheltered time with the mentor is recommended by Teatheredge (2010:5) to ensure the development of an effective working relationship between the mentor and the mentee. In the opinion of Wallace and Gravells (2007:185-186) a good mentor adds extra value to the direction of learning skills and the assessment of competencies. By handing over the power to the registered nurse as a learner, the mentor facilitates the registered nurse to find his or her own answers and solutions to problems.

To Downie and Basford (2003:120) it is clear that, if the registered nurses as learners' knowledge are expanded, skills are learned and theory is incorporated in their clinical experiences, they will feel more secure in the search for new experiences, will demonstrate an eagerness to learn, and be more relaxed to ask for assistance. Bell (2000:54) posits the most important experience of mentoring entails the unintentional revealing of the endowment of learning, namely, information, advice and support.

Muncey (1998:406) connects mentoring to the reinforcement of self-confidence in the registered nurse as a learner stress is reduced and abilities are improved thus producing a registered nurse who extends and sustains quality standards in nursing; in this way nursing leaders for the future are created. White, Butterworth, Bishop, Carson, Jeacock and Clemets (1998:185) note mentorship is a technique used to increase clinical skills. They ascertain mentorship is especially important when clarity is necessary or when there is controversy concerning the next steps to be taken.

The demanding health care environment in the private sector expects a registered nurse to be an expert shift leader, but if he or she is not competent enough, it could lead to extreme stress. Mentoring, according to Smith, McAllister and Crawford (2001:101), can bridge the gap between theory and reality for the student registered nurse when managing a shift on the MLF programme. These authors emphasise that mentoring has the benefit of promoting maturity and progress of a registered nurse. This, in turn, will direct the profession and balance transformation and inventiveness in the fast-changing health care environment.

It is the view of Bellack and Morjikian (2005:533) that mentoring assists the nurse leaders in numerous ways, for example, by learning how to recognise one's own development needs and shortcomings, and realising the need for a mentor or mentors who can give direction and feedback on the specific problem in one's management progress. These authors ascertain that an efficient mentor relationship unlocks doors to new knowledge and professional opportunities; it introduces new and special perspectives on taking action concerning leadership demands and opportunities.

Mentoring is a formal or informal progress where staff receives information, recommendations and directions from an experienced professional (Schooley, 2010:2-4). Therefore, mentoring encompasses education, the distribution of perspectives, and the transferring of information and understanding to the mentee. Schooley stresses that mentoring saves money, retains workers, builds leadership and develops talent. The research results of a study done by Klauss (1981:495) clearly indicated that formal mentor relationships in management can be productive and valuable to the individual (mentee), the mentor as well as to the organisation. The health care organisation itself benefits from utilising monitoring, whether formal or informal. The value mainly originates from the monitoring attracting skilled registered nurses keen to learn. Accordingly, the organisation has a strong competitive advantage in the search for skilled registered nurses (Keller, 2008:80).

Analysing the perception of mentoring in nursing, Stewart and Krueger (1996:318) establish teaching and learning, equal roles, career development, skill differences

between participants, time and an agreeable experience as components of mentoring. Bozeman and Feeney (2007:731) regard mentoring as a procedure of transmission of information, collective resources and psychosocial maintenance professed by the recipient as applicable to work, career and specialised progress. It further entails regular face to face communication over a period of time between a person with extensive knowledge and experience (mentor) and a person wanting to learn (mentee).

Most learners appear to be benefiting from mentoring support (Ulrich, Krozek, Early, Africa & Carman, 2010:363). Similarly, Mumford (1998:49) views mentoring as a powerful way to help the mentee to achieve insight, a view which was reaffirmed in a research study done by Hale (2000:227) where the findings indicated the actual power of mentoring lies in the improvement of insight. The registered nurse as a mentee must thus be permitted by the effective mentor to turn knowledge into insight.

A study conducted by Salami (2010:103) showed the benefits for the mentee include improved capability, improved self-assurance and a sense of security, decreased stress, leadership progress, and insight in times of uncertainty. Similarly, the benefits of mentoring in the organisation are also addressed, namely, enhanced work quality, improved productivity, increased ability to recruit, decreased abrasion, increased assurance to the organisation, and development of partnerships and leaders. An empowered mentee retains the possibility of being a creative thinker, of being open to changes and capable of dealing efficiently with conflict (Grossman, 2007:9). Grossman points out that mentoring is not a product or a service, therefore it must be individualised according to the specific needs of each registered nurse.

For Shea (1999:3) mentoring is a considerate, giving and serving relationship in which a person (mentor) invests time, expertise and hard work to increase another person's (mentee's) development, understanding and skills. To be an effective mentor, it is necessary to focus on the whole person during mentoring (Teatheredge 2010:2).

The supportive environment in which the learner develops has an effect on the effectiveness of mentoring according to Daloz in Teatheredge (2010). For Bower, Diehr, Morzinzki & Simpson (1998:597) there should be equilibrium between support and challenge. If a mentor is excessively supportive without challenging the registered nurse as a mentee, the mentee does not develop efficiently, whereas if a mentor is excessively demanding without being supportive, the mentee degenerates instead of advancing in her or his specialised development.

An effective mentor has the ability to evenly distribute support with challenge by means of supplying opportunities and situations with optimistic potential. According to Washington, Erickson and Ditomassi (2004:168), five competencies are necessary to effectively mentor a student registered nurse. These are openness, cooperation, self-assurance, involvement, and supportiveness. In the authors' opinion, effective mentoring develops the mentee into a person who functions with a positive attitude, copes with complex situations, and who, by his or her own effort, knows how the organisation functions.

The data analysis of the research study done by Teatheredge (2010:4) indicated that effective mentoring is reliant on a protected and dynamic relationship. It further proved that effective mentoring allows the learner to practice theoretical knowledge and skills in the clinical environment. Wilson and Elman (1990:93) opine that organisations should recognise effective mentoring as a potential strategy for the future and move towards it.

Research confirms that people who have worked effectively with a mentor encompass promotions, improve income, increase career fulfillment and amplify mobility whereas those without a mentor do not develop as swiftly (Schwiebert, 2000:80). It is universally agreed that individuals with a good mentoring relationships have a tendency to be well balanced as concerns personal and work issues and usually flourish in their professional careers (Lang & Evans, 2004:3-10). The authors argue that in an organisation with a mentoring culture, registered nurses will be able to work in a well organised manner as a result of the way in which they are used to maximise their abilities.

In nursing a mentoring culture could prove to be an excellent assurance for the profession and the health care business. Moreover, increasing their mentoring skills will enable registered nurses to be more successful as leaders in all health care delivery situations and more in control of positive patient outcomes (Lang & Evans, 2004:11-17). Hale (2000:231) states mentoring can revive management skills through increasing an alertness to previous learning.

Mentoring is necessary to support the registered nurse as a learner during his or her self-study programme as well as to prevent his or her termination of the MLF programme. Grossman (2007:67-73) confirms that mentoring supports the registered nurse in leadership development; as a matter of fact, it is quite justified and important to consider incorporating mentoring into the nursing curriculum. An effective way to combat the current shortage of registered nurses could be that it should be required of them to work within a mentoring culture with more than one mentor. Mentoring is a positive step towards empowering these nurses to achieve their aspirations successfully.

Grossman (2007:127) believes with a mentor the mentee will be capable to achieve goals more speedily than without a mentor, thus staff requirements will be sufficiently met. Grossman further states that, since a great need exists for registered nurses to gain additional as well as new skills and knowledge, establishing a mentoring culture in nursing is essential and will be judicious for both the profession and the registered nurse.

A prosperous mentoring culture, which is determined by management and director support (Bally, 2007:149), will support the nursing profession to develop more rapidly (Grossman, 2007:142). Therefore, health care institutions with a variety of mentoring practices will expand. Also, in a working environment where the registered nurse is valued and acknowledged for his or her good work, a mentoring culture will encourage them to thrive and grow (Grossman, 2007:146). Bally (2007:149) considers the fundamentals of mentoring in the framework of a managerial culture and leadership as continuous dedication and results, directing the way to staff enhancement, staff retaining, fulfillment and, in due course, patient outcomes.

Vance (2000:24) was one of the first nursing researchers to investigate mentoring in nursing. From the results it was clear that mentoring was fundamentally acknowledged as a valuable approach for the personal and professional development of the registered nurses in the health care working environment. In the fast changing health care environment of today mentorship support for registered nurses is vital if the purpose of the health care organisation is to keep experienced nursing staff (Bally, 2007:144).

Hurst and Koplin-Baucum (2003:176) (add to ref list) concur with Verdejo (2002:15-16) that mentoring support is an essential strategy in the development and guidance of the registered nurse as a learner. Current nursing literature encourages a more forceful, active and a less inactive move towards the growing of mentoring relationships. Huston (2006:53) emphasises the liability of nursing managers to develop the registered nurse within an area of expertise and to create a working environment in which mentoring will be supported.

Participating in the development of the mentee's self-belief, forcefulness and specialised skills provides the mentor with a deep sense of accomplishment (Pataliah, 2002:125). Mentoring cannot be successful if the institute maintains the old traditions of learning (Zomorrodian, 2000:123). Galbraith (1995:5) describes mentoring as a realistic move to assist the registered nurse as mentee in the effective management of the fast fluctuations and complex structures that characterise the health care environment.

Mentoring is also an essential method of supporting the registered nurse as a learner in the present day learner-centred environment. Nolan (1998:625) writes that the learner is continuously being confronted with the compound and challenging nature of the clinical situation which often taxes the learner's confidence and, from time to time, threatens the safety of the patients.

When the registered nurse as a learner receives the necessary and essential support from the mentor, she or he will be able to convert theoretical knowledge and incorporate it into practice in the clinical learning environment (Ohaja, 2010:14.1-

14.4). The necessity of supporting the learner in clinical practice has been emphasised by several authors in nursing (Aston & Molassiotis, 2003:207; Chamberlain, 1997:90; Hutchings, Williamson & Humphreys, 2005:952).

The mentor in a supporting capacity supplies the learner with specialised and ethical support for the duration of the MLF programme, assisting the registered nurse in developing on a personal and professional level (Ali & Panther, 2008:36). Godfrey, Nelson and Purdy (2004:551) point out the tremendous economic benefits of applying mentorship within the health care environment because it promotes growth in skills. These authors maintain that effective mentoring results in a decreasing need for headhunting specialised registered nurse replacements as well as shift leaders striving for excellent nursing. This, in turn, obviously impacts on cost-effectiveness.

According to Gibson and Heartfield (2005:50), mentoring is a practical method to supply effective and methodical support to the registered nurse as a learner on the MLF programme. In addition, mentoring facilitates the professional growth of the registered nurse as a learner. Gordon (2000:30) describes mentoring as a ‘sculpture’ and a ‘souvenir’ since it is a precious career improvement instrument, such as the MLF programme for shift leaders, which can be used in the construction of nursing management skills.

In the Manual for Palliative Care Professionals, Organizations and Associations, Mwangi, Powell and Downing (2007:6) describe mentoring as a continuing and empowering educational procedure that specially involves direction, support, management, command, encouragement and teaching. The value of mentoring to the organisation (Clark, 1995:39) is lifting the morale of mentors and mentees, the promotion of improved administrator productivity and effectiveness, the reduction of staff turnover, the offering of opportunities for collective leadership, the development of the overall quality of leadership, and the construction of a better working environment which enhances teaching, learning and research for the student registered nurse.

Greiger-DuMond and Boyle (1995:51) believe mentoring improves the shrinking pool of skills in the health care environment for shift leaders and helps to form potential leaders. These authors regard mentoring as a valuable medium by which knowledge can be distributed throughout the organisation by the people who have the majority of knowledge. A mentor has the opportunity to develop and influence the next generation of shift leaders.

From the literature research it is apparent that mentoring is a practical method to supply effective and methodical support to the registered nurse as a learner on the MLF programme. Mentoring within nursing, either formal or informal, has an unspoken influence on the professional and personal growth of an in experienced registered nurse as a learner and can be seen as a significantly positive strategy in the development and guidance of the inexperienced registered nurse.

Literature also seems to support the notion that effective mentorship is influenced by the culture of the organisation and must be supported by management. Also, mentorship support seems crucial to improve the competencies and skills of the registered nurse as a learner; therefore, sheltered time is vital to develop an effective relationship. Mentoring is also an essential method of supporting the registered nurse as a learner in the learner-centred environment to overcome the gap between theory and the reality of managing a shift. This results in shift leaders striving for excellence in nursing care which, in turn, creates cost-effectiveness for the health care organisation.

2.2.3 The impact of facilitation and mentorship on the clinical learning environment in private nursing education

Rogers (1983:201) believes facilitation is the procedure used by the facilitator to encourage the learner in discovering learning opportunities which is important in learner education. The clinical environment in nursing as a profession is primarily based on practice and, therefore, forms an essential component of the profession (Chan, 2002:70; Dunn & Hansford, 1997:1299). Experiential learning is the heart of the nursing profession and forms an integral part of nursing education because it offers opportunities to develop the shift leader skills of the registered nurse as a

learner. The facilitator and mentor serves as support structures to help the learner link theory to practice (Chu-Heung & French, 1997:456).

Boud and Middleton (2003:195) mention that the registered nurse as an adult learner spends most of his or her time in the clinical environment. They add that this domain provides a rich source for learning opportunities because a large part of nursing education is clinically related. For this reason, the clinical environment constitutes an important component of the MLF programme. The rationale for facilitating learning in the clinical environment is to help the registered nurse as a learner in the MLF programme to relate theory to practice; in other words, to bridge the space between theory and practice in an environment offering rich opportunities for this purpose (Dogherty *et al.,* 2010:77).

Utilising nursing staff from the clinical environment to facilitate and mentor the learner is a general practice (Atkins & Williams, 1995:1006). The integration of theory and practice involves the learning of leadership skills while working as a shift leader in the nursing unit (McCaugherty, 1992:36). The main role of the facilitator and mentor, according to Kitson *et al.* (1998:152), is to help the registered nurses as learners to recognise that they have to change, and also how they have to change in the way to transform facts or evidence into practice. Facilitation helps the registered nurse as a learner to develop personally and professionally; facilitation produces individuals who will add value to the clinical environment through effective leadership and management of a 12-hour shift (Mellish, Brink & Paton, 2004:75).

The provision of an encouraging clinical environment is essential to improve facilitation of the practical education of the registered nurse as a learner shift leader (Lambert & Glacken, 2005:670). Since 1964 Bloom has acknowledged the clinical environment as a learning environment with situations, powers (social, physical and intellectual) and outside stimuli which impose on the registered nurse as a learner (Bloom, 1964:302). Therefore, solicitous and knowledgeable improvement of the clinical learning environment with knowledgeable facilitators will improve the chances of the registered nurse as a learner to accomplish optimal learning outcomes (Dunn & Burnett, 1995:1172).

Educational programmes, according to Manikutty (2005:62), are not adequate to develop upcoming managers and leaders, but the clinical environment is perceived to be the actual place where progress and growth takes place. Therefore, the author ascertains that efficient direction in the progress and growth of the registered nurse as a student learner in the MLF programme remains the responsibility of management. The method of facilitation makes things possible and uncomplicated for the registered nurse as a learner to accomplish his or her goal (Mellish, Brink & Paton, 2004:75).

With the current limited resources of registered nurses and the changing health care environment it is only the health care organisations with a learning culture that will continue to exist. It is general knowledge that a competitive advantage is not fixed and therefore innovation is also a requirement for effective continuous learning and the application thereof.

Most of the time, management is aware of their responsibility and role as a trainer (Manikutty, 2005:63), but limited time is a factor which plays a huge role in the development and training of the registered nurse as a learner in the MLF programme. As the highlight in education shifts from teacher-centred to learner-centred, the application of facilitation may give confidence to the registered nurse as a learner to reflect on personal experience as a technique of learning (Murrell, 1998:303).

Ronsten, Andersson and Gustafsson (2005:312) state mentorship is connected to the achievements of the registered nurse in nursing practice and relates to professionalism, nursing quality enhancement, and self-assurance. The study results of these authors indicated that mentorship will facilitate the student registered nurse in the MLF programme to manage and lead a shift in a more insightful and comprehensive way. Ferguson (1996:74) and Watson (1999:256) profess the same opinion in that the experience of a mentor is the most important source of student knowledge, learning and education.

In nursing, the education and support of the registered nurse as a learner is part of the role of the mentor in order to assist the former in the development of their self-

assurance and capabilities (Teatheredge, 2010:1). The value of having a facilitator and mentor cannot be overemphasised because mentoring is powerful, concentrated, constructive, diplomatic, and a special bond between a knowledgeable and specialised person (mentor) and a less knowledgeable person (mentee) (Huston, 2006:70).

Since the mentor spends the majority of time with the learner in the clinical environment, it obviously makes the mentor the appropriate person to evaluate and assess the competencies of the learner (Race & Skees, 2010:169). However, the authors also note that the restricted time available to registered nurse mentors due to their twofold responsibilities, namely that of taking care of patients as well as being involved with learner teaching, should be taken into consideration by health care institutions.

In a report by Flagler, Loper-Powers and Spitzer (1988:354) it was pointed out that a supportive environment is vital for the registered nurse as a learner to increase self-assurance, enhance learning and avoid the feeling of depersonalisation and burn-out. Moreover, it was established in the aforementioned report that personnel who support each other were, in fact, exceptionally talented in the support of students.

The most important facet of the role of the mentor as facilitator is to guarantee that the registered nurse as a learner is supplied with suitable learning opportunities as soon as they are needed (Chamberlain, 1997:85). Chamberlain recognises the importance of mentoring in assisting the registered nurse as a learner to become an effective and competent shift leader, because inadequate clinical education and role modelling may lead to a corrosion of the role of a shift leader.

Having a mentor and facilitator in the clinical environment ensures that learning is planned and significant (Gray & Smith, 2000:1543). The occurrence of a mentor in the clinical environment has a vital influence on the registered nurse as a learner's perception of experiential learning. Andrews and Roberts' (2003:474) stance is that the mentor and the facilitator is not only there to support the learner in the clinical environment, but also to involve the learner in experiential learning activities. According to these authors, the clinical situation is rich in learning experiences; thus

learning is made more meaningful if the registered nurse as a learner participates actively.

The quality of the future registered nurse as a shift leader will be directed by the quality of mentors and facilitators who accompanied the learner during the MLF programme (Hand, 2006:55). Hand draws attention to the importance of the registered nurse as a learner to manage his or her own learning and learning activities in the clinical environment and that the mentor as facilitator assists the learner in doing so. Nursing takes place in a diverse and extremely active framework (Mannix, Faga, Beale & Jackson, 2006:4) and therefore devotion to and progress of a supportive strategy for excellence in experiential learning for the registered nurse.

Due to the huge clinical component of the MLF programmes learning and leadership programmes, the registered nurse needs the support of a mentor and facilitator with his or her day-to-day learning activities in the nursing unit as confirmed in a study conducted by Lofmark and Wikblad (2001:47). Green and Holloway (1997:1014) confirm that the use of experiential teaching and learning approaches in nursing programmes and courses has increased and that experiential learning has developed into a key method in nursing education.

The sharing of experience in facilitation and mentoring (Lawrence, 2008:130) is an exceptional form of development. Even though mentors as facilitators may not receive the essential support from management, it was clearly noticed in a study conducted by O'Driscoll, Allan and Smith (2010:217) that mentors lead daily learning. Furthermore, mentoring appears to be a very important strategy to develop leadership within health care organisations as it maintains corporate capital, develops future shift leaders, and enlarges the team who contribute to the mission and vision of the health care organisation.

In nursing, experiential learning forms an integral part of nursing education because it provides a rich source of learning opportunities to develop the skills of the shift leader. A support structure of facilitation and mentoring potentially assists the registered nurse as learner to link theory to practice. Therefore, the clinical environment as a learning environment forms an important part of the MLF

programme. Also, facilitation and mentoring effectively promotes the production of knowledgeable, skilled shift leaders who can add value to the clinical environment through effective leadership and management.

2.3 CONCLUSION

This chapter identified facilitation as a dynamic process in nursing education. Literature clearly points to the fact that facilitation is not limited to the classroom; it is also notably associated with the clinical learning environment. Therefore, the facilitator uses his or her experience to support and guide instead of teach and instruct the learner. Literature highlights the fact that support from facilitators make learning easier, enhances learning and makes the learning experience more pleasant for the learner.

Another point that stands out from the theoretical exploration is that student-centred approaches to facilitation, which focus on learning needs and clearly state educational outcomes, are superior to 'traditional' teacher-centred approaches in terms of learning gained. Effective facilitation seems to be able to provide practical advice to learners on how to deal with problems in clinical learning environments. Expert nursing facilitators develop and improve the skills of registered nurses as learners by way of creating powerful environments wherein knowledge and experience can be acquired.

It also appears to be essential for learners to integrate new theoretical information into clinical environments as soon as possible to create meaningful connections between theory and practice. Literature points to facilitation as being crucial for the successful transfer of knowledge between classrooms and clinical settings in order to enhance the development of competent, skilled and knowledgeable nurses who can work in ever-changing, complex health care environments.

An exploration of the literature also highlighted the importance of the mentor role in order to assist inexperienced registered nurses to accomplish the outcomes and objectives of a learning programme. Mentor support, as well as its early introduction, seems vital to support inexperienced registered nurses as learners towards

enhancing their growth and development. In addition, mentoring appears to be one of the most influential contributors in competency development. Some literature refers to mentoring as a technique to increase clinical skills as mentoring can support learners to find their own answers and solutions to challenges posed by clinical environments. Mentoring also seems to reduce stress for learners, improve productivity and enhance quality standards.

In the earlier part of this chapter it is pointed out by a number of authors that the power of mentoring is situated in enhancing insight into problems and the transfer of knowledge and skills. Mentees must therefore be allowed to turn tacit knowledge into insight by practicing the theoretical knowledge and skills in clinical environments. Mentoring seems to represent continuity and empowers learners' educational processes of providing direction and encouragement.

Finally, the literature explored emphasises that facilitation and mentoring serve as support structures helping adult learners to link theory to practice in day to day learning activities, particularly in nursing units. Having effective mentors and facilitators available in clinical environments appears to promote learning by involving adult learners in experiential learning activities. The prime identified contributing factors to effective facilitation and mentor support include a positive learning environment and the support of management in the clinical environment.

The empirical part of the study will be discussed in the following chapters starting with the research methodology and design utilised for investigating the contribution of facilitation and mentoring in the MLF programme.

CHAPTER 3
RESEARCH METHODOLOGY

3.1 INTRODUCTION

This study was conducted to explore whether facilitated learning sessions and the provision of mentor support contributed to improve the learning outcomes of a Management and Leadership Fundamentals (MLF) programme at a private hospital group in South Africa. In the previous chapter a review of literature on the potential value of learning facilitation and the support of mentors was presented. The purpose of this chapter is to explain in some detail the methods, techniques and procedures used to generate and interpret the resultant data.

3.2 RESEARCH DESIGN

The aim of the study was to gain insight into the facilitation and mentorship of the MLF programme by exploring the perceptions and experiences of the registered nurses, as learners in the MLF programme, who had completed the programme successfully. The prime research question was:

"What is the potential value added by facilitation and mentoring to the outcomes of a Management and Leadership Fundamentals (MLF) programme?"

The unit of analysis in this study were the registered nurses as learners in the MLF programme. Bless and Higson-Smith (in De Vos *et al.*, 2005:104) observes that the unit of analysis is individuals or objects from which the researcher gathers information. A research design directs the planning of uncovering the answers to the research questions (Burns & Grove, 2007:553) as well as directing the implementation of the study with the aim to accomplish the proposed objectives.
Burns and Grove believe that the research design helps to control factors which could manipulate the legitimacy of the research results. McMillian and Schumacher (1993:31-32) describe a research design or strategy as the procedures used to perform the study in order to find proof to provide the most valid and accurate

answers possible to the research questions. In other words, the research design is regarded as the decisions made by the researcher when planning the study.

Initially, an exploratory quantitative survey design was used to evaluate the facilitation and mentorship of the MLF programme. Questionnaires were sent to 78 registered nurses as learners in the MLF programme in six areas nationally of one private hospital group (see Addendum A). However, because the response rate was insufficient (36% [n=28]) and some questionnaires (22% [n=17]) were not completed correctly, the validity and reliability of the completed questionnaires were considered to be at risk. Based on the negative response rate and poor results, the research design was accordingly changed to an exploratory survey design to generate qualitative data.

It was decided to employ semi-structured interviews with open-ended questions (see Addendum B) to explore the perceptions and experiences of the registered nurses as learners (Creswell, 1994:1; Polit & Beck, 2008:495) who had completed the MLF programme. Consequently, a qualitative, exploratory, descriptive design using an interpretative knowledge lens was utilised to generate data in this study (Burns & Grove, 2005:340; Mouton, 2008:161-162).

As the purpose of an exploratory study is to obtain more insight and establish facts, this design was deemed appropriate since the views of the registered nurses as learners in the MLF programme regarding their experiences during the programme was seen as the most valid source of data (Leedy & Ormrod, 2005:95; Polit & Hungler, 1995:11). Typical of a explorative design, the observed and verbalised opinions (Brynard & Hanekom, 2006:37; Polit & Beck, 2008:495) of the registered nurses, as learners, regarding learning facilitation and mentor support were recorded, documented and subsequently analysed as accurately as possible (Marshall & Rossman, 1995:41).

In addition to the design being qualitative, explorative and descriptive there were also elements of interpretation as each interview was approached with openness, sincerity and understanding (Creswell, 2007:39; Polit & Beck, 2008:496). This study strongly relied on in-depth individual interviews with the assumption that participants

(practicing nurses as learners) would be able to express experiences of their own learning within the MLF programme context (Polit & Beck, 2008:229).

Since the study was conducted with participants who were registered nurses as learners in the MLF programme working in the nursing units of the hospitals during the MLF programme, it was contextual in nature (Botes, 1991:16). In other words, the study was aimed at exploring experiences of learning in the natural learning context of the participants (Leedy & Ormrod, 2005:95), but with hindsight (*post hoc* observations) of their learning gain and experiences (Babbie & Mouton, 2003:272).

3.3 RESEARCH METHOD

A method in general refers to "a particular procedure for accomplishing or approaching something" or "orderliness of thought and behaviour" *(Concise Oxford English Dictionary,* 2006:898). Polit and Beck (2008:758) define methods with regard to research as "the steps, procedures and strategies for gathering and analyzing data in a study". They add research methods are "the techniques used to structure a study and to gather and analyze information in a systematic fashion" (Polit & Beck, 2008:765).

Qualitative data, using a deductive logic (Maree, 2007:70; Polit & Beck, 2008:489) were mainly used in this study to address the research questions and describe the phenomenon, namely nurses' experiences of facilitated sessions and mentor support (McMillian & Schumacher, 1993:40) in a real life situation (Brynard & Hanekom, 2006:37; Maree, 2007:79). The rationale was to illustrate and recognise facilitated sessions and mentor support from the participants' point of view (Leedy & Ormrod, 2005:94; Merriam, 2009:14).

Brink *et al.* (2007:113) explain that qualitative data might be a more suitable and efficient option to investigate the experiences of human beings. The focal point of this study was therefore to investigate, explore and analyse the experiences of the registered nurses as learners in the MLF programme as regards facilitation and mentoring (Morse, 1991:15).

3.3.1 SAMPLING

3.3.1.1 Participants

The participant population, according to Brynard and Hanekom (2006:55), refers to the subjects, phenomena and activities on which the research study focuses to obtain results. They explain that the population represents a group with particular similar characteristics. The accessible population in this study was registered nurses (N=14) as learners who had completed the MLF programme successfully. This met with the sample criteria as set by the researcher (Burns & Grove, 2007:549). The registered nurses as learners in the MLF programme were all female (no male registered nurses had registered for the programme) and in the age group between 23 and 55 years.

3.3.1.2 Sampling

Burns and Grove (2007:554) describe a sample as the part of the total population selected by the researcher to participate in the research study. According to Morse (1994:265), verifying sampling requires the selection of participants who are conversant with the subject under investigation since they are completely aware of all the factors concerned with the situation.

A small, suitable sample (Maree, 2007:79) of 14 registered nurses, as learners in the MLF programme, from four private hospitals of one private hospital group in one region who had completed the MLF programme successfully was selected as the best information rich resource for gaining important information about facilitation and mentoring during the MLF programme (Leedy & Ormrod, 2005:145; Merriam, 2009:77).

The criteria for the sample of the 14 registered nurses to be included in the study were:

- they had to have started the MLF programme on the same date
- they had to have completed the MLF programme on the same date

- they all had to have completed the MLF programme successfully
- all the respondents had to be from the same region
- the respondents had to be from different disciplines in the clinical environment. The disciplines represented were medical, surgical, intensive care and maternity.

The rationale for selecting the sample included considering costs and availability. Since all 14 registered nurses as learners in the MLF programme worked in the same region which was close to the researcher, travelling costs were minimal and time management was easier. Due to staff shortages, these registered nurses had to work overtime. Being close to them allowed for planning the times of the interviews when it was suitable for them. The selected sample also represented many of the same characteristics as the registered nurses, as learners in the MLF programme, in other regions (Brynard & Hanekom, 2006:54).

Since they had already completed the MLF programme, it was foreseen that their contributions to the information needed for the study would be most useful and valuable (Polit & Beck, 2008:515,521,523). There are no hard and fast rules in qualitative research for determining a sample size; the sample size is normally decided upon in accordance with the need for information (Brynard & Hanekom, 2006:56; Patton, 2002:244; Polit & Beck, 2008:521). The 14 selected participants were therefore registered nurses in selected private hospitals of the specific hospital group in the specific region who could be identified with the sampling criteria.

3.3.2 DATA COLLECTION

Permission to conduct the research in the clinical environment was obtained from the particular hospital group operations (see Addendum E). The identification of subjects and the methodical gathering of information relevant to the research study are viewed as data collection (Burns & Grove, 2007:536; Leedy & Ormrod, 2005:143). Creswell (1994:110) concurs by pointing out that data collection is a series of interrelated activities for the purpose of obtaining rich information to answer the research question.

Structured interviews normally provide functional information (Leedy & Ormrod, 2005:146). Therefore, the aim in this study was to elicit information through verbal responses from the 14 participants to evaluate the contribution of learning facilitation and support of mentors during the MLF programme. As Saunders *et al.* (2000:242) advise, applicable, valid and trustworthy information regarding the objectives of a qualitative study can be amassed through the utilisation of structured interviews.

For this study an interview guide (Merriam 2009:102; Polit & Beck, 2008:537) with semi-structured questions (De Vos *et al.,* 2005:292) consisting of between five and seven questions (Leedy & Ormrod, 2005:147) was developed (see Addendum B). The seven questions were based on theoretical perspectives governed by an overview of relevant literature as reported in Chapter 2 of this study (De Vos *et al.*, 2005:297).

The questionnaire or discussion guide consisted of four sections. Section one focused on facilitation, section two on mentoring, section three on management, and the focal point of the fourth section was on the nature of the MLF programme. Interviews on a one-to-one basis (Creswell, 2007:37; Saunders *et al.,* 2000:244) were conducted with 14 registered nurse participants at times convenient to them after they had completed the MLF programme in 2011 (Brink *et al.,* 2007:153). They had all completed the MLF programme successfully and were all employed in different private hospitals in a specific region. Face to face interviews allow the interviewer to clarify any misunderstood questions, control the order of the questions and the production of additional data through observation (Leedy & Ormrod, 2005:185; Polit & Hungler, 1995:350).

To elicit higher quality data the individual interviews were conducted in a relaxed manner (Beck, 1994:255) and in a positive environment where the participants felt comfortable. A private room with comfortable chairs ensured that the participants would feel at ease. The interview room as well as a quality audio recorder in working condition was set up beforehand not to cause a disturbance or make the participants nervous and stressed (Burns & Grove, 2005:540-541). Creswell (1994:112) also advises an effective interview environment free of distractions, because thoughts

are lost and it is time consuming to recapture the level of intimacy preceding the distraction.

Since a skilled interviewer would know "how or when to intervene, when to encourage the participant to continue to elaborate, or divert to another subject" (Burns & Grove 2005:540), the interviews in this study were conducted with the assistance of a highly skilled external research consultant who was trusted by all 14 registered nurse participants (Saunders *et al.,* 2000:256). The researcher initiated, supervised and evaluated the interviewing process.

Specific questions (De Vos *et al.*, 2005:296) on the experience of each registered nurse (see Addendum B) were asked. Before each interview the interviewer informed every participant about the purpose of the study and explained the nature of the interview. They were informed that the interview would be audio-recorded (Maree, 2007:89) and transcribed verbatim.

The participants were assured that any information they shared would be kept confidential and that their anonymity would be protected as their names would not appear anywhere or would not be used at any time during the interviewing process. Every participant was then requested to sign a consent form (see Addendum C). The participants' responses to the questions in each section were further explored by asking meaningful questions to probe for more or detailed information. This created an opportunity for obtaining and clarifying additional information. Each interview took approximately 20 to 30 minutes to complete. The data collection took place over a period of three weeks from 20 June 2011 to 11 July 2011.

3.3.3 DATA ANALYSIS

Data analysis is seen as the heartbeat of any research (Henning *et al.,* 2004:103). The researcher read carefully through the transcripts to get a better understanding of the whole. Thereafter, the meaning of the data collected was determined by clustering themes and topics. The most descriptive themes and topics were applied to the data. During this data analysis process the collected data were arranged and analysed in a meaningful manner (De Vos *et al.*, 2005:33).

In the current study, the saturation point during the data collection process was reached with the 14th interview (Maree, 2007:79; Polit & Beck, 2008:521; Streubert, Speziale & Carpenter, 2003:174). Polit and Beck (2008:62) define data saturation as "the point at which no new information is obtained and redundancy is achieved".

In order to decrease bias and increase the trustworthiness of the qualitative data obtained, the researcher utilised the help of other professionals to analyse the data to enhance objectivity (Miles & Huberman, 1984:210). Every interview was transcribed verbatim (Maree, 2007:89) with the assistance of the external research consultant. Data analysis took place simultaneously with the data collection; hence data were gathered, managed and interpreted immediately. In the view of Merriam (2009:110), the word for word transcription of recorded interviews enhances meaningful database analysis.

The aim of the data analysis in this study was to ascribe meaning to the registered nurses' experiences, words en worlds as regards learning facilitation and mentor support during their experiences while working in the MLF programme (Merriam, 2009:85). The data collected were analysed by doing verbatim transcriptions, using thematic coding and an Excel spreadsheet.

During the data analysis process, important expressions directly related to the experiences of the registered nurses as learners in the clinical environment were identified (Creswell, 2007:270) and meanings were created. Due to the small sample size of 14 registered nurses and the fact that the project was of a qualitative nature, graphs were only used to provide additional information in real value terms. The qualitative data were organised into categories or themes that cut across all of the data sources (Creswell, 2007:38).

3.4 VALIDATING THE STUDY

The phrases 'validity' and 'reliability' are turned down in qualitative research in favour of trustworthiness (Corbin & Strauss, 1990:10). Therefore, steps must be taken to reveal the trustworthiness of data (Polit & Beck, 2012:62). Trustworthiness

refers to the coherence between interpretation and the reality of the participants (Yeh & Inman, 2007:380). The paradigm of trustworthiness can be assessed by the use of four criteria, namely credibility, transferability, conformability and dependability (Lincoln & Guba, 1985:294-301). These criteria are an equivalent to the standards of reliability and validity in qualitative research (Polit & Beck, 2012:583).

The credibility of the current study was promoted by means of member checking (Lincoln & Guba, 1985:296; Polit & Hungler, 1995:429). Each participant was informed of the nature of the interview and all expressed their willingness to participate by signing a consent form. The transcript data were presented to the research participants in this study the registered nurses to confirm that the transcribed data of their verbatim accounts of their experiences were true and accurate (Brink *et al.,* 2007:118). Trustworthiness, and in particular the credibility of data in this study, was enhanced via the use and guidance of an independent qualified external research consultant to assist the researcher (see Addendum F).

Dependability was enhanced with the careful selection of the research design and the implementation thereof as well as the detail of data collection and the implementation of rating scales in the questionnaire (Bless & Higson-Smith, 2000:134; Shenton, 2004:71-71). This was accounted for as the respondents were asked to rate the effectiveness of facilitation on a Likert scale of 1 (one) to 5 (five) where 1 represented ‘Not effective at all’ and 5 represented ‘Extremely effective’.

Although quantitative questions with quantitative rating scales are seen as a quantitative method, it was not used as a mixed method. The researcher asked these quantitative questions additionally to get a better understanding of the participants’ perception of the effectiveness of facilitation.

Conformability was established by means of recording the interviews and transcribing them verbatim to ensure an accurate reflection of the participants’ views (Lincoln & Guba, 1985:296-297; Polit & Beck, 2012:585; Polit & Hungler, 1995:430). Transferability does not refer to the generalisability of results, but sufficient descriptive data were generated to evaluate the possible applicability of the findings

to other cohorts in the programme in question (Lincoln & Guba, 1985:297; Polit & Beck, 2012:585; Polit & Hungler, 1995:430).

Additionally, the trustworthiness of the data was enhanced and the possibility of bias on the side of the researcher, since she was involved in the MLF programme as training manager, was limited. In view of the researcher being familiar with the participants as well as the possibility of the interference of authority, all structured interviews and data collection was done with the assistance of an external research consultant (Bless & Higson-Smith, 2000:126). This also increased the validity of the data as the researcher had the opportunity of discussing the responses to questions with each respondent who, in this study, were the registered nurses who had completed the MLF programme successfully (Lincoln & Guba, 1985:329).

3.5 ETHICAL CONSIDERATIONS

Ethical issues in research, encompassing protection from harm, informed consent, the right to privacy, honesty between colleagues, and professional codes of ethics, must be assiduously applied when human subjects are used in any research (Leedy & Ormrod, 2005:101; Saunders *et al.,* 2000:130).

Approval to conduct this study was obtained from the Research Ethics Committee of the Stellenbosch University (see Addendum D) and the private hospital group (see Addendum E). The participants were fully notified and informed concerning the reasons for the study as well the conditions of participation and their rights regarding participation (Leedy & Ormrod, 2005:144).

All of the 14 registered nurse participants gave their consent and participated of their own free will in the study. Informed consent forms (see Addendum C) were signed by all 14 participants (Maree, 2007:88). Confidentiality was guaranteed in that it was explained to every participant that their names would remain confidential and the audio recordings would be kept locked in a safe place and would be destroyed after the data analysis had been completed.

To ensure anonymity, every participant handed in her informed consent (see Addendum C) individually and separately from those of the other participants. Built into this declaration was the right of the participants to withdraw at any time from the study without a penalty (Parse, Coyne & Smith, 1995:301).

3.6 LIMITATIONS

Despite the insightful findings in the present study, some limitations need to be noted.

The research based on the value of facilitated sessions and mentor support in the contribution to improve the outcomes of the MLF programme has been rolled out nationally in a private hospital group. Unfortunately, due to an eight month delay in the clarity and approval process of the private hospital group and Stellenbosch University ethical protocols the initial pool of students identified for the research had reduced due to resignations, thus restricting the comprehensiveness of the study.

The study was limited to and conducted in the private hospitals of one region's private hospital group. Staff shortages and available time of the candidates to do the interviews were made easier by the choice of region, as it ensured them being in close proximity to the researcher. Clearly, the results of this study cannot be generalised for the private hospital group as it has private hospitals in all the regions of South Africa. Findings were, in accordance with the design of the study, therefore limited to the region where the study was conducted.

3.7 CONCLUSION

The research design, the rationale for the research methodology used, the data analysis, limitations, ethical considerations as well as the validity and reliability of the study were discussed in this chapter. The next chapter will contain the analysis, interpretation and presentation of the data obtained from the in-depth interviews conducted with the registered nurses.

CHAPTER 4
FINDINGS FROM THE EMPIRICAL PART OF THE STUDY

4.1 INTRODUCTION

In this chapter the results of the data generated on the improvement of the existing Management and Leadership Fundamentals (MLF) programme are presented and interpreted. The main research question addressed in the study which formed the basis for the generation of data, was:

"What is the potential value added by facilitation and mentoring to the outcomes of a Management and Leadership Fundamentals (MLF) programme?"

(See Chapter 3 number 3.2).

4.2 RESEARCH FINDINGS

Due to the small sample size of 14 participants and the fact that the study was of a qualitative nature, the figures in the graphs and tables are shown as real values and are merely additional to the qualitative data generated. Participants were female registered nurses in the age group 23 to 50 working in different disciplines of nursing units in different private hospitals in one region of one of the biggest private hospital groups in South Africa.

4.2.1 Facilitation

4.2.1.1 Experiences regarding facilitation

The participants (n=14) were asked how they experienced the facilitation of the MLF programme. In general, there were diverse feelings among them concerning the facilitation of the MLF programme. Table 4.1 illustrates the responses of the participants as respondents on whether their feelings had been positive, neutral or negative towards facilitation.

Table 4.1: Experience of facilitation

THEME	REAL VALUE
Positive	5
Neutral	4
Negative	5
Total	n=14

As indicated in Table 4.1 the same number of respondents, namely 5 (n=5) experienced the facilitation as positive and 5 (n=5) experienced it as negative while 4 (n=4) had a neutral feeling towards facilitation.

The main themes why the respondents experienced the facilitation as positive are listed below.

- The facilitator was helpful and assisted the respondents in finding the relevant information.
- The facilitator explained issues that were not clearly understood by the respondents.
- The facilitator dealt with the guidelines and explained the fundamentals of the guidelines.
- The tutor at the college took control and stepped in as a facilitator, ironing out a lot of confusion experienced by the respondents.
- The facilitator was available whenever the respondents needed help.

The main themes why some respondents experienced the facilitation as neutral and negative are listed next.

- There were not enough sessions. The respondents mentioned there was only one contact session two months into the course.
- The singular contact session was very short.
- The facilitator was too busy to assist.
- The respondents were not sure of what the guidelines were.
- Facilitation assistance was insufficient.
- In some cases there was no facilitation at all and the respondents formed groups and asked for help at the college.

- No contact details of fellow respondents were provided.
- Some respondents mentioned there was a lack of experienced facilitators.
- There was a lack of resources as well as access to resources.

4.2.1.2 Contribution of facilitation towards completing the MLF programme successfully

The respondents were asked to indicate how they experienced the contribution of facilitation towards completing the MLF programme successfully.

As illustrated in Table 4.2 half (n=7) of the respondents (n=14) expressed that the contribution of facilitation towards helping them to complete the MLF programme successfully had been average. Four (n=4) said it had helped them a lot. For 1 (n=1) respondent it was a good experience while 1 (n=1) said she had not gained any help from the facilitation. One (n=1) respondent stated the facilitator's contribution was tremendous and it helped her to complete the MLF programme successfully.

Table 4.2: Facilitator contribution towards the successful completion of the MLF programme

THEMES	REAL VALUE
Facilitation did not help me at all	1
Facilitation was not a good experience	1
Facilitation was average	7
Facilitation helped me a lot	4
Facilitation helped me tremendously	1
Total	n=14

The verbatim responses of the respondents (R) regarding the feedback on facilitator contribution towards the successful completion of the MLF programme are indicated in Table 4.3.

Table 4.3: Respondents' verbatim responses pertaining to facilitator contribution towards successful completion of the MLF programme

THEMES	VERBATIM QUOTES
Facilitation helped a lot	• R1 & 4: *"Most of what was required… the facilitator could get for us. So if not for that I would not have been able to complete in time."* • R6: *"If we struggled…and there were quite a few we struggle[d] with, the facilitator would help us putting the question in such a way that we could understand it better."* • R12: *"We didn't really have access to the policies so the facilitator would get through to the manager and get it for us."* • R5: *"Facilitation helped me a lot"* • R13: *"The facilitator went out of her way to help us."*
Facilitation helped	• R10: *"The facilitator's open door policy…she did say I should come and see her if I needed help."*
Facilitation's help was average	• R1 & R2: *"Average."* • *R7: "…it wasn't clear what was expected."* • R8: *"If the facilitator knew, it would have helped."* • R9: *"It was really tough. We couldn't reach her properly. Going through the programme too quickly… I was left on my own unless you [I] phone[d] her."* • R11: "*It was a good experience."* • R14: *"I feel neutral towards it."*
Facilitation did not help	• R3: *"I was just using experience in most cases and the information from materials. I don't even know who was supposed to be my facilitator."*

4.2.1.3 Effectiveness of facilitation

The respondents were asked to rate the facilitation effectiveness of the MLF programme by choosing one of the following:

- 1 = not effective at all
- 2 = not effective
- 3 = neutral
- 4 = effective
- 5 = extremely effective

Their responses are illustrated in Table 4.4. The effectiveness of facilitation was mostly perceived as neutral (6 [n=6]), followed by 5 (n=5) who thought it was effective. The minority (3 [n=3]) who responded in a negative way were those who had very little or no contact with a facilitator.

Table 4.4: Effectiveness of facilitation

THEMES	REAL VALUE
Not effective at all	1
Not effective	2
Neutral	6
Effective	5
Extremely effective	0
Total	n=14

Of the 14 (n=14) respondents, the 6 (n=6) who felt neutral were those who had only had one formal session with a facilitator which occurred about 2 months after having started the programme. Initially the respondents felt quite negative towards the MLF programme, but once everything had been explained to them during the sessions, they became more confident and positive and came to understand what was expected of them. It is important to recognise that it was the first time the course was presented, so both the respondents and the facilitators were obviously a little inexperienced with regard to expectations and delivery.

All the respondents agreed that facilitation was crucial. The majority felt that facilitating sessions needed to be implemented right at the start of the MLF programme and that it had to be explained in detail. After the initial implementation, one or even two facilitating sessions should occur during the programme with a final session at the end of the programme. In their opinion, these sessions would be more worthwhile if implemented as group sessions where all the registered nurses as learners in the MLF programme could come together. This would afford them the opportunity of sharing information and discussing issues experienced in the modules.

What participants found most helpful:

- The group study. Respondent 10 (R10) commented on the group study as follows: *"I had reassurance that it was not only me who is [was] going through this."*
- Receiving tips from facilitators on how things should be done. Respondent 12 (R12) was very positive and said: *"When you asked you got answers."*
- The facilitator's explanations and assistance were found valuable. Respondent 7 (R7) mentioned: *"The Training and Development Consultant's help with the assessments…"* while respondent 9 (R9) explained: "*We received tips on how to do things and getting the literature."*
- Books and internet articles were found valuable as evidenced by the following remark of respondent 6 (R6): "*The resources we could get were appropriate...."*
- The contact sessions at the Nursing Education Institution was experienced as very positive as pointed out by respondent 4 (R4): "The knowledge that I gained and the facilitating received was very helpful."

T**he respondents indicated they experienced the following as the least helpful:**

- The lack of resources. Respondent 10 (R10) said: *"I didn't have many resources to get my information from."*
- The facilitator being too busy. This was referred to by respondent 9 (R9) who said: *"…sometimes the Training and Development Consultant will forget* [forgot] *what I asked of her because she is too busy."*
- Being the first group doing the MLF programme and having an inexperienced facilitator. *"There were a lot of things she also still needed to learn",* was a comment from respondent 7 (R7).
- Not having a facilitator right from the beginning. According to respondent 1 (R1): *"The tasks given were unclear and we only received a session 2 months into the programme."*
- Not having enough time. Respondent 4 (R4) expressed: *"I had to come in my off days and use my own personal time to do tasks."*

The obstacles which prevented the effectiveness of facilitation were as follows:

- The contact sessions should have been organised to take place earlier in the programme. Respondent 5 (R5) summed it up as follows: *"It* [earlier contact sessions] *would have reduced stress on the entire programme, and cleared some confusion around the tasks."*
- The unavailability of policies and red tape as regards making copies: *"…you needed to get permission to take out policies that were not at ward level and you were not allowed to make photo copies",* respondent 4 (R4) said.
- Finding relevant literature. Respondent 13 (R13) commented this was a problem:" *…obstacle in getting literature at the right time".*
- The Training and Development Consultant not always being available. "*Time available to you does not always agree with the time of the Training and Development Consultant – she is not always available, if you make an appointment she might not be available, or then I may not be available*", respondent 6 (R6) said.
- The lack of support from the facilitator. *"Not having facilitation at all",* was how respondents 1 and 3 (R1 & R3) reacted.

- Time constraints were an obstacle. Respondent 7 (R7) described it as follows: *"It really takes time. I had to take some of my off days to complete tasks."*
- Some respondents were on night duty during which no assistance was available. Respondent 3 (R3) voiced: *"There was a lack of support because we are on night shift because nobody is there at night or evenings to assist* [us]*."*
- Working in the intensive care unit (ICU) was another obstacle. Respondent 13 (R13) commented: *"I am very busy in ICU and had very little time to focus on the programme."*
- The length of time allocated to the course was not adequate. Due to the fact that the respondents had to work in the ICU, do night duty, or alternatively had very busy wards, left very little time for them to focus on the programme. They were therefore obligated to utilise their personal time to do the programme. Respondent 7 (R7) said: "*Its lots of info* [information]…*it really takes time and I had to take some of my off days to complete tasks time consuming*."
- For some respondents it was the first time they were exposed to the course and they experienced the facilitators as not well prepared as indicated by respondent 9 (R9): "*We were the first students and the facilitator didn't know how to tackle things*."

4.2.2 Mentoring

4.2.2.1 Experiences concerning mentoring

Being asked how they experienced mentoring in the MLF programme, half of the respondents indicated they experienced it as negative. Only 4 had a positive mentoring experience and 3 (n=3) expressed neutral feelings. The feedback on the respondents' feelings is shown in Table 4.5.

Table 4.5: Experience of mentoring

THEME	REAL VALUE
Positive	4
Neutral	3
Negative	7
Total	n=14

The main themes why respondents experienced the mentoring as positive were:

- It was an enjoyable experience for some respondents.
- The mentor went out of her way to help the respondents with guidance and assistance.
- The mentor exercised all her experience and knowledge to provide assistance.

The main themes why respondents experienced the mentoring as neutral were:

- They were unsure of who their mentor was, or even what her name was.
- The Training and Development Consultant was perceived to be the mentor. Since this was not the role she had to fulfil, and because it was not made clear to the respondents who the mentor was, mentoring was viewed as not very successful.

The main themes why respondents experienced the mentoring as negative were indicated as:

- The respondents were not introduced to any mentor.
- The mentor was not available for assistance.
- There never was a mentor allocated.

How a mentor was assigned

The majority of respondents expressed confusion when asked how their mentor was assigned to them. Table 4.6 illustrates some of their verbatim responses.

Table 4.6: Verbatim responses of how respondents perceived mentors to be assigned to them

VERBATIM QUOTES
R5: *"I didn't know who my mentor was really."*
R8:"*I don't really know."*
R3: *"I thought the people who allocated this course to us would be our mentor."*
R5: *"We were told in a quick session about the course but nothing about mentoring and who it should be."*
R4: *"During the facilitation session we were told it would either be the Training and Development Consultant or our unit manager."*
R4: *"She (Training and Development Consultant) said the mentor has to know you…"*
R9: *"It was the Training and Development Consultant and it was obvious she would be the mentor. She is the one who gave us the rules and told us we must phone her with…"*
R6: *"I just know the Training and Development Consultant is the mentor."*
R2: *"I can't say – I just knew it should be my unit manager."*
R13: *"…there was no mentor allocated. The unit manager offer*[ed] *to be our mentor. "*

Six (n=6) of the ten verbatim responses reflected in Table 4.6 clearly show that the respondents were under the impression that either the Unit Manager or the Training and Development Consultant would be their mentor. According to two (n=2) of the verbatim responses the respondents thought a mentor would be allocated to them. The feedback in Table 4.6 demonstrates the respondents were uncertain regarding the process by which their mentors had to be assigned to them.

4.2.2.2 Contribution of mentoring towards completing the MLF programme successfully

The respondents were requested to verbally indicate how they felt mentoring contributed towards completing the MLF programme successfully.

Of the 14 respondents, only nine (n=9) indicated they had received mentoring during the programme. As shown in Table 4.7, of these nine respondents the majority, namely 5 (n=5), felt that mentoring contributed substantially and helped

them a lot to successfully complete the programme while 2 (n=2) responded that it did not help them at all. Two (n=2) respondents communicated that they experienced mentoring as an enormous ('tremendous') help towards their successful completion of the programme.

Table 4.7: Contribution of mentoring

THEMES	REAL VALUE
Mentoring did not help me at all	2
Mentoring helped me a lot	5
Mentoring help me tremendously	2
Total	n=9

In Table 4.8 the verbatim feedback of the respondents as regards the mentor's contribution towards the successful completion of the MLF programme is presented.

Table 4.8: Respondents' verbatim quotes with regard to the mentor's contribution towards successful completion of the MLF programme

THEMES	VERBATIM QUOTES
Mentoring helped me tremendously	R8: *"The way she guided me and emphasised important aspects to look out for when running a ward."* R13: *"She had time for us and gave us a lot of support. She is very important."*
Mentoring helped me a lot	R2: *"I was comfortable with her."* R6: "*If I did not understand a question she would guide and help me get the answers."* R4: *"She led me and showed me how to do things."* R11:"*I enjoy*[ed] *the mentoring process."* R9: *"It was very helpful."*
Mentoring did not help me at all	R10: *"I did not know I had a mentor*." R7: *"I can't say*…[the]*mentor was too busy."*

The majority, namely seven (n=7) of the nine verbatim quotes reflected in Table.4.8 confirmed the importance of the mentor's contribution to the successfully complete the MLF programme. Less than half (n=2) of the respondents did not have a mentor, therefore mentoring was experienced by them as negative. For the seven (n=7) respondents who had a mentor the experience was positive; they mentioned, for example, the guidance and assistance provided by the mentor as factors that contributed to their positive experience. On the other hand, some of the respondents commented on the fact that the mentors could have been more available. The latter's unavailability led to mentor's role as not being experienced as helpful at all.

4.2.2.3 Effectiveness of mentoring

The respondents had to rate the effectiveness of their mentor in terms of (a) prepared for sessions, (b) availability, (c) skilled, (d) support, and (e) knowledge according to:

- 1 = not effective at all
- 2 = not effective
- 3 = neutral
- 4 = effective
- 5 = extremely effective

Only nine (n=9) responded to this question**.** The majority, namely 6 (n=6), of the respondents felt that the mentor was extremely effective (as shown in Figure 1) in relation to the mentor's knowledge, the support they gave and in them being skilled. Half 5 (n=5) of the respondents experienced the availability of their mentors as satisfactory while 3 (n=3) commented that their mentors had been prepared for sessions.

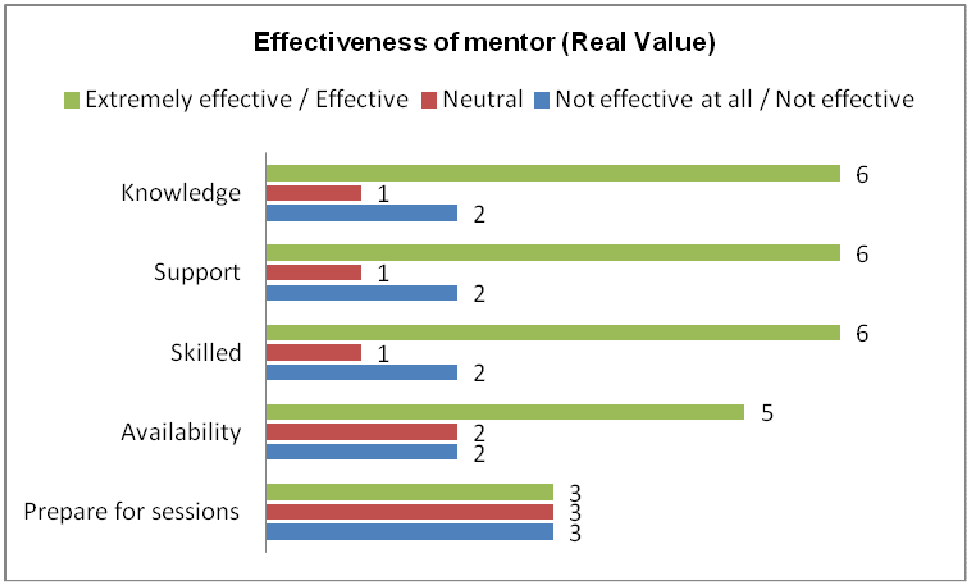

Figure 4.1: Effectiveness of the mentor (Real value) (n=9)

What the respondents found most helpful were:

- The structure. Respondent 4 (R4) related to the structure by saying: *"…she would guide me and emphasise important aspects like getting me to check again to see that things are still intact the way I prepared them."*
- The guidance and support received from the mentor was also commented on, for example, respondent 9 (R9) stated: *"…with introducing the course she* [was] *prepared for everything."*

What the respondents found least helpful was:

- Most of the respondents replied that there was nothing they could comment on of in terms of the effectiveness of their mentor. This is illustrated in the words of respondent 6 (R6) who simply stated: *"Not really anything I can think of."*
- Lack of time and availability of the mentor. *"I did not have enough time, and she was not always available",* respondent 4 (R4) said.
- No mentoring. Respondent 5 (R5) related to this aspect by stating: *"…the fact that there was no mentoring."*

Obstacles encountered by the respondents with regard to the effectiveness of the mentors included:

- No mentoring received or not being aware that they had a mentor. *"The fact that I did not know that I had a mentor",* is how respondent 10 (R10) voiced it.
- No leadership. Respondent 4 (R4) commented on this aspect as follows: *"There was no proper guidance during the computer section – especially with students who are not computer literate."*
- Unskilled mentors. Respondent 6 (R6) regarded *"…the fact that the mentor did not do the course herself"* as an obstacle.

There was a general feeling among all the respondents that a mentor was, in fact, of paramount importance for completing the programme successfully. The majority had a positive experience of their mentor since they experienced her as helpful, knowledgeable, supportive and skilled.

4.2.3 Management involvement

4.2.3.1 The value of management during the MLF programme

Respondents were asked to indicate how valuable the (a) support received from management and (b) management's response towards requests for help were according to the following rating scale:

- 1 = not valuable at all
- 2 = not valuable
- 3 = neutral
- 4 = valuable
- 5 = extremely valuable

As can be seen in Figure 2, the majority 10 (n=10) of respondents experienced the support they received from management and the latter's response towards requests for help and support was extremely valuable.

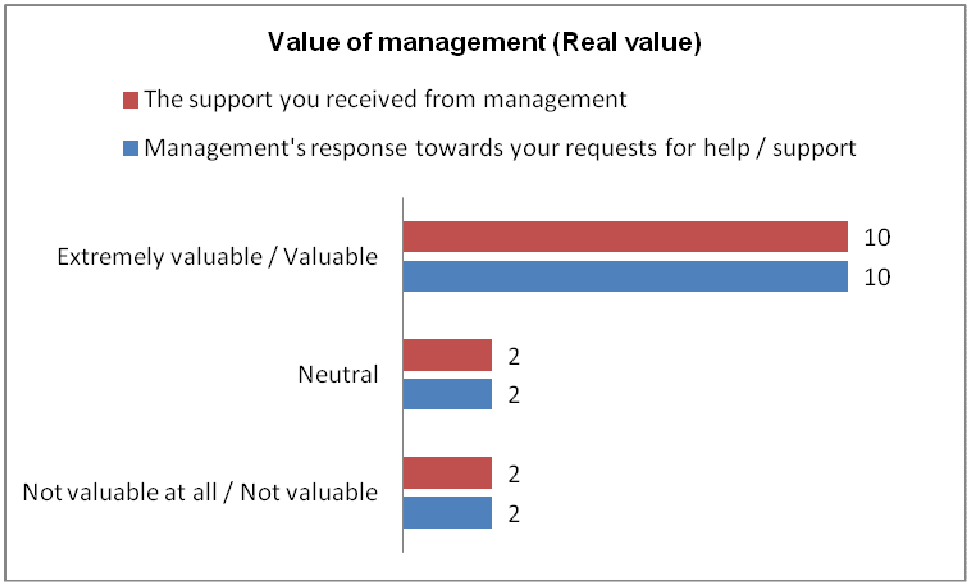

Figure 4.2: The value of management (Real value) (n=14)

Four (n=4) of the respondents' expectations concerning management support were not met. Because of the huge clinical component encompassed in the MLF programme, the registered nurse as a learner undoubtedly needs the support and assistance of management with their daily learning activities in the nursing unit. In fact, this aspect is crucial to the development of the registered as a learner as an experienced future shift leader.

4.2.3.2 Experience of management during the MLF programme

Respondents were asked to indicate how they experienced (a) the support received from management and (b) management's response towards requests for help/support according to the following rating scale:

- 1 = very bad
- 2 = bad
- 3 = okay
- 4 = good
- 5 = very good

Considering the overall experience of the respondents (n=14) concerning management support versus the actual overall value given from management, it is clear that they did not feel they received the support which they had expected

from management. The overall experience of management received an average rating of only 2,8 and the overall value of management received an average rating of 3.5 on a scale from 1 to 5 where 1 indicated 'very bad' and 5 indicated 'very good'.

As illustrated in Figure 3 just over half (n=8) of the respondents (n=14) experienced the support received from management and their response towards requests for help/support as excellent (categorised according to the Likert scale ratings as 'very good') or 'good'. Five (n=5) experienced the support they received from management as between 'very bad' and 'bad' and 4 (n=4) rated management's response towards requests for help/support also as 'very bad' and 'bad'.

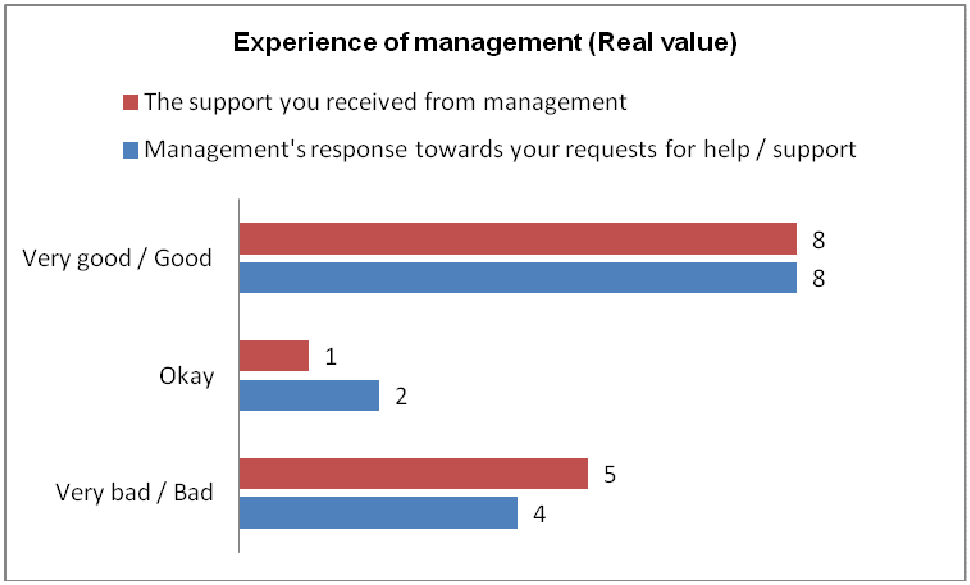

Figure 4.3: Experience of management (Real value) (n=14)

4.2.3.3 Expectations from management

The respondents were asked whether their expectations of management had been met as well as to what extent these expectations had been or had not been met. The verbatim responses of the respondents who communicated that their expectations had been met are shown in Table 9(a) below.

Table 4.9(a): Verbatim responses of management expectations that had been met

VERBATIM QUOTES
R5: *"I received the necessary assistance from management."*
R4: "*I received support from my unit manager."*
R2: *"My unit manager was there to help."*
R7: *"The unit manager helped us a lot, her office was always open."*
R6: *"My expectations were definitely met."*
R13: *"The unit manager was very helpful even though she also had a lot on her plate."*
R14: *"Every time I needed something she was there to help me and she met my expectations."*

Table 4.9(b) below shows the verbatim responses of those respondents who felt that their expectations of management had not been met.

Table 4.9(b): Verbatim responses of respondents who felt that their expectations of management had not been met

VERBATIM QUOTES
R2: *"They did not support me as I expected them to."*
R1: *"I asked for help to understand some issues but I did not receive any help."*
R3: *"I asked the manager about giving us some study leave but she refused whereas the day staff was given some chance to sit with her in her office and do assignments – we never had that* [opportunity] *because we are on night duty."*
8): *"I asked for information from the unit manager and it was promised but* [I]*never received it."*
R9: *"They expect*[ed] *us to do the course in our own time. We work in ICU and are very busy and the time to get hold of the documents is very limited."*
R13: *"I also had to use my own personal time and that is not supportive."*
R11: *"There was too much work and too little time to do the course."*
R10: *"Management showed a lack of knowledge and they need to get more involved."*
R12: *"I never had support at work….I expected that my unit manager should support me and give guidance."*

The results contained in Tables 4.9(a) and 4.9(b) indicate a significantly unbalanced gap between the value perception of what management support should be towards the programme and the real and actual experiences of the respondents where management support was concerned; the respondents' expectations of management support were clearly not met.

4.2.3.4 Advice on how to improve management's involvement in the MLF programme

The following were suggested by the respondents when they were asked whether they had any advice or recommendations for management on how to improve the support for this programme.

- An individual must be assigned who can support the registered nurses as learners in the MLF programme.
- Management should be more supportive and demonstrate their awareness of realising and understanding that students are doing this course.
- Management and the Nursing Education Institution need to communicate about the course intakes.
- Time should be allocated to concentrate on the programme thus obviating the necessity of doing it in the students' off time. This could be achieved by, for example, dedicating a full day every two weeks during working hours to the programme. This will also allow the registered nurse as a learner in the MLF programme to focus their attention on the programme.
- To be supportive, in other words, to be there for the students and help them when there is a lot of work to be done in the unit.
- To ensure a mentor is assigned and to allocate time in the unit for working on the programme.
- Management should be more involved and should be informed who is doing the course at the time to avoid unnecessary delays when copies of policies are requested.
- Management must have understanding of the fact that people work shifts and need time even when on duty to work on the programme.
- Ensure that there is night shift management who can assist with night shift staff who are doing the programme or, alternatively, let the day time manager see night shift staff before or after their shift to give them support.

- Allow registered nurses as learners in the MLF programme access to the intranet, internet and other resources in order for them to do their assignments.

From the advice and suggestions given by the respondents the following became clear:

- Nursing management plays a key role in the creation of a positive learning environment.
- A learning environment is crucial in the development of the registered nurse as a learner.
- The role played by managers in facilitation and mentoring of the registered nurse as a learner in the workplace must be acknowledged.
- Effectiveness of facilitation and mentoring depend on the support and assistance of managers in the nursing units.
- On commencement of the MLF programme, a mentor must be assigned to the registered nurse as a learner.
- Reassessment of the content and duration of the programme are important aspects to be considered.

4.2.4 Overall experience of the MLF programme

The respondents were asked whether they found the contents, objectives and assignments of MLF programme to be:

- clear
- understandable
- obtainable
- relevant
- applicable

Figure 4.4(a) indicates the overall view the respondents had of the programme. On average, they found its clarity a bit problematic and even less obtainable, but nevertheless understandable. However, they were quite satisfied with its applicability and relevancy. This is consistent with the rest of the results where the respondents indicated that they needed assistance in getting clarity on (a)

the content, objectives and assignments of the programme, and (b) getting hold of resources to deal with programme content as shown in Figure 4.4(b).

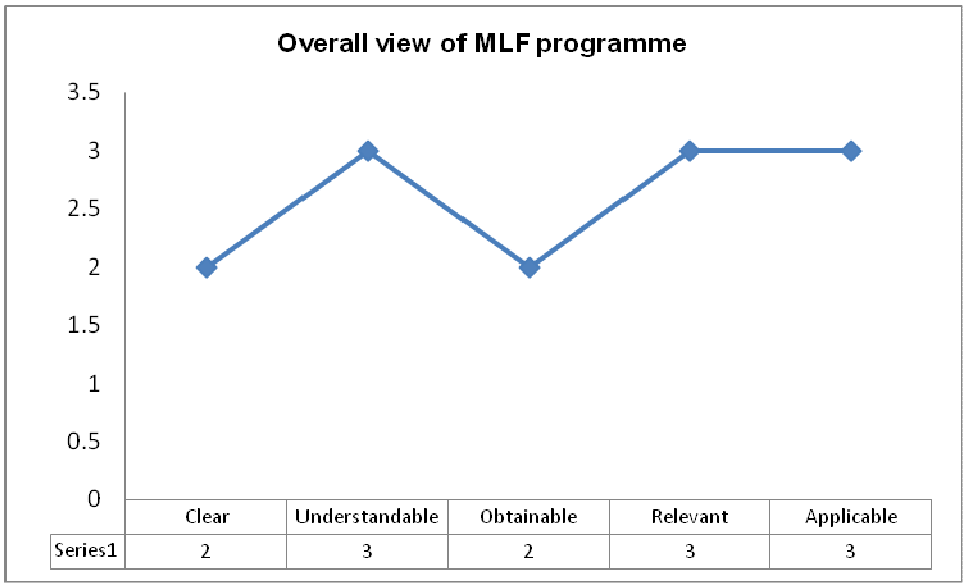

Figure 4.4(a): Overall view of the MLF programme

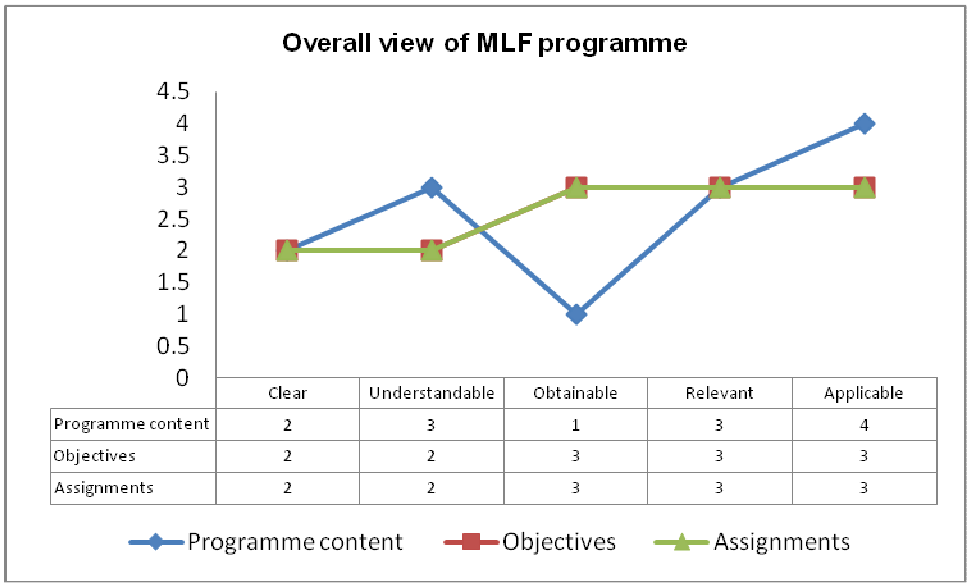

Figure 4.4(b): Overall view of the MLF programme

The themes why respondents found the MLF programme **contents** not *clear*, *understandable*, *obtainable*, *relevant* or *applicable* are substantiated by some of their verbatim quotes in Table 4.10 below.

Table 4.10: MLF programme contents

THEMES	VERBATIM QUOTES
Not clear	R9: *"At first it was not clear and there were a few things I couldn't do."* R12: *"At first it was very complicated – we needed a lot of clarity."*
Not understandable	R10: *"It was difficult especially without a mentor."* R6: *"Some of it was not understandable, but we sorted it out with a group discussion."* R1: *"We had to have group discussions to sort it out."*
Not obtainable	R10: *"The questions caused deep*[er] *thinking than just going to a textbook."* R13 & R7: *"I struggle*[d] *to complete the course in the time frame allowed."* R3: *"Lack of information."*
Not relevant	R2: *"There were a lot of obstacles but I can't remember what because it was too long ago – I just know I struggled."*
Not applicable	R2: *"I only use 60% of it."*

The themes why respondents found the MLF programme **objectives** not *understandable*, *obtainable*, *relevant* or *applicable* are substantiated by some of their verbatim quotes as reflected in Table 4.11.

Table 4.11: MLF programme objectives

THEMES	VERBATIM QUOTES
Not understandable	R10: *"The mentoring and questions were tricky and there were duplications."*
Not obtainable	R3: *"Lack of information…"* R2: *"…should have had more support."* R1: *"Steps were not clear."*
Not relevant	R2: *"Only after our discussion with the facilitator did things*
THEMES	**VERBATIM QUOTES**
	become clear."
Not applicable	*R4:* "*I don't* [did not] *use the computer part at all."*

The themes why respondents found the MLF programme **assignments** not *clear*, *understandable*, *obtainable* or *relevant* are substantiated by some of their verbatim quotes in Table 4.12.

Table 4.12: MLF programme assignments

THEMES	VERBATIM QUOTES
Not clear	R7: *"The guidelines were not clear."* R8: *"…not always clear what was expected."* R5: *"Initially I did not know what was going on, but after facilitation and mentoring it was fine."*
Not understandable	R10: *"I had to re-read and refer back to understand."* R7: "[The] *Guidelines were unclear."*
Not obtainable	R10: *"I did not have all the material and had to refer back."* R7: *"It was all good and well if you knew what it was all about."* R3: *"…some of it was okay, but I lacked some information."*
Not relevant	R14: *"Too much to write down and I had to repeat some of it."*

4.2.4.1 Clarity of the MLF programme

The respondents were asked to elaborate on what was clear or less clear to them during the MLF programme. Their verbatim quotes noted in Table 4.13 illustrate their responses.

Table 4.13: Responses regarding the clarity of the MLF programme

CLEAR ABOUT THE PROGRAMME	LESS CLEAR ABOUT THE PROGRAMME
The delegation part: R3: "*We were supposed to draw a programme."*	The computer course: R2: *"We are not all computer literate."*
CLEAR ABOUT THE PROGRAMME	**LESS CLEAR ABOUT THE PROGRAMME**
The study guide: R5: *"The theoretical side of the study*	R3: *"They talked about computer skills and wanted an assignment*

guide was well put together."	*about it and we don't have access to the intranet and some of us are not computer literate."*
Most of it was clear: R6: "The entire programme was clear."	The workbook: R5: *"We gave too much attention to it."*
Ward round exercise: R8:" *I now know what to do….it was extremely helpful to me."*	Assignments: R7: "We all had lots of different views on what was expected of the assignments."

4.2.4.2 Content of the MLF programme

The respondents were asked what they found helpful or not helpful as regards understanding the content of the programme. In Table 4.14 the responses are summarised.

Table 4.14: Summary of what respondents found helpful/not helpful concerning understanding the content of the programme

HELPFUL ABOUT THE CONTENT	NOT HELPFUL ABOUT THE CONTENT
How to handle conflict	Not having sufficient resources
Improve leadership abilities	The 'tricky' content
Groups studies and discussions	Limited time of the course and doing it in private time
How to work with people and handle staff	Unclear assignments
How to handle a busy unit	The computer course
The policies referred to	
The clear guidelines	
Getting familiar with policies and being more committed to them	
HELPFUL ABOUT THE CONTENT	**NOT HELPFUL ABOUT THE CONTENT**
Staff allocation and leadership styles	
Everything about the programme	

4.2.4.3 Objectives of the MLF programme

Table 15 presents the respondents' responses to the question pertaining to what they found helpful or not helpful regarding their understanding of the objectives of the programme.

Table 4.15: Summary of responses to what was found helpful or not helpful with regard to understanding the objectives of the programme

HELPFUL ABOUT THE OBJECTIVES	NOT HELPFUL ABOUT THE OBJECTIVES
Getting an overall view of management	A lot of work and too much to be done
Some sensitive areas are now being taken seriously	The computer section
Understanding the management and leadership of the ward	
Very relevant to the course	

4.3 SUMMARY

From the data it became apparent that facilitation as part of learning was not experienced by the respondents (registered nurses as learners in the MLF programme) who participated in this study in a decidedly positive light. However, when there was a positive experience it was as a result of the facilitators being very supportive and knowledgeable. It is therefore evident that facilitators are expected to make a serious effort to contribute towards the registered nurses' successful completion of the MLF programme.

The overall finding points to the fact that facilitators played a pivotal role in assisting registered nurses as learners to complete the programme successfully, therefore a more substantial effort is expected to ensure that registered nurses as learners know who their facilitators are and that arranging regular contact sessions between the two parties be a priority.

Overall, the data shows that provison for mentoring was experienced as negative. Just less than half of the respondents did not have a mentor. For those who had one, the experience was generally positive since mentors was reportedly helpful, knowledgeable, supportive and skilled. In general, the findings show that mentors could have been more available and better prepared.

However, clarity seems to be lacking about the process by which mentors were assigned to learners. Very few were told who the mentor was, but there appears to be a general agreement among the respondents that mentors are crucial to the MLF programme. The data also show that there was a clear gap between the value perception of what management support should be in the MLF programme on the one hand, and the real and actual experience of management support the respondents experienced on the other. The expectations of learners were clearly not met as far as management support was concerned.

In general, the MLF programme content, objectives and assignments were acceptable. The responding participants clearly benefitted from the programme and they found it useful. Although they perceived the programme as overall positive, the time allowed for completion was insufficient, as it is a self-study programme and they had to utilise personal time in order to complete the assignments. Furthermore, the computer part of the programme seems to be in need of scrutiny and solutions are to be sought in order to assist computer illiterate students toward programme completion.

Based on the findings from this empirical part of the study the following chapter will address a number of conclusions drawn from the study and various implications will be discussed.

CHAPTER 5
CONCLUSIONS AND IMPLICATIONS

5.1 INTRODUCTION

The purpose of this study was to investigate and explore whether facilitated sessions and mentors was perceived by programme participants as contributing positively to improve the learning outcomes of the Management and Leadership Fundamental (MLF) programme. The main research question addressed in the study was:

"What is the potential value added by facilitation and mentoring to the outcomes of a Management and Leadership Fundamentals (MLF) programme?"

It was envisaged that the above primary research question would be answered by using the following two subsidiary questions (see Chapter 1 number 1.4):

i. *"What is the value of facilitated sessions in the MLF programme as perceived by students and their managers?"*

ii. *"What is the value of mentorship support in the MLF programme as perceived by students and their managers?"*

Based on the findings reported in Chapter 4, this chapter addresses a number of conclusions drawn from the study. Various implications are also discussed.

5.2 CONCLUSIONS REGARDING THE CLINICAL ENVIRONMENT

From the data in Table 4.1 (Chapter 4) it became apparent that the experiences of the registered nurses as learners in the MLF programme regarding facilitation were not in a decidedly positive light. The main reasons why some participants experienced the facilitation as neutral and negative were the fact that the facilitator was too busy to assist or facilitation assistance was insufficient. Despite this finding,

it was determined that the positive experiences were ascribed to the facilitators being very supportive and knowledgeable. It is important to note that currently, with the limited provision of skilled registered nurses, there is predominantly only one registered nurse per 12-hour shift in a ward or unit.

As illustrated in Table 4.2 (Chapter 4) at least half of the participants were of the opinion that facilitation contributed towards helping them to complete the MLF programme successfully. A further few agreed that it had helped them a lot while the facilitator's contribution was regarded as tremendous for a singular participant. In total thus, more than half of the participants recognised that facilitation contributed to their success in completing the MLF programme favourably. This is supported by verbatim quotes from participants; for example, respondent 10 (R10) reiterated: *"The facilitator's open door policy…she did say I should come and see her if I needed help"* and respondent 11 (R11) said: *"It was a good experience."*

Table 4.4 (Chapter 4) shows that the effectiveness of facilitation was mostly perceived as neutral and effective. The qualitative evidence supports this observation. For instance, respondent 12 (R12) voiced that when *"…you asked you got answers",* while respondent 9 *(R9)* confirmed: *"We received tips on how to do things and getting the literature."* Furthermore, the minority who responded in the negative were obviously those participants who had very little or no contact with a facilitator at all. All the participants agreed that it was crucial for facilitation to be implemented right from the start of the programme in order to provide guidance during the programme.

As illustrated in Table 4.5 (Chapter 4) at least half of the participants indicated they experienced mentoring as negative. Only a few had a positive mentoring experience while some participants expressed neutral feelings. In general, therefore, mentoring was experienced as negative, but it needs to be noted that less than half of the participants explained that they did not have a mentor. For those who had one, the experience was generally positive since the mentor was helpful, knowledgeable, supportive and skilled.

The majority of participants expressed they were confused when asked to indicate how their mentor was assigned to them. This statement is supported by the verbatim responses in Table 4.6 (Chapter 4). In addition, Table 4.7 (Chapter 4) clearly indicates the majority of the participants who received mentoring during the MLF programme perceived mentoring as having contributed substantially in helping them to successfully complete the programme. Some respondents indicated that it did not help them at all due to the unavailability of the mentor. The minority of the participants who had a mentor communicated that they experienced mentoring as an enormous ('tremendous') help towards their successful completion of the programme.

From Figure 4.1 (Chapter 4) and the ensuing qualitative responses it became clear that the majority of the participants judged their mentors extremely effective or effective as regards the latter's knowledge, the support they gave, and them being skilled. This was supported by a number of qualitative responses; for instance, respondent 8 (R8) observed: *"…she would guide me and emphasise important aspects like getting me to check again to see that things are still intact the way prepared them."* More than half of the participants experienced the availability of their mentors as satisfactory and a few commented that their mentors were prepared for sessions.

It is must be emphasised here that, from the evidence produced, it seems as if effective mentoring is not only vital for the success of the MLF programme, but also results in a more pleasant working environment which encourages professional growth and assists in the development of registered nurses as learners in the MLF programme.

As can be seen in Figure 4.2 (Chapter 4) the majority of the participants experienced the support they received from management and the latter's response towards requests for help/support as 'extremely valuable' or 'valuable'. However, there was a few of the participants' expectations concerning management support that were not met. Respondent 3 (R3), for instance, said: "*I ask the manager…study leave and she said: 'Don't talk about study leave'.*" This points to management

support not being available or supportive; it could subsequently affect the learning experiences and performance of registered nurses as learners in the programme.

Figure 4.3 (Chapter 4) also illustrates the overall experience of the participants concerning management. In this respect the finding highlights the fact that participants did not receive the support which they expected from management. The overall experience of management support was at an average level and the overall perceived value of management support was above average.

As indicated in Table 4.9(a) and table 4.9(b) (Chapter 4) there appears to be a clear gap between the value perceptions of what management support should be towards the programme and the reality of the actual management support the participants experienced. The participants' expectations were, overall, not met where management support was concerned. Respondent 5 (R5), for instance, said: *"… we expect more support because it is a management programme".*

As regards the overall view of the MLF programme, Figure 4.4(a) (Chapter 4) depicts that, on average, a clear indication of satisfaction or dissatisfaction was somewhat problematic but, nevertheless, understandable. Overall, however, the participants were satisfied with the applicability and relevance of the MLF programme. This seems consistent with the rest of the findings according to which the participants indicated they needed assistance to get clarity on (a) the content, objectives and assignments of the programme, and (b) getting hold of resources to deal with programme content as shown in Figure 4.4(b) (Chapter 4).

5.3 IMPLICATIONS

The experiences regarding facilitation imply that an experienced facilitator be assigned for the whole duration of the programme to the registered nurses as learners in the MLF programme. This aspect must be viewed as of significant importance since even those participants who had had a negative experience of facilitation mentioned that more facilitation by an experienced facilitator was needed.

Literature clearly indicates that direction by way of demonstration gained through experience and knowledge of an experienced facilitator is passed on from the facilitator to the registered nurse as a learner (Beckett & Wall, 1985:259). It also shows that facilitation empowers the registered nurse as a learner to be accountable and in charge of her or his own attempts and accomplishments in a unit (Bentley, 1994:11).

Literature supports the finding that student-centred (Barr & Tagg, 1995:21; Cross, 1996:351), goal-directed and self-motivated facilitation of learning in the clinical environment (Chabeli, 1998:39) is preferred. Therefore, the implication is that learning facilitators should support and assist in developing the skills and competencies of registered nurses as learners in a supportive clinical learning environment.

For effective facilitation contact sessions is needed to provide in the learning needs of registered nurses. In addition, access should be arranged to the intranet (internal network system) of the private hospital group, and registered nurses are to be scheduled on day duty at the time she or he participates in the MLF programme. Nursing is a complex combination of theory and practice and therefore, as evidenced by literature as well as the empirical findings of this study, effective facilitation is required to bridge the theory/practice gap (Corlett, 2000:501). Facilitation should clearly be a helping process that focuses on the improvement and accomplishment of tasks and goals (Weaver & Farrell, 1997:3).

The implication of the experiences of registered nurses concerning mentoring is that a mentor is allocated to the registered nurse as a learner from day one of the MLF programme because the purpose of mentoring is to facilitate education through supporting the registered nurse as a learner. The mentor has the opportunity to help the registered nurse to convert theory into practice. Literature confirms that a mentor plays a vital role in clinical leadership in the clinical environment (Edmond, 2001:256) and that mentoring should begin as soon as possible (Granger, 2006:55). To enable the mentor to provide guidance and support to the registered nurse as a learner the implication is that the management of the individual private hospitals

provide organisational support and actively participate in the mentoring of registered nurses as learners.

The findings in Figure 4.1 (Chapter 4) implicate clearly that management in every private hospital that enrol a registered nurse as a learner in the MLF programme should ensure that a mentor is allocated to the registered nurse as a learner for the duration of the MLF programme. This view is supported by literature that regards mentoring as one of the crucial modes of learning in leadership development; literature also confirms that mentoring is critical for the improvement of competencies in an extensive scope of clinical and interpersonal skills (Singh, 2007:260).

Due to the huge clinical component of the MLF programme the implication for management is to support and assist the registered nurse as a learner with the daily learning activities in the nursing unit to develop as an experienced future shift leader. The apparent role of management is considered important in the sense that a beneficial environment for personal growth, coaching, teaching, reflection and mentoring by managers has to be created (Crawford, 1991:120). This is considered to be a very significant finding from the current study regarding the structuring and success of learning in the clinical environment.

The experience of management during the MLF programme implicates that nursing unit managers support the registered nurses in their individual nursing units from the first day when their (the registered nurses') leadership development is discussed during their annual performance development planning. As a private health care organisation it is necessary to develop the registered nurses in the organisation into productive, high performance shift leaders.

The implication of the expectations from management is that nursing management maintains an appropriate supportive role with regard to the needs of the registered nurse as a learner during the MLF programme. Literature corroborates that it is vital to have ongoing support from management to substantiate the implementation and management of a leadership development programme as, for instance, endorsed by Leskiw and Singh (2007:262).

All programmes have weaknesses and the MLF programme is no exception; it also has room for improvement. Therefore, the implication is that all registered nurses registered on the MLF programme as learners are orientated when the programme commences - particularly with regard to the content, objectives and assignment of the programme.

To solve the situation of insufficient resources in some individual private hospitals, a further implication which was derived from this study is for the management of these hospitals to ensure that the necessary resources are available to the registered nurses as learners on the MLF programme.

5.4 FUTURE RESEARCH DIRECTIONS

In the final instance the question may be asked what the opportunities for further research in this area of inquiry might be. In the researcher's view, future research may include investigating and evaluating the impact of the curricular modalities of work-integrated learning (WIL) on teaching and learning of future registered nurses in the private hospital group.

In nursing science the contextual nature of the workplace is as important as the theoretical knowledge it is essential for learners to convert the theoretical knowledge learned in the classroom into practice in the professional learning environment. This means that the improvement and development of analytical, critical thinking and problem solving skills of learners will prepare them for the needs of health care in the future.

In order to bring theoretical learning into line with workplace demands it will become increasingly more primarily important that the teaching and learning activities prior to graduation must be supportive to the learner in the development of skills such as, for example, critical thinking. The challenge for the nurse educator will be the nature of teaching to transfer theory from the classroom to the practice environment.

5.5 CONCLUSION

Although this study was conducted in the private hospitals of one private hospital group in one region, it seems clear that facilitation and mentoring can possibly contribute to the success of the MLF programme because the selected representatives also represented the same characteristics as the registered nurses as learners in the MLF programme in the other regions.

The results from this study largely clarified the contribution made by facilitation sessions and mentors to the success of the outcomes of the MLF programme wherever implemented. However, the importance of management support remains a particularly problematic issue that needs to be recognised and confronted.

The implications which emerged from the findings in this study could potentially assist in the management of the private hospitals who register registered nurses as learners in the MLF programme to improve the quality of facilitation and mentoring in the clinical environment of their individual hospitals. It may positively contribute in supporting the registered nurses as learners to complete the MLF programme successfully. As Hand (2006:55) posits: "…the quality of the future registered nurse as a shift leader will be directed and influenced by the quality of mentors and facilitators who accompanied the registered nurse as a learner in management and leadership development programmes."

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ADDENDUM A:

Original student questionnaire

QUESTIONNAIRE STUDENTS	
Student name: Mrs. C.M. Coetzee	**Contact details:**
Student number: 14254654 Faculty of Education Department of Curriculum Studies University of Stellenbosch	Cell phone: 082 898 0461 Fax number: 0866 811 336 Email address: kayline.coetzee@mediclinic.co.za
Supervisor of the study: Prof Eli Bitzer	**Contact details:**
Centre for Higher Education and Adult Education	Telephone number: 021 808 2297
Manager research support: Maléne Fouché	**Contact details:**
Person to who queries can be addressed if participants have questions about their rights as research participants.	Telephone number: 021 808 4622

Dear respondent

I am currently busy with my MPhil degree in Higher Education and the aim of my thesis is to evaluate the effect of facilitated sessions and mentorship to the outcome of the Management Leadership Fundamental (MLF) self study programme.

The purpose of this questionnaire is to collect data to assist me in the evaluation process; information collected will also be used to improve the current Medi-Clinic course.

Your participation in this research project is voluntary and will be based on the following principles:

- Freedom of choice whether you want to participate or not
- A guarantee to protect your anonymity as a respondent
- All information will be treated as confidential
- Results will be published and presented in such a way that respondents remain anonymous

Please complete the attached questionnaire. Your cooperation is sincerely appreciated.

Yours faithfully

Mrs. C.M. Coetzee

Researcher

A. GENERAL

Please mark the appropriate block with a cross (X).

1.	**I have read and understood the conditions of participation**	**YES**	**NO**
2.	**I voluntary participate in the study**	**YES**	**NO**
3.	**I give permission to the researcher to use the data for research purposes. Signed:_____**	**YES**	**NO**

4. Indicate the region in which your hospital is located:

Western Cape	**Tshwane**	**Northern**	**Central**	**Limpopo**	**Peninsula**

5. Indicate the ward/unit you are currently allocated to:

Medical	**Surgical**	**ICU/ Critical care**	**Mater nity**	**Paediatrics**	**Emergency room**	**Theatre**

Other: _____(Specify)

6. Indicate your age group:

18-24 years	**25-29 years**	**30-39 years**	**40-49 years**	**50-59 years**

7. Indicate your gender:

Male	**Female**

1. Did you attend contact sessions during the course?	**YES**	**NO**

If yes, in what way(s) did you benefit from them?

……
……
……

If no, provide a reason(s) why you did not attend

……
……
……

2. Did you have a mentor during the course?	**YES**	**NO**

9.1 Explain how the mentor was chosen:

……
……
……

1. Did management in your hospital support you with this course/programme?	**YES**	**NO**

If yes, in which way(s)?

……
……
……

If no, explain why you did not receive support

……
……
……

B. FACILITATION

Please mark the appropriate block with a cross (X) on the scale as provided where poor is 1 and excellent is 4.

1. The contact sessions arrangements were efficient	**1**	**2**	**3**	**4**
2. The contact sessions were well organised and structured	**1**	**2**	**3**	**4**
3. The facilities met my expectations	**1**	**2**	**3**	**4**
4. The facilitator was well prepared	**1**	**2**	**3**	**4**

Why did you give this score?

……

……

……

5. The facilitator was effective communicator	**1**	**2**	**3**	**4**

Why did you give this score?
……
……
……

6. Learning objectives were clearly stated	**1**	**2**	**3**	**4**

Why did you give this score?
……
……
……

7. The content was relevant to the stated objectives	**1**	**2**	**3**	**4**

Why did you give this score?
……

……
……

8. The content of the contact sessions met my learning objectives/expectations	**1**	**2**	**3**	**4**

Why did you give this score?
……
……
……

9. The contact sessions content was relevant to my work	**1**	**2**	**3**	**4**

Why did you give this score?
……
……
……

Please mark the appropriate block with a cross (X) on the scale as provided where not useful is 1 and very useful is 4.

10.The workbook added value to my learning	**1**	**2**	**3**	**4**

Why did you give this score?
……
……
……

Please mark the appropriate block with a cross (X) on the scale as provided where inadequate is 1 and adequate is 4.

11.Questions raised were dealt with adequately	**1**	**2**	**3**	**4**

Please mark the appropriate block with a cross (X) on the scale as provided where inappropriate is 1 and appropriate is 4.

12. The amount of work required was appropriate	**1**	**2**	**3**	**4**

Please mark the appropriate block with a cross (X) on the scale as provided where poor is 1 and excellent is 4.

13. The programme objectives were met	**1**	**2**	**3**	**4**

Why did you give this score?
……
……
……

14. What is your impression of the facilitation of the programme?	**1**	**2**	**3**	**4**

Why did you give this score?
……

……
……

C. MENTORING

1. I was introduced to my mentor during my first week of the Management and Leadership Fundamentals programme.	**YES**	**NO**

If no, explain the situation
……
……
……

2. My mentor and I were scheduled to work on the same shift for at least the first month.	**YES**	**NO**

If no, explain the situation
……
……
……

3. During the first week of the programme my mentor and I had a meeting where the mentorship process of the program was discussed.	**YES**	**NO**

If no, explain the situation
……
……
……

4. The learning objectives of the course/programme was discussed and broken down into manageable objectives.	**YES**	**NO**

If no, explain the situation
……
……
……

5. My knowledge and previous experience was taken into consideration when priorities were determined.	**YES**	**NO**

If no, explain the situation
……
……
……

6. My mentor and I had regular discussions with regard to my progress.	**YES**	**NO**

If no, explain the situation
……
……

……

7. I successfully completed the program within the set time frame.	**YES**	**NO**

If no, explain the situation

……
……
……

8. My mentor was readily available and could handle my queries/problems.	**YES**	**NO**

If no, explain the situation

……
……
……

9. At the end of the program my mentor and I discussed the outcome of the course/program.	**YES**	**NO**

If no, explain the situation

……
……
……

10. The mentor was available to assess my competence against the set objectives.	**YES**	**NO**

If no, explain the situation

……
……
……

11. My mentor was competent and prepared for assessments when necessary.	**YES**	**NO**

If no, explain the situation

……
……
……

12. My mentor give appropriate feedback when necessary.	**YES**	**NO**

If no, explain the situation

……
……
……

13. What was your overall impression of mentoring during the course/programme?

_____

_____

_____

14. What was the biggest obstacle you experienced during this period of mentoring?

_____

_____

_____

D. CONTENT:

1. How did you feel about the length of the course/programme?

_____

_____

_____

2. What did you learn from the course/programme?

_____

_____

_____

3. Which parts of the course/programme do you feel will be most useful in your working environment?

_____

_____

_____

4. What do you think should be added to the programme?

_____

_____

_____

5. What do you think should be excluded from the programme?

_____

_____

_____

6. How did you experience the activities in the study guide?

_____

_____

_____

7. Any other comments?

_____

_____

_____

Thank you for your valued participation.

ADDENDUM B:

Discussion guide for face to face interviews

DISCUSSION GUIDE:

Thank you for taking part in this interview. Just to refresh your memory since our telephonic conversation, this interview is about the Management and Leadership Fundamentals (MLF) programme, and you were chosen to take part to help provide valuable information in order to improve the existing programme.

QUESTIONS:

Section 1: Facilitation

1. I would like you to think specifically about facilitation:

a. How did you experience the facilitation in the programme? Was it positive, negative or neutral and why do you say that?

b. How did the facilitation contribute to help you complete the programme successfully?

	Select ONLY one option	Please tell me why do you say this?
It helped me tremendously		
It helped me a lot		
It was average		
It was a good experience		
It did not help me at all		

c. What would you say was most helpful during the facilitation?

d. What would you say was least helpful during the facilitation?

e. Could you name the obstacles you experienced during the facilitation?

f. Please rate how effective the facilitation was in the program, where 1 = not effective at all; 2 = not effective; 3 = neutral; 4= effective; 5 = extremely effective

Section 2: Mentoring

2. Now, I would like you to think specifically about mentoring:

a. How did you experience the mentoring in the programme?

b. Please describe to me how your mentor was assigned to you?

c. Please rate how effective your mentor was in terms of…where 1 = not effective at all; 2 = not effective; 3 = neutral; 4= effective; 5 = extremely effective

	Effectiveness				
	1	2	3	4	5
Knowledge					
Support					
Skilled					
Availability					
Prepared for sessions					

d. How did the mentoring contribute to help you complete the programme successfully?

	Select ONLY one option	Please tell me why do you say this?
It helped me tremendously		
It helped me a lot		
It was average		
It was a good experience		
It did not help me at all		

e. What would you say was most helpful during the mentoring?

f. What would you say was least helpful during the mentoring?

g. Could you name the obstacles you experienced during the mentoring?

Section 3: General

3. When thinking of management:

a. Please tell me how valuable the following were: (1=not valuable at all; 2 = not valuable; 3 = neutral; 4= valuable; 5 = extremely valuable); and then how was your experience with: (1 = very bad; 2 = bad; 3 = OK; 4 = good; 5 = excellent)

	Value					Experience				
	1	**2**	**3**	**4**	**5**	**1**	**2**	**3**	**4**	**5**
The support you received from management										
Management's response towards your requests for help/support										

b. What were your expectations from management and how were these expectations met or not met?

Section 4: Programme

4. When thinking about the programme overall:

a. What was clear or less clear to you during the programme?

b. What did you find helpful/ not helpful towards understanding the

i. Content of the programme

ii. Objectives of the programme

c. Was (a) the content (b) objectives (c) assignments:

i. Clear (Yes/No) if no, ask why

ii. Understandable (Yes/No) if no, ask why

iii. Obtainable (Yes/No) if no, ask why

iv. Relevant (Yes/No) if no, ask why

v. Applicable (Yes/No) if no, ask why

Thank you for your valued participation.

ADDENDUM C:

Consent from the interviewee

INDIVIDUAL INTERVIEW SCHEDULE STUDENTS	
Student name: Mrs. C.M. Coetzee	**Contact details:**
Student number: 14254654 Faculty of Education Department of Curriculum Studies University of Stellenbosch	Cell phone: 082 898 0461 Fax number: 0866 811 336 Email address: kayline.coetzee@mediclinic.co.za
Supervisor of the study: Prof Eli Bitzer	**Contact details:**
Centre for Higher Education and Adult Education	Telephone number: 021 808 2297
Manager research support: Maléne Fouché	**Contact details:**
Person to who queries can be addressed if participants have questions about their rights as research participants.	Telephone number: 021 808 4622

Dear respondent

Medi-Clinic prides itself in quality nursing education programmes and strives to improve its courses. You were chosen to help provide valuable information in order to evaluate the effect of facilitated sessions and mentorship to the outcome of the Management Leadership Fundamental (MLF) self study programme. The purpose of this interview is to collect data to assist in the evaluation process; information collected will also be used to improve the current Medi-Clinic programme.

Your participation in this research project is voluntary and will be based on the following principles:

- Freedom of choice whether you want to participate or not.
- A guarantee to protect your anonymity as a respondent.
- All information will be treated as confidential.
- Results will be published and presented in such a way that respondents remain anonymous.

Please sign informed consent ……..

Your cooperation is sincerely appreciated.

Yours faithfully

Mrs. C.M. Coetzee

Researcher

ADDENDUM D:

Ethics committee approval

UNIVERSITEIT·STELLENBOSCH·UNIVERSITY
jou kennisvennoot • your knowledge partner

3 August 2010

Tel.: 021 - 808-9183
Enquiries: Sidney Engelbrecht
Email: sidney@sun.ac.za

Reference No. 327/2010

Ms K Coetzee
Department of Curriculum Studies
Faculty of Education
University of Stellenbosch
STELLENBOSCH
7602

Dear Ms Coetzee

APPLICATION FOR ETHICAL CLEARANCE

With regards to your application, I would like to inform you that the project, *The value of facilitation and mentoring in a Management and Leadership Fundamentals programme for registered nurses,* has been approved on condition that:

1. The researcher/s remain within the procedures and protocols indicated in the proposal;
2. The researcher/s stay within the boundaries of applicable national legislation, institutional guidelines, and applicable standards of scientific rigor that are followed within this field of study and that
3. Any substantive changes to this research project should be brought to the attention of the Ethics Committee with a view to obtain ethical clearance for it.

We wish you success with your research activities.

Best regards

.....
MR. SF Engelbrecht
Secretary: The Research Ethics Committee: Human Research (Non-Health)

ADDENDUM E:

Mediclinic approval

MEDI-CLINIC LIMITED
Private hospital group
Reg. No. 1969/009218/06
Medi-Clinic Offices, PO Box 456, Stellenbosch 7599 • T +27 21 809 6500 • F +27 21 809 6756
Strand Road, Stellenbosch 7600 • www.mediclinic.co.za

5 August 2010

Ms K Coetzee
Postnet Suite 269
Private Bag X1007
LYTTELTON
0157

Dear Kayline

PERMISSION TO CONDUCT RESEARCH AT VARIOUS HOSPITALS

Your research proposal entitled "*Evaluating facilitation and mentoring in a Management and Leadership Fundamentals programme for Registered Nurses*" refers.

It is in order for you to conduct your research at various hospitals, and I wish you success with this project.

Yours sincerely

Estelle Jordaan
ESTELLE JORDAAN
Nursing Executive

ADDENDUM F:

CV external research consultant

SUMMARY OF CV: ILJA DE BOER

Ilja completed her MBA degree through University of Hull (UK) majoring in Strategic Marketing.

Ilja is currently employed at SARS as a specialist in research and analysis. Previously she was employed at some of the bigger research companies like Markinor, Research International and Interact RDT. She is also a member of the South African Market Research Association (SAMRA). Her major roles in these companies were to manage projects from beginning to end and to eventually present the results to clients.

Ilja has over ten years experience working on various research projects within many industries. Her experience comes from working with more than 30 companies, large and small; ad hoc and ongoing, during the years. Examples of some of the bigger companies and the type of research she was involved with are as follows:

- **UNISA:** researching the perception of BBBEE within small to medium organizations, resulting in an article published in "The SOUTHERN AFRICAN BUSINESS REVIEW (SABR)" which is an accredited and refereed journal of the College of Economic and Management Sciences, University of South Africa. The article is: *The impact of black economic empowerment (BEE) on South African businesses: Focusing on ten dimensions of business performance* by Prof. L. Krüger.
- **MTN and Vodacom:** various projects relating to cell phone usage and advert awareness and perceptions conducting focus groups.
- **Internet Solutions (IS):** customer satisfaction survey of their mid-tier clients in the form of (1)quantitative web based survey and (2) in-depth interviews with 50 clients across the country
- **BMW:** quantitative web based customer satisfaction survey, which also involved mystery shopping where existing customers were used when their vehicles are due for a service.
- **ABSA:** various qualitative and quantitative projects involving awareness campaigns, sponsored events and services
- **Sun International:** Customer satisfaction campaign
- **Discovery:** various qualitative and quantitative project involving new product development, ad campaign awareness and events
- **Medscheme:** conducting qualitative in-depth interviews with clients establishing their perceptions of Medscheme services
- **Toyota:** customer satisfaction survey and advert awareness
- **Unilever:** qualitative focus groups involving new product and advert developments, working closely with the Indian clients.
- **AVBOB:** customer satisfaction surveys and new product development
- **Hollard:** qualitative focus groups establishing customer perceptions and experience with funeral plans.

Her qualifications are as follows:

University of Hull (UK)
2001 – MBA Strategic Marketing

University of Pretoria
1996 – BA Hons (Psychology)

University of Pretoria
1986 – BSc Hons (Genetics)

University of Pretoria
1985 - BSC

ADDENDUM G:

THESIS EDITING

5 MAY 2012

TO WHOM IT MAY CONCERN

I, Suzette Marié Swart (ID 5211190101087), confirm that I have edited the following thesis:

Client:

Catherine Maria (Kayline) Coetzee

Title:

Evaluating facilitation and mentoring in a Management and Leadership Fundamentals programme (MLF) for registered nurses

Regards

Suzette M Swart* *(not signed – sent electronically)*
0825533302
smswart@vodamail.co.za

LANGUAGE PRACTITIONER/EDITOR:
The Consortium for Language and Dimensional Dynamics (CLDD)
University of Pretoria (UP)
Tshwane University of Technology (TUT)
University of Johannesburg (UJ)
University of South Africa (UNISA)
Milpark Business School
SA National Defence Force (SANDF)
Civil Aviation Authority (CAA)

*__Full Member:__ ***The Professional Editors' Group***

The edit included the following:

- Spelling
- UK vs USA English
- Vocabulary
- Punctuation
- Grammar (tenses; pronoun matches; word choice etc.)
- Language tips
- Correct acronyms (please supply list)
- Consistency in terminology, italisation etc.
- Sentence construction
- Suggestions for text with unclear meaning
- Basic references (consistency in text and against bibliography)
- Basic layout, font, numbering etc.
- Logic, relevance, clarity, consistency

The edit excluded:

- Correctness of crediting another's work – PLAGIARISM.
- Content
- Correctness or truth of information (unless obvious)
- Correctness/spelling of specific technical terms and words (unless obvious)
- Correctness/spelling of unfamiliar names and proper nouns (unless obvious)
- Correctness of specific formulae or symbols, or illustrations
- Style
- Professional formatting

Suzette M Swart