INAUGURAL LECTURE

of

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SCHOLARLY LEADERSHIP: THE VOICE OF NURSES

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INAUGURATION

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ABSTRACT

The nursing profession is in dire need of good leadership that can play a key role in giving nurses a voice to make a positive change by improving patient care and enhancing the well-being of our people. A commitment to scholarly approaches can create bonds across the academic nursing community and can serve as a framework for the advancement of nursing knowledge that will ultimately improve the health of the people of South Africa. The challenge starts with electing candidates who are caring and resilient and to empower them to become the future leaders in the profession and with maintaining and enhancing resilience in professional nurses through on-going development and other strategies; and with ensuring that there are resilient nurse educators to facilitate this process through scholarly leadership and the scholarship of teaching and learning.

Keywords: scholarly leadership, resilience, caring, scholarship of teaching and learning.

OPSOMMING

Die verpleegkundeprofessie het ’n ernstige behoefte aan goeie leierskap wat ’n sleutelrol kan speel deur aan verpleegkundiges ’n stem te gee om ’n positiewe verskil te maak en pasiëntsorg en die welstand van ons mense te verbeter. ’n Verbintenis tot akademiese benaderings kan bande in die akademiese verpleeggemeenskap verskaf wat as ’n raamwerk kan dien vir die bevordering van verpleegkennis wat uiteindelik die gesondheid van mense in Suid Afrika kan verbeter. Die uitdaging begin met die keuring van kandidate met ’n gesindheid van omgee en met veerkragtigheid en om hulle te bemagtig om die toekomstige leiers van die professie te word; en met die behoud en verbetering van veerkragtigheid by professionele verpleegkundiges deur middel van voortgesette ontwikkeling en ander strategieë; en met metodes om te verseker dat daar veerkragtige verpleegonderwyskundiges is wat die proses kan fasiliteer deur middel van akademiese leierskap en die akademie van onderrig en leer.

Sleutelwoorde: akademiese leierskap, veerkragtigheid, omgee, akademie van onderrig en leer.

INTRODUCTION

The development of future nursing leaders is a long-term quest that requires both planning and action to ensure that they develop the skills and competencies necessary for success in the ever-changing health care environment (London, 1993). Kouzes and Posner (2006) stress that the most significant contribution today's leaders can make for the future is to develop their successors so that they will adapt, prosper, and grow (Faila & Stichler, 2008). The importance of professional nurses and nurse educators who can provide this leadership to student nurses is clear, as these emerging leaders will need analytical and problem solving skills to resolve problems by making appropriate clinical decisions underpinned by holistic professional competence, to ultimately replace and continue the highly demanding work that is being done to improve nursing work environments and patient outcomes (Hoffman, 2007; Fish & Twinn, 1997).

BACKGROUND

South Africa's health care system is predominantly nurse-based and requires nurses to have the competence and expertise to manage the country's burden of disease (Day & Gray, 2005). Unfortunately, research suggests that the standards of nursing have dropped and that the image and status of the profession have declined. Media reports describe conditions at public hospitals as "appalling and shocking", with health care professionals working in harsh conditions (Buchan, 2006). There has also been a progressive move from responsibilities to rights, which often causes tension between the rights of the nurse and the rights of the patient (Ehlers, 2006). While nurses recognise unsatisfactory ethical behaviour, their psycho-social working environment is overwhelmingly negative, making it virtually impossible for nurses to resolve the problems on their own (Van Rensburg & Pelser, 2004; Ehlers, 2006). Moral distress therefore is a real problem amongst nurses; often they cannot do what they think is right and their personal and professional values may be violated, which leaves a moral residue resulting in negativity and the avoidance of patients (Hofmeyer, 2003). The importance of a philosophical basis of work is stressed in literature on the importance of nursing as a calling (Turner *et al.,* 2002; Cilliers, 2002). Koen, Van Eeden and Wissing (2011) identified the importance of values, compassion and caring in their study on resilience in professional nurses, where most of the participants felt that it should be stressed in basic and on-going training, to ensure high quality patient care. Professional commitment and pride are reflected in nurses' attitudes toward their work and a desire to perform well and to provide quality care (Gould & Fontena, 2006).

Resilience has become a very pertinent topic in the business world, as it is one of the top qualities many companies are looking for in potential employees who can make a change

(Coutu, 2002) and it is seen as an even better indicator of success than experience, training or education. Three main characteristics are identified in individuals and companies to deal effectively with adversity. The first of these is facing down reality, which refers to the ability to deal with the situation even if it is gruelling; the second is the search for meaning, which refers to the dynamic of building bridges from present-day hardships to a fuller, better constructed future; and the third is the ability to make do with whatever is at hand (Coutu, 2002). Resilience refers to the skill and capacity to be robust under conditions of enormous stress and change. This is important for nurses, given their adverse working conditions (Koen *et al*., 2011). We need resilient nurses who thrive in their harsh working conditions and who provide high quality care in spite of these conditions. Research studies found that nurses who do not cope will eventually suffer from compassion fatigue and will not able to provide quality patient care (Coetzee *et al*., 2007; Koen *et al*., 2011).

SANC statistics also reveal that complaints against nurses have increased three hundred fold since 1996 (SANC, 2006). The majority of cases indicate a negative attitude of the nurse, which led to an act which constituted misconduct. There has also been a steady decline in formal, dedicated nursing leadership positions at national and provincial health care service organisations in South Africa, which resulted in a loss of direction and a decline in motivation among nurses (Muller, 2002). This lack of leadership capacity has been identified as a key stumbling block to quality health care delivery. Since 2003 SANC has received numerous letters from nursing professionals describing their workload and conditions as unbearable, with tasks like opening blocked drains, cleaning wards, dispensing and operating as ambulance drivers and undertakers, all of which increase the sense of negativity in the profession (Oulton, 2006; SANC, 2006; Buchan, 2006). These negative work experiences can be linked to lower professional commitment and thoughts of leaving the nursing profession (Scott *et al*., 2008). The nursing profession, and the stress commonly associated with it, have been the subject of considerable research for decades. This is not surprising, given that it is widely known that nursing has high rates of staff turnover, absenteeism and burnout (Kirkcaldy & Martin, 2000). The most common sources of stress seem to be similar for all nurses, regardless of the type or ward or nursing specialty, and appear to be inherent to the nursing roles, such as a high workload, poor collegial support, role conflict and role ambiguity (Ehlers, 2006; Lambert & Lambert, 2001; Lazarus, 1990). The quadruple burden of disease in South Africa, involving HIV, AIDS and tuberculosis (TB); high maternal and child mortality; non-communicable diseases; and violence and injuries, adds to this burden and exacerbates the shortage of health care providers (Armstrong *et al.*, 2008).

Globally there is recognition of a health workforce crisis which undermines the effectiveness of health systems and the delivery of health care services to those in need. With nurses

being the largest single group of health care providers in any country, this crisis can also be characterised as a nursing crisis (Van Rensburg, 2004), with an estimated shortage of 32 000 nurses (Oulton, 2006). Statistics of the South African Nursing Council (2011) indicate that over 50% of health care workers in S.A. are nurses with a ratio of 428 people to 1 registered nurse. Perra (2000) notes two distinct factors influencing the nursing shortage – baby boomer retirement and fewer candidates entering the nursing field. Nurses are at the bedside 24 hours a day, seven days a week and are on the front line to influence sustainable outcomes and productivity. They are the first level of decision-making and by permitting some autonomy in their decision-making, we lay the foundation of leadership (Fish & Twinn, 1997). New nurses decide appropriate times to call a physician, choose applicable care plans and pertinent interventions. These early autonomous steps form the building blocks of leadership (Benefield *et al.*, 2000). Another overlooked aspect of this nursing shortage is the dearth of leaders among nurses (Horton-Deutch & Mohr, 2001). While a decline in the number of nursing leaders may be attributed to the current nursing shortage, studies have noted that there is also a significant deficiency in the number of nursing leaders. In 2013, nurses are in a distinct position to influence health care policy and legislation. We need inspirational nursing leadership to exert that influence and by nurturing leadership as well as clinical skills, this can be achieved (Laurent, 2000; Sofarellei & Brown, 1998). Nursing as a profession fails new nurses by not developing their leadership capabilities. We need vibrant and dedicated leaders to influence health care legislation and policy; but instead, our supply of leaders to pave the way has diminished (Antrobus & Kitson, 1999). Nursing leaders often use a practitioner view of problem solving and lessons that may have come from lessons in the past, recommendations from consultants or colleagues. Missing from this process however is the scholarly dimension. In the scholar, practitioner, leader model, a leader also have to use knowledge and scholarly research as a basis for planning and problem solving (Bennis, 2007).

In light of the major health care reforms in our country, quality nursing education is vital to empower nurses to meet the health care needs and to enable them to engage in policy debates and provide leadership for change (Muller, 2002; Geyer, Naude & Sithole, 2002; Pelser, Ngwene & Summerton, 2004; Vander Zyl, 2002). The medical model has also worn out nurses, and to succeed we need a nurse-driven model instead. We should, however, be aware that in striving for political power, we are still struggling with professional poverty. Accessible nursing leaders can play a key role in providing nurses with a voice in the improvement of patient care environments (AACN, 2005). Leaders can help create a deeply satisfying organisational culture at the unit level by engaging staff in the development of shared values in their work and by enhancing the motivation, morale, and performance of their followers (Faila & Stichler, 2008). Failure to take steps to build cultures of engagement can cause staff to feel that they are not supported in their work, and even to leave the

organisation. Literature reports that work environments are evaluated as being more healthy and that staff retention is better when staff feel that they are supported by their nursing leaders (Kramer *et al.,* 2007; Shirey, 2006). An absence of nursing leadership also contributes to students' unfavourable opinions of their profession. Not all authors subscribe to the notion that clinical proficiency and leadership are congruous, and some contend that a leader cannot provide direct care but that the leader's obligation is to create the environment in which people can provide good care. Although leaders in the lower ranks have less responsibility (Kramer *et al*., 2007), they can still act in a leading capacity and can make a difference. Nurses can propose improvements to the status quo and take the lead in presenting in-service training, or they can consult on retention and recruitment issues (Porter-O'Grady, 1999). Most nursing institutions include a leadership module in the curriculum, but once nurses are in practice, there is no follow-up of this (Benefield *et al.*, 2000). With no end in sight to the shortage of nurses, the nursing profession is marred by its failure to train more leaders. In the new millennium, nursing must make a dedicated effort to nurture its young to grow into effective, motivating leaders (Sullivan & Decker, 2001).

Given the complex nature of leadership, most leadership scholars probably would agree in principle that leadership can be defined as the nature of the influencing process – and its resultant outcomes – that occur between a leader and followers in pursuit of a moral purpose, leading to moral outcomes that are guided by moral means. Without followership there is also no leadership. Leaders need to be able to follow where necessary. It is through following that leadership skills are developed. It is purpose driven, resulting in change based on values, ideals, vision, symbols, and emotional exchanges; leadership goes beyond management and is necessary for outcomes that exceed expectations (Collins, 2001; Daft, 2005). A useful definition of leadership should include the three dimensions of leadership as a basis (Yuki, 2002). Leadership as *influence* (the first dimension) refers to the ability of a leader to bend the motivations and actions of others to achieve certain goals, which implies that the leader takes initiatives and risks, which in turn implies influence rather than authority (Bush, 2008). *Leadership and values* is the second dimension and refers to the importance of actions being grounded in the leader's personal and professional values, implying the importance of character as well as emotional and moral capability (Bush, 2008). The final dimension is *leadership and vision*, although it must be noted that vision can blind a leader and that a leader must remain in touch with reality, and that visions also have to conform to centralised expectations (Hoyle & Wallace, 2005). Leadership is also necessary for a variety of reasons (Laub, 2003; Daft, 2005). At the strategic level, leadership is necessary to ensure the coordinated functioning of the organisation as it interacts with a dynamic external environment (Patterson, 2001).

Thus, leadership is required to direct and guide organisational and human resources toward the strategic objectives of the organisation and to ensure that organisational functions are aligned with the external environment (Stone, 2003). It is important to remember that one can lead others from anywhere in an organisation: leadership is a choice one makes to inspire others; not the place where one sits. The importance of inclusiveness must be stressed in leadership and also that leaders do not exist in a vacuum, leadership exists only with the consensus of followers (Bennis, 2007). In order for leaders to stay abreast of changes and new research, on-going development is necessary and our own governing bodies dictate that we must stay current with continuing education courses (Kerfoot, 2001; Horton-Deutsch & Mohr, 2001) but little progress has been made towards finalising the continuous professional development (CPD) system in nursing. CPD is an essential component in ensuring a positive practice environment which will promote staff development that will contribute to improved competence, skills development, leadership development, better staff morale and a more motivated workforce. The nature of nursing is closely linked to and connected with the society it serves, and there is a need to re-affirm the noble and caring nature of nursing, taking into account the socio-political milieu which impacts on nursing. This necessitates intervention in the form of a comprehensive approach to reinstate the professional ethos, to market the profession in a positive way to the public and as a career choice to suitable nursing recruits. Recruitment of nursing students should be in line with the established values and ethos of nursing (Lubanga, 2005; Subedar, 2005; Cullinan 2006).

THE CHALLENGE

The challenge is to empower nurses to become scholarly leaders on all levels, starting with nursing students – they are the future of the profession and they are our next generation of agents, as professional nurses in practice. They are the next generation of care providers and service delivery agents. Nurse educators are responsible for teaching these transforming agents; and research should be employed to provide the facts and evidence for better practices. The focus of this presentation is the development of such a scholar-leader nurse who can make a difference, with the goal to improve the quality of care and to give direction, by serving the community, by embracing lifelong learning, through social and workplace contribution (practice) and through the ability to exert a positive influence (leadership) in all aspects of life. It is also important to touch on the legacy of nurses being mostly women, and the associated burden of historic preconceptions, gender references and biases driven by traditional views of nurses being “functional doers” – carrying out the orders of others (Dingfelder, 2004; Eagley, Johanessen-Scmidt & Van Engen, 2003). Despite good intentions and some interventions in the health care system and higher education, women are still under-represented in leadership positions (Dominci, Fried & Zeger, 2002;

SANC, 2006; Stichler, 2008; Harris & Ott, 2008). Leadership positions, as currently defined, are less attractive to women than to men, as they must be available around the clock and take on an inordinately extensive range of duties. Success in these positions often seems to depend on having a spouse who can shoulder domestic responsibilities (Thompson, Zeger, Johnson & Fried, 2009). Women's contributions in decision-making roles should no longer be discussed in terms of equality and fairness but rather in terms of the benefits that their participation brings to the leadership structures of organisations and society as it can add to innovation and an improved expression of an organisation's inclusive values. The under-representation of nurses in leading roles, as explained above, has added to the demotivation of professional nurses (SANC, 2006). The question is: "What do we need?"

We need nurse leaders who are thoughtful strategists and who can make informed decisions, whose actions are based on a body of knowledge, education, evidence and experience (Sherman & Eggenberger, 2009; Van Dyke, 2008). The positioning and adaptive capacity of nursing provides the profession with a unique opportunity for leading health transformation to advancing the potential for high quality patient care. At the launch of the national strategic plan for nursing education, training and practice, 11 March 2013, the Ministry of Health also stressed the role of nurses in achieving a long and healthy life for all South Africans. These practitioners carry the burden of serving the majority of South Africa's population with minimal funds and insufficient personnel. 58.9% nurses in the public sector are serving 82% of the population, while 41.1% in the private sector are serving 18% of the population (Van Rensburg, 2004; SANC, 2006). With nurses being the core of the health care system, the call for strong and capable nurse leaders who can inspire others to make a positive change, is clear (Porter-O-Grady, 2011).

Universities across the nation are striving to meet the challenges of rapidly changing educational systems in an increasingly complex learning environment. Universities must bear in mind that they are a national asset and that they need to be concerned about the future of people. These higher education institutions face immense challenges, like the seamless nature of knowledge currently, as well as the diverse nation in South Africa (Sandy & Meyer, 2009). In this educational landscape, social justice and equal learning opportunities have become centre stage, which implies equal opportunities that can lead to equal outcomes (Theoharis, 2007). Another challenge for the all the professional fields are the importance of the "service" mindset, particularly in nursing, as we are dealing with a prevailing attitude of avoidance, disengagement and entitlement in our profession. We need to socialise people to engage in and value service (Napper-Owen, 2012): if we are not successful, we are doing our charges and pledges a disservice, and depriving our communities. The service work must be authentic, meaningful and relevant and for the good for others

(Wooden & Jamison, 1997). Like mortar between bricks, service can stabilise and sustain structures, and service assignments in our professions will not only prepare the students for their work in our communities but can add to their own well-being because they will be doing work that is valuable for others (Massé & Hogan, 2010). Universities have to recognise their social role and have to engage with society in order to be of service to our people.

It is clear that higher education also has the challenge and the opportunity to cultivate leadership among ourselves and our students by introducing techniques like teamwork skills which will lead to empowerment to collaborate and communicate across sectors when required. Only through these collaborative leadership qualities will we be able to develop an understanding of our community, policy makers and the media to garner financial and regulatory support that is needed to maintain a healthy institution and to ensure quality in our operations, as well as to meet the demands of our community (Carey, 2011; Green, 2013). Mutual respect and engagement are necessary, with involvement of staff and students in our communities and with ethical principles to ensure a culture of service, concern about the future and creating a caring society. It is therefore important that universities are not isolated from the community but that they should be partners in identifying assets and resources to reshape and improve communities.

The declining funding of universities has also negatively impacted on the functioning of universities as robust knowledge institutions; which can in turn negatively impact on the quality of academic programmes (Van der Berg *et al*., 2007) and which does not help to meet these challenges. Recruitment and retention of talented staff, provision of both pedagogical and research infrastructure, and the employability of many graduates from universities are problematic issues. Given the remorseless rise in the cost of university education, all students will be concerned with the question of whether this education will ensure employment for them (Van den Berg & Broekhuizen, 2012). Therefore, it is important to identify appropriate models of teaching and learning, given that the traditional lecture seems obsolete. Nowhere is this dialogue more pertinent than in nursing, where rigorous scholarly inquiry must be applied in the realities and demands of practice. Boyer (1990) proposes that scholarship involves four areas that are critical to academic work. These are the scholarship of discovery, teaching, application and integration. These four aspects of scholarship are salient to academic nursing, where each specified area supports the values of a profession committed to both social relevance and scientific advancement (Diamond & Adam, 1995). Scholarship in nursing can be defined as those activities that systematically advance the teaching, research, and practice of nursing through

rigorous inquiry that is significant to the profession, is creative, can be documented, can be replicated or elaborated, and can be peer-reviewed. This commitment to scholarly approaches creates common bonds across the academic nursing community and can serve as a framework for the advancement of nursing knowledge that will ultimately improve the health of people. The challenge is to transform this vision into reality, to make a significant contribution in our profession by empowering nurses on all levels to meet the demands and to make a difference by improving the health of the people of South Africa.

Research question and objective

What do we need to ensure scholarly leadership in nursing students, professional nurses and nurse educators, in order to provide them with a voice to make a difference and to improve the health of people of South Africa?

Nursing students (scholarly teaching)

Every year, within the first three months of starting their training, 6-12 students terminate their studies because of reasons like having made the wrong career choice or finding the clinical practice too stressful. Quality teaching is central to the retention and success of students in higher education. Yet, sufficient qualitative measures and debates are still not in place to explore these issues (Essack *et al.*, 2012). The above-mentioned changes in the South African health care system and nursing practice complexities require nurses to have analytical and problem-solving skills to make appropriate clinical decisions underpinned by holistic professional competence (Fish & Twinn, 1997). In preparation for the role of professional role, undergraduate nursing students are expected to develop and integrate knowledge and practice to achieve conceptual understanding to make the necessary clinical decisions (Uys *et al.*, 2004; Tanner, 2006). In order to equip these students with these competencies, they progress on an experience continuum from novice to expert (Benner, 2001). This experience accumulates over time, until students have internalised it, to become self-directed, independent and evidence-informed decision makers to improve their patients' health (Straus *et al*., 2009; Lombard & Grosser, 2008). Competency-based learning focuses on the capacity and responsibility of each student and the development of autonomy and self-reliance (Sanchez *et al*., 2008).

We therefore need to transform this knowledge into practical knowledge by providing innovative education, through non-traditional approaches to learning where knowledge is integrated with attitudes and values that suit the student's personal and professional life and that enhance lifelong learning (Sanchez *et al*., 2008). Right now, universities are in a

particularly uncertain space, between the IT-revolution, the market and community demands. Blended learning approaches are recommended, combining face-to-face learning activities with on-line or computer-based learning. This involves an integration of classroom learning with e-learning, where the student has an element of control over time (Jacob, 2011). There is a mania over open online courses and Ulrich (2009) refers to the innovation exhaustion of Higher Education, instead of debating possible problems many academics have jumped into the chase. It has been overexposed as it is right at the intersection of high quality and lower cost causing a peak of inflated expectations. Another fear is that corporations instead of universities will end up controlling the future of higher education. Failed change in higher education has costs: when enthusiastic university staff commits to a changed project and it fails, they take the scars of that experience with them (Scott, Coates & Anderson, 2008). New initiatives should therefore not be at the expense of programmes that are already running good, as this will damage the morale of these academics. At the same time, however, we need educational leaders who are fearless and who are prepared to take risks to stay current; prepared to admit when they were wrong; prepared to face the consequences and carry on.

Integrated learning addresses the relationship between learning activities and their physical environment, for example through mobile technologies. The educator becomes the conductor and orchestrates the sequence of activities and may change the scenario in real time. It is important to note that we have to change the technology – not the educator's freedom (Dillenbourg, 2006). Integrated learning also refers to the organic interleaving of computerised activities (e.g. simulation, forums and exercises) with the diverse activities in on-campus courses (e.g. lectures, exercises and practical work). The School of Nursing Science (SONS) at NWU offers undergraduate and postgraduate programmes with different modes of delivery. Service learning is part of the undergraduate programme and exposes students to authentic work experience and uses simulation to prepare them for this work experience. These practical hours are part of students' curriculum and a requirement for registration as a professional nurse at SANC. By displaying true mentorship and role-modelling, nurse educators and professional nurses can inspire students to become true professional nurses and nurse leaders (Brady, 2010). The undergraduate programme also involves preceptors for accompaniment of students in practice. The preceptors enhance the clinical skills of the students and work closely with the lecturers to bridge the gap between theory and practice and to strengthen the skills of the students. The educational learning model in the undergraduate programme is focused on enabling the graduate to function as a clinically focussed, service-orientated, independent registered professional nurse and midwife who is able to render comprehensive care across all spheres of health. The postgraduate programmes are focused on furthering the knowledge of professional nurses in their area of choice, becoming experts and leaders in the health care system. The

philosophical basis of the undergraduate curriculum is based on an attempt to ensure quality integrated teaching at all times, which is embedded in the post-modern philosophy of science, with a social constructivist approach to learning where a context for deep holistic training is created.

Integrated learning in the context of SONS refers to an innovative strategy of learning and teaching, where the facilitator is not restricted to a single pedagogy to facilitate learning, but uses a creative synthesis that integrates a rich set of teaching, learning and technological components. Integrated learning is not exclusively used as an e-learning strategy, but inclusively as an innovative combination of contact and decentralised learning strategies (adapted from Dillenbourg, 2006). In particular, integration of different pedagogical strategies, including individual, group and class work takes place to integrate theoretical and practical/clinical (e.g. work-integrated) competencies. Accompanied facilitation implies the creation of a teaching-learning culture, characterised by an interpersonal relationship of respect and acknowledgement of the uniqueness of each student. In this process, theoretical knowledge is translated, existing understanding is challenged through self- and peer group assessment, where active participation is encouraged, and there is a quest for learning as a deep, life-long and personal enriching experience. The lecturer's role as facilitator implies a process of accompaniment through which subject knowledge and professional and life experience are brought in relation with academic knowledge to build a bridge between theory and practice. See Figure 1 as an illustration of this process.

The challenge regarding nursing students starts with recruiting candidates who have the qualities necessary for a professional nurse: they must be caring and compassionate about helping others; and they must be resilient and able to meet the demands and challenges of their training so that they will not only complete their studies but will stay in the profession and make a difference by providing quality care. A support network should therefore be in place to ensure that the students have scheduled times and places to discuss their problems and share their experiences. One of the strategies the school has implemented this year is a buddy/mentor system where all the fourth year students, as part of their research project and clinical teaching experience, provide guidance to the first year students on their practical skills on a weekly basis. This initiative is also involves measuring the first year students' resilience and focus groups with them to explore their experience. The feedback from both groups of students so far is very positive. The school has also introduced a men's socialising group, and the ladies subsequently established their own group, to give students an opportunity to spend their free time constructively and to give them a voice.

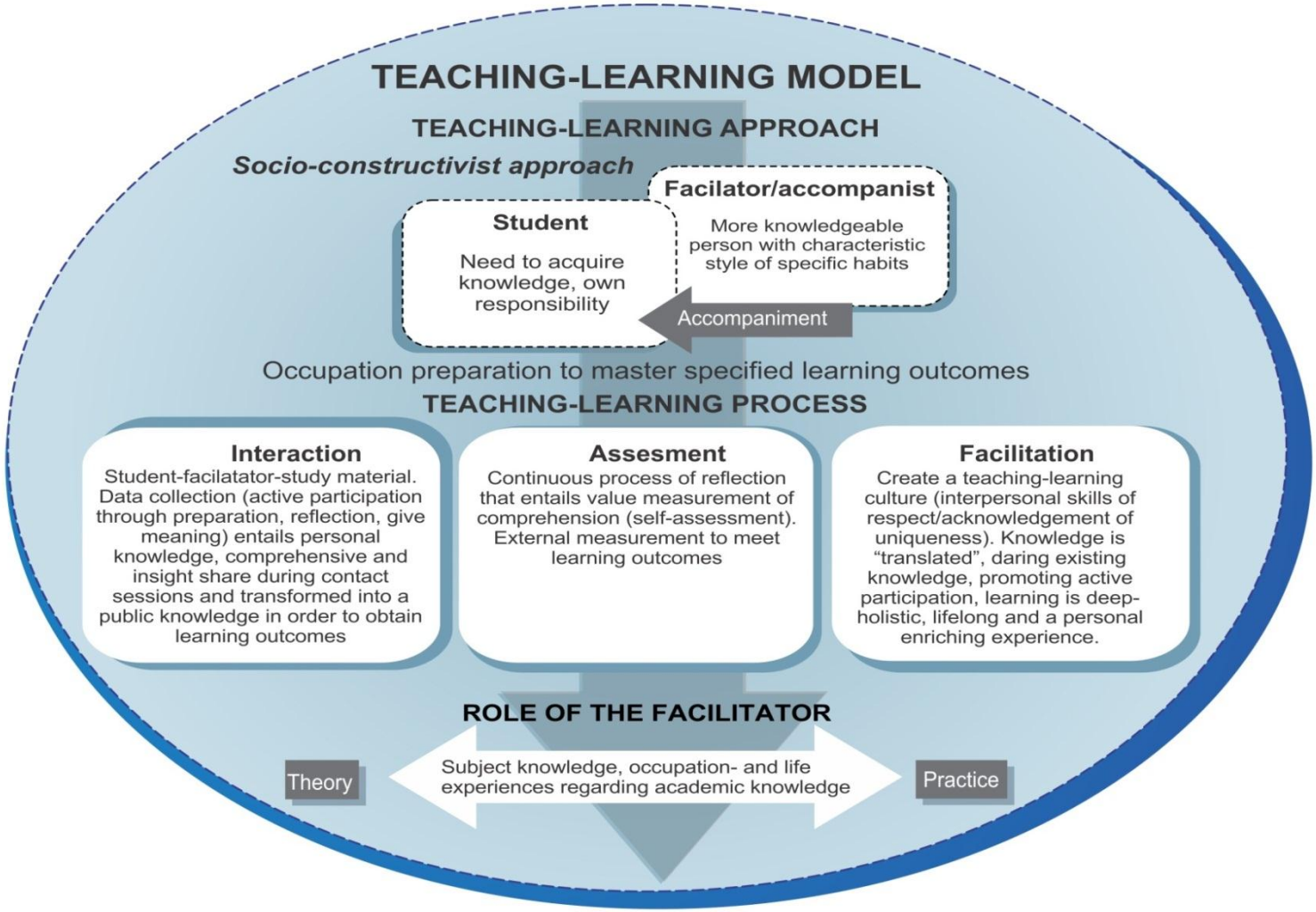


Figure 1: Teaching-learning Model of Undergraduate Nursing programme of the NWU, Potchefstroom Campus (Williams & Bester, 2009)

Professional nurses (scholarly practice)

South African nurses daily find themselves in a high risk, stressful work environment, affecting their physical health and emotional well-being (Van den Berg *et al*., 2007). Research findings and literature indicate that professional nurses feel emotionally overburdened, stressed, fatigued, helpless, hopeless, angry, and grieved with moral distress and lack of personal accomplishment; and for these reasons they often leave the profession (Smit, 2004; Van Rensburg, 2004). It is thus clear that a serious attempt should be made to retain professional nurses in practice: we need to care for the care giver. This can be done by increasing resilience among professional nurses, by providing support and lifelong training. There is an outcry from nurses to be acknowledged and recognised for their professional value and their plea is that the caring concern which lies at the heart of nursing must be honoured and re-discovered. It is suggested that strengths of the positive end of the health continuum be explored (Keyes, 2007; Nelson & Simmons, 2003; Ryff & Singer, 2003). *Resilience* is a multi-dimensional construct and is used as an umbrella term for specific facets of psycho-social well-being. These facets were identified in literature and previous research. Resilience is conceptualised in terms of high levels of hope, optimism, coping, self-efficacy, sense of coherence and flourishing mental health – all of which are described in literature as characteristics of resilient people (Kaplan, 1999; Lifton, 1993; London, 1993; Risher & Stopper, 1999; Seligman, 1998).

Research done among professional nurses in private and public hospitals in Gauteng found the prevalence of resilience in the total group of professional nurses (N=312) to be as follows: 30 participants (10%) seemed to be less resilient, 149 participants (47%) seemed to be moderately resilient, and 133 participants (43%) seemed to be highly resilient (Koen, Van Eeden & Wissing, 2013). Stories and discussions with resilient professional nurses identify resilience as an enabling factor that is conceptualised as a self-sustaining strength. Resilient characteristics of identified professional nurses correspond with the concepts in literature to measure aspects of resilience, namely hope, optimism, coping self-efficacy, sense of coherence, health, mental health and well-being (Huber & Mathy, 2002; Kaplan, 1999; Masten, 2001; Tedeschi & Calhoun, 2004). Data also identifies other important characteristics, such as joyfulness, a sense of purpose and dreams, being appreciative of life, being thankful, being forgiving, having self-respect, having perseverance, overcoming obstacles, rejoicing in success, having self-control, having self-reflection, having vigilance, being constructive, being self-disciplined, being efficient, being committed, taking responsibility, being passionate, being able to handle emotions, striving to improve, being confident and mature with inner strength, being caring and proudly being a professional nurse. Resilience in attitude and ability in the nurses is reinforced by resilient behaviour and the latter by positive outcomes such as being able to overcome difficulties, to adapt, to

become stronger and more committed to a unique profession that they value (Koen, Van Eeden & Wissing, 2011).

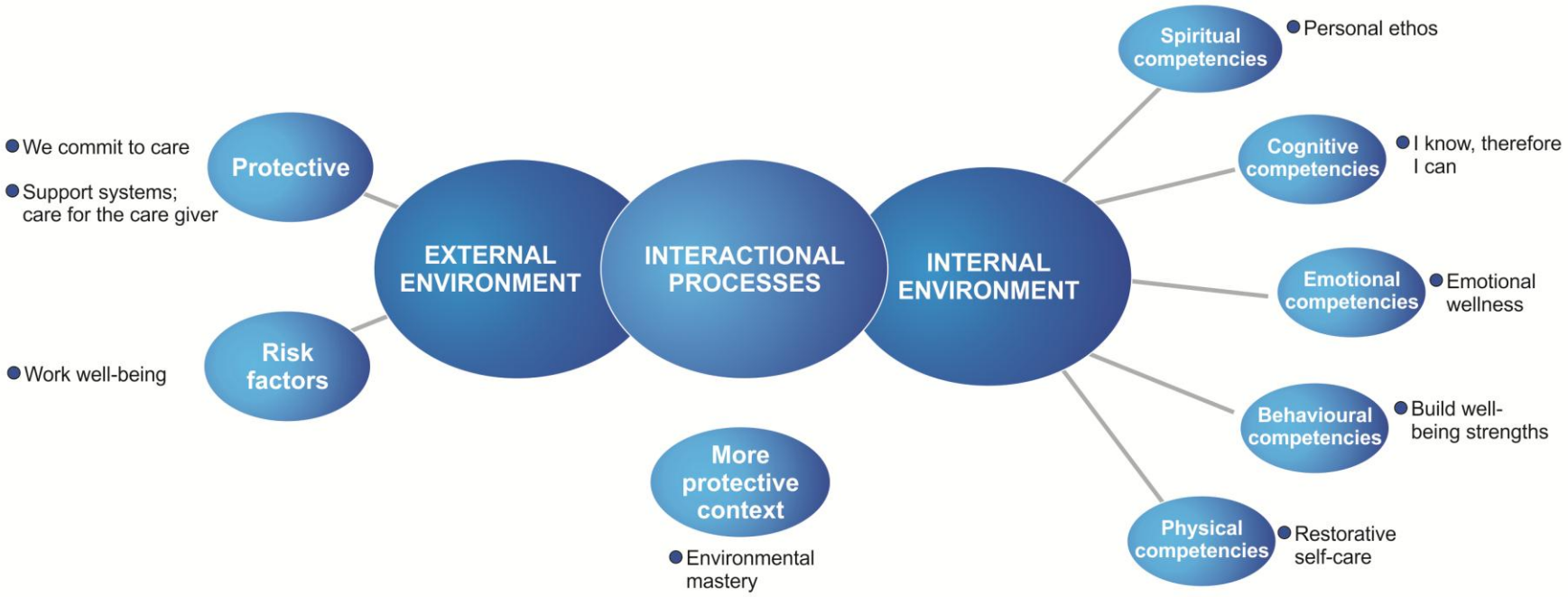
This research provided evidence about resilience as a strategy to facilitate and enhance nurses' ability to survive and thrive in the demanding nursing profession and to manage the rapid health and organisational changes. The importance of a solid foundation (spiritual, personal and professional), good knowledge and skills (good basic education and on-going training), a healthy lifestyle, supportive networks and relationships (a conducive environment or work place) is recognised as part of this. It also shows the on-going interaction that exists between protective and risk factors. Positive adaption and resilient integration can be promoted by the suggested guidelines, and can yield resilient professional nurses. These nurses are working in a unique profession which can be rewarding and satisfactory, and if the work they do is acknowledged and they get recognition, their professional image and morale may improve. The positive outcome of this will be quality nursing care.

Guidelines with strategies were formulated, taking into account existing findings on resilience, as found among resilient professional nurses, as well as other findings on psycho-social health and building of resilience. These findings were organised according to the six components of Kumpfer's model (1999). The complexity of resilience as a multi-dimensional construct and the inter-relatedness of components, as well as the fact that internal factors are linked with interactional processes, made this a difficult task. Kumpfer's model was useful for this and the empirical data from research and relevant literature was used (theoretical data) in the formulation. Factors that promote resilience are widely understood, but little is known on how we can move from theory to practice, or how we can formulate guidelines and strategies that can be used in real life settings (Newman & Blackburn, 2002). These guidelines with the strategies are practical and the implementation thereof does not have to be expensive, as costs can be curtailed with creative and careful use of existing resources. As part of our service delivery, and specifically our RISE programme, we are striving to improve the resilience of professional nurses, thereby improving the quality of nursing care and the health care service in general.

The scholarship of practice has emerged in nursing as a critical component in the maintenance of the clinical competency of a faculty in a university setting, and in the advancement of clinical knowledge in the discipline (Norbeck & Taylor, 1998; Rudy *et al*., 1995; Wright, 1993). Practice scholarship encompasses all aspects of the delivery of nursing service, where evidence of the direct impact of solving health care problems or of defining the health problems of a community is presented. Competence in practice is the method through which knowledge in the profession is both advanced

and applied. Practice roles for a faculty that includes health care delivery systems may involve those of the direct caregiver, educator, consultant and administrator (Brown *et al*., 1995; Norbeck & Taylor, 1998; Wright, 1993). In the school we also believe that we are in partnership with the professional nurses in the practice where our students are placed for their practical experience. An initiative in the faculty is funded by the Clinical Grant, NECQIP. The abbreviation refers to Nursing Excellence and Clinical Quality Improvement Partnership. The objective is to work in a partnership to create a positive clinical learning experience for students in order to provide competent nursing professionals in the health service delivery system in the province and the country. Stakeholder meetings are held with all our partners on a regular basis to get feedback and the model in the school is thus a work-integrated approach, through a partnership with our nurses, who provide the care in practice while they are being equipped to be role models for the nursing students. Short courses also need to be developed to meet the needs of the nurses and these form part of on-going training that is provided to build their skills and knowledge. This also relates to the importance of teamwork skills, collaboration and mutual engagement and how higher education can take the lead in working closely with leaders in practice and the community, to ensure real mentors and role models in the real-world setting. The relationship between teaching, research and community engagement should be kept in mind constantly. People are important: they are our partners, and we should be people-driven rather than policy-driven, keeping in mind that we are not culturally the same, but we are all human.

Perception of stressors, nurses that grow from stressful experience - resilience



Stress-coping processes, strategy: I bounce back, positive outcome: resilience in nurses

Nurse educators (scholarly discovery and integration, scholarship of teaching and learning)

As professional nurse educators in SONS we have discussed the challenge of scholarly leadership in our profession. The path towards becoming a scholarly leader in Nursing is long, and often has many obstacles. There is sufficient evidence of this widespread problem of gender-based obstacles: lower salaries, lower ranking appointments, slower rates of promotion, or less recognition. For women in academia, the timing of tenure often coincides with the optimal childbearing years, thus presenting a conflict between biological and career milestones. Moreover, women academics who have children still shoulder the majority of domestic responsibilities (Ginther & Kahn, 2005). The report of the Ministerial Committee on Transformation and Social Cohesion and the Elimination of Discrimination in Public Higher Education Institutions (30 November 2008) expresses the vision for the establishment of a single coordinated higher education system that is "democratic, non-racial and non-sexist". Among some of the transformational elements it mentions, is the importance of an academic climate of diversity in scholarship, by guaranteeing intellectual space for freedom of scholarly approaches and encouraging diversity and innovation in academic disciplines. A sense of belonging must be experienced by all members of the university – black and white, male and female, of whatever language, cultural or economic background. The language policy of our university is multi-lingual and creatively applied to include all students. One of the methods used to achieve this, is simultaneous interpretation of lectures. Yet, even in spite of this innovative strategy to bridge the language divide, there are still challenges in classes for students and lecturers and for the promotion of equal-learning amongst language-diverse students.

It is safe to say that most educators would like to be scholarly teachers. Staying current professionally, updating course material, and examining student understanding are all examples of scholarly teaching. The scholarship of teaching involves inquiry that produces knowledge to support the transfer of the science and art of nursing from the expert to the novice, building bridges between the teacher's understanding and the student's learning (Boyer, 1990). This scholarly approach supports the development of educational environments that embrace diverse learning styles, and increasingly, places the focus of education on the learner (Edgerton, 1997). The scholarship of teaching is conducted through application of knowledge of the discipline in the teaching-learning process, the development of innovative teaching and evaluation methods, programme development, learning outcome evaluation, and professional role modelling. Research has proved that students do not lose courage and motivation because of heavy workload or the difficulty levels of the work but rather because of uninteresting and unengaging presentations (Feldman, 2007). Students praised

educators who were warm, friendly and humorous in their manner and criticized courses that were not well organized or that used methods that were not stimulating and did not keep their attention (Hativa, 2008). Watering down of course material, reducing workload and giving undeserved grades will amount to counter-productive teaching strategies, and research evidence also shows that if success is achieved too easily, students may lose interest and such learning may be devalued. The challenge therefore is to maintain quality and to be innovative to retain students' interest, by investing time and effort in their studies (Marsh & Roche, 2009).

Furthermore, scholarly teaching should advance to the scholarship of teaching and learning (SoTL). Huber and Hutchings (2005) define SoTL as an emerging construct, with its foundation in pedagogy, assessment, and in classroom and action research. SoTL involves critically questioning existing practice, collecting and analysing appropriate data, implementing action(s) based on data analysis, and disseminating results (Huber & Hutchings, 2005). The transformation from scholarly teaching to scholarship of teaching and learning requires a deliberately constructed research context, a lens to view and apply knowledge in a learning environment. Instructional communication and the motivational theory of self-determination focus on the learning environment as a means to help the student understand the learning process. An important aspect of communication in the learning environment refers to the educator's "immediacy", which can be verbal and nonverbal processes that can increase and decrease a student's feeling of closeness to the educator. Examples of positive immediacy behaviours include humour, teacher narratives, eye contact, and smiling (Witt, Wheeless & Allen, 2004). Researchers have found that students who express higher levels of self-determination are more likely to be internally motivated and to demonstrate more ability to apply course material in practical settings (Deci, Vallerand, Pelletier & Ryan, 1991).

Mutual engagement (ME) and a comfortable learning environment illustrate that the teaching process emerged as an on-going cyclical pattern of investigation and offers guiding principles that embrace the formation of group dynamics as the basis of learning, applicable to all disciplines. It is the process in which students and their educator co-construct a safe environment in which to give and receive feedback for the betterment of learning. On-going assessment throughout the course is another pedagogical technique where a developmental approach to learning should be established, instead of learning being seen as a relatively constant trait. Thus, time to practice, manipulate, and master course content is important; as well as the educator's flexibility. The idea is for students to increase their sense of ownership in their learning and to gain a greater sense of their affective learning. A final component of ME is action research. Utilising ME as a framework to monitor and assess

student understanding requires a rigorous on-going pattern of inquiry, action based on class inquiry, and reflecting on actions taken.

Paths to leadership in a school of nursing science often involve directing academic programmes, chairing committees, or leading a research centre or institute that they have to initiate and often fund themselves. The position of the departmental/school director or chair is the only discipline-specific leadership position that resides entirely with one's scholarly peers; thus, filling this position or being on one's way to a leadership position enhances a candidate's credibility as a scholarly leader within that particular field. These roles are often under-resourced and do not make allowance for more contemporary types of effective leadership; and to compensate for that, we are looking at a 24/7 professorial role. There is also a perceived lack of organizational value that may undermine the credibility of these leaders and damper recruitment of younger women into leadership roles. It is important to consider the cultural changes needed to bring women's contributions towards the university into full development, for example by establishing more family-friendly policies and visions for a more diverse and inclusive faculty in terms of gender, ethnicity and race, for which faculty leaders should be held accountable (Ginther & Kahn, 2008).

In order to qualify for a position as a lecturer in the school, a candidate must have a basic degree (4 years), must have completed one year's community service, must have passed both Nursing Education and Nursing Management (minimum two years), must have a higher qualification in the field of choice (Advanced Diploma or master's degree, 2-3 years), and must have experience in the field of choice (at least 3 years). This amounts to a total of 12-13 years. The academic journey in the school may well start here, with the demands of teaching theory and providing clinical guidance to the nursing students in practice. With the re-curriculation process for the new programme in the nursing degree, Community Nursing as well as Psychiatric Nursing will be recommended (3-4 more years). The university also expects its lecturers to obtain a PhD degree (2-3 years). This amounts to a minimum of 19 years of on-going study and obtaining the necessary experience to become a true academic/scholar. Teaching, research and community engagement are the core functions of universities (Essack *et al.*, 2012) and all lecturers have to be part of all these activities. See figure 3.

A leadership role in a school of Nursing Science also has a negative side, however, because of the enormous amount of time that is required for administrative responsibilities. This means that less time is available for other professional responsibilities, including research and teaching; and even less family time remains for persons in these positions. Leadership also implies taking risks, like testing new approaches and having to deal with resistance and

even failure, but we need to embrace true scholarship and educators need to be committed to pedagogical inquiry and innovation (Hutchings, 2011). The positive side of such a position is the potential for a major impact on many levels. Participation in leadership in our school starts early, through responsibilities like leading a group of peers in the school or serving on committees. The scholarship of discovery takes the form of primary empirical research, historical research, theory development and testing, methodological studies, and philosophical inquiry and analysis. This increasingly is inter-disciplinary and collaborative in nature, across professional groups and within nursing itself. The scholarship of integration refers to writings and other products that use concepts and original works from nursing and other disciplines to create new patterns, to place knowledge in a larger context, or to illuminate the data in a more meaningful way. The scholarship of integration emphasizes the interconnection of ideas, and brings new insight to original concepts and research. Critical analysis and interpretation are two common methodologies, but interdisciplinary work may take place through any medium for scholarship, such as those described as discovery, teaching, or practice (Boyer, 1990). Original work in the scholarship of integration takes place at the margins, or interface, between two disciplines. It serves to respond to both intellectual questions and pressing human problems by creating knowledge or combining knowledge in applications that offer new paradigms and insights.

The responsibilities of a nurse educator can be seen as education, research and community engagement, which also illustrates the typical career path to qualify for promotion from junior lecturer to a full professor in Nursing Science. Many leaders find that they have “no room to lead”; for example, they are so busy complying with bureaucratic and reporting procedures that do not add value to achieving the core purpose of their roles, they are so occupied with dealing with complaints arising from faulty systems or miscommunications, so involved in responding to unexpected events or attending meetings that are poorly formulated or poorly chaired, or which have no outcome, that they have little time left to lead or to think and operate strategically. Similarly, line staff may find that they don’t have enough time to teach or to learn how to make desired changes work (Scott, Coates & Anderson, 2008).

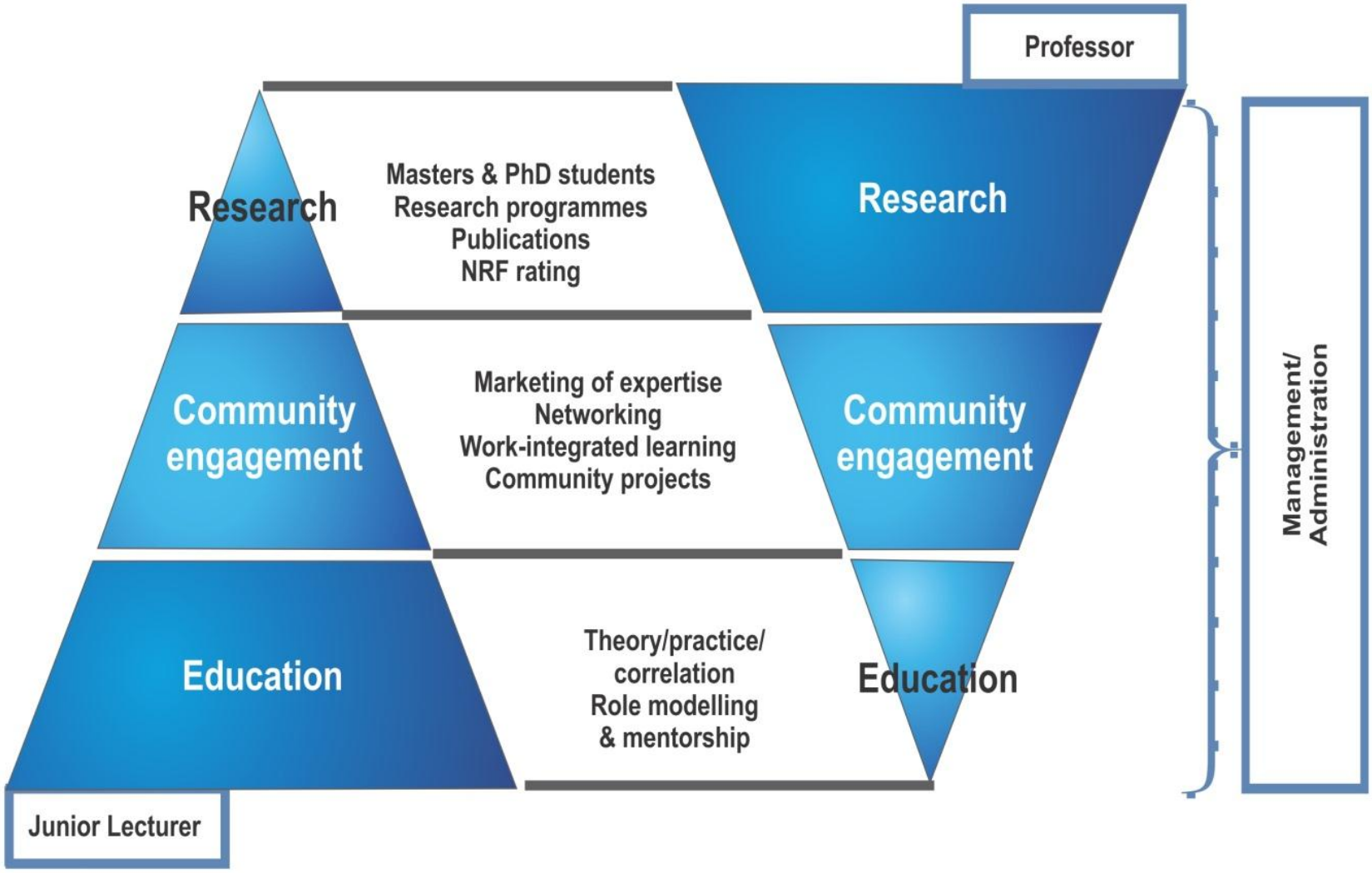


Figure 3: Scholarship in Nursing Science

The above discussion clearly outlines the challenges, and there is an urgent call for action on the part of the nursing profession to play its full and proper role as an equal partner in all arenas to ensure health of all South Africans. The commitment to scholarly approaches creates common bonds across the academic nursing community and can serve as a framework for the advancement of nursing knowledge that will ultimately improve the health of people in our country. If we believe that the best way to predict the future is to invent it, and if leaders in the nursing profession are willing to accept the responsibility to discover where our country's health is heading, and if we prepare ourselves for tomorrow while acknowledging and addressing the current challenges, we will be able to stay ahead and to deal with new challenges (Kay, 1998).

With regard to nursing students, this process starts with responsible selection of students, identifying candidates who are resilient and caring and preparing them to become our future leaders. With regard to professional nurses we need strategies that maintain and enhance resilience, on-going development and a close relationship between theory and practice to ensure good clinical role models and leadership. We also need resilient nurse educators who can embrace the opportunity to empower the students and to take hands with the professional nurses who are taking the lead in practice. Through mutual engagement, they must ensure that we as nurses in South Africa can play a leading role in ensuring health for the people of South Africa.

The interrelationship between nursing students/education, professional nurses/practice and nurse educators/research is clear. Partnerships by means of initiatives like NEQUIP can be used to facilitate the process. Nurse educators as scholars can contribute to nursing students' resilience and leadership, by equipping them with a solid knowledge base and clinical skills (scholarly teaching), maintaining partnerships with professional nurses in practice to support and empower them by means of CPDs or short courses, which will also add to a positive experience of students in practice by means of true mentorship and role modelling (scholarly practice). As educators, we must take on full responsibility to embrace both scholarly teaching and practice, we must keep on discovering evidence and we must integrate it with the health context (scholarly discovery and integration). Figure 4 illustrates this process.

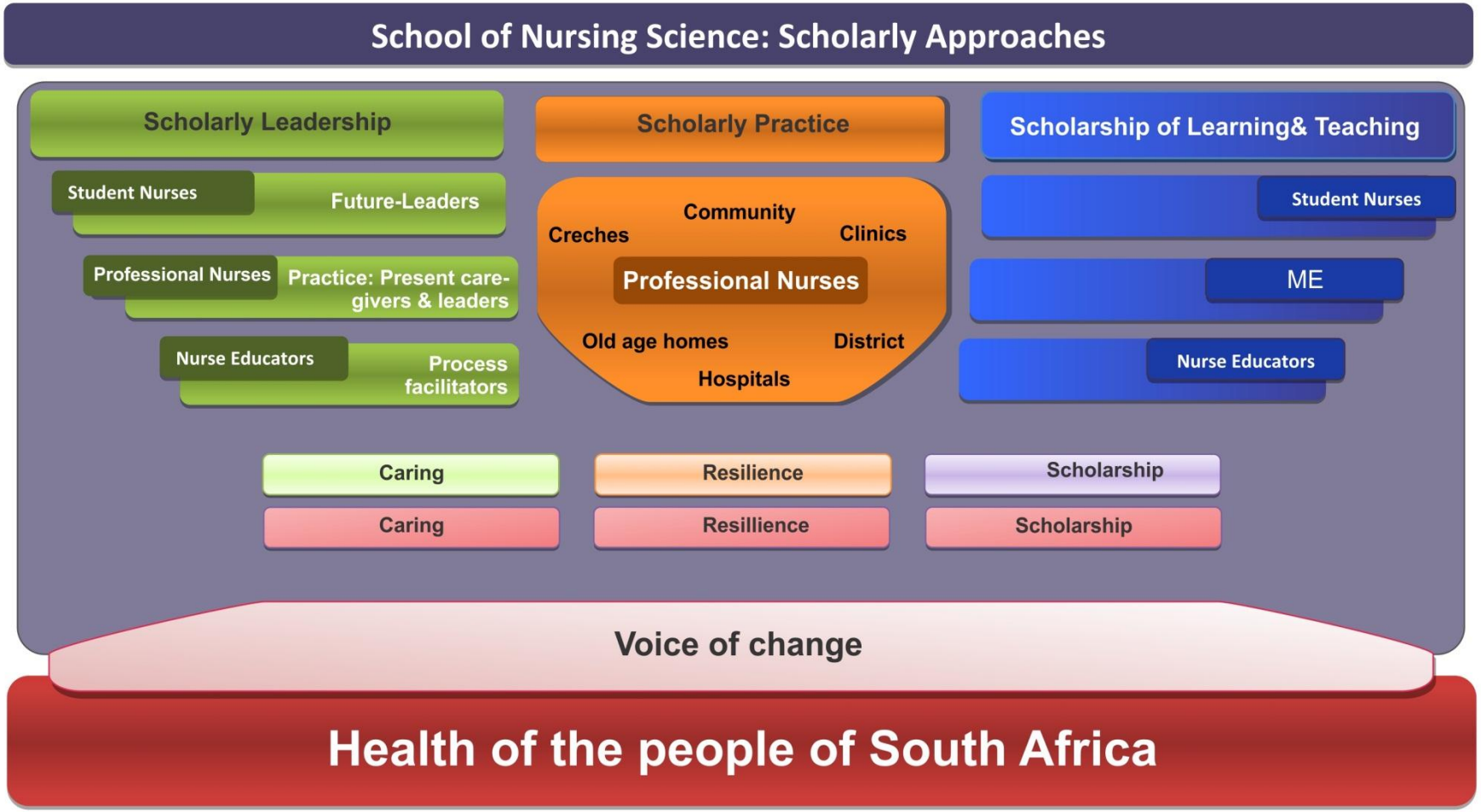


Figure 4: School of Nursing Science Scholarly Approaches

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