

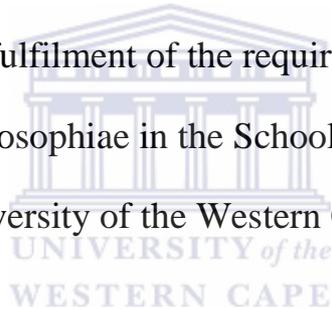
**THE DEVELOPMENT OF AN IMPLEMENTATION FRAMEWORK
FOR SERVICE-LEARNING IN THE UNDERGRADUATE NURSING
PROGRAMME IN THE WESTERN CAPE**

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Thesis submitted in fulfilment of the requirements for the degree

Doctor Philosophiae in the School of Nursing,

University of the Western Cape

The logo of the University of the Western Cape, featuring a classical building facade with columns and a pediment, with the text "UNIVERSITY of the WESTERN CAPE" below it.

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WESTERN CAPE

Supervisor: Professor O Adejumo

Date submitted: October 2014

ABSTRACT

THE DEVELOPMENT OF AN IMPLEMENTATION FRAMEWORK FOR SERVICE-LEARNING IN THE UNDERGRADUATE NURSING PROGRAMME IN THE WESTERN CAPE

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Doctor Philosophiae in the School of Nursing, University of the Western Cape.

In this doctoral thesis, I explored how the national guidelines for higher education to institutionalise service-learning as a particular type of community engagement were implemented in South African higher education institutions. Whilst the particular School of Nursing where the study was conducted was cognisant of the national policy imperative on service-learning as stipulated in the guidelines of the Higher Education Quality Committee (HEQC), operationalisation within the academic programmes had not been addressed.

An intervention study was thus undertaken to develop a service-learning implementation framework for the School of Nursing using the multi-phased design and development model of Rothman and Thomas (1994). The factors that influenced the implementation of the HEQC's service-learning policy guidelines in the nursing programmes were explored during the first phase: problem analysis and project planning. During this phase, the research focused on the readiness of the school to institutionalise service-learning at organisational and individual level because service-learning scholars advocate a systems approach to service-learning institutionalisation. At organisational level, the research question investigated whether the higher education institution had created an enabling environment for the school to institutionalise service-learning successfully in the academic. The factors that

were associated with readiness at organisational (school) level were those cited as critical success factors for service-learning institutionalisation by Furco (2002) or better known in South African terminology as service-learning good practice indicators. Individual readiness was determined in terms of service-learning scholarship and willingness to participate in service-learning -capacitating activities.

Research indicates that most higher education institutions in South Africa failed to establish a standard practice for SL within the formalised systems in their respective academic programmes. Hence the aim of the phase 2 of the study was to identify which factors promoted or inhibited SL implementation. A purposive sample of 13 key informants from eight South African universities was interviewed with the intention of developing the prescriptive intervention theory for institutionalizing SL in a nursing academic programme.

During the design phase the intervention plan identified the determinant factors for the service-learning implementation framework i.e. the intervention elements (change strategies) were formulated to address the gaps that were identified by the core findings of phases 1 and 2. It included correcting the prevalent theory-practice gap that emanated from the conceptual confusion regarding the differentiation of service-learning from other forms of community engagement curricular activities; addressing the lack of knowledge related to the national service-learning policy guidelines by involving the academics and clinical supervisors in service-learning capacity building and scholarship; developing a service-learning pedagogical model for the school by providing concrete implementation guidelines to embed service-learning pedagogy in undergraduate nursing modules that are amenable to service-learning ; and formulating service-learning institutionalisation criteria for the nursing programme of the school in accordance with the service-learning quality indicators of the HEQC.

This study makes a significant contribution to nursing education and service-learning institutionalisation in the following areas: The implementation framework was developed to institutionalise service-learning in a nursing programme as opposed to just a module is a first of its kind in South Africa. The contextualised service-learning definition that was formulated for the School of Nursing contributes to the service-learning operationalisation discourse at the higher education institution.

KEYWORDS

Service-learning

Implementation framework

Undergraduate nursing programme

Nurse educators

Service-learning institutionalisation



DECLARATION

I declare that *The development of an implementation framework for service-learning in the undergraduate nursing programme in the Western Cape* is my own work, that it has not been submitted before for any degree or examination in any other university, and that all the sources I have used or quoted have been indicated and acknowledged as complete references.

Hester Julie

Date: October 2014

Signed:



DEDICATION

I dedicate this work to my Creator and Sustainer and all the women who refuse to abort their
dreams.



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I am indebted to many people who have supported me during this academic journey.

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LIST OF ABBREVIATIONS

CE	Community Engagement
CEU	Community Engagement Unit
CENTALS	Centre for Teaching and Learning Scholarship
CHE	Council on Higher Education
CHESP	Community-Higher Education Service Partnership
COP	Community of Practice
D&D	Design and Development
DoE	Department of Education
DVC	Deputy Vice-Chancellor
FGD	Focus group discussion
GBV	Gender-Based Violence
HE	Higher Education
HEI	Higher Education Institution
HEIs	Higher Education Institutions
HEQC	Higher Education Quality Committee
HEQA	Higher Education Quality Assurance
IR: DD	Intervention research: Design and development
IOP	Institutional Operational Plan
JET	Joint Education Trust
KU	Knowledge Utilisation
MERP	Monitoring, Evaluation and Research Programme
NGT	Nominal Group Technique
NRS	Nursing
NQF	National Qualifications Framework

SAHECEF	South African Higher Education Community Engagement Forum
SL	Service-learning
SLM	Skills Laboratory Methodology
SON	School of Nursing
SAQA	South African Qualifications Authority
SANC	South African Nursing Council
UGNP	Undergraduate Nursing Programme
USA	United States of America
UWC	University of Western Cape
WHO	World health Organization



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CHAPTER 1: OVERVIEW OF THE STUDY

1.1 INTRODUCTION

Scholars in the field of community engagement contend that the service-learning (SL) policy implementation in higher education is more likely to be successful when there is a strong institutional commitment (Furco 2002:3; Julie, Daniels & Khanyile 2007; Lazarus, Erasmus, Hendricks, Nduna & Slammat 2007), the policy implementation is well conceptualised (Hall 2010:24), and the practice model is consistent with available best practice evidence and international standards (Butin 2003:1674). While it can be claimed that South Africa's community engagement (CE) and service-learning (SL) policy is "reasonably consistent with expectations of good practice, there has been persistent dissatisfaction with outcomes" (Hall 2010:8).

The institutional audits completed by the Higher Education Quality Committee (HEQC) between 2004 and 2008 revealed that, although higher education institutions (HEIs) included CE in their mission statements, most of these institutions failed to operationalised CE in their three-year rolling plans submitted to the Department of Education (DoE) (Lazarus et al., 2007). The operationalisation of CE and SL was further compounded by conceptual confusion. A literature review done by Bender (2008b:82–83) on the conceptualisation of CE and SL concluded that concepts like SL, CE, community service and the scholarship of engagement are used interchangeably (Lazarus, Erasmus, Hendricks, Nduna & Slammat 2008), people have different and sometimes conflicting conceptions of community engagement and SL (Hall 2010), and that misconceptions and myths exist regarding community-engaged teaching and learning (Naudé 2006:16).

1.2 INTERNATIONAL AND NATIONAL CONTEXTUALISATION

The service-learning (SL) movement was birthed out of discontent because there was a global outcry for higher education institutions (HEIs) to be more accountable for both the effectiveness and relevance of their educational programmes (Bringle & Hatcher 2005:25; Castle & Osman 2003; HEQC 2006a:4). South African HEIs were prompted to embrace social responsibility as their mandate (Erasmus 2005:3; Lazarus et al. 2008:58) and were charged to “reinsert the public good into higher education” (Bawa 2003:51) by “making available their expertise and infrastructure for community service programmes” (DoE, 1997:10). This global outcry of discontent gave impetus to the SL movement according to Butin (2006). His claim, that SL is actively supported by governments because of the inherent potential that SL has to contribute to the societal transformation agendas of governments, is confirmed by other scholars (Bender 2008b:84; DoE 1997:10–11; Erasmus 2005:3; Waghid 2012:71–72). Butin further asserts that the diffusion of SL can be attributed to the fact that “higher education has begun to embrace a scholarship of engagement” (Butin 2006:473).

In the USA, the SL movement started in the 1960s (Stanton & Erasmus 2013:62). It is important to mention that the American SL advocates first built a critical mass across academia during a 30-year period before they embarked on discourses about SL institutionalisation in higher education institutions (Butin 2006:475; Stanton & Erasmus 2013). However, SL as engaged scholarship has gained momentum since its endorsement by the Carnegie Foundation, various national associations and regional accreditation bodies (Weerts & Sandman 2010).

Although SL in South Africa was greatly influenced by American scholars (Bender 2008b; HEQC 2006:138) the SL movement in this country did not take the same route as in the

United States of America (USA) to institutionalise SL in the South African higher education system. So, instead of adopting the USA's SL diffusion model described previously, SL became firmly entrenched in South African HEIs policy documents in less than a decade to give effect to the societal transformation agenda of the newly elected government (HEQC 2006a:12).

The concept SL was first introduced in South African higher education when the Joint Education Trust (JET) investigated the conceptualisation and potential role of SL at HEIs in 1997–1998 (Lazarus et al. 2008:58). According to these authors the interest in SL was closely associated with the transformation agenda of the new democratic government. The government was exploring ways to translate the South African constitutional values into educational discourses (DoE 1997). Hence, the Community Higher Education Service Partnership (CHESP) research project was established in 1999 in response to a call of the White Paper on Education (1997) for “feasibility studies and pilot programmes which explore the potential of community service in higher education” (Lazarus et al 2008:58). The Department of Education (DoE) also commissioned the development of an SL policy framework for HEIs (HEQC 2006a:10–12). This rapid SL legislation, however, created a gap between the national SL policy intention and implementation at institutional level. Valid reasons are provided like institutional mergers, faculty reorganisations and major reforms in qualifications and curricula (Mouton & Wildschut 2005:121). However, this policy implementation gap could partly be ascribed to government failing to ensure that a critical mass of SL champions was developed at institutional level (Julie 2014). Hindsight indicates that most of the HEIs were not sufficiently capacitated to translate these national SL policies successfully into the academic programmes despite the numerous SL exemplars that were developed during the CHESP research project (HEQC 2006a:12). This statement, however, is

not intended to diminish the pivotal role CHESP played in the formulation of the national policy guidelines that mandated the integration of CE and SL in the South African higher education system (HEQC 2006a:12).

The following policy documents are foundational to the SL movement in South Africa:

- the White Paper on Higher Education (DoE 1997);
- the National Plan for Higher Education (DoE 2001);
- the Founding Document of Higher Education Quality Committee (HEQC 2001);
- the HEQC Criteria for Institutional Audits (2004a); and
- the HEQC Criteria for Programme Accreditation (2004b).

The Criteria for Institutional Audits (HEQC, 2004a) specifically lists SL in Criterion 7 and CE in Criterion 18 (HEQC, 2004a:19). The national policy imperative for SL in HEIs is explicitly stated in the Institutional Audit Framework and Institutional Audit Criteria (HEQC, 2004a:19; HEQC 2004d: 5). Criterion 1 stipulates that the institution's mission be translated into a strategic plan with clear timeframes and resources for the achievement of goals and targets in its core function of teaching, learning and research. Criterion 7 states that institutions with SL as part of their mission should:

- integrate service-learning programmes into institutional and academic planning via their mission and strategic goals;
- adequately resource and provide enabling mechanisms to support the implementation of service-learning, including staff and student capacity development; and
- review and monitor arrangements to gauge the impact and outcomes of service-learning programmes on the institution and other participating constituencies (HEQC 2004d:11).

Although SL is embedded in these policy documents, Mouton and Wildschut (2005:121) concluded that South African HEIs show a lack of strong SL scholarship. A key recommendation from the milestone Bantry Bay Conference held in 2006 (Fourie 2006:9)

was that “A rigorous conceptual framework for community engagement is required, which articulates the key concepts and issues related to community engagement and serves as a useful guide to informing effective community engagement practices at HEIs.”

Smith (2011:9–10) provides a succinct summary of the CE–SL movement in South Africa. He states that the period prior to the landmark 2006 Community Engagement in Higher Education conference was characterised by institutional marketing. During this period, HEIs accepted the American-developed SL theoretical frameworks and practice models generally uncritically (Bender 2008b:83). However, between 2006 and 2009, HEIs moved towards critical self-analysis and open discourse about the status quo of community engagement (CE), which culminated in the founding of the South African Higher Education Community Engagement Forum (SAHECEF) in 2009 (Smith-Tolken & Williams 2011:5). These authentic deliberations revealed that, although South Africa’s CE and SL policies were highly regarded (Hall 2010:8), CE scholars at HEIs were concerned about implementation issues at multiple levels (Albertyn & Daniels 2009:410). These concerns included the operationalisation of CE in institutional plans (Lazarus et al., 2007), conceptual confusion (Bender 2008b:82), and the absence of conceptual frameworks that could concretise CE activities (Hall 2010:24).

The response of the Council on Higher Education (CHE) to the gap between the SL policy intention and implementation is that change is not exclusively driven by national policy but rather that it is “propelled from within HEIs and stakeholders” (HEQC 2004e:10). This is corroborated in the publication *Service-learning in the disciplines: Lessons from the field* which identified pedagogy, partnerships and institutional support as essential components for a successful, sustained SL programme (Stanton 2008:3). South African academics and scholars are therefore pursuing a better-theorised understanding of community engagement

through engaged scholarship (Bender 2008a; Bender 2008b; Hall 2010; Lazarus et al. 2007; Smith-Tolken & Williams 2011).

It should be noted that, although the quality assurance of SL curricula is regulated legislatively at national level through programme accreditation and institutional audits by the HEQC, creating an environment conducive to the institutionalisation of CE and SL falls within the domain of the respective HEIs. Hence, an overview of the development of CE and SL at the University of the Western Cape (UWC) since 1999 is provided next.

1.3 LOCAL CONTEXTUALISATION OF STUDY

The University of the Western Cape (UWC) participated in the national CHESP project from its inception in 1999. The 2005 Higher Education Institutional Report of UWC provides a succinct overview of the development of SL at UWC. Milestones for the designated SL Unit, established in 1999, include SL module development and implementation in 2000–2004 (Adonis 2005:5), the development of draft community SL policy guidelines in 2003 to bridge the CE policy gap at UWC (Daniels & Adonis 2003), capacity-building activities for academics in nursing and pharmacy in 2005 (Adonis 2005:5). The factors that facilitated the advancement of SL at UWC included institutional commitment and support, funding of human resources, office space and scholarship development activities (Adonis 2005:9).

In fact, UWC received a commendation from HEQC regarding the scope of CE activities which included SL, civic engagement and student-led approaches apparent in the Faculty of Community and Health Sciences, Education and the Library (CHE 2008:19). However, the gap in the institutional arrangements and structures around CE is captured in the HEQC's recommendation that "UWC consider identifying specific criteria to assess the quality of the different approaches to CE used by the university" (CHE 2008:19). In other words, the

university needs to provide clear operational guidelines to implement its CE strategy effectively in the academic programmes.

The Institutional Operational Plan (IOP) 2010–2014 of UWC that was developed subsequent to the HEQC audit is used to benchmark the progress made in policy formulation since the recommendation in 2008. This strategic document indicates that CE is integral to UWC's ethos. The IOP document further states that CE is operationalised as “service engagements of students and staff with communities through service-learning, internships and supervised voluntary work” (UWC 2009:5–6). However, the concerns raised in the institutional audit (HEQC 2008:19) were not fully addressed.

The CE statement in the IOP needs further operationalisation in terms of providing the UWC constituencies with an SL strategic plan. Such a strategic plan should at the very least provide scholars within UWC with clear indicators regarding the differentiation of CE activities within academic programmes. Such a UWC-formulated CE typology should provide definitions for the different forms of CE. SL learning outcomes should be linked to timeframes, targets and resources in order to institutionalise SL into formal academic programmes on campus. Even if UWC's preference is for the infusion model that advocates that SL be infused into existing policies rather than developing a separate policy for SL, the policy still needs to be operationalised to meet the HEQC's institutional audit criteria of capacity development for students and staff and to institute monitoring and evaluation mechanisms specific to SL modules or programmes (HEQC 2004:11).

The gap identified by the HEQC (2008:19), namely the operationalisation of CE and SL at UWC, was key to the problem of the study. The operationalisation also raises questions about institutional compliance, especially related to criteria 1 and 7 of the Criteria for Institutional Audits that deals with the institutionalisation of SL (HEQC 2004d:11). In other words, is

UWC's CE policy sufficiently directive to provide guidance to academics whose intent is to institutionalise SL into modules or academic programmes?

1.4 THE DEVELOPMENT OF SL IN THE SCHOOL OF NURSING

The school of nursing (SON) became part of the national CHESP project when the researcher responded to a call to develop an SL module in 2002 (Julie, Daniels & Adonis 2005:3). SL as a teaching methodology was piloted in the Gender-Based Violence (GBV) module from 2003–2005, which formed part of the Monitoring, Evaluation and Research Programme (MERP) of CHESP (Lazarus et al 2007:96). The SON therefore contributed to the development of the HEQC's resource document for HEIs (HEQC 2006b:96–97).

During that stage, the SL module was identified as a flagship project for the SON and attracted international interest in the form of a three-year international collaborative SL programme (Julie 2006; Julie 2010). Unfortunately, the SL programme in the SON was pushed to the periphery during the ensuing years. This was the result, partly, of the case-based methodology (Le Roux & Khanyile 2012:1) and the skills laboratory method (Jeggels, Traut & Kwast 2010:2) were identified and thus developed as the preferred teaching methodologies for teaching theory and clinical nursing respectively, in the undergraduate nursing programme (UWC 2013:28). This turn of events away from embedding SL pedagogy in the undergraduate programme despite the ground-breaking work referred to above, underscored the importance of having SL institutionalised in the academic programmes of the school.

1.5 STATEMENT OF THE RESEARCH PROBLEM

The SON at UWC advocated SL in the school's strategic and marketing plans (SON 2006). Yet, no attention was given to how these SL statements would be translated into the undergraduate, nursing programme due to a number of reasons. Firstly, at institutional level, UWC's strategic objectives regarding CE and SL implementation strategies need to be revisited. This concern was raised at different times by different key informants at institutional level (Daniels & Adonis 2003:1) and at national level (HEQC 2008:19) respectively.

Secondly, at school level, the researcher observed that even at managerial level, SL was used loosely to describe any community-based or student-related project activities. This conceptual fogginess indicated the need for the SON to develop a common understanding of SL. Some of the academics, who were functioning as custodians of the academic programmes, were not conversant with the national SL policy guidelines (Julie & Adejumo 2014). The academic coordinator of the international SL Project, spanning 2007–2010, noted as a concern in the final report that no evidence of any epistemological shifts of moving towards SL as pedagogy could be located in the revised curriculum during the lifespan of this project (Julie & Bartholomeus 2010). This observation, however, was contested by the school's academic gatekeepers (Annexure 13). Reasons given included that –

- the school had developed a memorandum of understanding with the Theewaterskloof Health District to provide preceptorship to undergraduate nurses during their clinical placements in these rural community health facilities; and
- professional nurses from these facilities were trained as preceptors in the skills laboratory methodology (SLM) in 2007 and 2008 and were centrally involved in

redesigning the modules to embed the SLM in the undergraduate curriculum in 2007 and 2008.

However, SL did not feature in either the training or the redesigning of the undergraduate nursing curriculum. This omission revealed that the academics and clinical supervisors may not have been familiar with the national SL policy guidelines (HEQC 2006a; HEQC 2006b). It was therefore necessary to analyse the challenges linked to these nurse educators' understanding or perceptions related to the implementation of the SL guidelines.

In summary, it became evident that the SON needed a formalised framework to institutionalise SL in the nursing programme. Hence, this study set out to develop such an implementation framework.

1.6 AIM

The main aim of this study was to develop a framework for implementing service-learning in selected modules in the undergraduate nursing programme in the Western Cape.

1.7 OBJECTIVES

The following objectives of the study were formulated:

1: To analyse the understanding or perceptions of the academics and clinical supervisors regarding the challenges experienced during the implementation of the HEQC's SL guidelines in the nursing programme at UWC. The following two subsidiary objectives were further formulated from this objective:

1.1 to determine the extent to which the HEQC's SL guidelines were perceived to be reflected in the CE policy documents of the research university; and

- 1.2. to determine the challenges that the respondents experienced in the implementation of the HEQC's SL guidelines in the nursing programme at UWC in terms of previous exposure to SL, understanding of SL, request for SL information, and the indication to participate in SL capacity development.
- 2: To collate information on successful elements of existing models from publications and observation of practice examples of SL institutionalisation nationally and internationally.
- 3: To design an intervention plan for and applying the information needed to institutionalise SL in the undergraduate nursing programme of the SON at UWC.
- 4: To develop a relevant construct of SL to facilitate shared conceptual understanding within the SON at UWC.
- 5: To pilot the intervention plan in selected modules in the undergraduate nursing programme within the SON at UWC.

The main objectives correlate with the phases of the research methodological framework developed by Rothman and Thomas (1994): Intervention research: Design and development (IR: D&D), that informed this study.

1.8 DELIMITATION OF THE STUDY

The SL implementation framework was formulated from the recommendations that emanated from the research findings of Phase 4. It is therefore recommended that the evaluation, advanced development and dissemination of the implementation framework be done as post-doctoral work.

1.9 PRAGMATISM AS THE PARADIGMATIC PERSPECTIVE

Intervention researchers (Du Preez & Roux 2008:81; Melnyk & Fineout-Overholt 2011; Thomas & Rothman 2013) advocate a “methodical, flexible, process-oriented, and problem-solving approach for intervention research”. These characteristics are congruent with those reflected in pragmatism (Morgan 2007). The meta-theoretical paradigm of pragmatism is further discussed in Chapter 3.

1.10 THE THEORETICAL FRAMEWORK UNDERPINNING THE STUDY

Since the design of the pragmatic mixed-methods research approach should be informed by a theoretical framework (Evans, Coon & Ume 2011:278), the following principles of organisational change of the theoretical model of Armenakis and Bedeian (1999:302) informed the design of this IR: D&D study:

The change message should include a discrepancy that would convince the individual of the need to change. The base line survey completed in Phase 1 provided the evidence of the discrepancy and, hence, the impetus for collaborating in the research project. This contextual information about the status quo of SL scholarship amongst academics and SL practice in the undergraduate nursing programme in the school of nursing was linked to the national CE and SL policy brief for HEIs.

The individuals should believe that they have the capability to change successfully (self-efficacy). The academics in SON were positively persuaded that they would be able to implement SL successfully in their respective communities of practice in the school by following the best practice SL guidelines provided by the HEQC.

They [the nurse educators] should be convinced that it is in their best interest to change (personal valence). The assumption was that, if academics have an understanding that developing socially responsive health professionals was a national imperative and that HEIs would be subject to regular institutional audits by HEQC, these academics would commit as individuals to implement SL pedagogy in the modules they teach and hence contribute towards the institutionalisation of SL at UWC.

The academics and clinical supervisors involved in the operational level of the undergraduate nursing curriculum should be assured that they would receive principal support to effect the necessary changes in the undergraduate curriculum from the relevant university structures. This support is provided by the management of SON, the Community Engagement Unit (CEU) of UWC and the Office of the Deputy Vice-Chancellor.

The desired change is right for the focal organisation (appropriateness). The SON should be convinced of the merits of adopting SL pedagogy in addition to the current dominant case-based teaching methodology in the undergraduate nursing programme.

The principles of SL institutionalisation (Furco 2002) guided the design of the intervention plan. Recruitment activities were directed at key stakeholders (academics, clinical supervisors and community partners) to develop an implementation framework for SL (Bringle & Hatcher, 2000:2). SL capacitating activities were designed with the view of sustaining the involvement of the nursing educators by marketing SL as engaged scholarship. Hence, the key areas that were targeted for the development of the implementation framework (See Figure 3.2) in the nursing programme included activities related to:

- the design and piloting of an SL pedagogical model for the undergraduate nursing programme;
- working towards conceptual clarity and a common understanding of how SL is understood in the SON; and
- creating an enabling environment for SL scholarship by formulating best practice guidelines to institutionalise SL in the undergraduate nursing programme.

1.11 METHODOLOGICAL FRAMEWORK

This study was guided by the operational steps of the first four phases of the IR: D&D model of Rothman and Thomas (1994). See Figure 3.1(page 55). Phase 1, the problem analysis and project planning phase, provided the baseline information needed for the subsequent phases. The outcome of Phase 2, the information gathering and synthesis phase, identified and incorporated the functional elements from practice examples in the intervention theory for the study. During Phase 3, the design phase, the intervention theory derived from the previous two phases, culminated in the draft intervention plan for developing a SL implementation framework for SON. During Phase 4, the early development and piloting phase, various prototypes were developed for the SL implementation framework. A questionnaire to measure the readiness and willingness of nurse educators to participate in the SL institutionalisation process, a SL module guide as a prototype of a SL pedagogical model and a contextualised SL definition for SON was developed. A monitoring and evaluation system for SON was also designed. The SL module guide was furthermore piloted in the real setting with the fourth-year undergraduate students with the purpose to further refine the SL module development guidelines for the SL implementation framework.

1.12 THE SIGNIFICANCE OF THE STUDY

This study makes a significant contribution to nursing education and SL institutionalisation in the following areas:

The implementation framework was developed to institutionalise SL in the undergraduate nursing programme as opposed to just a module is a first of its kind in South Africa.

A contextualised SL definition was formulated for the SON as a new contribution to the CE and SL operationalisation discourse at UWC.

Questions were developed to measure individual readiness for SL institutionalisation. This contribution extended the scope of Furco's (2002) Self-Assessment Rubric for the Institutionalisation of Service-Learning in Higher Education. See Table 4.14 for the questions related to individual readiness.

1.13 CONCEPT CLARIFICATION

The study adopted as far as possible the definitions of the HEQC because these are regarded as the gold standard for benchmarking SL in South Africa (Albertyn & Daniels 2009:410).

Community engagement (CE)

The HEQC (2004b:15) defines CE as:

Initiatives and processes through which the expertise of the higher education institution in the areas of teaching and research are applied, to address issues relevant to its community... CE typically finds expression in a variety of forms, ranging from informal and relatively unstructured activities to formal and structured academic programmes addressed at particular community needs (service-learning programmes).

However, the focus should be on partnering with communities so that HEIs become really engaged when addressing the social transformation policy imperatives (Lazarus *et al.* 2008: 58). Community engagement is defined as “initiatives and processes through which the expertise of the institution in the areas of teaching and research are applied to address issues relevant to its community” (CHE 2012:1).

Higher education institution (HEI)

In this study, **HEI** refers to a public institution that provides higher education on a full-time, part-time or distance basis, leading to qualifications higher than Grade 12, and which was established as a public higher education institution under the South African Higher Education Act, No. 101 of 1997 in (DoE 1997).

Service-learning

The Higher Education Quality Assurance Criteria for Institutional Audits, (HEQC 2004a:26) defines SL as: “Applied learning which is directed at specific community needs and is integrated into an academic programme and curriculum. It could be credit-bearing and assessed, and may or may not take place in a work environment.”

In addition to the above definition, this study regarded SL as a teaching methodology and scholarly activity. The scope of the community development SL activities was aligned to the academic learning outcomes of the module. Therefore, the study adopted the following definition of SL:

Service-learning (SL) was conceptualised as an engaged pedagogy that integrates theory with relevant community service projects. The SL assignments and group discussions were designed to facilitate reflection geared towards greater integration of the contents of the

psychiatric mental health nursing and gender-based violence (GBV) modules, and social responsiveness within nursing as the overarching discipline.

SL institutionalisation refers to the process through which SL is perceived and supported as an essential component of the undergraduate nursing curriculum and thus embedded in the organisational structures and culture of the SON. Tangible commitment to mainstream SL is demonstrated by a quality control system that measures SL indicators at the academic programme level, thus ensuring that SL becomes an integral part of the infrastructure and everyday operations of the SON's academic programmes and scholarly output (Fredericks, Holman & Canales 2002:1).

1.14 LAYOUT OF THE REPORT

Chapter 1 contextualises and presents the overview of the study.

Chapter 2 covers the literature review and theoretical framework for the study.

Chapter 3 describes the research design and methodology used in this study.

Chapter 4 is a presentation of the findings of the study.

Chapter 5 discusses the findings.

Chapter 6 provides a discussion of the SL implementation framework, limitations and recommendations for further research.

1.15 CONCLUSION

This chapter provided the introduction and background to the research and laid the foundation for the subsequent chapters. The background provided a synoptic overview of the development of the service-learning (SL) movement. The rationale for the study, the

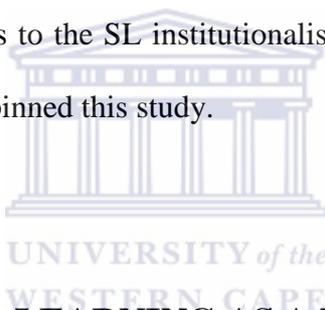
statement of the problem, the research aim and the objectives of the study were presented. The epistemological assumptions underpinning the study, the layout of the thesis and conceptual clarifications for the selected key concepts were described.



CHAPTER 2: LITERATURE RELEVANT TO THE SL IMPLEMENTATION FRAMEWORK THAT WAS DEVELOPED

2.1 INTRODUCTION

This chapter departs from a conventional literature review chapter in that the purpose of the review was to provide an overview of the important SL-related frameworks and underpinnings identified as potential interventions in Figure 3.2: Conceptual framework for SL institutionalisation. The focal discussion points of this chapter therefore include the institutionalisation of SL in academic programmes, the critical role that HEIs play in providing an enabling environment for SL institutionalisation, the personal commitment of individuals of the SL partnerships to the SL institutionalisation process, and concludes with the change framework that underpinned this study.



2.2 DEFINING SERVICE-LEARNING AS A FORM OF CE

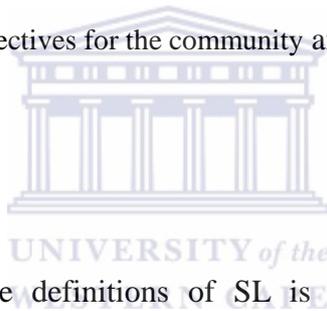
There are numerous definitions of the term **service-learning (SL)** in the literature as indicated by the existence of 147 different definitions in 1990 already (Eyler and Giles 1999). The HEQC acknowledge that the term **SL** is contested in stating that some scholars prefer the term **academic SL** to highlight the importance of SL as an academic endeavour, while others prefer **community service-learning (CSL)** to indicate the importance of the community partner in the learning activity (HEQ 2006b).

Two widely accepted international definitions are provided to contextualise the South African perspectives on SL. Bringle and Hatcher (2004:127) define SL as:

a course-based, credit-bearing educational experience in which students participate in an organised service activity that meets identified community goals, reflect on the service activity in such a way as to gain further understanding of course content, a broader appreciation of the discipline, and an enhanced sense of civic responsibility.

The definition provided by Eyler and Giles (1999:77) locates SL in the pedagogical framework of experiential learning as it states,

Service-learning is a form of experiential education where learning occurs through a cycle of action and reflection as students work with others through a process of applying what they are learning to community problems and, at the same time, reflecting upon their experience as they seek to achieve real objectives for the community and deeper understanding and skills for themselves.



A common thread in the above definitions of SL is the focus on community needs, experiential learning and service provision through reflective practice. Although South African perspectives endorse the above definitions, they add to the international understanding of SL by emphasising that academic credit is not for the community service per se but for the academic learning that occurs as a result of the reflection on the community service (Bender, Daniels, Lazarus, Naudé & Sattar, 2006). Osman and Petersen (2013:7) expand on the above mentioned definitions by asserting that SL is a philosophy with an accompanying pedagogy aimed at developing critical citizenship in students. These authors assert that SL challenges academics to reconceptualise their curriculum and disciplinary training and their role as educators when their praxis is interrogated through the lenses of critical social and transformative learning theories (Osman & Petersen 2013:12). SL

facilitates in students the development of cognitive complexity and citizen skills (Bender 2009:313), critical discourse instead of technicist decision-making skills (Waghid 2009:20).

The position adopted by UWC and criteria for SL will serve as the conclusion on the definitions of SL because the definitions also refer to structural issues.

Service-learning should be based on an equal partnership with intersectoral involvement linking theory and practice through in service training and service to others and is based on an educational exchange through reflective activities and reciprocal learning. It should also have a credit-bearing component and demands resources (financial and human) and is a learning activity that should receive appropriate academic recognition (Daniels & Adonis, 2003:2).

Since scholars are encouraged to develop contextualised definitions for SL, criteria have been provided by the HEQC to identify the differentiating features of SL as a type of CE based on the research by the JET on SL in South Africa and international literature (HEQC 2006a:30):

- relevant and meaningful service should be provided with and not for the community;
- academic learning should make clear the connection between module objectives and service activities;
- structured opportunities for reflection should be provided to transform, clarify, reinforce and expand the concrete service experiences of students into knowledge; and
- SL activities should be designed to cultivate a sense of civic responsibility in students (HEQC 2006a:25).

Bender (2009:313) added to this list quality service, collaboration and evaluation and assessment. SL therefore challenges educators to make paradigm shifts in that active engagement, collaborative learning and social justice be included in notions of academic excellence (Von Kotze 2004). Hence concepts like ‘engaged scholarship’ and ‘scholarship of engagement’ became part of the SL discourse. Engaged scholarship refers to scholarly outreach and engagement activities that “reflect a knowledge-based approach to teaching, research, and service for the direct benefit of external audiences” (McNall, Reed, Brown & Allen 2009:319). Whereas scholarship of engagement is developed when academics “reflect on, study, write about, and disseminate scholarship about their [engagement] activities” (McNall et al. 2009:320).

2.3 THEORETICAL AND PHILOSOPHICAL UNDERPINNINGS OF SL

SL is relatively new in the social and educational landscapes and is therefore a contested field, and the very nature of SL is questioned according to Butin (2006). He criticises the fogginess surrounding SL, which is being regarded as pedagogy, philosophy and/or a social movement. He states that, if SL claims to be more than a social movement, then SL should have a clearly defined and commonly shared body of knowledge. However, providing evidence of SL as a scholarly field is challenging because SL was marginalised from mainstream academia due to being primarily praxis-oriented (Giles & Eyler 1994:77). Proponents of SL contend that SL needs to develop theory as a body of knowledge and as a guide for pedagogical practice (Sandmann, Kiely & Grenier 2009: 17). Kiely (2005:6) thus proposes that the research agenda should aim at “generating empirical knowledge that explain and support the unique philosophical and epistemological underpinnings of service-learning”,

thereby, expanding the previous research agenda of seeking conceptual clarity, identifying good practice guidelines and institutionalising SL in HEIs (Giles & Eyler 1994:78). The proliferation of SL publications in South Africa and internationally since 2009 is an indication of this scholarly quest to provide a sound theoretical grounding for SL.

As pedagogy, SL is rooted in the theories of experiential education and constructivism, which are best described in Kolb's experiential learning cycle (Kolb 1984), which links education, work and personal development (Butin 2006:479; HEQC 2006a:17). Dewey (1916), the founder of experiential learning theory, states that knowledge is socially constructed and should therefore be grounded in authentic life experiences. The five areas of Dewey's theory that relate to SL, include linking education to experience, democratic community, social service, reflective enquiry and education for social transformation (HEQC 2006a:17). However, the success of experiential learning is dependent on the learners' ability to create new knowledge by transferring existing knowledge to divergent social situations. Hence, experiential learning inherently has the potential for transformational learning. It is therefore imperative that educators facilitate learners' mastery of subject matter by applying problem-solving skills to develop social responsiveness. Kolb's cycle of experiential learning is also widely used in SL pedagogy (HEQC 2006a:16). However, Kiely (2005) critiques Kolb's model in stating that the influence of the educator on the transformational learning process, contextual factors, and the affective aspects are downplayed (The supremacy that is given to the constructivist approach to learning and reflection in transformational learning is also challenged).

2.4 SOCIAL AND POLITICAL PHILOSOPHICAL UNDERPINNINGS OF SL

SL theory is embedded in Dewey's notions of community, citizenship and democracy (Giles & Eyler 1994:78). From an SL perspective, the call for democracy is linked to expectations of mutuality, reciprocity and equity. These concepts are pertinent to the principle of justice when developing collaborative community relations. Rosner-Salazar (2003:64) states that social justice is "... having the perspective that allows one to take social action against social structural inequality and an understanding of oppression and equality which allows greater insight into methods of eradicating them". This stance is supported by South African scholars (Naudé 2012; Von Kotze 2004; Waghid 2009). However, Boyle-Baise et al. (2006:18) concede that service for justice is rare because less than one per cent of SL activities fall into this category.

Hence, Butin (2006:293) argues that SL should be positioned as scholarship and thus contribute towards strengthening the SL knowledge base. A similar argument is made by Sandmann et al. (2009:17) who state that, unless the SL field is informed by robust theory, specifically programme planning theory, the learning process is bound to be stifled by the traditional technical-rational approach to curriculum planning. Kiely (2005) thus proposes that Mezirow's (2000) empirically tested framework be used to explain "the transformative impact of service learning on students' personal, civic, moral, and intellectual learning and development" (Kiely, 2005:7). SL curricula also need to be properly sequenced for maximum educational benefits and integrating service learning into the curriculum involves a pedagogical strategy that goes beyond the scope of a single course (Osman & Petersen

2013:7). This current study was informed by the theoretical framework which focuses on the individual's readiness for change.

The role of higher education is captured in the discourse on the institutionalisation of SL in higher education.

2.5 THE INSTITUTIONALISATION OF SL IN THE ACADEMIC PROGRAMME

The fact that the HEQC policies referred in the introductory section are inclusive of but not necessarily exclusive to SL (Bender 2008b:83) contributes to the problems academics experience when introducing SL in the curriculum (Bender 2008b; Hall 2010). It is thus necessary to contextualise SL within the broader CE discourse. Although community service was commonplace in many HEIs in South Africa, the evolving terminology captured in consecutive policy documents indicated a clearer understanding of the social transformation mandate for HEIs (DoE 1997); HEQC 2001; HEQC 2004a; 2004b; 2004c; HEQC 2006a; HEQC 2006b). However, SL implementation challenges related to conceptual issues and the theoretical underpinnings of SL was still reported recently (Hall 2010; Julie & Adejumo 2014) in spite of the conceptual framework provided in Figure 2.4 below for **the distinctions amongst CE learning** (HEQC 2006b:21).

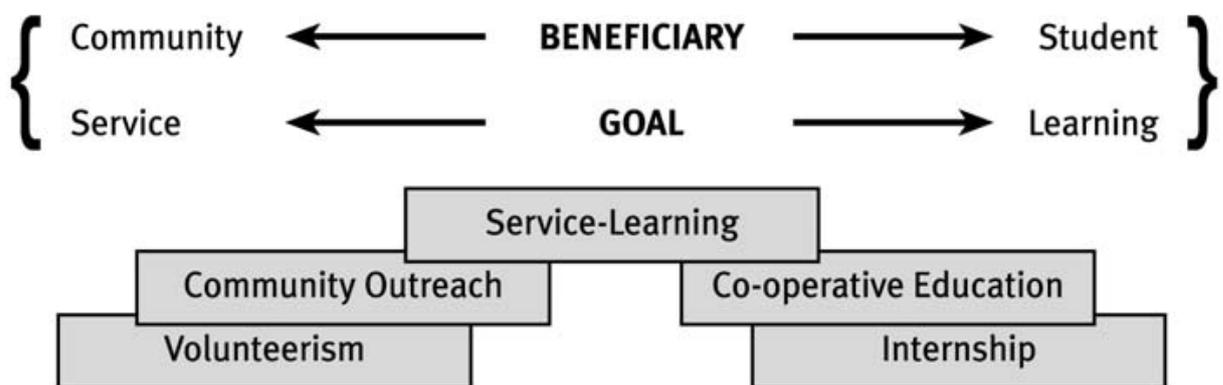
2.6 COMMUNITY ENGAGEMENT THROUGH SERVICE-LEARNING

Engagement in this context is defined as:

The partnership of university knowledge and resources with those of the public and private sectors to enrich scholarship, research, and creative activity; enhance curriculum, teaching, and learning; prepare educated, engaged citizens; strengthen democratic values and civic

responsibility; address critical societal issues; and contribute to the public good (McNall et al. 2009:318).

Certain characteristics are advocated by Bringle and Hatcher (2011) as the hallmark for engagement. These include that the engagement activities must be scholarly, demonstrate engaged scholarship that encompass the missions of teaching, research and service; these activities must be reciprocal and mutually beneficial for both the university and community partners; and engagement must embrace the processes and values of a civil democracy. Different frameworks have been suggested on how HEIs operationalised the above ideals, based on their particular ethos and philosophy reflected in the HEI's engagement with the community (Kasworm & Abdrahim 2014:121). However, Figure 2.4 below illustrates the framework based on the seminal work of Furco (1996) that is commonly used internationally and nationally. The different types of CE are presented along a continuum to indicate the type of CE that is linked to the primary beneficiary and the primary goal of the service.



(Adapted from Furco, 1996)

Figure 2.1: Distinctions among community-engaged learning (HEQC 2006a:21)

While the above types of experiential learning all include aspects of community engagement, volunteerism and community outreach tend to accentuate community service whilst internships and co-operative education emphasise student learning. Service-learning, on the other hand, is intended to bring parity between the community service that students provide as part of their academic programme and the students' transformational learning needs (HEQC 2006a:13–16). Service-learning thus takes place when students participate in activities where both the community and the students are primary beneficiaries. Reciprocity is therefore a central characteristic of SL. SL is also distinguished from the other types of CE in that the developmental needs of community's are the focal point of academic SL activities (HEQC 2006a:21). SL has the intentional goal of developing civic skills in students, which is not the case in other forms of practice-based learning, like internships and clinical practicum. The term **civic engagement** seems a better fit for the South African context than CE because it reflects the aim of the post-apartheid policy call for HEIs to support the country's transformational societal agenda better (DoE 1997:10; Naudé 2012). CE is differentiated from civic engagement in that the former tends to signify the site of the activity, whereas civic engagement is not limited or defined by geographic locations as that it can include local, national and global partnerships.

2.7 THE ROLE OF HIGHER EDUCATION INSTITUTIONS IN SL INSTITUTIONALISATION

The Merriam Webster dictionary defines institutionalisation as “to incorporate into a structured and often highly formalized system; to cause (a custom, practice, law, etc.) to become accepted and used by many people; and to establish (something) as an institution”

(Merriam Webster dictionary). Hence, to institutionalise SL means to establish a standard practice for SL within the formalised system of the organisation.

SL institutionalisation is therefore defined in an HE context as:

The process through which SL is perceived and supported as an essential component of the education process and thus embedded in the culture and organisation of the institution. Tangible institutional commitment to mainstream SL is demonstrated by making SL an integral part of infrastructure and the everyday operations of the university's academic programmes, ensuring that SL is part of each student's academic experience (McNall et al. 2009:317).

Scholars further argue that the institutionalisation of SL is essential for the development of a scholarship of engagement (Bringle & Hatcher 2000; Furco 2002; Shrader et al. 2008). The South African guidelines indicate that the goal of SL institutionalisation is threefold:

1. to develop a common language;
2. to develop a set of principles to guide practice; and
3. to ensure the allocation of resources to facilitate this teaching methodology (HEQC 2006a:138).

Other SL scholars and practitioners raised concerns about issues related to sustainability (Brukardt, Holland, Percy & Zimpher 2004:4), transformative practice (Butin 2006:485) and authentic institutional commitment (Brukardt et al. 2004: ii). Proponents of CE and SL in the USA, therefore, started with large-scale, systematic assessment of SL programmes from around 2000 (Stanton & Erasmus 2013). The outcome was the development of frameworks for SL institutionalisation to identify organisational factors regarded as crucial for the

successful institutionalisation of SL (Bringle & Hatcher 2000; Brukardt et al. 2004; Furco 2002).

2.8 SL INSTITUTIONALISATION MODELS

Three of the most developed and utilised frameworks for SL institutionalisation are discussed, namely those of Holland (1997), Furco (2002) and the 2004 Wingspread conference proceedings (Brukardt et al. 2004). Additionally, the South African model will be presented.

2.8.1 FURCO'S SELF-ASSESSMENT RUBRIC

Furco (2002) developed a self-assessment rubric for HEIs that measures the current level of SL institutionalisation according to three developmental stages on the horizontal axis, against critical success factors for SL institutionalisation across five dimensions on the vertical axis. These dimensions are graded according to three stages to indicate at which level of SL institutionalisation the HEI is operating. At Stage 1, the critical mass building stage, the HEI is primarily focused on building a critical mass of SL scholars and developing SL activities across the campus. During Stage 2, the quality building stage, institutional activities are focused on enhancing the quality rather than up-scaling the scope of SL programmes. Stage 3 is focused on sustaining SL by institutionalising SL in the core functions and operations of the HEI (Furco 2002:3). This model is represented as a pyramid in Figure 2.1 below to indicate that SL institutionalisation is an incremental process that may take an institution years to progress from one stage to another and not necessarily in a linear fashion.

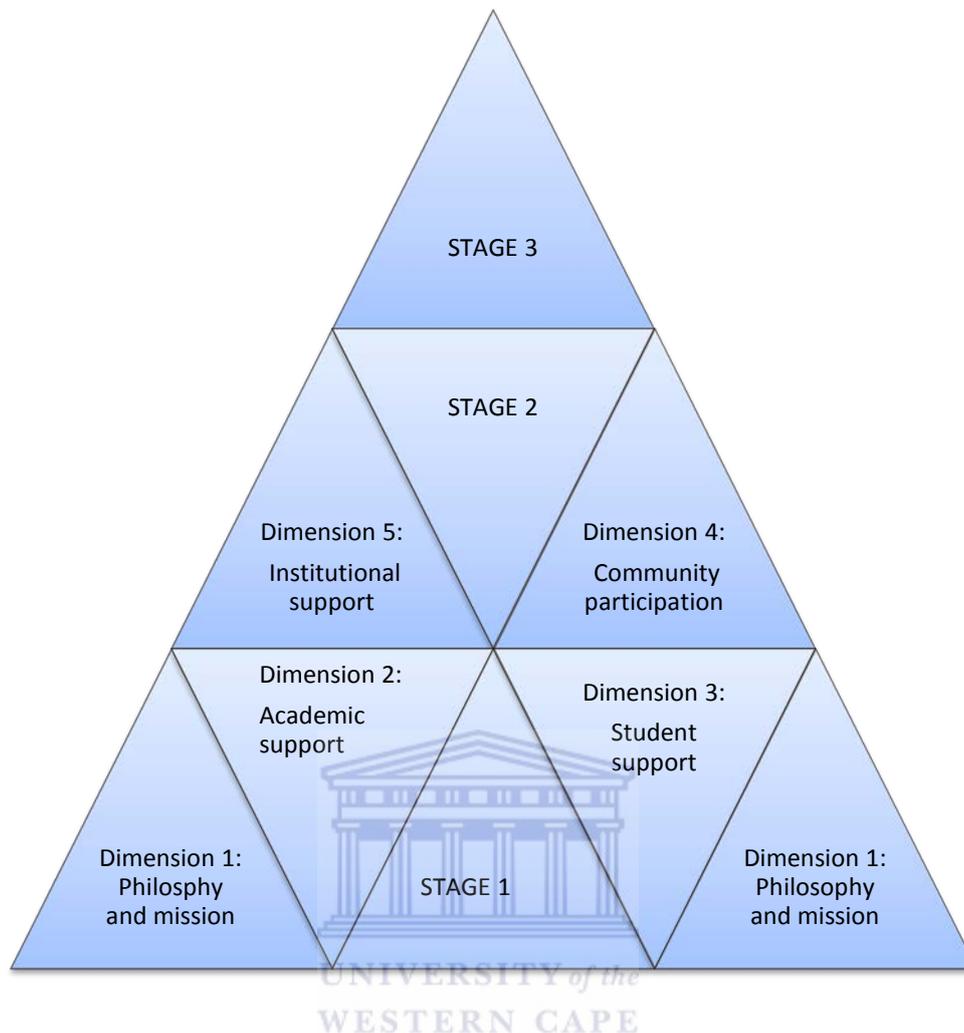


Figure 2.2: Adapted SL institutionalisation self-assessment rubric for HEIs (Furco 2002:3).

Each of these dimensions is further divided into sub-components.

- *Dimension 1:* Philosophy and mission of SL comprises the definition of service-learning, strategy for service-learning, alignment with the institutional mission, and alignment with educational reform efforts.
- *Dimension 2:* Academic support comprises academic knowledge and awareness of SL, academic involvement and support, academic leadership, and academic incentives and rewards.

- *Dimension 3:* Student support consists of student awareness, student opportunities, student leadership, and student incentives and rewards.
- *Dimension 4:* Community participation encompasses community partner awareness, mutual understanding, and community partner voice and leadership.
- *Dimension 5:* Institutional support includes coordinating structure, policy-making structure, staffing, funding, administrative support, departmental support and evaluation and assessment.

Butin's (2006:477) critical review of the USA-developed SL institutionalisation framework refers to Furco's model (Furco 2002) as logical and incremental because it provides clear guidelines on how to operationalise the primary success factors for SL institutionalisation in higher education against three developmental stages. However, Butin's main critique is that the framework does not take into account contextual differences. Furco's rubric (Furco 2002) was informed by the work of Barbara Holland on 23 case studies conducted between 1994 and 1997.

2.8.2 HOLLAND'S MATRIX FOR LEVELS OF COMMITMENT TO SERVICE

Table 2.1 below summarises the matrix she proposes and reflects four levels of institutional commitment to SL based on seven organisational factors that either impede or promote SL (Holland 1997:32).

Table 2.1: Holland’s matrix for levels of relevance

Factors	Levels			
	1	2	3	4
Mission	No mention of defined rhetorical	Service is part of what we do as citizens	Service is an element of our academic agenda	Service is central and the defining characteristic
Promotion, tenure, hiring	To campus committees or to discipline	Community service mentioned; may count in certain cases	Formal guidelines for documenting and rewarding community service, SL	Community-based research and teaching are key criteria for hiring and rewards
Organisation structure	None that are focused on service or volunteerism	Units may exist to foster volunteerism	Centres and institutes are organised to provide service	Flexible unit support, widespread faculty and student participation
Student involvement	Part of extra-curricular student activities	Organised support for volunteer work	Opportunity for extra credit internships, practicum experiences	SL courses integrated in curriculum; student involvement in community-based research
Faculty involvement	Campus duties; committees	Pro bono consulting; disciplinary focus	Tenured/senior faculty pursues community-based research; some teach SL courses	Community research and SL a high priority; interdisciplinary and collaborative work
Community involvement	Random or limited individual or group involvement	Community representation on advisory boards for departments or schools	Community influences campus through active partnership or part-time teaching	Community involved in designing, conducting and evaluating research and SL
Campus publication	Not an emphasis	Stories of students’ volunteerism or alumni as good citizens	Emphasis on economic impact; links between community and campus centres/institutes	Community connection as central element; fundraising has community service as focus.

Adapted from Holland (1997:32)

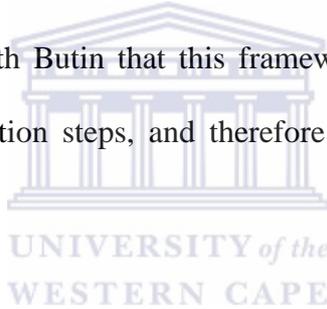
2.8.3 THE WINGSPREAD FRAMEWORK

The Wingspread framework (Brukardt et al. 2004) was also regarded as useful for this study in that it has a broader scoping than the Furco model (Furco 2002). This framework locates

the critical institutional success factors within the notions of engaged scholarship and institutional transformation. The critical factors listed are –

- integration of engagement into missions;
- forging partnerships as the overarching framework;
- renewing and redefining discovery and scholarship;
- integrating engagement into teaching and learning;
- recruiting and supporting new champions and creating radical institutional change (Brukardt et al. 2004:14–15).

Butin (2006:477) labels this framework “transformational” and a “revolutionary call to arms”. The researcher agrees with Butin that this framework is not superior to Furco’s in terms of the overall implementation steps, and therefore opted to use the Furco’s (2002) framework for this study.



2.8.4 THE SOUTH AFRICAN FRAMEWORK FOR COMMUNITY ENGAGEMENT THROUGH SERVICE-LEARNING

The process of SL institutionalisation played out differently in South Africa. SL as a form of CE was perceived by academics as a policy imperative because it was directly linked to the transformation agenda of South Africa, which included higher education. Consequently, the structural and programme requirements deemed essential for promoting and sustaining SL were published within 5–7 years (HEQC 2006b:142) as opposed to the three decades for the USA (Stanton & Erasmus 2013).

The critical institutional success factors referred to in the dominantly USA-developed SL institutionalisation framework (Furco 2002) are captured in the following two national policy documents: The Criteria for Institutional Audits (HEQC 2004a), and the Good Practice Guide and Self-Evaluation Instruments for the Management of the Quality of Service-Learning (HEQC 2006b), which form the South African SL institutionalisation framework. This framework was the product of the research conducted in South African higher education under the auspices of the CHESP project (HEQC 2006b:19) and the SL institutionalisation work of Furco and Holland (2004:9–11) according to the HEOC (2006a:144). The HEQC regards these indicators as good practice guidelines which are aimed at the institutional, faculty or school, programme or qualification and module or course levels. Eleven quality indicators are specified for each level, except the module or course level, which has 12 indicators (HEQC 2006b:21). The mission and philosophy, academic support for and involvement in SL development, institutional support for SL, student support and involvement in SL, and community participation and partnerships are classified according to input, process, output and impact, and review factors. See Table 2.2 for the framework pertaining to the institutional level (HEQC 2006b:21–31).

Table 2.2: South African SL framework for institutional level guidelines

Institutional input indicators				
1: The HEI's SL-related mission, purpose and goals indicate responsiveness to the local, national and international context.	2: The HEI's commitment to SL is reflected in the strategic plan, policies and procedures.	3: The HEI's commitment to SL is reflected in the leadership, management and organisational structures.	4: Adequate resource allocation for delivering quality SL as part of the HEI's core functions.	5: Engagement, collaboration and partnerships are regarded as cornerstones of SL
1.1 SL and CE are fully integrated with teaching, learning and	2.1 The HEI has an inclusive policy giving effect to its commitment	3.1 The HEI has purposeful leadership and/or line management	4.1 The HEI has a clear policy and procedures to ensure that	5.1 The HEI has effective structures and processes for the

research as part of the institution's mission, purpose and strategic goals.	to SL.	and dedicated structures to create an enabling environment for CE in general, and SL in particular.	funding (financial resources) for SL is adequate and allocated appropriately.	identification and formulation of regional engagement and collaboration.
1.2 The HEI's commitment to SL, as expressed in its mission, purpose and strategic goals, is responsive to and aligned with local, national and international priorities.	2.2 Synergy between and integration of the various institutional policies with regard to SL.	3.2 Adequate management structures exist to facilitate the development of cooperative partnerships with external stakeholders in order to develop quality SL modules.	4.2 The recruitment and performance management of staff are aligned with the institution's need for special expertise in the development, coordination and promotion of SL.	5.2 The HEI has clear guidelines on partnership agreements with communities and the service sector, which accommodate SL initiatives.
1.3 The strategic priorities and transformation goals of the HEI provide adequately for the development and implementation of SL.	2.3 The HEI's commitment to SL is reflected in its strategic planning, with clearly defined procedures, time frames, responsibilities, reporting and communication arrangements.	3.3. There are institution-wide structures that take responsibility for the planning, implementation and review of SL.	4.3 Provision for infrastructure and information resources is indicative of the HEI's commitment to SL.	5.3 The HEI collaborates and networks at regional, national and international level with other HEIs engaged in SL.
1.4 The HEI's philosophy and values include the notion of SL as a scholarly activity (e.g. scholarship of engagement), and SL is afforded due recognition.	2.4 Effective mechanisms for managing the quality of SL are implemented.			
Institutional process				
Indicator 6 SL is managed, facilitated, coordinated effectively at the institutional level.	Indicator 7 There is adequate institutional support for the development and implementation of SL.	Indicator 8 The HEI supports SL as a means to promote contextualised, relevant teaching and learning.	Indicator 9 There is institutional support for research on and through SL.	

6.1 There is reciprocity and effective coordination among internal and external SL stakeholders.	7.1 There is adequate SL capacity building and development for staff.	8.1 The HEI provides adequate, ongoing support to promote good practice in teaching and learning through the pedagogy of SL.	9.1 Staff members and postgraduate students are encouraged and supported to conduct research on and through SL.
6.2 SL is accommodated in the HEI's management information system for effective integration as a core function.	7.2 The HEI has clear guidelines for student development to ensure that students are adequately motivated and prepared to enter programmes that include SL courses.	8.2 SL is supported as a vehicle for academic transformation in the direction of more contextualised curricula and learning materials, orientated towards S.A and Africa.	9.2 The HEI encourages the sharing and dissemination of the findings of SL research to academic colleagues and external partners (communities and the service sector).
6.3 Management of resource utilisation for SL is dealt with by the appropriate institution-wide structures.	7.3 The HEI has specific opportunities or programmes for capacity building with regard to SL for partners and other external participants or stakeholders.	8.3 The HEI ensures the assessment of students' SL is appropriate and contextualised and includes input from external partners.	9.3 The HEI actively seeks research collaboration opportunities at inter-disciplinary, inter-institutional and international levels.
	7.4 There is institutional recognition for excellence and innovation with regard to SL, for staff, students and external partners/participants.		
Institutional output and impact		Institutional review	
Indicator 10 Monitoring and evaluation of SL are conducted to gauge its output and impact.		Indicator 11 Regular review of SL for improvement and innovation purposes.	
10.1 Quality arrangements for community engagement in general, and SL in particular, are formalised and integrated with those of		11.1 The HEI implements a formalised cycle of review and benchmarking of its status with regard to the delivery of quality SL.	

teaching and learning.			
10.2 The effect of SL on student recruitment, retention and throughput is monitored and evaluated annually.		11.2 The SL policy that exists is regularly reviewed and refined in a process that includes relevant stakeholders.	
10.3 The HEI has clear and consistent procedures to evaluate the contribution of SL as a competitive advantage in responding to local, regional and national priorities.		11.3 The HEI supports the dissemination of outcomes of its SL initiatives to external partners in order to promote reciprocity, accountability and transparency	

Adapted from HEQC (2006b: 35-46).

See Tables 6.1, 6.2 and 6.3 for the respective guidelines for the school, programme and module levels.

The researcher agrees with Erasmus (2007:110) that a gap in the above framework is that some of these institutional indicators are ambiguously phrased, specifically indicators 4 and 7. The institutional input indicator 4 refers to “adequate resource allocation for delivering quality SL as part of the institution’s core functions” (HEQC 2006b:38). Similarly, the institutional process indicator 7 specifies that “there is adequate institutional support for the development and implementation of SL” (HEQC 2006b:41). Although cognisance is taken of the HEQC’s expressed desire not to be prescriptive, the lack of quantification of these crucial institutional indicators adds to the quagmire of SL institutionalisation. A study done on the mechanisms for institutionalising SL and community partner outcomes in 255 American universities, concluded that the university’s resource allocation strategies play a definite role in the outcomes of SL (Stater & Fotheringham 2009:23).

The role of the individual is also not given attention in the South African framework even though scholars agree that academics' motivation is the decisive factor in terms of successful SL implementation (Erasmus 2007:111; O'Meara 2003), possibly because it falls within the domain of change management.

2.9 ORGANISATIONAL CHANGE MANAGEMENT

Change management is defined as “the process of continually renewing an organisation’s direction, structure, and capabilities to serve the ever-changing needs of external and internal customers” (Todnem By 2005:369). Organisational change scholars advocate that organisational change processes should pay attention to the human factor (Self, Armenakis & Schraeder 2007). This resonates with the statement by O'Meara (2003:202) that SL scholars should be supported as both persons as well as professionals whilst taking cognisance of the organisational structure, politics and culture. Hence, the individual’s response to the proposed change should be given close attention (Herold, Fedor, Caldwell & Liu 2008:343; Lamm & Gordon 2010:426) to counter the natural tendency to resist change (Oreg 2003). It is thus important to ascertain whether the individuals who would be centrally involved with SL implementation are ready for the change (Todnem By 2005:375). This preparatory step should then be linked to empowering change strategies aimed at developing “ownership-taking behaviours” within the individuals (Wright & Pandey 2010:77).

According to O'Meara (2003) the primary drivers for involvement in SL are motivation and the career stage of the academics. The motivational factors are classified into extrinsic and intrinsic factors. Extrinsic factors are related to contextual issues like working conditions and

the external environment, whilst intrinsic factors are primarily concerned with the nature of the work that is done, which includes drivers like “autonomy and freedom, intellectual exchange, and the opportunity to work with and impact students” (O’Meara 2003:203). In terms of the stage of an academic’s career, there is apparently an upward trend in SL activities as the academics become “more comfortable with their teaching responsibilities and less pressured by demands for scholarship” (O’Meara 2003:208).

Erasmus (2007:113) developed a framework (Figure 2.2) for understanding organisational behaviour for SL implementation based on the work of O’Meara (2003). This framework therefore contributes to the South African model presented in Table 2.2 earlier under 2.2.1.4. Figure 2.2 captures the five categories that Erasmus (2007) proposes as framing questions aimed at understanding an organisation’s behaviour. The framing questions relate to the structure, human resources, politics and symbolisms culminating in the support, incentives and rewards.

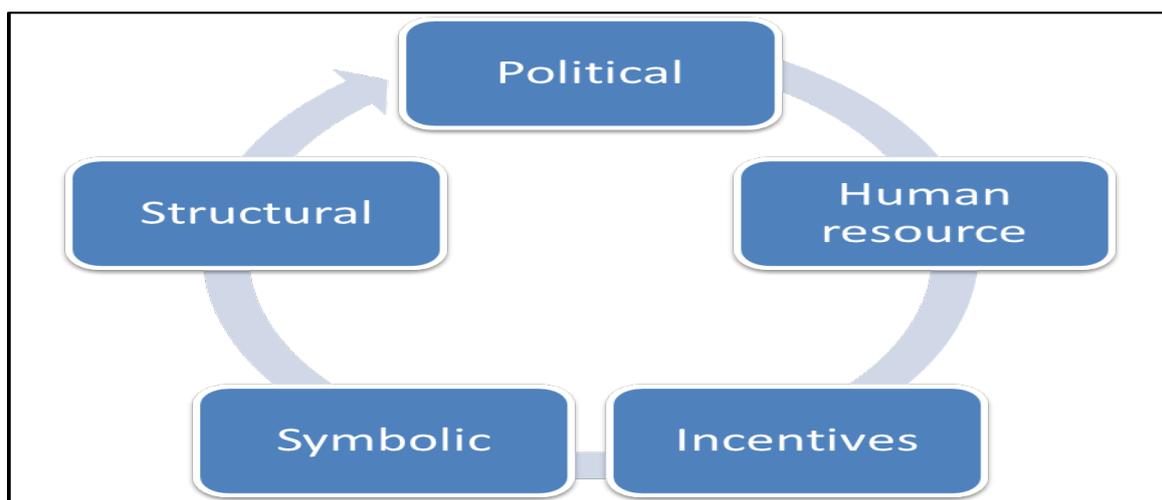


Figure 2.3: Erasmus (2007) adapted model

The framing questions posed are aimed at ascertaining the fit between SL and the organisational structures in terms of the institutional support provided to create an enabling environment conducive for the development of SL scholarship in the HEI. These activities are summarised in Figure 2.3 below.

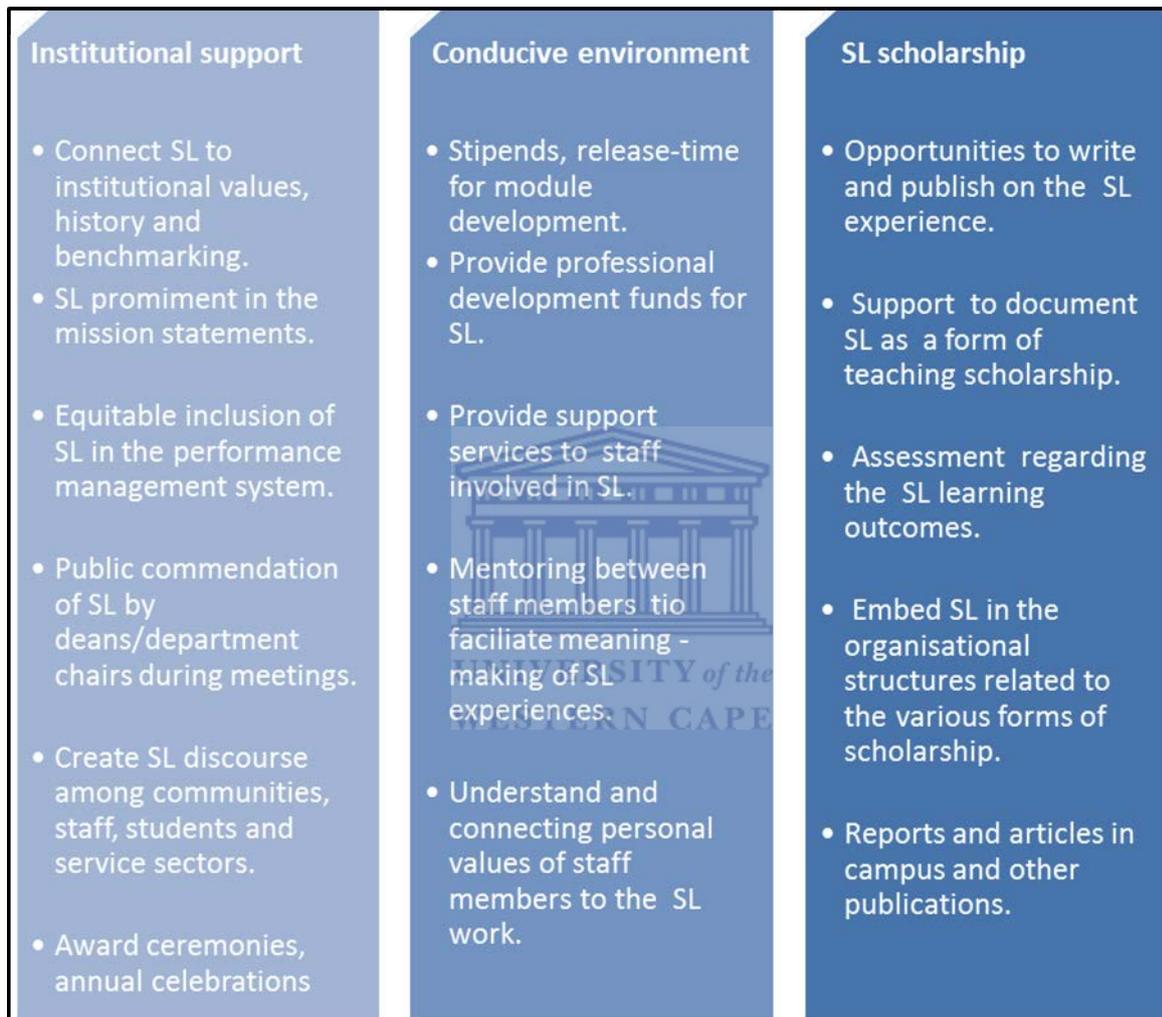


Figure 2.4: Erasmus' model (2007)

Since there is consensus that academics are the drivers for the successful institutionalisation of SL (Bender 2008a; Bringle & Hatcher 2000; Erasmus 2007; Furco 2002), and the aim of this study was to develop an implementation framework for an undergraduate nursing

programme, the SL institutionalisation aspects relevant to curriculum are focused on in the remainder of the chapter.

2.10 THEORETICAL FRAMEWORK

Individual readiness is defined as the person's "beliefs, attitudes, and intentions regarding the extent to which changes are needed and the organisation's capacity to successfully undertake those changes" (Rafferty, Jimmieson & Armenakis 2013:113). Researchers Armenakis and Bedeian (1999:302) developed a model to minimise resistance and institutionalise the desired change based on their seminal work on organisational change. They reviewed both theoretical and empirical articles between 1989 and 1990 (Armenakis & Bedeian 1999:293). These authors categorised the research into four themes regarded as common to all organisational change endeavours. The first theme identifies how organisations deal with content issues related to the organisation's character, mission and direction (Armenakis & Bedeian 1999:295). The second theme focused on how organisations deal with contextual issues in terms of the influence intrinsic and extrinsic environmental factors have on change. Priority external issues include governmental policy, technology and institutional competitiveness. The third theme covered process issues in terms of the preparatory actions that are taken for the proposed change at individual, organisational and environmental levels, including the nature of the individual's response to the organisational actions that were implemented (Armenakis & Bedeian 1999:295). The last research theme focuses specifically on affective and behavioural criteria to measure the outcomes of organisational change in addition to the usual profit and survival criteria.

The process theme has special relevance for this study, especially issues related to the phases of implementing change and the stages involved in understanding change. Table 2.3 below

provides a summary of the models that provide guidance to change agents on how to implement change successfully (Armenakis & Bedeian 1999:301–302).

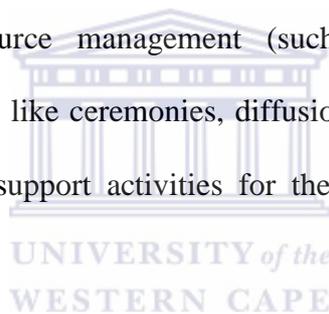
Table 2.3: A comparison of phased models of change process

Stages	Phased models of change process		
	Kotter (1995)	Galpin (1996)	Luecke (2003)
1	Establish a sense of urgency by relating external environmental realities to real and potential crises and opportunities facing the organisation.	Establish the need to change.	Mobilise energy and commitment through joint identification of problems and their solutions.
2	Form a powerful coalition of individuals who embrace the need for change and who can rally others to support the effort.	Develop and disseminate a vision of a planned change.	Develop a shared vision of how to organise and manage for competitiveness.
3	Create a vision to accomplish the desired end-result.	Diagnose and analyse the current situation.	Identify the leadership.
4	Communicate the vision through numerous communication channels.	Generate recommendations.	Focus on results, not on activities.
5	Empower others to act on the vision by changing structures, systems, policies, and procedures in ways that will facilitate implementation.	Detail recommendations	Start change at the periphery, and then let it spread to other units without pushing it from the top.
6	Plan for and create short-term wins by publicising success; thus building momentum for continued change.	Pilot test the recommendations.	Institutionalise success through formal policies, systems, and structures.
7	Consolidate improvements and change other structures, systems, procedures and policies to align them with the vision.	Prepare the recommendations for roll-out.	Monitor and adjust strategies in response to problems in the change process.
8	Institutionalise the new approaches by publicising the connection between the change effort and organisational success.	Roll out the recommendations	
9		Measure, reinforce and refine the change.	

Armenakis and Bedeian (1999:302) also propose that the change message should include the following five criteria in order for the change to be successful:

1. discrepancy (i.e. we need to change);
2. self-efficacy (i.e. we have the capability to change successfully);
3. personal valence (i.e. it is in our best interest to change);
4. principal support (i.e. those affected are behind the change); and
5. appropriateness (i.e. the desired change is right for the focal organisation).

They further list persuasive communication, active participation in decision-making and enactive mastery, human resource management (such as training and development programmes), symbolic activities like ceremonies, diffusion practices using transition teams and best practices, and formal support activities for the change initiative (Armenakis & Bedeian 1999:302).



The researcher therefore used organisational change theory to facilitate meaning making of SL as a teaching methodology and to bring the SON in alignment with the institutional vision and mission regarding SL (UWC 2009:35–36).

CHAPTER 3: RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

This chapter elaborates on and discusses the research design and methodology outlined in Chapter 1. A discussion on how pragmatism was applied in this study is provided. This is followed by a discussion on the merits of adopting mixed methods as the research approach, and of the IR: D&D model of Rothman and Thomas (1994) as the overall methodological framework for this study. Intervention research is an emergent area of research (Comer, Meier & Galinsky 2004:250), therefore the discussion on the IR: D&D model includes an overview of the different facets, the different stages, the operational steps of Phases 1–4 as employed in this study, and the illustration of integration of mixed methods in the different phases. A rich description of the SON provides the necessary contextualisation for the study design that was used to develop a framework for implementing SL in the undergraduate nursing programme before concluding the chapter.

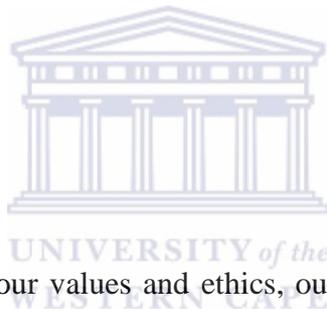
3.2 PHILOSOPHICAL (PARADIGM) PERSPECTIVES

Good research practice requires that researchers be transparent regarding philosophical perspectives to improve the research rigor (Du Preez & Roux 2008:81). It is generally accepted that researchers study phenomena in different ways based on their preferred research paradigm (Harrits 2011:152; Morgan 2007:49). These paradigms in turn are informed by the ontological and related epistemological orientations encapsulated in contemporary and dominant classical research approaches and traditions.

It is thus important that social researchers be transparent about their ontological and epistemological positioning because it influences the overall research process. Choosing a specific research paradigm reflects the researcher's perspective, which is either objective or subjective according to the binary thinking of purist researchers (Morgan 2007:49). However, I agree with Burns and Grove (2005:12) that assert that nursing acknowledges that truth is relative because reality is influenced by the person's perception and hence truth is not absolute.

The researcher argues for pragmatism as an appropriate research paradigm and the mixed-methods approach as a good fit for the design and development (D&D) intervention research model that was used as the methodological framework for this study.

3.3 PRAGMATISM



Pragmatism acknowledges that “our values and ethics, our politics and epistemologies, and our worldviews as researchers directly influence our actions and our methodologies” (Evans, Coone & Ume 2011:277; Morgan 2007:69) when “working together on common projects” (Morgan 2007:67). The key concerns of pragmatism are abduction, inter-subjectivity and transferability according to Morgan (2007:67).

“Abduction refers to ... abductive reasoning that moves back and forth between induction and deduction – first converting observations into theories and then assessing those theories through action ... to predict the workability of future lines of behaviour” (Morgan 2007:67). The results of Phases 1 and 2 of this intervention study were used to design an intervention plan to implement SL pedagogy in the nursing curriculum.

Intersubjectivity refutes the claim of pure subjectivity and objectivity, and propagates a reflexive orientation where knowledge is created “through lines of action points” with a focus on the social processes that produce both consensus and conflict according to Morgan (2007:71). In other words, multiple interpretations are expected and thus acknowledged (Morgan 2007:72). The concept **intersubjectivity** was especially foregrounded during the discussion of the initial intervention plan under identifying collaborators, section 3.13; the development of an SL definition, 3.17.1.2; GBV module guide as an SL pedagogical model, section 4.4.1.; and piloting of the SL module, section 4.4.3.

The last key issue is concerned with the transferability of the results to other settings in terms of what, how and why the knowledge could be used in other new settings or contexts (Morgan 2007:72). The researcher engaged in this reflexive process throughout all the phases of the current study for various reasons. The success of the intervention plan was dependent on the respondents’ willingness to participate in the scheduled SL capacity-building activities of the project. Hence, the expectation was that academics and clinical supervisors would take personal ownership for bridging the SL theory–practice gaps identified during Phase 1 of the study. The researcher was also completely dependent on the teaching teams in the SON for the transferability of the SL pedagogy in the undergraduate nursing programme. However, it should also be noted that using the above democratic processes created in the researcher a perception of vulnerability in terms of obtaining ‘committed collaboration’ to meet the project time-lines and objectives.

3.4 MIXED-METHOD RESEARCH APPROACH

Researchers should pay close attention when choosing a research approach because the conventions or traditions associated with the particular research approach determine the design of the study (Creswell *et al* 2003). Since the 1960s, there has been a growing movement towards combining both quantitative and qualitative approaches in studies in education and nursing (Evans *et al* 2011:276; Leech & Onwuegbuzie 2009:265). Hence, the mixed-methods approach was used in this study.

Mixed methods refer to the utilisation of both qualitative and quantitative approaches in a single study (Creswell *et al* 2003). Scholars concede that neither conceptual nor definitional consensus exist amongst researchers (Bryman 2007; Creswell *et al.* 2003:163; Tashakkori & Creswell 2007:3). However, Creswell *et al.* (2003:165) state that a shared definition is a prerequisite for marketing “mixed method research as a specific research design”. Therefore, no such classification is provided because the intention was not to use mixed methods as a research design for this study but as a research approach.

The following definition of a mixed-methods study captures the purpose as intended in this study:

A mixed method study involves the collection or analyses of both quantitative and/or qualitative data in a single study in which the data are collected concurrently or sequentially, are given priority, and involve the integration of the data at one or more stages in the process of research (Creswell *et al.* 2003:165).

The primary reason for combining the two approaches should be that the research question necessitates using methods from both approaches (Morgan 2007:48).

Morgan (2007:48) however contests the practice of just mixing methods without considering the underlying issues of epistemology and ontology. Hence, pragmatism is proposed as the guiding research paradigm (Evans *et al.* 2011:277; Morgan 2007:48). Morgan (2007:48) also challenges the nit-picking about semantics. His contention is that the conventional qualitative and quantitative thinking that would typically prescribe a study like this should rather use terms like **multiple methods** or **integrating, merging** or **mixing of qualitative and quantitative approaches** instead of stating categorically mixed methods as the research approach.

The mixed-method research approach was regarded as a good fit for the methodological framework used in this study, namely the IR: D&D model (Rothman & Thomas 1994). A mixed-methods approach was needed to capture the complexity and scope of the issues related to the development of a framework to implement SL in the undergraduate nursing programme and to compensate for the weaknesses associated with using only one paradigm (Creswell & Plano Clarke 2007:21). See Table 3.1 below for the application of the mixed-methods approach in this study, as indicated in column 1, and the data collection method column. The objectives of Phases 1 and 4 were completed using both qualitative and quantitative methods, while objectives of Phases 2 and 3 were achieved with qualitative methods.

Table 3.1: Intervention research: Design & development framework merging of research approaches and methods

Research approach and objectives	Target stakeholder	Data collection			Outcome
		Method	Instrument	Analysis	
Phase 1: Quantitative To analyse the understanding or perceptions of the academics and clinical supervisors regarding the challenges experienced during the implementation of the HEQC's SL guidelines in the nursing programme at UWC	Academics and clinical supervisors of the SON at UWC.	Cross-sectional survey	Self-administered structured question	Descriptive statistics	Baseline data to identify the strengths and challenges related to the implementation of SL in the UGNP.
	Teaching teams for the different year levels and nursing disciplines.	Focus group discussion	Interview guide	Content analysis	Identify collaborators to develop and pilot SL modules. Triangulate the findings from baseline survey regarding willingness.
Phase 2: Qualitative To identify factors foundational for the successful institutionalisation of SL in HEIs from national and international examples.	SL champions at South African HEIs	Semi-structured individual interviews	Interview guide	Content analysis	Identify functional elements to be incorporated in the design phase.
	Existing SL data bases	Literature review	Rubric		Determine availability of technology to institutionalise SL in academic programmes.
	SL Policy documents	Document reviews	checklists		Determine criteria for SL

					institutionalisation at programme level: observational system.
Phase 3: Qualitative To design an intervention plan and apply the information needed to institutionalise SL in the undergraduate nursing programme of the SON.	The custodians of the nursing programme in the SON: heads of the school, the clinical and undergraduate programmes.	Literature review Consultative meetings	Rubric	Descriptive intervention theory Prescriptive intervention theory	Develop intervention theory for the intervention plan.
	Academics, year level and discipline coordinators; Clinical supervisors; SL community partners; Community engagement unit.	Consultative meetings	Validation of the intervention theory		Finalisation of the intervention plan
Phase 4: Qualitative & quantitative Develop a relevant construct for SL to facilitate shared conceptual understanding within the SON.	Custodians of nursing curriculum and the community engagement unit (CEU) at UWC.	Nominal group technique	Research question	Thematic analysis	Develop an SL definition for SON.
Develop the Gender-based Violence (GBV) SL module.	GBV module teaching team	SL partnership workshops	SL module	Apply design criteria for SL module development.	SL GBV module guidelines (pedagogical model) ready for piloting.
Pilot the GBV SL module as an exemplar of an SL pedagogical model for the undergraduate nursing programme.	Fourth-year nursing students who were registered for the GBV module.	Structured questionnaire	SL module evaluation questionnaire	Statistical analysis	Refine SL module

3.5 RESEARCH DESIGN

A research design is regarded as “plans and procedures for research that spans the decisions from broad assumptions to detailed methods of data collection and analysis” (Creswell 2009:233). The purpose is to ensure that the study is conducted with rigor to achieve the stated research outcomes. Descriptive designs “explore and describe the phenomena in real life” with the intention of generating new knowledge about under-researched topics (Burns & Grove 2004:44). This study design is classified as an exploratory descriptive because institutionalising SL pedagogy in an undergraduate nursing programme is an under-researched area. For instance during Phase 1 of the study, the researcher determined the proportion of respondents who identified previous exposure to SL, accurately defined SL, requested information on SL and indicated a willingness to participate in SL capacity building. The intention was to explore and quantify the problems pertaining to SL institutionalisation at individual level because no previous research had been conducted in the SON (Polit & Beck 2008:752). Descriptive designs also describe what actually exists, determine the frequency with which the phenomenon occurs, and categorises the information without seeking to establish a cause–effect relationship (Brink, Van der Walt and Van Rensburg 2008:102). The descriptive component was also addressed in the other three phases of the study to provide an accurate description of the intervention.

3.6 METHODOLOGICAL FRAMEWORK

Methodology specifies how researchers may go about practically studying whatever they believe can be known. Kapoor (2007:17) defines a methodological framework as “a set and

sequence of methods to generate, elicit, structure, synthesize and capture the information at different stages of the process”.

Although the mixed-methods research approach was adopted for this study, the researcher does not claim to have used mixed methods as the framing methodology but rather the design and development intervention research model by Rothman and Thomas (1994). In other words the mixed method approach was followed within the D &D model.

3.7 THE DESIGN AND DEVELOPMENT (D&D) MODEL

Design and development are conceptualised as problem-solving processes for seeking effective intervention tools to deal with problems with the aim of producing workable human service technology, rather than generalisable knowledge (Rothman & Thomas 1994:12). “Development research incorporates applied research methods, empirically oriented practice, and other action research strategies to design interventions for the helping professions” (Rothman & Thomas 1994:26).

The researcher selected this methodological framework firstly because the D&D model structures the research process according to clear operational steps for the six phases. However, these phases are not necessarily linear and can form loops to earlier phases or some phases may even be integrated (De Vos, Strydom, Fouche & Delpont, 2002:397; Rothman & Thomas, 1994:9). Only the first four phases of the D&D model were used for this study, as the scope of the study and the time available did not accommodate the last two phases.

See Figure 3.1 below for a summary of the operational steps that were executed in the different phases of the D&D model. The operational steps for each of the phases were

sequenced to fit the content of the different chapters as outlined in Chapter 1 instead of being discussed as self-contained chapters.

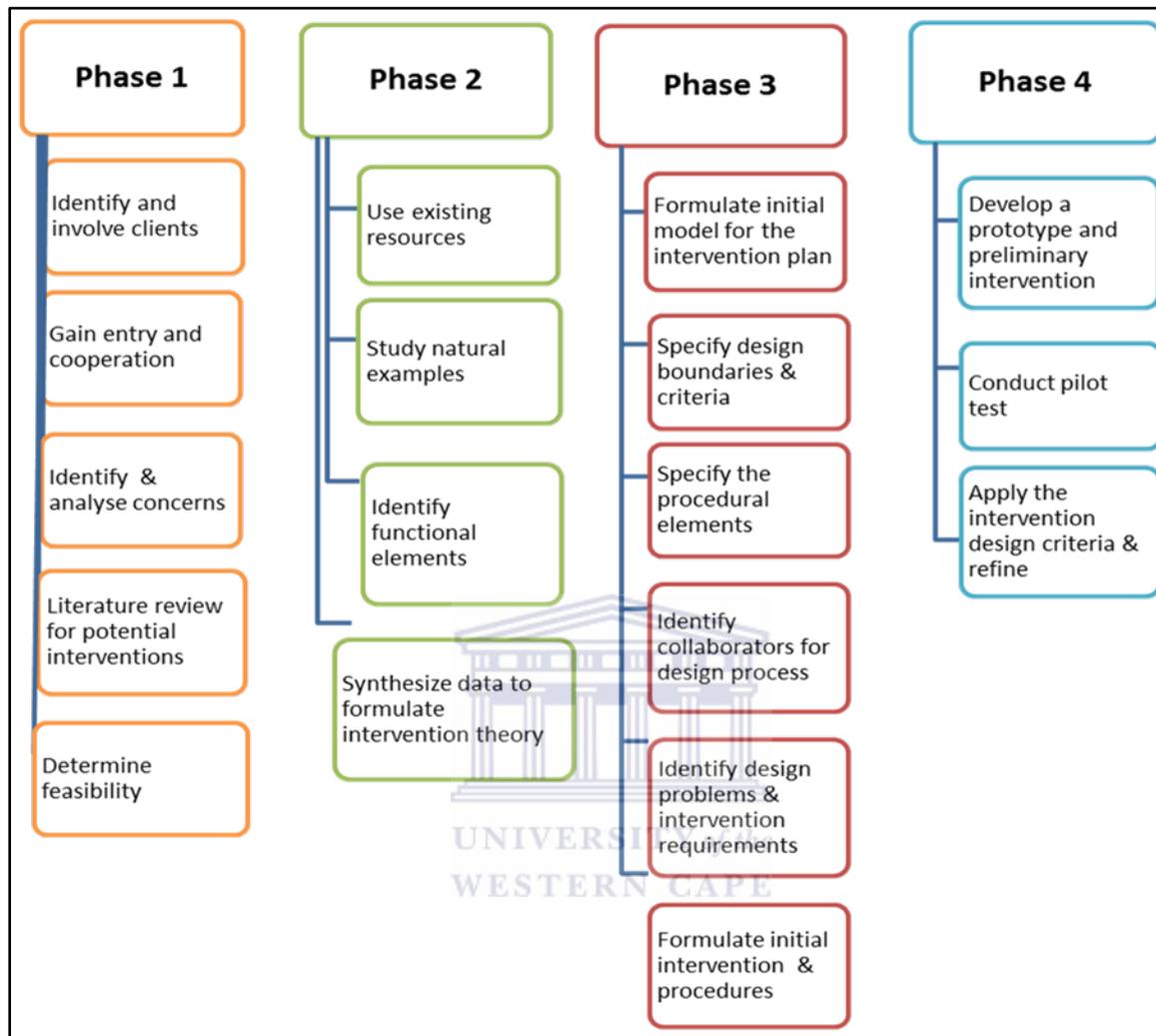


Figure 3.1: The operational steps executed of the design & development model (adapted from Rothman & Thomas 1994:10–11).

3.8 PHASE 1: PROBLEM ANALYSIS AND PROJECT PLANNING

The crucial outcome for this phase was to establish baseline data that could inform the development of the SL implementation framework for the undergraduate nursing programme. Hence, the questionnaire explored the factors that influenced the implementation of the

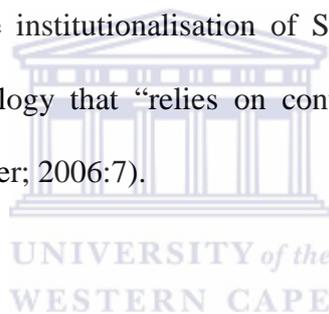
HEQC's SL policy guidelines at the institutional (UWC), organisational (SON) and the individual (respondents) levels.

The core concern of the researcher during this phase was to identify and analyse the concerns of the study population. Rothman and Thomas (1994:27) state that intervention researchers choose a population whose issues and concerns are of current or emerging interest to clients, researchers and society. The researcher attempted to understand the problem and the issues of importance and of SL institutionalisation by involving key informants in the SON without imposing external views or solutions (Rothman & Thomas 1994:30–31). The research approach adopted in the first phase and the research setting will be presented in the next section. The researcher followed the operational steps outlined by Rothman and Thomas (1994: 10) to analyse and describe the academics' and clinical supervisors' understanding and perceptions of challenges experienced in the implementation of the HEQC's SL guidelines in the undergraduate nursing programme at UWC. The following are the operational steps that were followed for Phase 1:

- Identifying and involving clients
- Gaining entry and cooperation from settings
- Identifying concerns of the population
- Analysing concerns or problems identified
- Literature review for potential interventions
- Determine the feasibility of the intervention study

3.8.1 RESEARCH APPROACH

A quantitative research approach was used because the variables were measured using an established instrument (Furco 2002), the responses were quantified and subjected to statistical analysis, and the researcher controlled for bias (Creswell 2009:4). The researcher adopted the positivistic paradigm for a number of reasons. Ontologically the study “started out with a pre-conceived idea about how the concepts were interrelated” (Brink et al. 2008:11) by drawing on the SL institutionalisation framework of Furco (2002). Epistemologically, the researcher adopted a detached, objective stance for this phase, in order to control for possible researcher bias that could be associated with the fact that the researcher was the only SL champion in the SON at the time of the study. Choosing to conduct a cross-sectional survey to explore and quantify issues pertaining to the institutionalisation of SL in the SON, indicates that the researcher employed a methodology that “relies on control and manipulation of reality” (Terre Blanche, Durheim & Painter; 2006:7).



3.8.2 RESEARCH SETTING

The SON at the UWC is located in the Community and Health Science faculty. The under- and postgraduate programmes that are offered by the SON are approved by the South African Nursing Council (SANC) (Jeggels, Traut & Africa 2013:1) and registered with the South African Qualifications Authority (SAQA). The school is the largest residential nursing school in South Africa and offers the Bachelor of Nursing (B Nursing) degree as its core undergraduate programme since 2004 (Jeggels et al. 2013:2). In 2002, the decision by the then Minister of Education that the UWC would be one of two enrolling institutions who could offer undergraduate nursing in the province, gave rise to a drastic increase in the undergraduate student numbers (Jeggels et al. 2013:2). The school is positioning itself as an

innovative School of Nursing and Midwifery in the country and advocates a community-, .problem- and competency-based curriculum (UWC 2013:2). The goal is to develop nursing practitioners who value and implement the primary healthcare approach and who are competent in meta-cognitive, problem-solving, partnership-building and self-directed learning skills (UWC 2013: 3).

3.8.3 IDENTIFYING AND INVOLVING CLIENTS

The first operational step corresponds with issues related to sampling in conventional quantitative research. Intervention researchers choose a population whose issues and concerns are of current or emerging interest to clients, researchers and society, according to Rothman and Thomas (1994:27). Key stakeholders of the academic programme were involved to ensure co-operation, support and ownership (Rothman & Thomas 1994:29).

Terre Blanche et al. (2006:133) define a study population as the “larger pool from which the sampling elements are drawn, and to which we want to generalise our findings”. Therefore, the study population comprised of all three employment categories in the SON: academics, clinical supervisors and senior academic officers (key administrative support staff for the undergraduate nursing programme) in the employment of the SON during 2011 and centrally involved with the undergraduate nursing programme. Random stratified sampling was used to ensure that the sample adequately represented the different employment categories of the SON, based on the principle that each individual had an equal chance of being selected for the sample from the three employment categories mentioned above (Terre Blanche et al., 2006:134).

3.8.3.1 Inclusion criteria

Academics, clinical supervisors and senior academic officers had to be in the employment of the SON for at least five months to be eligible for inclusion in the study. The assumption was that they would have been fully oriented regarding the teaching and learning approaches of the undergraduate nursing programme and the teaching and learning policy of the university within the first six month of employment.

3.8.3.2 Sample size

Sample size (n) refers to the number of individuals included for the study (Kasiulevičius, Šapoka & Filipavičiūtė 2006:225). The sample size provides information about the precision and power for a given study design to detect an effect of a given size because greater precision or power is associated with a larger sample (Kasiulevičius, Šapoka & Filipavičiūtė 2006). The Cochran formula (Cochran 1977) states that an $n > 30$ is usually sufficient for the central limit theorem to hold so that normal theory approximations can be used for measures such as the standard error of the mean. Hence, the statistician used the Cochran formula to calculate the proportions for the different employment categories of the sample. Finite population correction factor (Cochran 1977) was used to calculate the sample size of this study based on the assumptions that:

1. the population was normally distributed
2. the confidence interval was 95% (i.e. $\alpha = 5\%$ and $Z_{\alpha/2} = 1.96$)
3. margin error (d) = 10%
4. proportion of success (p) = 0.5 (q=1-p =0.5)

According to Cochran's formula (Cochran 1977),

$$n_c = \frac{n_0 * N}{n_0 + N}$$

$$\text{where } n_0 = \frac{z_{\alpha/2}^2 * P * q}{d^2} = \frac{(1.96)^2 * 0.5 * 0.5}{(0.1)^2} = 96.04 \cong 96$$

$$n_c = \frac{n_0 * N}{n_0 + N} = \frac{96 * 59}{96 + 59} = 36.54194 \cong 37$$

See Table 3.2 below for a summary of the sampling framework, the required sample according to the Cochran formula and the actual sample size of the survey. The sample was increased because the sampling frame was so small (Burns & Grove 2004).

Table 3.2: Sampling framework, required sample and actual sample size

Category	n	Required sample	Actual sample size
Academics	25	16	22
Clinical supervisors	27	17	23
Senior academic officers	7	4	3
Overall total	59	37	48

3.8.4 GAINING ENTRY AND COOPERATION FROM SETTINGS

The following steps were followed to get access to the setting via the gatekeepers (Rothman & Thomas, 1994:29). The Senate Higher Degrees Committee, UWC, gave ethical approval for the study and the director of the SON gave permission to conduct this study in the school. Prior to data collection, written informed consent to participate was obtained from prospective respondents. They were informed of their right to withdrawal at any stage of the study without any negative consequences. Anonymity and confidentiality of participant

information were maintained by removing all identifiers (Jooste 2010:504–507). Respondents were ensured that their contribution to the study would be acknowledged in all publications.

3.8.5 IDENTIFYING THE CONCERNS OF THE POPULATION

Intervention researchers are cautioned against researcher bias when investigating the problem and problem resolutions (Rothman & Thomas 1994:29). A discussion of the problem analysis process is provided because Rothman and Thomas (1994:30) regard the analysis of the problematic conditions as critical. De Vos et al. (2002:397) describe a social problem as “A condition that has been defined by significant groups as a deviation from some social standard ... affecting a significant number of people in ways considered undesirable, about which it is felt something can be done through collective action.”

The deviating condition, i.e. the institutionalisation of SL, has been described in the background (see 1.3 and 1.4) and the problem statement of the study (see 1.5). However, a discrepancy was also identified between the recommended guidelines of the HEOC, used as benchmark, and the practice of SL in the SON. The definition of a social problem by De Vos et al. (2002) implies a corporate willingness to engage in corrective action; therefore, these issues were explored in Section C of the questionnaire.

3.8.6 ANALYSING IDENTIFIED PROBLEMS

The following key questions proposed by Rothman and Thomas (1994:30) guided the problem analysis process:

What is the nature of the discrepancy?

It was possible to identify discrepancies in the SL institutionalisation process because the respondents’ understanding and practice of SL in the SON could be benchmarked against the national standard outlined in the SL policy documents (HEQC 2006a:140–141).

Whose behaviours are causing and/or maintaining the problem?

The HEQC (2006a:142) states that both structural and programme requirements are essential for “advancing and sustaining SL”. The researcher adopted an infused approach to institutionalise SL in the SON (Adonis 2005:15). In other words, SL was to be incorporated in the existing curriculum structures of the undergraduate nursing programme. Therefore, the following key stakeholders were enlisted in the research: the Community Engagement Unit of UWC, all the communities of practice of the undergraduate programme and the management of the SON responsible for strategic policy decisions. These key stakeholder groups, as custodians of the curriculum of the nursing programme, had to become familiar with the current discourses regarding SL policy implementation (HEQC 2006a:138).

Who should share responsibility for resolving the problem?

SL scholars advocate a systems approach (Furco 2002:3; HEQC 2006a:143). Therefore, Furco’s (2002) *Assessment rubric for the institutionalisation of service-learning in higher education* was used as a diagnostic and benchmarking tool to identify the discrepancies, problems in the SL institutionalisation process at UWC. The five dimensions of the Furco’s (2002) rubric, representing the critical success factors for SL institutionalisation, are similar to the audit criteria recommended for the structural and programme level indicators for South African higher education academic programmes (HEQC 2006a:186–187).

Since the SL implementation framework was to be contextually bound, the structural and programme issues at the nursing programme level of the SON were taken into account (Furco 2002:3; HEQC 2006a:143). Thus, the researcher decided to focus on SL institutionalisation

as evidenced by SL module development in the undergraduate nursing curriculum and SL scholarship to broaden the understanding of SL amongst academics (Bringle & Hatcher 2000:275). Hence, the development of an SL pedagogical model for the undergraduate nursing programme was included as one aspect of the SL implementation framework.

Which conditions need to change to establish or support the required change?

Although the previous point emphasised that changes are required at different levels of the institution, it is however, critical that all support and involvement in these change activities be authentic (HEQC 2006a:138). It was therefore crucial that the SL champions in the higher education institution, as the change agents, had insight in both the individual and group change processes (Lamm & Gordon 2010:426; Whelan-Berry, Gordon & Hinings 2003) in order to ensure ‘buy-in’ from the nursing fraternity and to counter the natural tendency to resist change (Oreg 2003).

The researcher regarded, at individual level, a willingness to be an active (authentic) participant, a pre-requisite for achieving the aim of the study. It also implied a readiness on the side of respondents to correct any SL theory–practice gaps and any conflicting SL practice–theories that were identified by them when these were benchmarked against the national SL quality audit criteria.

At the communities of practice level, the expectation was that the communities of practice linked to the different nursing disciplines in the school, namely general nursing, community nursing, psychiatric nursing and midwifery, would engage in curriculum alignment activities. A review and possible alignment of the teaching and learning materials of the undergraduate nursing modules for the different year levels of the academic programme were anticipated to

ensure that designated SL modules were properly scaffolded in the nursing disciplines across the four year levels of the undergraduate programme.

At school level, the management of the SON needed to create an enabling environment that would facilitate the embedding and mainstreaming of SL modules in the undergraduate nursing programme. The expectation was that the management of the SON would collaboratively develop a strategic plan with operational guidelines to create synergy between the SL capacity development activities and the SL curricular review activities. The designated SL modules therefore had to be submitted to the relevant university structures for the necessary academic endorsement.

At institutional level, the expectation was that the institution would have put the necessary structures that had been identified by SL scholars as the critical success factors for SL institutionalisation, in place (Furco 2002; HEQC 2006a:187). Another expectation was that the CE Unit of UWC would play a pivotal role in collaboration with the researcher, in moving the SON towards engaged scholarship. The CE unit thus provided the necessary guided support to develop SL capacity in the school, input in the design and development of the SL module for the piloting phase, and ongoing mentoring for the SL activities.

The above four questions were regarded as key for problem analysis (Rothman & Thomas 1994:30), and the SL institutionalisation factors at the academics' level (Bringle & Hatcher 2000:275) were incorporated in the survey. The intention was to generate baseline data for the intervention study as regards the SL needs of the school of nursing. The contextual and environmental factors, the target- and interventive behaviour of the intended users of the interventive technology, SL institutionalisation, as summarised in Table 3.3 below, were incorporated in the questionnaire. The items included in sections A and C of the survey

questionnaire (discussed under section 3.8.11.1 of the structure of the questionnaire) were guided by the variables influencing SL institutionalisation at the individual level below.

Table 3.3: Variables influencing SL institutionalisation at the individual level

Institutional level (extraneous variable)	School level (independent variable)	Individual level independent variable)
HEOC SL policy guidelines	Age	Previous exposure to SL
HEOC SL assessment criteria	Years of employment	Requested SL information (self-identified training needs)
HEOC SL policy implementation	Employment category	Willingness to participate in SL capacity building
	Academic qualification	Current understanding of SL
	Nursing experience	

These variables at the institutional and the individual level were addressed in the objectives and research questions that guided the data collection for Phase 1 as specified in Chapter 1.



3.8.6.1 Data collection method and process

A cross-sectional survey was done because Rothman and Thomas (1994:29) regard surveys as an appropriate data gathering method for the research design. The researcher informed all members of the SON of the prospective study and invited participation electronically. This was followed-up by face-to-face contact and respondents were requested to complete the questionnaire either electronically or submit a hard copy after informed consent had been obtained. The data was collected in two rounds because a significant number of staff was appointed at the beginning of 2011. The first round took place during January–February 2011 and the second round during May–June 2011 to ensure that the new appointees had enough time to attend the induction and orientation programme offered by UWC and the SON.

3.8.6.2 Data collection instrument

Furco's *Self-assessment rubric for the institutionalisation of service-learning in higher education* (2002) is the best-known developed self-assessment rubric for HEIs (Butin 2006:477). This tool was suitable for the study because the five dimensions of Furco's (2002) rubric explore the four questions raised in section 3.10.6 under "Analysing the concerns" regarding nature of the discrepancy, namely whose behaviours were causing and/or maintaining the problem; which conditions need to change to establish or support the required change; and who should share responsibility for resolving the problem. This instrument further measured the current level of SL institutionalisation according to three stages against critical success factors for SL institutionalisation across five dimensions. See Table 3.4 below.

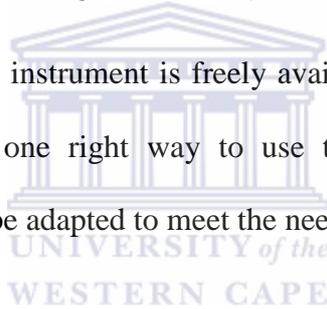
Table 3.4: Furco's (2002) Self-assessment rubric for the institutionalisation of service-learning in higher education

Critical success factors	Stages of development		
	Critical mass building	Quality building	Institutionalisation
<i>Dimension 1</i> Philosophy and mission of SL	1	2	3
<i>Dimension 2</i> Academic support for and involvement in			
<i>Dimension 3</i> Student support for and involvement in SL			
<i>Dimension 4</i> Community participation and partnerships			
<i>Dimension 5</i> Institutional support for SL			
Total Furco responses			

Furco's (2002) *Self-assessment rubric for the institutionalisation of service-learning in higher education* was used as a diagnostic and benchmarking tool to identify any problems in the SL institutionalisation process at institutional level –

- firstly, because the critical success factors of Furco's rubric are similar to the recommended indicators and arrangements for managing quality of SL as specified by the HEQC (HEQC 2006a:186–187);
- secondly, because Furco, like the HEQC, advocates a developmental approach to SL institutionalisation; and
- thirdly, because the results can potentially be converted into an action plan to advance SL at UWC (Furco 2002:3; HEQC 2006a:143).

No permission was sought as the instrument is freely available from the public domain and the author states, “there is no one right way to use the rubric ... the dimensions and components of the rubric should be adapted to meet the needs of the campus” (Furco 2002:3).



3.8.6.3 Structure of the questionnaire

A structured questionnaire consisting of one open-ended and 29 closed-ended questions was developed in English with the assistance of a statistician. The questionnaire was structured into the following four sections.

Section A of the questionnaire focused on the socio-demographic information of the participants. This section consisted of six questions, which requested information on the respondent's age group, gender, position and years of employment at the SON, the highest nursing qualification and the total number of years' nursing experience (see Table 3.4).

Section B focused on the self-assessment of the development stage of SL institutionalisation at UWC as reported by the respondents. This is referred to as the Furco responses because this section was modelled on Furco's (2002) *Self-assessment rubric for the institutionalisation of service-learning in higher education* totalling 22 questions (see Table 3.5).

Section C was designed by the researcher based on Bringle and Hatcher's work (2000:275).

These authors identified the following indicators as evidence of academics involvement in SL institutionalisation:

- curriculum and module development;
- teaching team development activities; academics' broad understanding of and support for SL; and
- scholarship on SL (Bringle & Hatcher 2000:275).

The nine yes/no items included in question 29 thus explored the SL scholarship needs of the respondents as determined by previous exposure to SL, request for SL information, willingness to participate in SL capacity building and their understanding of SL.

Section D consisted of question 30, an open-ended question that requested respondents to describe their current understanding of SL. See Annexure 1 for the complete questionnaire.

3.8.6.3.1 Pre-testing of instrument

The researcher pre-tested the research instrument with four lecturers who previously taught in the undergraduate nursing programme but was not in the employment of the SON, UWC during the data collection period. The researcher consequently adapted the statements of Furco's (2002) rubric by expanding the statement stem for some of the dimensions and included the 'not sure' option based on the feedback received from pre-testing the instrument.

For instance, some respondents commented that they were not sure about the statements and others lamented that it was difficult to make a choice when cells contained more than one and sometime conflicting contextual statements. See Annexure 3 for the extract of Dimension 1 to illustrate the reasoning behind the adaptation of Furco's rubric (Furco 2002:3).

3.8.6.4 Validity and reliability of instrument

Validity refers to the degree to which an instrument measures what it is supposed to be measuring (Brink et al. 2008:159). The survey questionnaire was pre-tested for content validity by SL experts and a statistician and modified (see Annexure 3).

Reliability: Cronbach's alpha coefficient was used to test the internal consistency among scale items for sections B of the questionnaire because of its effectiveness in testing a highly "structured quantitative data-collection instrument" (Brink et al. 2008:164). The Cronbach's alpha coefficient yielded was 0.89, indicating high internal consistency for the Furco items.

3.8.6.4.1 Data analysis and process

All questions were statistically analysed with the assistance of a statistician using the statistical package for social sciences (SPSS 19) to provide descriptive and inferential statistics. Analysis entailed categorising, ordering, manipulating and summarising the data and describing it in meaningful terms (Brink et al. 2008:171). The data was entered into a Microsoft Excel spreadsheet and thereafter imported into the SPSS version 19. The data was summarised, and descriptive statistics are presented as frequencies, percentages, means and standard deviations.

The responses for the five Furco dimensions were converted to a Likert-type scale (1–3) to correspond with Furco’s 3 levels (Furco 2002), namely critical mass building, quality building and sustained institutionalisation. The test of normality was done (mean = median) to decide on the correlation test to be used at 95% confidence interval.

3.8.7 LITERATURE REVIEW FOR POTENTIAL INTERVENTION

The literature review indicated the challenges that were identified in phase 1 and two of this intervention study was associated with change management issues, specifically the individual’s readiness to embark on the change process (Armenakis & Bedeian 1999:302). The literature indicated that the individuals’ readiness to implement the proposed change, the national SL policy in the nursing programme, was dependent on the academics’ willingness to acquire the necessary SL knowledge and the assurance that environmental support would be available during the change process. See section 1.8 for the way the key principles of the change model of these authors (Armenakis & Bedeian 1999:302), the theoretical framework, were applied to this study. The critical success factors to institutionalise SL in higher education (Furco 2002) and the curriculum design activities proposed in SL in the curriculum for HEIs (HEQC 2006a) were incorporated in the design activities. See Figure 3.2 below for the visual presentation.

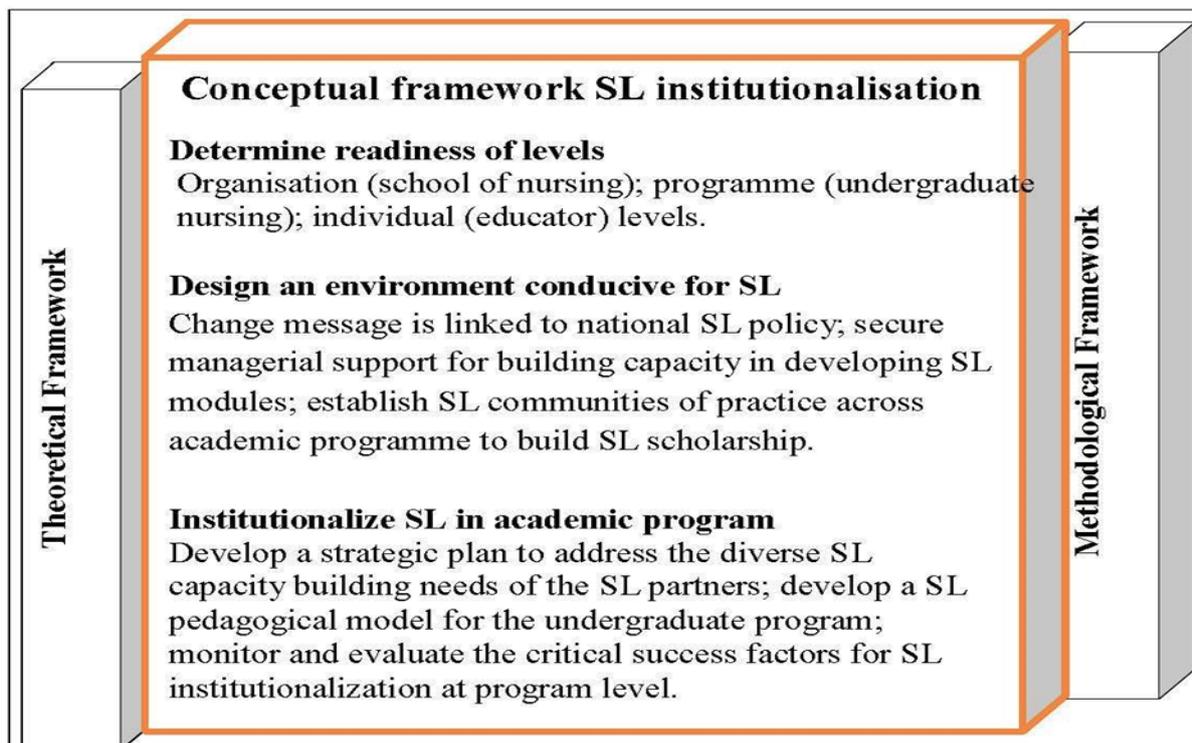
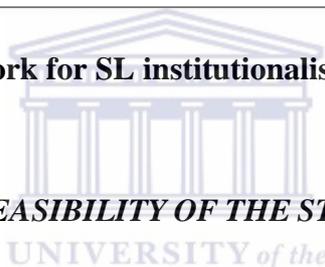


Figure 3.2: Conceptual framework for SL institutionalisation



3.8.8 DETERMINING THE FEASIBILITY OF THE STUDY

The purpose of this operational step was to triangulate the findings of the baseline survey to determine whether the proposed intervention plan was feasible (Rothman & Thomas 1994:166) and to finalise the collaborators for the SL module development aspect of the study. Hence, the research methodology that was employed for this operational step is discussed next.

3.8.8.1 Population and sampling

The target populations were the three year-level teaching teams of the undergraduate nursing programme. Purposive sampling (Nieuwenhuis 2011:79) was used to identify the participants of the focus group discussions (FGD) for each year level. Only the custodians of the

curriculum, which included the academic and clinical coordinators, key academics and clinical supervisors for the respective year levels, were invited.

3.8.8.2 Data collection method and process

Focus group discussions were chosen because such discussions allowed the researcher to get rich data from the variety of views of the group who was co-teaching at the specific year level (Nieuwenhuis 2011:79) since the school subscribes to team teaching (UWC 2013).

The researcher developed an interview guide consisting of the following questions:

- Do you think that SL can be implemented successfully in the modules in your year level?
- Do you think that you can contribute to the success of this project?
- What are your expectations for this project?
- Which resources will you need to enable the success of this project?

The year-level coordinators were informed electronically that the purpose of the FGD was to motivate year-level teaching teams to participate in the development and piloting of SL modules. On 8 February 2012, two focus groups were conducted with the third-year-level coordinators, consisting of seven participants, and on 13 February 2012, one FGD discussions with the fourth year-level coordinators, comprising five members.

3.8.8.3 Analysis

Content analysis was used to reduce the transcribed interviews to arrive at the major themes and categories that were translated into the rudimentary intervention plan. Content analysis uses a system to identify and summarise the content through an iterative process (Nieuwenhuis 2011:101). Hence, the five-step process of inductive analysis was used

(Thomas 2006:241–242) because of its simplicity. Inductive analysis is defined as approaches “that primarily use detailed readings of raw data to derive concepts, themes, or a model through which interpretations are made from the raw data by a researcher” (Thomas 2006:237). The following steps were executed:

1. **Preparation of raw data files:** All files have a uniform format and the researcher will keep printed copies as backups of each interview for five years (Thomas 2006:241).
2. **Close reading of text:** The raw text was read in detail because the researcher sought illumination in order to identify and understand the themes in the raw data (Thomas 2006:241).
3. **Creation of categories:** The functional elements that emerged from the data were classified into themes and sub-categories that reflected the most descriptive topic words. The preliminary analysis was refined and the themes and sub-themes that emerged from the open or in vivo coding (using the actual wording of the participants) were presented as the story line (Thomas 2006:241). Coding is the process of organising the material into segments of text before bringing meaning to information (Creswell 2009:186).
4. **Overlapping coding and uncoded text:** It was necessary to code one segment of text into more than one category and all the text that was not pertinent to the research objectives was omitted from the analysis (Thomas 2006:242).
5. **Continuing revision and refinement of category system:** The researcher searched each category and contradictory points in order to develop new insights regarding the

elements that needed to be included in the proposed intervention plan (Thomas 2006:242).

The aim of inductive analysis is the development of categories into a model or framework (Thomas 2006:242). The researcher therefore condensed the numerous categories into essential categories which captured the key aspects of the themes in the raw data.

3.9 PHASE 2: INFORMATION GATHERING AND SYNTHESIS RELATED TO SL INSTITUTIONALISATION

The steps executed for this phase (Rothman & Thomas 1994:31–32) included the following:

- using existing information sources;
- studying natural examples;
- identifying functional elements of successful models; and
- synthesising the data and formulating conclusions.

3.9.1 USING EXISTING INFORMATION SOURCES

The literature was reviewed to inform the interview guide for the semi-structured SL expert interviews and was integrated in the other operational steps. Various electronic data bases were searched to locate empirical studies on SL implementation in higher education in general and nursing education specifically. No South African studies on SL implementation in nursing at a programme level could be located at the time of data collection (2012). American literature dominated the field and the only authoritative South African resources on SL implementation at programme level were the HEQC policy documents. The researcher

has made reference in the introduction as well in the literature chapters to the fact that the American influence was evident in the South African SL policy documents (Bender 2008a; Furco 2002). Hence, these HEQC policy documents were regarded as best practice guidelines for functional elements of successful SL institutionalisation models against which the natural examples were benchmarked.

3.9.2 STUDYING NATURAL EXAMPLES

In this study, the operational step of identifying functional elements of successful models refer to the SL expert interviews that were conducted at eight South African HEIs between June and November 2011. Hence, the discussion of the methodology that follows pertains to this empirical component for this phase.

3.9.2.1 Research approach

A qualitative approach was adopted for Phase 2 because it allowed for more flexibility and captures the ‘richness’ of the specific expertise and experiences of the key informants (Burns & Grove 2004:25). In addition, this approach also allowed the researcher to share the interpretation that she developed from the data (Burns & Grove 2004:30).

The insights thus derived from this process can “guide nursing practice” by embedding the overarching SL principles in clinical nursing and therefore to the “process of theory development for building nursing knowledge “(Burns & Grove 2004:52). This study could contribute to building nursing knowledge because the SL institutionalisation was approached from the individual’s readiness perspective to support the organisational change associated with developing an SL implementation framework for the undergraduate nursing programme.

3.9.2.2 The study population, sampling and inclusion criteria

The study population included the module conveners or SL coordinators who were involved in the 50 health sciences exemplar SL courses from the 10 South African HEIs who participated in the national CHESP SL project (Lazarus et al. 2007:48). Stratified, purposive sampling was used to select 13 key informants from eight South African HEIs. The inclusion criteria were that the academics should have developed or coordinated an exemplar SL course for the CHESP project, and they had to be involved in teaching, coordinating or training SL programmes or modules at the time of the study (2012). See Table 3.5 below for the sampling details.

Table 3.5: Sample of SL experts interviewed

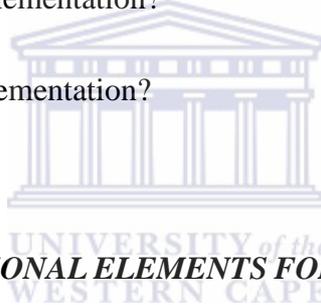
HEI	Discipline	Designation of participants
1	Nursing	Lecturer
2	Public Health: Medicine	Lecturer
3	Teacher Education	Lecturer
3	Teacher Education	National expert: lecturer
4	Social Work	Lecturer
5	Pharmacy	Lecturer
5	Community Engagement Unit	CE officer
5	Community Engagement Unit	National expert: CE director
6	Higher Education	National expert: CE director
7	Nursing	Lecturer
7	Psychology	National expert
8	Nursing	Head of Department
8	Nursing	Lecturer
n=8	n=8	n=13

CE= community engagement

3.9.2.3 Data collection method and instrument

Semi-structured interviews were conducted with nine SL module conveners and four national SL experts at their respective HEIs between June and November 2011. However, a combined interview was conducted with both participants from Teacher Education at HEI 3, as indicated in Table 3.7 above. The researcher was flexible in using the questions of the interview guide below to identify functional elements of successful SL models in the eight South African HEIs included in the sample.

- How was SL implemented in your institution?
- How would you describe the success of this implementation?
- Which factors promoted SL implementation?
- Which factors inhibited SL implementation?



3.9.3 IDENTIFYING FUNCTIONAL ELEMENTS FOR THE SL FRAMEWORK

This operational step is linked to data analysis (Nieuwenhuis 2011:100-101) and the process that was followed to identify the above. See Figure 4.2 for the process that was followed to identify the functional elements for the preliminary SL implementation framework. Content analysis (Bless, Higson & Sithole 2013:352) was conducted of the SL interviews as described under **analysis** in 3.10.6.3.

3.9.4 SYNTHESISING DATA AND FORMULATING CONCLUSIONS

(INTERVENTION THEORY)

This last operational step for Phase 2 was concluded with the formulation of the descriptive and prescriptive theories for the intervention plan, i.e. the intervention theory for the

development of the SL implementation framework. The action theory was addressed in the subsequent phase, the design phase.

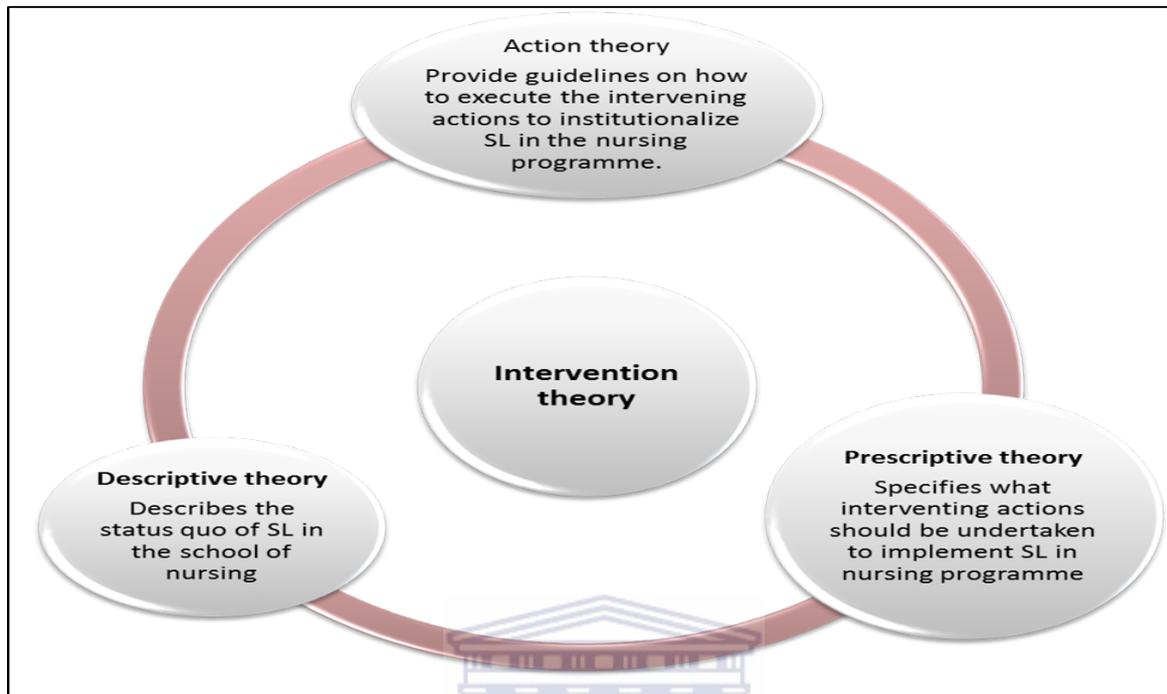


Figure 3.3: Elements of an intervention theory (adapted from Burns & Grove 2004:320)

The intervention plan for the SL implementation framework was subsequently informed by the descriptive and prescriptive intervention theories stated below.

Descriptive intervention theory: The SL theory–practice gaps can be contributed to the prevalent conceptual confusion due to a lack of foundational knowledge related to the SL policy guidelines of the HEQC (2006a).

Prescriptive intervention theory: The findings of Phase 2 identified potential elements that had to be considered for inclusion in the intervention plan to develop the SL implementation framework for the SON. See Figure 3.4 for the visual presentation of how the findings of Phases 1 and 2 helped with the scoping of the SL implementation framework for the

undergraduate nursing programme. See Chapters 4 and 5 for a detailed discussion of how this intervention theory was applied in the study.

3.10 TRUSTWORTHINESS

Trustworthiness requires that the researcher ensure that the study is credible, transferable, dependable and confirmable (Creswell 2009:191–192; Bless, Higson-Smith & Sithole 2013:236-237).

3.10.1 CREDIBILITY

This aspect deals with the authenticity of the data by reflecting accurately on the perceptions and experiences of participants (Brink et al. 2008). Measures to ensure credibility of the study included prolonged engagement, triangulation, peer debriefing, member checks and thick descriptions (Brink et al. 2008:118–119; Thomas 2006:243). The interviews were transcribed verbatim and presented for member checking and an independent coder validated the findings. A detailed description of the research setting was done.

3.10.2 TRANSFERABILITY

Transferability refers to generalisability of findings to other settings although the main emphasis of qualitative research is not on producing generalisable findings. De Vos et al. (2002:352) suggest that the triangulation of multiple data sources could increase the study's usefulness for other settings. In this phase, the different sources included interviews and literature review.

3.10.3 CONFIRMABILITY

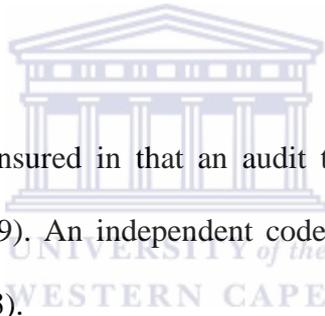
This measure ensures congruence between the findings, conclusions and recommendations (Brink et al. 2008:119). Analysis triangulation was ensured through expert feedback from the research supervisor and the independent coder (Thomas 2006:243).

3.10.4 REFLEXIVITY

Reflexivity is important because researcher bias is a potential threat for any study (Bless, Higson-Smith & Sithole 2013:360). In this study, the threat of researcher bias existed firstly because of the researcher's involvement in the CHESP project as an SL course convener from 2003–2005, and secondly because the researcher had been involved in the international SL project of the SON as project coordinator and researcher.

3.10.5 DEPENDABILITY

Dependability of findings was ensured in that an audit trail was kept of the process and procedures (Brink et al. 2008:119). An independent coder was employed to achieve inter-rater reliability (Thomas 2006:243).



3.11 PHASE 3: DESIGN

The operational steps listed for this phase (see Figure 3.1) comprised the formulation of the initial model for the intervention plan, specification of design boundaries and criteria, specification of the procedural elements, identification of collaborators for the design process, identification of the design problems and intervention requirements and, lastly, the formulation of initial procedures and interventions (Rothman & Thomas 1994:11). This section therefore addresses the constituent theories of the intervention model as reflected in

Figure 3.3, which informed the conceptualisation of the intervention plan to institutionalise SL in the undergraduate nursing programme presented in Figure 3.2.

3.11.1 INTERVENTION MODEL FOR THE INTERVENTION PLAN

The study objective that was addressed in phase 3 was to design an intervention plan to institutionalise SL in the undergraduate nursing programme of the SON at UWC.

Figure 3.4 below depicts the processes involved in the formulation of the initial intervention model of the SL implementation framework. The intervention theory that was developed comprise the descriptive, prescriptive and action theory as discussed below.

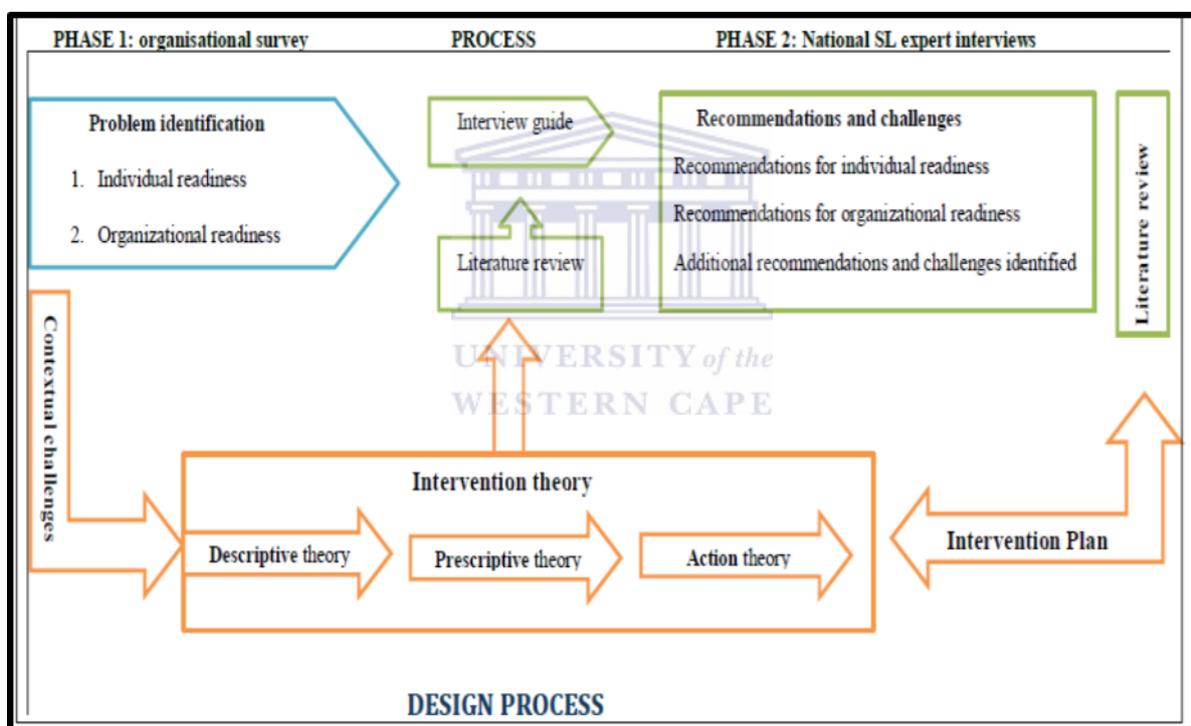


Figure 3.4: Design processes for formulation of the SL implementation framework

It was however, necessary to differentiate between the intervention objective stated above and the design objectives of the descriptive theory below, according to Mullen (1994:167). In order to achieve the intervention objective, it was firstly necessary to design an intervention

plan consisting of a variety of change strategies targeted at the individual, group and organisation levels (Fraser & Galinsky 2010:459). The design objectives for this study thus refer to the intervention elements (change strategies) which were formulated to address the gaps that were identified by the core findings of Phases 1 and 2 under 3.10.3 and 3.11.

1. Correct the prevalent theory–practice gap that emanated from the conceptual confusion regarding the differentiation of SL from other forms of CE curricular activities.
2. Address the lack of knowledge related to the national SL policy guidelines by involving the academics and clinical supervisors in SL capacity building and scholarship.
3. Develop an SL pedagogical model for the school by providing concrete implementation guidelines to embed SL pedagogy in undergraduate nursing modules that are amenable to SL.
4. Formulate SL institutionalisation criteria for the nursing programme of the school in accordance with the SL quality indicators of the HEQC.

The above design objectives also fulfilled the design requirements specified by Fraser and Galinsky (2010:460) because the first two objectives refer to the problem theory of the intervention theory for this study. See Chapter 4 for the **prescriptive elements** of the intervention plan as well as the domain boundaries and the procedural elements and an illustration of how the problem theory, the identified risk factors were synchronised with various change strategies, to institutionalise SL in the undergraduate nursing programme (Fraser & Galinsky 2010:460).

3.11.2 DESIGN BOUNDARIES AND CRITERIA

The findings of Phase 2 identified the elements that the researcher had to incorporate in the intervention plan to develop the SL implementation framework for the SON. Therefore the national standards presented by the institutional input, process and output/impact indicators for SL institutionalisation (HEQC 2006b) guided the activities aimed at developing the framework for the SON. The design boundaries are thus depicted in Figure 3.5 below.

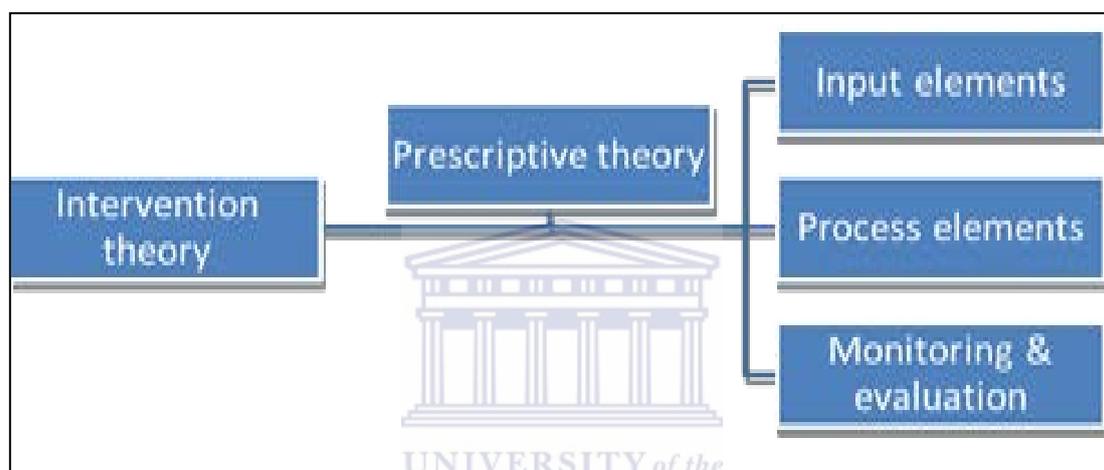


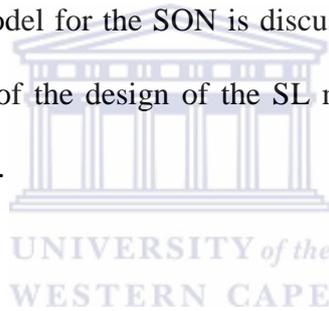
Figure 3.5: Elements of the prescriptive theory (adapted from Burns & Grove 2004:320)
Text box 1 in section 4.3.2 depicts the prescriptive elements that were formulated for the intervention plan.

3.11.3 SPECIFICATIONS OF THE DOMAIN BOUNDARIES

The specifications for the design domain and design requirements provided the necessary focus for the design activities of the intervention plan (Mullen 1994:169–170). Text box 2 in section 4.3.2 depicts the details of the design domain specifications for the intervention plan.

3.11.4 SPECIFYING THE PROCEDURAL ELEMENTS

This aspect of the design requires that the researcher provide sufficient detail to enable other researchers to replicate the prototypes or intervention (Rothman & Thomas 1994:35). In Phase 1, a structured questionnaire was developed to assess the readiness of individuals for SL institutionalisation. The quality indicators for the monitoring and evaluation system for SL institutionalisation were specified during the design phase. See Table 6.1 and Table 6.2 for the quality criteria that were specified for the academic programme and for the school as an organisation. The process that was followed to develop a contextualised SL definition for the school is discussed under Phase 4 under section 4.5 (item clarification and merging of concepts) and the final ranking of the master concept list. The GBV module guide that was developed as an exemplar SL model for the SON is discussed under early development and piloting. See 5.11.1 for details of the design of the SL module and section 5.11.2 for the piloting of SL pedagogical model.



3.11.5 IDENTIFY COLLABORATORS

The draft intervention plan, comprising the problem and intervention theory, was presented to experts in intervention research and SL at the institution. The findings of Phase 1 was tabled but not discussed at the SON's board meeting of October 2011. The intervention plan was also presented at the UWC Centre for Teaching and Learning Scholarship (CENTALS) board meeting on 2 February 2012 after a 4-month delay with no comments regarding changes to the proposed intervention plan. Subsequent to this presentation, input was sought from the potential SL module development collaborators. Two FGDs were conducted with the third- and fourth-year-level teaching teams on 8 and 13 February 2012 because they were key role-players for developing SL modules. The rationale was that SL best practice guidelines

indicate that preferably SL pedagogy should be incorporated in modules that are amenable to “reflection, reciprocity, equity, development and diversity” (HEQC 2006a:143). The intervention plan was subsequently modified. See 3.11 for the feasibility of the study of Phase 1 for further details.

3.11.6 IDENTIFY DESIGN PROBLEMS AND INTERVENTION REQUIREMENTS

Being a staff member and having inside information proved to be invaluable for the completion of the research project. The researcher was thus aware of highly contextualised knowledge of the setting that could influence the intervention fidelity (Fraser & Galinsky 2010:461). The leadership crisis in the SON in 2011 had a spill-over effect on the morale of the staff and undergraduate programme delivery until the latter half of 2012 (UWC 2013). Factors that further affected or inevitably delayed the execution of the intervention plan were the changes made to the Community Health Module and the deferment of the accredited short course on SL and CE initially scheduled for September 2012 to March 2013.

3.11.7 FORMULATE INITIAL INTERVENTION AND PROCEDURES

The initial intervention encompassed the design of an SL module, differentiating SL as a specific type of CE, and developing SL capacity building in the undergraduate nursing programme. Only the procedure for the last intervention is described here because the methodology for the first two initial interventions are described under developing prototypes and preliminary interventions under 3.14.1.1 and 3.14.1.2, respectively. The SL capacity-building intervention comprised various activities. A two-pronged approach was followed to develop SL capacity in the SON. The first was aimed at the ‘opinion makers’ and thus the

gatekeepers of the undergraduate curriculum. The undergraduate curriculum was chosen as the pilot programme because most of the senior academic staff teaches at both undergraduate- and postgraduate level. The training that was envisaged for this group entailed completing a short course on SL and CE accredited by the Commission of Higher Education (CHE) at the national qualifications framework (NQF), level 8. See Annexure 4 for the structure and content of the course. The first cohort of 11 nursing educators of the SON completed the course successfully in September 2013 due to the financial sponsorship received from the office of the Deputy Vice-chancellor (DVC), UWC. This level of capacity building among the academics of SON was required if the SON was to mainstream SL pedagogy. The implication was that SL should become institutionalised in the undergraduate nursing programme as an integral, sustained and meaningful pedagogy to all stakeholders involved in the undergraduate nursing programme (Bringle & Hatcher, 2004:2).

The second intervention related to SL training was aimed at the partners involved with the teaching of the SL in the GBV module that was developed as a prototype of an SL pedagogical model for SON. Three partnership-building workshops for the academics, clinical supervisors and community partners were facilitated by the SL GBV module developers.

The outcomes for this group are listed below.

1. identified collaborators for the SL pilot phase;
2. became familiarised with the subject content of the GBV module and the good practice quality criteria for SL modules (HEQC 2006a: 35–46);
3. understood the roles and responsibilities of the facilitators with regard to the SL projects and reflective blogging implicit in SL pedagogy;

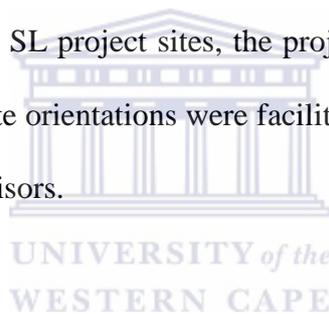
4. finalised the logistics related to the weekly work plan for the GBV module;
5. developed small group lists to clarify the students' groups, a responsible clinical supervisor, SL projects, lecture and reflection venues as well as the posting schedule;
6. conducted a one-day partnership-building workshop to clarify the roles and responsibilities of the academic, clinical supervisors and community partners related to the expressed needs of the community and the learning outcomes of the GBV module;
7. organised training on how to use e-teaching to provide feedback and post reflective blogging for academics, clinical supervisors and students during the first academic week;
8. orientated students to SL pedagogy during the first contact period;
9. scheduled feedback sessions for students, community partners and the SL teaching team; and
10. developed a questionnaire for students to provide feedback on the SL module.



The above-mentioned outcomes were addressed as part of the design problems during fourth-year-level meetings and the SL preparatory SL workshop during July 2012. See Annexure 7: Phase 4 SL Workshops for details regarding the procedure that was followed and the content of the workshop programme and the Report of the B4 level meeting held on 11 April 2012 (Annexure 6). The following principles undergirded the SL partnership-building workshops: reciprocity, collaboration, needs assessment, alignment of service and learning goals, student placements, student orientation, role clarification, reflection and logistics (HEQC 2006a:18–19).

The target population for the preparatory SL partnership workshop included the two academics and six clinical supervisors comprising the GBV teaching team in 2012, six community partners from a faith-based organisation and six from a substance rehabilitation organisation. Building rapport and trust between the community partners, academics and clinical supervisors was crucial in terms of securing commitment and ownership-taking behaviour to achieve the SL module outcomes.

The community entry seminar for the academic partners (the fourth-year students and teaching team) was presented by the CEU of UWC. The student orientation entailed a theoretical orientation to the SL GBV module by the two academics. The community site visits oriented the students to the SL project sites, the project population and the SL project community workers. These SL site orientations were facilitated by the SL teaching team: two academics and six clinical supervisors.



3.12 EARLY DEVELOPMENT AND PILOTING TESTING: PHASE 4

Rothman and Thomas (1994) define development as the process whereby a primitive innovative intervention or technology is developed sufficiently so that it can be implemented and used on a trial basis in the field in order to test the intervention and then refine or redesign the intervention as may be required.

The study objectives that had to be achieved in this phase were to:

1. develop SL modules in the undergraduate nursing programme; and

2. develop a relevant construct of SL to facilitate shared conceptual understanding within the SON.

Therefore, the primary consideration in the execution of the operational steps of developing a prototype or preliminary intervention, conducting a pilot test, and applying design criteria was to ensure that the above objectives were reached.

3.12.1 PROTOTYPES AND PRELIMINARY INTERVENTIONS TO INSTITUTIONALISE SL IN THE UNDERGRADUATE NURSING PROGRAMME

The intervention, SL institutionalisation, necessitated the development of several intervention elements or change strategies (Fraser & Galinsky 2010:459). The researcher also took into account that the “process of creating an intervention is generative and requires knowledge of change strategies plus the ability to form learning activities that have a cultural and contextual metric” (Fraser & Galinsky 2010:460). Hence, four prototypes were developed, namely –

- a tool to assess the individual’s readiness to incorporate SL in own practice;
- an SL module guide as an exemplar of an SL pedagogical model for SON;
- a contextualised SL definition for SON; and
- a quality monitoring and evaluation system for SL institutionalisation at the programme level (HEQC 2006b).

However, due to the scope and the complexities involved in developing an SL implementation framework and the timeframe of this study, only the SL module development components were subjected to all three operational steps listed in Figure 3.1 (Rothman &

Thomas, 1994:36–37). However, the processes and the outcomes derived from all the other prescriptive elements assisted in the formulation of the SL implementation framework for the SON.

The first intervention for this study focused on the activities related to developing and teaching the GBV SL module during the second semester of 2012 involving the fourth-year-level teaching and the SL partners. The findings are presented and discussed in the subsequent chapters. The second intervention was the development of the SL definition, which was aimed at getting collaboration from the gatekeepers of the nursing programmes in the schools. The findings related to the above two prototypes and interventions were translated into scholarly outputs and hence validated by national and international experts. (See section 6.4.8 for the details of the scholarly output for international conferences and peer-reviewed publications in accredited journals). However, since the attainment of the above two interventions required a sound theoretical and philosophical foundation, the third intervention entailed building SL capacity and scholarship in the SON. The practice principles, goals and activities of these interventions were addressed in 3.13.6 under design problems and intervention requirements (Fraser & Galinsky 2010:459).

3.12.1.1 Gender-based violence module guide

The GBV module guide (the prototype of the SL model proposed for the SON) was designed by the two academics responsible for teaching the GBV module in 2012 in accordance with the best practice guidelines for SL module development provided by the HEQC (HEQC 2006a; HEQC 2006b). The director of the CEU quality-assured the SL aspects whilst the

Teaching and Learning Committee of the SON ensured that it met the academic requirements of UWC. See Annexure 6: Report B4 Level meeting held on 11 April 2012 for further details.

3.12.1.2 The preliminary intervention

In this study, the preliminary intervention entailed addressing the issues identified as design problems related the development and piloting of the GBV SL module in chapter 4 (4.4.4.1). The design issues related to the SL module were addressed collaboratively by the SL partners during a 5 day SL training workshop with the academics and clinical supervisors in preparation for piloting the SL module guide in semester 2 (See annexure 7 for the content of the partnership-building workshop, Workshop 3: Friday 12 July 2012 from 09h00 until 16h00 at SON and annexure 8: GBV SL module guide and annexure 8.2: Time table gender-based violence module 2012 for the time table and small group schedules) . The GBV SL module guide was thus refined based on the input from the fourth-year teaching team before it was presented to the SL community partners for their input. See Annexure 8: GBV SL module guide, for the module that was piloted under field conditions.

3.13 PILOT TEST OF THE SL MODULE

The purpose of designing a pilot test is to determine if the intervention will work under field conditions with the intent of refining the prototype or the intervention (Rothman & Thomas 1994). SL pedagogy, as the intervention, was piloted in the GBV module for 14 weeks from June to November 2012 with the fourth-year undergraduate nursing students. Thus the requirements that the piloting should happen in a setting that is similar to where the

intervention will be implemented and also familiar to the researcher (Rothman & Thomas 1994:36) were both met. The piloting of the academically approved SL module happened in the real intervention setting rather than in a similar setting as suggested by Rothman and Thomas (1994; Thomas & Rothman 2013). However, the adaptation of this step should not be construed as fidelity compromise because these pioneers of the IR: D&D state that it is common practice that phases or operations “merge in practice as investigators respond to opportunities and challenges, in the shifting context of applied research” (Thomas & Rothman 2013:3).

3.14 APPLYING DESIGN CRITERIA TO THE PILOT

INTERVENTION

During the design of the intervention, the researcher took into account the questions which are regarded as the accepted standard for community interventions (Rothman & Thomas 1994:37) and the good practice guidelines for SL (HEQC 2006a). Therefore, the design criteria to institutionalise SL pedagogy into higher education curricula were adhered to in the design of the GBV module guide. Student reflections and feedback by the SL partners were also built into the module design (see Annexure 8: GBV SL module guide). The researcher developed a student questionnaire to seek feedback regarding the SL module design from the students’ perspectives in addition to the above (see Annexure 10: SL module design questionnaire), and relevant documents were analysed to determine the perceived congruency of SL pedagogy with the dominant customs and values of the SON during the piloting of the GBV module.

3.15 METHODOLOGY FOR PHASE 4

The methodology is discussed for the two prototypes that were developed as the empirical component for this phase of the study, namely the SL module guide and the SL definition. The findings were also triangulated by document reviews and communications related to the piloting of the SL module to contrast the diverse perspectives students and academics held regarding SL pedagogy.

3.15.1 PILOTING OF THE GBV SL MODULE

It is important that researchers take into account the contextual factors that may have an influence on the outcome of the intervention (Melnik & Fineout-Overholt 2011:28). Therefore, the findings of the student survey in particular and the outcomes of the study in general should be interpreted against the backdrop of the dominant customs and values operative in the undergraduate nursing curriculum (HEQC 2006a).

3.15.1.1 Student survey SL module design

The students' perspectives were sought about the design of the SL module with the aim of refining the SL module guide.

3.15.1.1.1 Study population and sample

The study population consisted of 162 undergraduate nursing students who were registered during 2012 for the Gender-Based Violence module as a public health issue (inclusion criteria). The required sample size was 124 as calculated by the statistician using the Cochran

formula
$$n = \frac{N * Z_{\alpha/2}^2 * p * q}{(N - 1) * d^2 + Z_{\alpha/2}^2 * p * q}$$

where N =total number of students, n =sample size, $Z_{\alpha/2} = 1.96$ with $\alpha = 0.05$, d =margin error (5%), p =probability of getting the correct response and q =probability to obtain an incorrect response. This formula was based on the following suppositions: the distribution of students is normal and the confidence interval is 95%, $p=q=50\%$ and $d=5\%$.

3.15.1.1.2 Data collection method and process

A quantitative survey was conducted after informed consent had been obtained from students to use the module evaluation survey for research purposes. The data was collected by the two academics in two rounds in order to reach the calculated target sample on 31 October and 15 November 2012 respectively.

3.15.1.1.3 Data collection instrument

A structured questionnaire was developed in English with the assistance of a statistician. The first two sections were developed by the researcher, and section three by the co-lecturer on the GBV SL module. Section 1 consisted of five questions to determine the demographic profile of the respondents. Section 2 explored the students' experiences of the SL module. Question requested students to identify the community partner they worked with. Questions 7–11 consisted of multiple statements and students had to indicate their level of agreement using a Likert scale (Strongly agree, Disagree, Neutral, Agree and Strongly agree). Questions 11–14 were open-ended questions exploring how SL differed from other modules and suggestions for improvements. Section 3 consisted of 15 Likert scale items and an open-ended question dealing with blogging and reflection (see Annexure 9: SL module design questionnaire).

3.15.1.1.4 Reliability and analysis

The results for the pilot study and the final study indicated that the Cronbach's alpha coefficient was in range of acceptable value for questions 7–10 (.632, .856, .866 and .815 respectively). Descriptive analysis was done using SPSS 20 as described earlier in section 3.12.

3.15.1.2 Developing a SL definition

The methodology for the second objective for Phase 4, the early development phase, is described next. The researcher developed a relevant construct of SL to facilitate shared conceptual understanding within the SON to counter the prevalent conceptual confusion highlighted in the problem statement of the study.

3.15.1.2.1 Setting and target population

The target population comprised of representatives of the Community Engagement Unit (CEU) of UWC and the academic coordinators of the nursing teaching teams of the SON at UWC. These participants were representatives from all nursing sub-disciplines of the undergraduate programme. Teaching teams from nursing education, general nursing, community nursing, psychiatric nursing and midwifery were included.

3.15.1.2.2 Sampling

Purposive sampling was used to select nine key informants who were strategically positioned within the school and the university to play a pivotal role in institutionalising SL as a teaching methodology in the nursing programme. The rationale was to enlist the CEU and recruit in the SON 'quality enthusiasts' (Lamm & Gordon 2010:428) who were convinced of the merits of the policy implementation, and would therefore champion the implementation

of the SL methodology in their respective communities of practice in the four-year nursing degree programme.

3.15.1.2.3 Data collection method

A three-and-a-half-hour long nominal group technique (NGT) session was held on 9 November 2012 at the nursing school. The NGT is a weighted ranking method that allows a group to generate and prioritise issues within a highly structured process that gives all participants an equal voice (Burrows et al. 2011:2–3). The technique is widely used in practice development, education and health (Jones 2004:22). The NGT was chosen for its intrinsic value as a means of developing a community of practice for service-learning whilst simultaneously illuminating the underlying theoretical perspectives of the academics during the exploration of the research question: What are the essential elements that should be included in the definition of SL for the SON?

3.15.1.2.4 Data collection process

The NGT process that was followed entailed that the researcher explained the process to be followed. Two research assistants were responsible for taking notes and making a video recording of the proceedings. The NGT process was moderated by a doctoral student who was neutral and had experience in using the NGT process. The two representatives from the CE unit and the researcher acted in the capacity of SL experts.

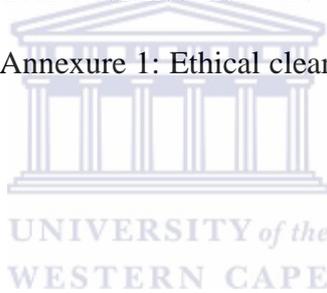
3.15.1.2.5 Data analysis

Thematic analysis was done based on frequency scores. The moderator constructed a master list comprising 48 concepts based on the initial round of the NGT (Table 4.25). The moderator collapsed these into seven themes based on the consensus reached during the group discussion. The final step involved the ranking of these seven themes based on the

priority the participants ascribed to the inclusion of the theme in the SL definition. Participants thus ranked the themes in order of importance using a Likert-type scale ranging from 1–5 with 1 the least important and 5 the most important. The Likert-type scores were tallied by the moderator, and participants were given a chance to rescore if they so wished. A summary of the final scores is provided in Table 4.26.

3.16 ETHICAL CONSIDERATIONS

Ethics is defined as a set of acceptable moral principles (De Vos et al. 2002) and research ethics provide researchers with such a code of moral guidelines in order to prevent scientific misconduct. The prescribed ethical procedures of the University of the Western Cape were followed. This study received ethical clearance from the Senate Ethics Committee, project registration number 11/1/37 (See Annexure 1: Ethical clearance letter). The following ethical issues were adhered to.



3.16.1 INFORMED CONSENT

Written informed consent is regarded as crucial for ethical research (Thomas 2011:69). The participants were required to give written consent before the research project commenced (Burns & Grove 2005:181). All prospective participants were given an information letter explaining the purpose, the objectives, the basis for inclusion in the study, expectations of the researcher, ethical considerations, especially the right to withdraw at any stage of the study, contact details of the researcher and the research supervisor. The signed consent forms were dated and co-signed by a witness (Denscombe 2010:67–69). The instruments and methods used during the research process were explained to the participants prior to data collection.

3.16.2 PRIVACY AND CONFIDENTIALITY

This issue refers to the researcher's commitment not to violate the individual's privacy or breach confidentiality by unwanted exposure of information (Jooste 2010). The participants were not expected to write any personal details on the questionnaire in order to prevent the researcher from linking participants to the data entered on the survey. Identifiers like the identity, other personal data and the location of those who participated in the study were removed from subsequent research reports and publications (Denscombe 2010:64–65). Any personal details that might have identified a participant were omitted from the findings (Burns & Grove 2005:186–189). All questionnaires and transcriptions were given an identification number for control purposes and only the researcher knows the origin of the data (Jooste 2010:278).

Privacy was ensured because the researcher used appropriate sampling techniques (Nieuwenhuis 2011). All the information collected and the communications related to the study were kept strictly confidential and only those who were directly involved with the research had access to it. The audio tapes and transcripts were password protected and kept in a locked cupboard. The instruments, recordings and the data collected will be kept in a safe place for at least five years after the results had been published, after which it will be destroyed (Jooste 2010:278).

3.16.3 THE RIGHT TO FREEDOM OF CHOICE AND WITHDRAWAL

Nobody was coerced to participate in the study. All participants were informed about the proposed study and were given the choice to participate voluntarily or not. Participants were informed about their right to withdraw from the study at any time without any penalty or being required to give a reason (Jooste 2010:279).

3.16.4 AVOIDING HARM

Avoidance of harm to participants is a foundational principle in social research (Bless, Higson-Smith & Sithole 2013:25). The researcher is ethically bound to protect the participants against any known physical and emotional harm (Bless, Higson-Smith & Sithole 2013:25). Hence, the information letter stated explicitly that no harm was associated with this study. The researcher also allayed any fears about victimisation of participants, based on what was disclosed in the survey, focus groups, communications and workshops (Jooste 2010:280). The physical comfort of the participants was also ensured during the data collection phase and feedback session.

3.17 SUMMARY OF METHODOLOGY

This chapter orientated the reader to the methodology that was used in this study. Pragmatism was discussed as the framing paradigm for the study after explaining the common concepts that are encapsulated in philosophical or paradigmatic perspectives. The researcher made a case why the mixed-methods research approach was an appropriate choice for the study. The operational steps for the different phases of the methodological framework (the D&D model) for the study were discussed. The research methodology that was used for each phase was discussed as well as the issues that relate to the research rigor for both quantitative and qualitative components. The chapter was concluded by a discussion on the ethical issues that were adhered to in this study.

CHAPTER 4: PRESENTATION OF THE FINDINGS

4.1 INTRODUCTION

The previous chapter discussed the research methodology. This chapter highlights the main findings generated from the data collected during each of the four phases of the IR: D&D model (Rothman & Thomas 1994).

4.2 PHASE 1: PROBLEM ANALYSIS AND PROJECT PLANNING

The purpose of this phase was to collect the baseline data for the study in terms of the status and the challenges related to the implementation of the national SL guidelines in the SON.

4.2.1 DEMOGRAPHIC PROFILE OF SAMPLE

The demographic profile of the actual sample (Table 3 .2) included gender, age group, employment category, highest nursing qualification total years' nursing experience and years' employed at current institution. See Table 4.1 below.

Table 4.1: Gender, age group, nursing experience, highest qualification, years of employment and employment category of respondents

Variable	Frequency	%
Gender (N = 48)		
Male	2	4.2
Female	46	95.8
Age group (years) (N = 47)		
20–30	7	14.9
31–40	18	38.3
41–50	13	27.7
51–60	4	8.5
> 60	5	10.6
Total years' nursing experience (N = 48)		
<10	12	25.0
10–20	14	29.2
21–30	11	22.9

31–40	8	16.7
>40	3	6.3
Highest qualification (N = 48)		
Diploma	10	20.8
Degree	11	22.9
Honours	6	12.5
Master's	19	39.6
Doctorate	2	4.2
Years employed at institution (N = 48)		
0–2	17	35.4
3–5	12	25.0
6–8	9	18.8
9–11	5	10.4
> 11	5	10.4
Employment category (N = 48)		
Lecturer	22	45.9
Clinical supervisor	23	47.9
Academic officer	3	6.3

4.2.1.1 Age group

The findings indicate that the workforce of the school was matured in years because only 7 (14.9%) of the sample was 20–30 years old. The majority 31 (66.0%) was between 31 and 50 years old, whilst 9 (19.1%) was older than 51 years.

4.2.1.2 Total years of nursing experience

It can be concluded that the SON had an experienced workforce because 36 (75.2 %) had a minimum of 10 years' nursing experience compared to only 12 (25.0%) with less than 10 years' nursing experience.

4.2.1.3 Highest qualification

The findings indicate that 10 (20.8%) of the respondents had a diploma which is lower than the prescribed minimum qualification to teach in the bachelor's nursing programme. The findings also indicate that nursing scholarship may be compromised because only 19 (39.6%)

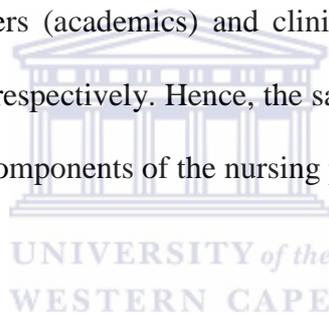
of the respondents held a master's degree, whilst 2 (4.2%) had a doctorate at the time of data collection.

4.2.1.4 Years employed at institution

The majority of the sample (29 or 60.4%) had been employed in the school for a period of five years with 17 (35.4%) working at the SON for a maximum of two years. This is followed by 9 (18.8%) who had been in the school's employment for between 6 and 8 years. Of the sample, 5 (10.4%) had been employed respectively in the 9–11 and more than 11 years categories. The findings hint at a high turnover rate of employees in the SON.

4.2.1.5 Employment category

The representation of the lecturers (academics) and clinical supervisors was almost equal with 22 (45.9%) and 23 (47.9%) respectively. Hence, the sample reflected the perspectives of both the theoretical and clinical components of the nursing programmes.



4.2.2 CHALLENGES TO INSTITUTIONALISING SERVICE-LEARNING AS PERCEIVED BY THE RESPONDENTS

The overall Furco responses (stage of SL institutionalisation) for all dimensions is presented first to give an overview of the stage of institutionalisation of SL at UWC. The data for various dimensions is then disaggregated to identify which components within the dimensions were identified as either strengths or needing strengthening.

The following findings (referred to as the Furco responses) are related to the question: What is the level of SL institutionalisation at UWC according to the assessment scores of the

respondents? The overall Furco responses represent the stage of SL institutionalisation at UWC.

The key in Table 4.2 was used to interpret the progression of SL institutionalisation to Phases 2 and 3 for the different dimensions and the sub-components.

Table 4.2: Interpretation key

Operational level	Score categories (%)	Institutional activities for the sub-categories
Initiation	0–33.3	0–11.1 none evident
		11.2–22.2 noteworthy
		22.3–33.3 substantial
Transitional	33.4–66.6	
Established	66.7–100	

The overall Furco responses in Figure 4.1 below represents the stage of SL institutionalisation derived from the statistical calculations of the averages for the five dimensions of SL institutionalisation.

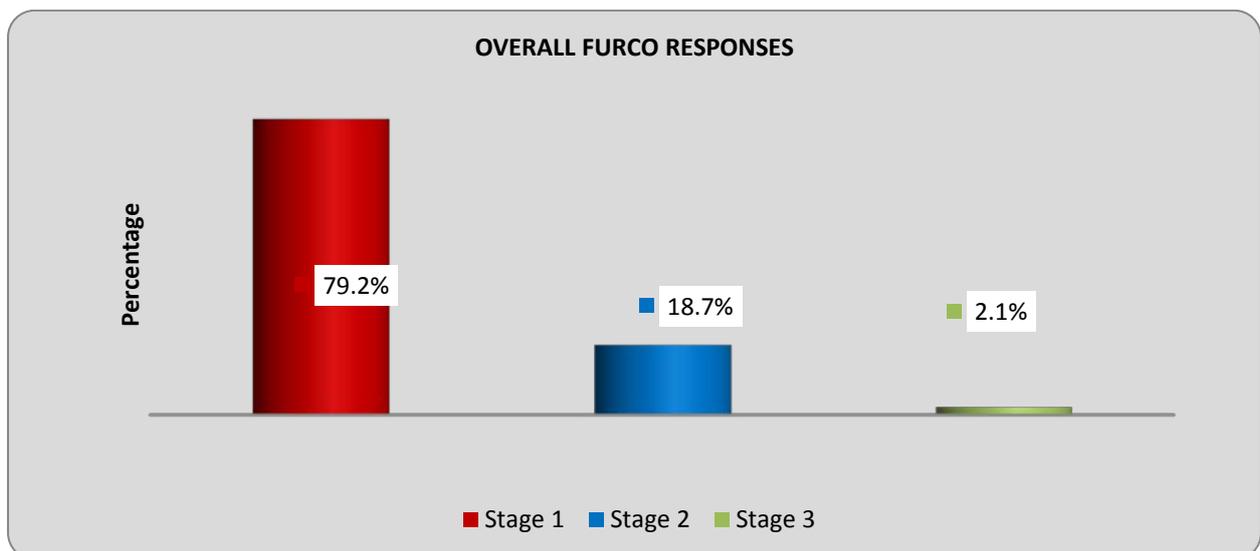


Figure 4.1: Overall Furco responses for all five dimensions

The majority (38 or 79.2%) of the respondents reported that the overall level of SL institutionalisation at UWC was at Stage 1. This rating indicated that most of the SL activities were focused on recruitment activities aimed at building a critical mass of SL scholars across the various faculties and departments of the campus. The disaggregated overall Furco responses for the individual dimensions in Table 4.3 below provided insightful information.

Table 4.3: The overall Furco responses for the different dimensions

Dimensions	Stage 1 Critical mass building	Stage 2 Quality building	Stage 3 Sustained institutionalisati on	Total
Dimension 1 Philosophy and mission	31 (64.6 %)	13 (27.1 %)	4 (8.3%)	48 (100%)
Dimension 2 Academic support	41 (85.4 %)	5 (10.4 %)	2 (4.2 %)	48 (100%)
Dimension 3 Student support	29 (60.4 %)	17 (35.4 %)	2 (4.2 %)	48 (100%)
Dimension 4 Community participation	41 (85.4 %)	3 (6.2 %)	4 (8.3 %)	48 (100%)
Dimension 5 Institutional support	37 (77.1 %)	10 (20.8 %)	1 (2.1 %)	48 (100%)
Total	38 (79.2 %)	9 (18.7 %)	1 (2.1 %)	48 (100%)

The level of SL institutionalisation for the dimensions of *philosophy and mission*, *student support* and *institutional support* was at Stage 2 with overall Furco responses of 13 (27.1%), 17 (35.4%) and 10 (20.8%) respectively, whilst the dimensions of *academic support* and *community participation* were operating at Stage 1, according to the data in Table 4.3.

The disaggregated data for each dimension is presented next to provide a more detailed overview of the constituent components as reported by the respondents of the SON.

4.2.3 THE CRITICAL SUCCESS FACTORS FOR SL INSTITUTIONALISATION

The discussion of the critical success factors are sequenced according to the listing of the five dimensions by Furco (2002). See Table 3.5: Furco's (2002) Self-assessment rubric for the institutionalisation of service-learning in higher education.

4.2.3.1 Philosophy and mission of service-learning (dimension 1)

The overall Furco responses indicate that the stage of institutionalisation for the *SL philosophy and mission statement* at UWC has moved to the quality building stage, scoring 13 (27.1 %) according to Table 4.3 above. The disaggregated data in Table 4.4 below confirms this finding. UWC has transitioned to the quality building stage in the *definition of SL, strategy for service-learning and alignment with educational reform efforts* as indicated by the scores in Table 4.4.



Table 4.4: Philosophy and mission statement – institutionalisation stage

Component	Stage 1 Critical mass building	Stage 2 Quality building	Stage 3 Sustained institution alisation	Total
Definition of service-learning	32 (66.7%)	12(25.0%)	4(8.3%)	48(100%)
Strategy for service-learning	18(38.3%)	22(46.8%)	7(14.9%)	47(100%)
Alignment with institutional mission	36(75.0%)	5(10.4%)	7(14.6%)	48(100%)
Aligned with educational reform efforts	23(67.6%)	7(20.6%)	4(11.8%)	34(100%)

The data indicates that the university is performing best in *strategy for service-learning* because the quality building activities (22 or 46.8%) surpassed the critical mass building endeavours at 18 (38.3%) and has even moved to Stage 3 by receiving a score of 7 (14.9%) for sustained institutionalisation. This trend was also evident in UWC's endeavours to align SL with the *educational reform efforts* in strategic policy documents as indicated by a score

of 7 (20.6%) for Stage 2. An interesting finding is that institutional activity for sustained institutionalisation was noted (7 or 14.6%) for *alignment with institutional mission* even though UWC has not yet progressed to Stage 2, according to Table 4.4 above.

4.2.3.2. Academic support for and involvement in SL (dimension 2)

The overall Furco responses according to Table 4.3 for this dimension was 41 (85.4 %), 5 (10.4%) and 2 (4.2%) respectively for Stages 1, 2 and 3. The findings thus indicate that the level of institutionalisation for the support and involvement of academics in SL was at Stage 1. This is confirmed by the disaggregated data in Table 4.5. The only exception is *academic leadership*, which has advanced to Stage 2 by scoring 18 (37.5%), although no activity to sustain this academic leadership for SL institutionalisation was reported as indicated by the score of 5 (10.4%) for Stage 3.

Table 4.5: Academic support and involvement in SL

Components	Stage 1 Critical mass building	Stage 2 Quality building	Stage 3 Sustained institutionalis ation	Total
Academic knowledge and awareness	40 (83.7%)	6 (12.5%)	2 (4.2%)	48(100%)
Academic involvement and support	39 (81.3%)	6 (12.5%)	3 (6.3%)	48(100%)
Academic leadership	25 (52.1%)	18 (37.5%)	5 (10.4%)	48(100%)
Academic incentives and rewards	40 (83.3%)	6 (12.5%)	2(4.2%)	48(100%)

4.2.3.3 Student support for and involvement in SL (dimension 3)

The overall Furco responses for student support for SL and students' involvement in SL at UWC was 29 (60.4 %), 17 (35.4 %) and 2 (4.2 %) for Stages 1, 2 and 3 respectively, according to Table 4.3. The overall level of institutionalisation for student support for and involvement in SL has thus progressed to the quality building stage for these types of

activities. The disaggregated data in Table 4.6 indicates that UWC was performing best in terms of *student awareness* and *student opportunities*, which scored both 22 (45.8%) for Stage 2. This trend towards building quality in this dimension was also reflected in *student leadership* and *student incentives and rewards*, although to a lesser degree, according to the score of 13 (27.1%) for each.

Table 4.6 : Stage of institutionalisation for student support

Components	Stage 1 Critical mass building	Stage 2 Quality building	Stage 3 Sustained institutionalisat ion	Total
Student awareness	23 (47.9%)	22 (45.8%)	3 (6.3%)	48(100%)
Student opportunities	22 (45.8%)	22 (45.8%)	4 (8.3%)	48(100%)
Student leadership	31 (64.6%)	13 (27.1%)	4 (8.3%)	48(100%)
Student incentives and rewards	32 (66.7%)	13 (27.1%)	3 (6.3%)	48(100%)

The findings indicate that this dimension was the most developed critical success factor for SL institutionalisation at the UWC, even though there was no evident institutional activity to sustain it. The overall Furco responses for *community participation and partnerships* indicated that the level of SL institutionalisation for this dimension was 41 (85.4%) for Stage 1, according to Table 4.3. The disaggregated data in Table 4.7 indicates that *community partner awareness* and *mutual understanding* were well established at UWC. Notably, *mutual understanding* has advanced beyond the quality building stage with 14 (29.2%) to reach 10 (20.8%) at the sustained institutionalisation level. However, attention should be paid to *community partner voice and leadership* which was operating at Stage 1.

Table 4.7: Stage of institutionalisation for community participation and partnerships

Components	Stage 1 Critical mass building	Stage 2 Quality building	Stage 3 Sustained institutionalis ation	Totals
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Community partner awareness	31 (64.6%)	11 (22.9%)	6 (12.5%)	48(100%)
Mutual understanding	24 (50.0%)	14 (29.2%)	10 (20.8%)	48(100%)
Community voice and leadership	38 (79.2%)	7 (14.6%)	3 (6.3%)	48(100%)

4.2.3.4 Institutional support for SL (dimension 5)

The overall Furco responses in Table 4.3 ranked this dimension as third best for UWC with scores of 37 (77.1%) for Stage 1 and 10 (20.83%) for Stage 2. The disaggregated data in Table 4.8 identified the components that were operating at Stage 2 as *coordinating structure* 16 (33.3%), *policy-making structure* 16 (33.3%), and *staffing* at 11 (22.9). The *policy-making structure* has even progressed to sustained institutionalisation (6 or 12.5%).

Table 4.8: Stage of institutionalisation for institutional support

Component	Stage 1 Critical mass building	Stage 2 Quality building	Stage 3 Sustained institutionalisation	Total
Coordinating structure	27 (56.3%)	16 (33.3%)	5 (10.4%)	48(100%)
Policy-making structure	26 (54.2%)	16 (33.3%)	6 (12.5%)	48(100%)
Staffing	35 (72.9%)	11 (22.9%)	2 (4.2%)	48(100%)
Funding	40 (83.3%)	8 (16.7%)	0	48(100%)
Administrative support	37 (77.1%)	8 (16.7%)	3 (6.3%)	48(100%)
Departmental support	35 (72.9%)	8 (16.7%)	5 (10.4%)	48(100%)
Evaluation and assessment	37 (77.1%)	9 (18.8%)	2 (4.2%)	48(100%)

The data in Table 4.8 also indicated that the level of institutionalisation for *funding*, *administrative support* and *departmental support*, and *evaluation and assessment* were at the entry level, Stage 1.

4.2.3.6. Summary of SL institutionalisation

The findings indicated that all the success factors for SL institutionalisation were embedded in the policy and organisational structures of UWC. The most progress has been reported in the dimensions of *philosophy and mission*, *student support* and *institutional support* according to the overall Furco responses in Table 4.3. The disaggregated data of these dimensions further revealed that UWC has moved to sustaining SL in its mission statement, *strategy for SL*, *educational reform endeavours*, academic leadership, community partner awareness and mutual understanding. Aspects that need further institutional attention in terms of improving quality are *academic support* and *community participation*, especially the areas of *developing leadership* and *sharing power with the community partners*. However, the findings indicate that, although the respondents acknowledged that UWC has progressed to the sustained level for *alignment with institutional mission*, policies should pay attention to quality issues related to this component because the quality issues scored only 5 (10.4%) for Stage 2. A plausible reason could be that the university has purposefully decided to address both the *quality* and *sustaining* issues simultaneously, which is suggestive of an infused approach to SL institutionalisation (Daniels & Adonis 2005). In other words, SL is incorporated into existing policies and structures as opposed to formulating a separate SL policy for the institution.

4.2.4 SERVICE-LEARNING SCHOLARSHIP NEEDS

The next section reports on SL scholarship within the school as reflected by the self-identified SL theory gaps. The SL capacity-building needs were based on the current level of SL scholarship within the school as measured by previous SL exposure, understanding of SL, and self-identified SL training needs (requesting information) of the respondents. The overall

willingness to participate in capacity-building activities was also determined (Bringle & Hatcher 2000:275; Erasmus 2007:112).

4.2.4.1 Previous exposure to service-learning

Respondents were asked about attendance of SL training sessions, awareness of HEQC policy guidelines, HEQC assessment criteria and SL discussions in their communities of practice. Table 4.9 below provides a summary of the responses.

Table 4.9: Previous exposure to service-learning

	Yes	No	Total
Attended SL training sessions	4 (48.0%)	44(91.7%)	48(100%)
Aware of SL assessment criteria	9(18.8%)	39(81.3%)	48(100%)
SL discussions in communities of practice	3(6.3%)	45(93.8%)	48(100%)

4.2.4.2 Self-identified SL training needs

Respondents were requested to indicate whether they needed training in the philosophy, theoretical foundations and development of SL modules. The responses are summarised in the Table 4.10 below.

Table 4.10: SL Training needs

Needs training on	Yes	No	Total
SL theory	22 (45.8%)	26(54.2%)	48(100%)
SL philosophy	19(39.6%)	29(60.4%)	48(100%)
Developing SL modules	16(33.3%)	32(66.7%)	48(100%)

4.2.4.3 Willingness to participate in SL capacity building

The responses to the two questions which determined the willingness of respondents to participate in SL capacity building are summarised 11 below.

Table 4.11: Willingness to participate in capacity-building activities

Items	Yes	No	Total
Request SL policy guidelines	26 (54.2%)	22(45.8%)	48(100%)
Request SL training sessions	26 (54.2%)	22(45.8%)	48(100%)

Twenty-six (54.2%) of the respondents indicated their willingness to attend SL training sessions. The overall willingness, assessed by combining training needs and willingness to participate in SL capacity building, was indicated by 31 respondents (64.6%). Clinical supervisors were the most willing group, with 15 (33.3%) indicating willingness, followed by academics with 13 (27.1%) and academic officers with 2 (4.2%).

4.2.4.4 Understanding of service-learning

Respondents were requested to describe their current understanding of SL and the responses were coded according to the following four categories: correct understanding of SL, confuse SL with other forms of community engagement activities, limited or no knowledge of SL, and no response. Four (8.3%) of the respondents had a correct understanding of SL, 9 (18.8%) had limited or no knowledge of SL, 11 (22.9%) did not indicate any response and 24 (50.0%) confused SL with other forms of community engagement activities.

4.2.4.5 Summary of the findings related to SL scholarship

The findings indicate a lack of SL theoretical grounding, SL discourse in the various communities of practice, prevalent conceptual confusion and low willingness to participate in SL capacity-building activities.

4.2.5 DETERMINING THE FEASIBILITY OF THE STUDY

This operational step for phase four of the D&D model (Rothman & Thomas 1994:11) was executed to determine the readiness of this identified collaborator group to commit to the SL project. The themes that emerged from the FGD with the fourth-year-level teaching team are summarised in Table 4.12. All responses are reported verbatim.

Table 4.12: Findings of the FGD with the 4th year level nursing educators

Themes	Sub-themes	Anecdotes
SL opportunities	Undergraduate curriculum	<p><i>Since we are in the process of revising our curriculum and this graduate attributes that we had to build into our module guides already this year, I think it's an opportunity to get this service-learning into our modules.</i></p> <p><i>Currently, our students in fourth year are doing this outreach project.</i></p>
	Postgraduate curriculum	<p><i>Maybe it's not a good idea to start with the undergraduates who we must build up, because the postgraduate students are ... I mean they are prepared to become educators, so they must already now implement this [SL], link it [with]... this skills lab method.</i></p> <p><i>The curriculum development for the master's in education students ... this should be one of their tasks, how to integrate [SL] modules, in the year levels. It can be one of the assessments, it can be built in.</i></p>
	Building SL scholarship	<p><i>In terms of our research capacity ... with SL, we are the largest school and we can successfully implement it [SL pedagogy].</i></p> <p><i>We need to publish this information, to establish that research programme, so that we really are championing this [SL], so that other HEIs consult us when it comes to these things ... so I'm actually really excited ...</i></p> <p><i>The national [SL] criteria ... I think we're not so much on top of it, because we don't keep it so much in mind when we plan our activities in our modules.</i></p>
	Facilitates long-term commitment	<p><i>The NGO that they [students] worked with wanted to have a long term relationship; they [NGO] didn't want to have a once off.</i></p> <p><i>They [the community] ask you, are you coming back next year</i></p>

		<i>and you say, sorry no because we don't know what the students will do next year... I felt like a criminal, when we did that.</i>
Commitment issues	Willingness to incorporate SL pedagogy in existing module guides.	<i>We are willing to implement and to work on putting these aspects into our module guides and our assessment criteria and our assessment plan and so forth for the second semester.</i>
	Pressure to complete own academic studies	<i>We [FGD] are talking about these things and we are excited about it, but over and above that, we also have this primary responsibility that we must do. Like, for instance, we are registered students, so we need to look into our studies. They [management] really need to give us that time and really not to neglect our responsibility as students because we need to make sure that we are done with our studies this year.</i>
	Personal priorities	<i>Unfortunately I must warn you, if it comes to your own ... it's our teaching load, which is our first priority, it's our task allocation. My second priority is myself now ... this year my priority ... my teaching is my first and my second priority is my own studies. So if things are getting difficult I will just tell you sorry ...</i>
Expectations and resources to facilitate in piloting of SL	SL curriculum project coordinator	<i>It would have been nice if there could have been a coordinator or a project coordinator ... to drive this [SL initiative]. You know to sit with us, being the responsible person, to get us together and to work on how we are going to get it into our modules.</i>
	Human resources	<i>So management must find a way to relieve us. We don't have other staff members. I have to emphasise that we are only 2 lecturers on the fourth year ... we will have to get someone to assist us with that.</i>
	Time pressures	<i>There is no time to accommodate it, so they really need to make some time where we are going to do this.</i>

4.2.5.1 Interpretation of the FGD

The themes identified under windows of opportunity indicated that SL institutionalisation was introduced at an opportune time in the SON as the curriculum of the undergraduate programme was scheduled for revision. The participants realised the valuable role that nursing education students could play by suggesting that [SL be incorporated in] “the

curriculum development [module] for the master's in education students ... this should be one of their tasks, how to integrate [SL] modules, in the year levels". It was also suggested that SL had the potential to become a flagship research programme for the school and develop scholarship in the school. An additional benefit was that it would allow academics to make long-term commitments to community partners instead of being at the mercy of the students [the students are at liberty to choose any project at any site] as the current practice allows.

The respondents indicated that their willingness to collaborate on the SL intervention study was compromised by commitment issues related to workload and the pressure they experienced to complete their own studies. However, the expectation was expressed that the management of the school would ease the pressure that would allow them to commit to piloting SL in their modules. "There is no time to accommodate it, so they [management] really need to make some time where we are going to do this". The above anecdote summarises the final stance the group took in terms of committing as collaborators to the intervention study.

4.3 PHASE 2: INFORMATION GATHERING AND SYNTHESIS

The outcomes for this phase was to identify the functional elements of HEIs who have implemented SL in their academic programmes, to determine whether technology existed for SL institutionalisation at programme level, and to formulate intervention-related conclusions based on the synthesis of the data collected during this phase (Rothman & Thomas 1994).

The functional elements for SL implementation were captured in the themes, categories and subcategories. The purpose of the synthesis of these functional elements was to identify key elements for the intervention plan to institutionalise SL in the undergraduate nursing programme of SON.

4.3.1 FUNCTIONAL ELEMENTS

The analysis of the functional elements of the eight HEIs was captured in the categories and subcategories reflected Table 4:13, which identified factors related to structures, procedures, individuals and the curriculum.

4.3.2 SYNTHESIS OF THE DATA

The in vivo coding (Thomas 2006:241) and was based on the interpretative analysis of the functional elements. The intention was to identify the elements that should be included in the preliminary intervention plan. The key elements that need considerations based on the synthesis of the SL expert interviews are summarised in Table 4.13 below.

Table 4.13: Key elements to consider during the intervention plan of the study

Theme	Sub-theme	Code
Challenges related to the institutionalisation of SL	Structural/procedural challenges Lack of a common understanding, expression and buy-in from SL stakeholders (communities, partners, students, staff)	Different universities, contexts, history, philosophies, buy-in. Effect on all implementation processes
	Lack of integration	Mission statement and practice Theory–practice integration
	Lack of resources and support	Financial (funding) Human capital Overloading of the services Expertise, experience and training Management support
	Issues around equality and power	Partnership input and requirements Reciprocity Territorial silos
	Miscommunication between role players related to a lack of explicit expectations and understanding	Common language Feedback

Theme	Sub-theme	Code
	External influences and power relations	Executive Partnerships Curriculum matters
	Sustainability of SL initiatives	
	Personal challenges Matters related to academics' and clinical supervisors' attitude and resistance towards SL	Perception of work overload Recognition and career advancement lacking Willingness to search for funding Buy-in into the concept of SL Territorial attitude
	Lack of reflective practitioners	
Matters related to successful implementation	Structural and procedural matters Alignment to strategic objectives, mission and vision of the institution and person.	
	The importance of an active and dynamic approach to SL.	Relationship with community Needs-based Research-integrated scholarship
	Buy-in and support from top structure, community and staff.	Resources: financial, human capital A champion with the power to effect change
	Preparation: Institutional and community structures.	Funding Accountability measures
	Matters related to curriculum Comprehensive approach and experiential learning	SL embedded in curriculum Four pillars Accompanying teaching strategies Contextualise, connect discipline and SL outcomes.
	Progressive extensioning into levels/years of learning for students – staged approach	
	Personal matters Personal attitudes: personal epistemological, pedagogical and attitudinal shifts required.	Staff Students
	Professional development and mentoring of academic staff	Training Building reflective practitioners

4.3.3 CHALLENGES REGARDING THE TRANSITION TO INCORPORATE SL

The challenges experienced in incorporating SL in the institutions were largely ascribed to a

lack of a common understanding of SL as well as different philosophical, historical and strategic objectives of universities. Relevant anecdotes are presented next to substantiate the major themes and the sub-themes to a lesser degree.

4.3.3.1 Challenges related to a common understanding and expression of SL

The examples of comments by participants reflect the diverse interpretation and that the operationalisation of SL is context-bound. One example, “Service- learning is sort of as open as God’s grace and everybody has their own interpretations” (Head of Department (HOD), Nursing, Higher Education Institution, number 8 (HEI 8) illustrates the perceptions of the lack of structure in SL. However, South Africa’s pursuit of engaged scholarship has culminated in the establishment of a national body that facilitates these debates “between all the higher education institutions at a national level about the terminology and our understanding around that” (National expert, Psychology, HEI 7). This national discourse at the SAHECEF is, however, still in its infancy and the current thinking is to develop contextualised definitions. Hence, these debates are enriched by the complexity that each HEI brings to this national body due to the unique history, current contexts and resources each of these participating HEIs present.

4.3.3.2 Lack of integration

A warning was sounded that, unless academics make “the necessary epistemological, philosophical and a pedagogical shifts ... [SL] becomes nothing more than an add on” (National expert, Teacher Education, HEI3). Participants also emphasised the importance of ensuring theory–practice integration in the SL curriculum, which is facilitated by the attendance of training on SL module development prior to starting an SL module or programme.

4.3.3.3 Sustainability of SL initiatives

A critical factor that could influence the sustainability of SL programmes was linked to finding an appropriate replacement for positions that were vacated by SL champions, is illustrated by the next quote:

We started off with the champion, somebody that's really interested and excited about service-learning. We created partnerships, the project is running, it's in the year books, students have buy-in, the community have buy-in ... When that champion person goes to a different institution ... then there would be a head of department that would say 'no it's too time consuming, I want you teach just this XXX', rather than the service-learning module and that has caused a lot of problems (National expert, Psychology, HEI 7).

The respondents indicated that “where the resources were sustainable the service-learning was institutionalised and work very well” (National expert, CEU, HEI 5). The issue of resource allocation also had ethical overtures because “it's difficult to make a long-term commitment with funding that is short-term” (Professor, Pharmacy, HEI 5) after community expectations had been raised by the forging of a partnership. This statement also hints at a disempowering approach to partnership development, which is contrary to the spirit of authentic SL. This uncertainty about “how you're going to get the money for the practical expenses” (Professor, Pharmacy, HEI 5) compounded the difficulty respondents mentioned in terms of recruiting, retaining champions and developing SL scholarship.

4.3.3.4 Lack of resources and support

The findings also indicated that buy-in from individuals in middle management was needed to translate the institutionally formulated SL policy into the academic programmes.

I think middle managers like the head of departments don't really see that value. I think they see in it not as much FTE's ... They see the practical problems: it's time-consuming and it's financially more expensive. So I think the priorities of a middle manager is different and because of that they don't see service-learning as a viable option and unfortunately without support of that mid-management managers, it's very difficult (National expert, Psychology, HEI 7).

4.3.4 PERSONAL CHALLENGES

Participants identified that both students and academics regard SL as extra and hard work. Personal values like commitment and passion were needed to build communities of SL practitioners.

4.3.4.1 Staff attitudes

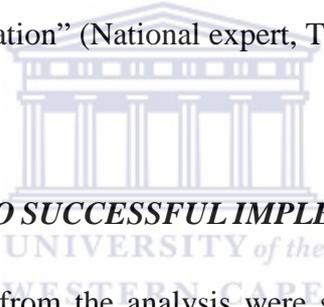
Participants shared that it was still incumbent upon the SL champions as the change agents of SL institutionalisation, to mentor aspirant SL champions even though there may be a designated CE unit at the HEI. The next quote also underscores the importance of individual willingness in SL institutionalisation: “It can be frustrating because when you want people to attend certain courses or workshops that will broaden their understanding or knowledge of it [SL] and they don't ... it becomes a challenge to institutionalise [SL]” (National Expert, CE Director, HEI 6).

4.3.4.2 Students' attitudes

This frustration was also extended to and connected with the absence of student qualities associated with social responsiveness and the discontinuation of SL programmes. “Some of

the courses in the end weren't prescribed to because students found it was too much work" (Lecturer, Teacher Education, HEI 3). One participant stated that "SL attracts a very special kind of student [because SL] is almost sometimes like a calling" (National expert, Teacher Education, HEI 3). Therefore, students who do not demonstrate a disposition towards social responsibility tend to migrate to courses with a similar credit value but that are less demanding than SL courses.

Participants also expressed frustration in terms of having no control over the selection of students with the desired qualities in the SL programmes, but realistically concluded, "there will be a percentage of students who float through the module and who pass the module, but for them there's no real transformation" (National expert, Teacher Education, HEI 3).



4.3.5 MATTERS RELATED TO SUCCESSFUL IMPLEMENTATION

The major themes that emerged from the analysis were structural and procedural matters, curriculum issues and personal matters.

4.3.5.1 Structural and procedural matters

Respondents identified structural and procedural elements at institutional level as crucial for creating an enabling environment to embed SL in higher education academic programmes. The respondents highlighted policy, resources and sustainability issues in this theme.

4.3.5.2 Alignment to strategic objectives, mission and vision of the institution

The respondents indicated that SL institutionalisation required alignment between the strategic objectives, mission and vision of the institution. This institutional alignment had a snowball effect on the implementation process, even at ground level.

So what I can say if I think about what is happening broadly at the university and what has assisted me, is the fact that institutionally we do have a policy. That helps quite a lot to know that there is a community engagement, service-learning policy that really specify what this is all about, what is the rationale behind it. Our policy also conceptualised very well how we see service-learning and community engagement on our campus ... it gives structure to our activities. What we've done in our faculty is to take that policy and ... write an action plan for our faculty to contextualise ... and make it more specific for the focus on ground level. That wouldn't have been possible if we didn't have the overarching policy that makes it easier to implement it on ground level (National expert, Psychology, HEI 7).

The influence that institutional history and current context of HEIs have on how policy and strategic objectives are evolved is illustrated by the divergent approaches that two HEIs adopted to develop their institutional SL policy. The previous quote is an example of a centrally developed policy whereas the next example demonstrates a preference for a bottom-up approach to SL policy formulation.

We started out in our faculty and various other little spots and then into the institution. The policy developed and then it filtered down. So it filtered down with the correct orientation, the wording, the pre-amble. Everything was in place the way we wanted it, in order to shape it in a particular way. So, it was a bottoms-up, more inclusive, current policy that developed as a result of it, and we had a beautiful working team of people from across the institution, who understood it as a philosophy and a pedagogy and with the same philosophical, more or less

base ... and a pro-vice chancellor was in charge of convening this group (National expert, Teacher Education, HEI 3).

The above anecdote illustrates how a broad-based approach to the development of an SL policy shaped the alignment between the HEI's mission statement and SL practice theories at the operational level by involving different campus constituencies. This institution was also strategic in appointing an executive member as a power broker to advance the deliberations of the SL champions in the institutional structures and potential external SL partners.

4.3.5.3 Buy-in and support from top structure

A clear overarching SL policy also ensured that SL champions could enlist and depend on the support of influential people with authoritative voices within the institution, staff and the community.

So that's very important because if you buy-in from the top person in your faculty, nobody argues with you, because if the dean heads up that committee, its seen as an important committee, it immediately has status, and so I must say for us that has been instrumental. We've got good partnerships with a number of community partners and schools (National expert, Teacher Education, HEI 3).

The participant further elaborated that the involvement of the power broker in these committees should not be ceremonial but it should be "made part of her/his job and part of what was seen as important and ... as equally important as any of the other committees in the faculty and I think that has been part of getting the buy-in, getting the service-learning on the agenda" (National expert, Teacher Education, HEI 3).

4.3.6 MATTERS RELATED TO CURRICULUM

The major themes related to curricular matters were that academics should take a comprehensive approach to implementing SL in academic programmes. It should move beyond the myopic view of equating SL with SL pedagogy towards a scholarship of engagement and engaged scholarship. Aspirant SL champions are also advised to implement SL progressively in the academic programme.

4.3.6.1 Importance of adopting a dynamic approach to SL

The participants proposed a dynamic approach to SL as an antidote for the negative perceptions that exist that engaging in SL does not contribute to the academics' career pathing. This kind of defeatist reasoning can be altered if SL is marketed as a scholarly activity – especially, because now is the opportune time for South Africa to develop its own SL model.

4.3.6.2 Progressive extensioning

Participants indicated that a staged approach to embedding SL in the curriculum is advocated that would allow for the progressive extensioning of SL across the different levels of the academic programme. “If you try to bite off too much, it’s overwhelming because this is a complicated field ... there’s many people involved and many ideas and different constituencies with different priorities” (National Expert, CE Director, HEI 6). The following sound advice was offered: “You have to tread careful, start small and build some energy [and] take that momentum to a next level” (Senior Lecturer, Public Health, HEI 2). Teething problems can be anticipated and should be framed as character-building exercises that provide SL scholars with opportunities to become reflective practitioners. “Sometimes it’s important for people to make that initial mistakes and ... deal with it [SL] superficially rather

than thinking you can start from scratch and do it perfectly first time round” (National expert, Teacher Education, HEI 3). Allowances should also be made for incremental understanding of SL because it can take “a good 5 or more year for people’s discourse to change ... [because] it’s a gradual process” (National expert, Teacher Education, HEI 3).

However, it should be noted that a change in the clinical approach to nursing will only be accomplished if such SL curricular activities as referred to above are based on “the pillars of service-learning: service, academic learning, reflection, social responsibility development and a change of heart in the student” (National Expert, CE Director, HEI 6).

4.3.6.3 Comprehensive approach

It became apparent from the analysis of the interviews from the SL experts that successful SL institutionalisation requires that individuals make personal epistemological, pedagogical and attitudinal shifts. A call is thus made on lecturers to take a more comprehensive view than just regarding SL as a valuable teaching and learning strategy by consciously planning to embed research in the SL curriculum. Such a scholarly approach to SL will also dispel the erroneous understanding that SL “is just soup kitchens and handing out blankets” (National expert, Education, HEI 5). Such an approach to SL “give service-learning a stronger scholarly standing”, especially since CE discourse in South Africa is interrogating “the role of community engagement as that third leg in the higher education arena” (National expert, Psychology, HEI 7). A contextualised discipline focus is proposed as a possible strategy in this regard. This can be achieved by connecting the “outcomes of service-learning with the outcomes of your discipline because that I think is where the richness lies” (National expert, Psychology, HEI 7).

4.3.6.4 Partnership framework

The true SL curriculum should “happen in a partnership framework” because the development of sustainable SL partnership is regarded by SL scholars as the hallmark of developing civic-minded graduates in the South African context. The benefits are clearly outlined in the next anecdote: “The fact that we have quite a lot of sustainable partnerships in the community assist a lot in the implementation and the longevity of the service learning projects that we have” (Lecturer, Nursing, HEI 1).

The need to have different types of community partnerships was also outlined in the next anecdote: “We have some institutional partnerships that we call flagship partnerships. That’s the overarching ones but then we have more individual, unique type of partnerships ... a site that will work for my unique needs and my discipline and my students” (National expert, Psychology, HEI7). Effective partnerships entail that the different stakeholders become involved in the planning of the curriculum and that they have clarity on the ethos of engagement, CE conceptual differentiation, expectations and responsibilities (National expert, Psychology, HEI 7).

4.3.7 PERSONAL MATTERS

The two sub-themes that emerged under this theme concerns changing people’s mind maps regarding SL, and issues related to recruiting and developing SL scholars.

4.3.7.1 Personal epistemological, pedagogical and attitudinal shifts required

The following anecdote illustrates the importance of providing congruence between the lecturer’s epistemology and implementing SL in the curriculum:

We ... crafted a very specific framework for using the pedagogy and we take social justice and care because it speaks to our philosophy, it speaks to the way in which we see knowledge being made in conjunction with others etc. and that's where we attempt to bring about a change around how people see it. Otherwise, they don't understand that it infuses not just your curriculum in terms of content, but what you do, how you do it with your students, the very pedagogy you adopt in the classroom, what you expect them to do. That notion of reciprocity is lost if students don't understand, don't get the epistemological shift. If they don't get that, they don't get that when they go into the community, they not just rendering a service, they have to recognise the learning that comes out of that and it's very hard because I think people tend to approach it very superficially. You know they tend to think that they can just change one thing and that will make it a service-learning module (National expert, Teacher Education, HEI 3).

4.3.7.2 Professional development and mentoring of staff

The current thinking is that “national partnerships and benchmarking are important” in terms of professional development in SL (National expert, Psychology, HEI 7). Therefore, we should look away from international benchmarking and rather “think national benchmarking ... because we're in the same context and we have the same policies and higher education guidelines to follow” (National expert, Psychology, HEI 7).

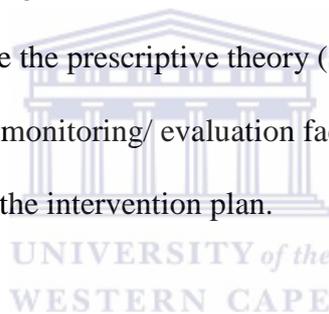
4.3.7.3 Building reflective practitioners

Developing such reflective practitioners is a completely different situation because both the student and the lecturer should engage in this practice. This participant defines reflective practitioners as follows: “It's not only the knowledge, the technical skills. It's about their value that they want to contribute to professional development and to personal development

and to understand social injustices in the area of service delivery” (National Expert, CE Director, HEI 6).

4.3.8 SUMMARY OF FINDINGS FROM SL EXPERTS

The findings of the current study identified the structural, procedural, curricular and personal factors that were beneficial for SL institutionalisation at the eight national HEIs taking part in the study. The findings indicated that these institutions primarily follow the HEQC’s national best practice guidelines for institutionalising SL in HEIs curricula as outlined in *A good practice guide and self-evaluation instruments for managing the quality of service-learning* (HEQC 2006a) and *Service-learning in the curriculum: A resource for higher education institutions* (HEQC 2006b). Hence the prescriptive theory (see Figure 3.5) of the intervention plan identified input, process and monitoring/ evaluation factors for SL institutionalisation (HEQC 2006b) as focal points of the intervention plan.



4.4 DESIGN PHASE

In this section, the details of the constituent theories of the intervention model that informed the intervention plan are presented in Figure 4.1. These are followed by the procedural elements that were specified for the different prototypes and interventions.

4.4.1 INTERVENTION MODEL FOR THE INTERVENTION PLAN

The intervention plan was modelled on the intervention theory of Burns and Grove (2004:320), as reflected in Figure 3.2: Conceptual framework for SL institutionalisation.

There was no need to convert the information into ‘workable design concepts’ because the study’s “research base [was] already action-oriented in form” (Mullen 1994:172). The descriptive theory will be discussed in section 5.4. The prescriptive and action theories are discussed in the subsequent sections of this chapter.

4.4.1.1 The prescriptive theory of the intervention plan

The findings of Phase 2 identified the elements that the researcher had to incorporate in the intervention plan to develop the SL implementation framework for the SON (see Figure 3.5 and Table 4.13: Key elements to consider during the intervention plan of the study). The input elements entailed that the strategic operational plan of the school should clearly specify how SL would be institutionalised in the nursing programmes. The process elements identified the need to formulate management strategies that would build and develop SL capacity and sustainable partnerships for the academic programmes. A monitoring and evaluation mechanism was designed to integrate SL within the school’s existent quality management system.

4.4.1.2 Prescriptive elements of the intervention plan

Text box 1 below depicts the prescriptive elements referred to in the prescriptive theory of the intervention plan. The synthesis of the findings of Phases 1 and 2 identified the three elements listed below as the accepted standard (Rothman & Thomas 1994:37) according to the good practice guidelines for SL (HEQC 2006a).

Text box 1

Intervention plan: prescriptive elements

1. Assess the readiness of the organisation and the academics for SL institutionalisation.
2. Develop a SL capacity building strategy for the different SL stakeholders.
3. Establish communities of practice (cops) for SL in the school of nursing.
4. Formulate a SL definition for the school of nursing.
5. Institutionalise SL pedagogy in the undergraduate nursing programme.
6. Develop a SL pedagogical model for the school of nursing.
7. Develop a SL evaluation and monitoring system for the nursing programme.

The process that was used to extract the prescriptive elements from the analysis of Phases 1 and 2 is illustrated in Figure 4.2 below.



Figure 4.2: Process to identify the functional elements for SL implementation framework

4.4.2 SPECIFICATION OF THE DOMAIN BOUNDARIES

The specifications in text box 2 below provide the necessary focus for the design activities of the intervention plan (Mullen 1994:169–170).

Text box 2

Intervention plan: Design domain specifications

1. Assess readiness for SL institutionalisation

Domain: self-assessment

Design requirements: At levels of the institution (UWC); organisation (school of nursing and individual (academics)).

2. Develop SL capacity and SL scholarship

Domain: self-assessment: Complete an accredited SL programme.

Design requirements: Employ participative empowering strategies

3. Develop a contextual SL definition

Domain: Involve custodians of the nursing curriculum.

Design requirements: Differentiate SL from other types of community engagement curricular activities.

4. Develop a SL pedagogical model for the school of nursing

Domain: self-assessment: Design SL module guides

Design requirements: Implement SL pedagogy within a teaching- team context.

5. Pilot the SL intervention plan in selected communities of practice in the school of nursing

Domain: self-assessment: Assess the design and implementation of SL modules.

Design requirements: Implement the HEQC SL guidelines in the SL module guide.

6. Map SL in the undergraduate nursing programme

Domain: self-assessment: Identify undergraduate modules amenable to SL pedagogy.

Design requirements: Curriculum mapping to be initiated by the Teaching and Learning Committee of the school of nursing.

7. Develop a monitoring and evaluation system for SL institutionalisation in the nursing programmes

Domain: self-assessment: Specify the input, process and impact SL criteria

Design requirements: These SL criteria are incorporated in the relevant policies

4.4.3 SPECIFYING THE PROCEDURAL ELEMENTS

In this section, the researcher provides the evidence that sufficient detail was developed to enable other researchers to replicate the following four prototypes or interventions (Rothman & Thomas 1994:35):

- assessing individual readiness for SL institutionalisation;
- monitoring and evaluating SL institutionalisation;
- developing a contextualised SL definition; and
- designing, developing and piloting an SL module guide for team-teaching in an undergraduate nursing programme.

4.4.3.1 Assessing individual readiness

Two pertinent constraining intervener factors were identified during Phase 1 of this intervention study. The first was a lack of SL scholarship and personal commitment to participate in SL capacitating activities within the school (Tables 4.9, 4.10 and 4.11). The second was the disinclination of the fourth-year clinical and theory coordinators to participate in the piloting of the SL pedagogy despite the enthusiasm expressed by the other participants (Table 4.12). These were expressed by respondents as experiencing pressure to improve their personal academic qualifications (Table 4.12) because a strategic priority for the school was to improve the level of scholarship within the school (SON research strategic plan 2010). Hence, the researcher developed the tool below to augment Furco's (2002) rubric for SL institutionalisation in higher education to measure the readiness of individuals prior to embarking on the SL institutionalisation process.

Table 4.14: The individual’s readiness to institutionalise SL in own teaching practice

SL success factor: Individual readiness to institutionalise SL in own teaching practice			
<p>In order for SL to become institutionalised in universities, the individual’s readiness to accept any change associated with the institutionalisation process should be determined prior to the proposed intervention. SL scholarship and willingness to participate in structured SL capacity development activities are used as proxy indicators for individual readiness.</p> <p>Instructions: For each of the three categories (rows), place a circle around the statement that best reflects your current status of SL pedagogy.</p>			
Indicators of readiness	Stage 1 Critical mass building	Stage 2 Quality building	Stage 3 Sustained institutionalisation
Previous exposure to SL	I am not aware of the national SL policy guidelines.	I have completed an accredited SL programme successfully.	SL audit criteria are routinely built in the monitoring and evaluation of my teaching practice.
SL theory–practice gaps	I have no SL discussions in my teaching team.	SL pedagogy is discussed at the undergraduate curriculum-level meetings but not specifically in my teaching team.	I ensure that SL is an integral part of the training programme of my teaching team.
Willingness to engage in structured SL capacity development	I am unlikely to attend SL policy training.	I have participated in training to design SL modules.	I am willing to provide mentoring to colleagues wishing to develop SL modules.

INTERPRETATION OF READINESS SCORES: If the respondent ticked most of the responses under Stage 1, empowering strategies such as a structured SL capacity-building programme, should be regarded as a prerequisite for the individual to teach SL curricular activities. If most of the scores fall within Stage 2, the individual is ready to teach SL modules with the assistance of an experienced SL mentor. If most of the responses are ticked under Stage 3, the respondent can be regarded as an SL champion to drive the SL agenda in the curriculum.

4.4.3.2 Monitoring and evaluation system for SL institutionalisation

The following SL institutionalisation indicators were identified for the monitoring and evaluation system for SL institutionalisation for the SON (HEQC 2006b:57–64).

4.3.3.2.1. Nursing programme input indicators

1. Align the outcomes of undergraduate nursing programme with UWC's mission and purpose related to SL.
2. The mapping of the SL modules in the undergraduate nursing programme demonstrates the school's commitment to SL institutionalisation, identifiable by the articulation of SL modules, both vertically and horizontally.
3. The commitment to SL is reflected in the organisational and management structure of the programme in that the school's strategic operational plan provides clear targets for SL module development and SL scholarship.
4. The commitment is reflected in the resource allocation for SL scholarship in the nursing programme by ring-fencing finances and other resources specifically for SL curricular work.

4.3.3.2.2. Programme process indicators

1. The SL components of the undergraduate nursing programme are marketed as flagship community-engaged pedagogy.
2. The strategic operational documents of SON SL actively promote and facilitate SL related research, i.e. scholarship with clear targets.

3. The SON employs evidence-based, student-assessment methodologies most suited for SL pedagogy, i.e. the most weighting should be allocated to the learning that occurs as a result of the students' reflection as oppose to just theory.
4. SL is effectively coordinated in the undergraduate programme by the designated head of the undergraduate clinical programme.
5. The infrastructure and library resources of UWC and the Faculty of Community and Health Sciences allocated to SL indicate that UWC values SL (see Tables 6.1 for the criteria specified).

4.3.3.2.3. Programme output and review indicators

1. Impact studies are designed to assess the impact of SL on the different SL constituencies, like the students, the service and community partners, the research output and the number of SL scholarships, funding and partnerships.
2. A formalised review SL module cycle is developed for the SL component of the programme.

The details of the guidelines are provided in sections 6.2.3 and Table 6.3 for the specified quality criteria.

4.5 EARLY DEVELOPMENT AND PILOTING: PHASE 4

Multiple operational steps were executed to ensure that SL pedagogy was embedded in the curriculum through institutionalisation as indicated by SL scholars in Phase 2 and literature on SL in higher education curricula. These steps entailed developing a prototype (operational SL pedagogical model), which was contingent on the execution of a preliminary intervention

to capacitate the potential SL collaborators in the school. Therefore, the intervention plan was designed to provide formal training to develop and quality-assure SL in the curriculum for the nurse educators of the school. See Annexure 14 for the curriculum of the course the nurse educators completed in 2013. Informal training was also provided by the researcher to the participants who assisted in piloting the SL pedagogical model, the GBV SL module guide. However, only findings for the empirical components related to the piloting of the SL GBV module and the development of SL definition for the SON are presented. Evidence is provided in the form of extracts from the developed SL module guide in terms of the good practice criteria for developing SL modules stipulated for South African HEIs (HEQC 2006a) in terms of the operational step specified as application of the intervention design criteria by Rothman and Thomas (1994:11).



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4.5.1 GBV MODULE GUIDE AS AN SL PEDAGOGICAL MODEL

The SL module guide was developed by the two academics listed on the module guide prior to presenting it for piloting with fourth-year nursing students in collaboration with the fourth-year-level teaching team and the community partners (Julie & Boltman 2012). See Annexure 8 for the GBV SL module guide that was refined for 2014 (Julie & Boltman 2014) based on the feedback received from the students and the challenges experienced by the nurse educators during the pilot phase of this SL pedagogical model.

4.5.2 APPLICATION OF THE INTERVENTION DESIGN CRITERIA

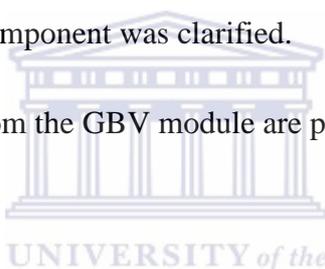
The GBV SL module guide of the undergraduate nursing programme was designed according to the design criteria provided by the HEQC (2006a:46–49) for SL modules based on the

supporting data collected during Phase 2 as discussed in 4.3.6 under the major themes and subthemes related to curriculum.

The design of the GBV SL module guide was measured against the following criteria:

- 1.the incorporation of the SL projects in the module outcomes;
- 2.clear explanation of the teaching strategies;
3. the SL project activities were connected to the module content during lectures, and the colour-coded weekly planner illustrates this integration, see Annexure 8.1;
4. a detailed description of the SL requirements was integrated into the classroom-based activities – see the weekly learning activities of the GBV module guide; and
- 5.the assessment of the SL component was clarified.

Therefore, supporting excerpts from the GBV module are provided for the respective criteria listed above.



4.5.2.1 Incorporation of the SL project in the module outcomes

The students were provided with background information to contextualise the current SL GBV module in that the web links were provided to the relevant articles in section 2: Background to the module (Julie & Boltman 2012:3). The link of the SL module to the GBV module outcomes was made clear as indicated by the following extract from the SL GBV module guide in Text Box 3 (Julie & Boltman 2014:11).

Text Box 3

Incorporation of the SL project in the module outcomes

The overall aim of this module is to enable you to identify and participate in the management of persons who have been affected by gender-based violence, as part of a multidisciplinary healthcare team. At the end of this module, you would be expected to have acquired fundamental knowledge of the biophysical and forensic assessment, treatment and care that persons affected by gender-based violence require. Therefore, it is expected from you as a student, to be actively and purposefully engaged in reflective and critical thinking during class sessions and in the clinical field in order to achieve the expected aim. You will also be expected to use your skills to engage with the community you are placed in and meet the required objectives.

Clinical placement has been arranged for every Tuesday for Term Three. This time is to be used to complete your outreach project by 19 September. Class contact sessions will be arranged according to the weekly programme. It will usually occur on a Thursday afternoon from 14:00. One Thursday will be allocated to lecturer contact sessions, and the next week will be allocated to e-teaching and blogging activities with your clinical supervisor. Refer to the weekly programme for more details. Assessment instruments are found at the end of this module guide (Julie & Boltman 2014:11)

4.5.2.2 Explanation of the teaching strategies

Teaching strategies are addressed under section 6 of the SL module guide, which clearly stipulates that SL pedagogy augments the case-base teaching methodology (Julie & Boltman 2012:7–10). The theoretical underpinning and the national policy imperative for SL in higher education is also outlined in section 6.4.2 of the SL module guide and web links were provided for understanding the background and the SL policy of the HEQC (Julie & Boltman 2012:7–10:9–11). Two supporting extracts from the SL GBV module guide are provided below.

4.5.2.2.1.1 Case-based learning approach

Application of theory to practice will be achieved through case-based learning and discussions. In order to facilitate case-based learning, a variety of strategies are utilised, including solving cases, small group work, group presentations and lecture discussions. There will be a strong emphasis on self-directed learning and a reflective approach to care. This entails that you as the student will be a self-directed learner. Learning is considered as self-directed, since the learner is the one who is in charge of his/her learning. The responsibility for learning thus rests with the learner. The lecturer is there to assist in facilitating learning (Julie & Boltman 2014:8).

4.5.2.2.1.2 Theoretical underpinning of service-learning

Service-learning is a teaching strategy that integrates theory with relevant community service. Through assignments and class discussions, students reflect on their service in order to increase their understanding of module content, gain a broader appreciation of a discipline, and enhance their sense of social responsibility (Bender et al. 2006:32) as cited in Julie & Boltman (2014:8).

Service-learning has gained recognition as a curricular strategy for preparing students for their roles as professionals and citizens, changing the way faculty teach, changing the way higher education programmes relate to their communities, enabling community organisations and community members to play significant roles in how students are educated, and enhancing community capacity (Kiely 2005; McNall, et al 2009, Smith-Tolken 2010).

Service-learning as a teaching methodology therefore provides nursing students with opportunities to develop both the core values of professional nursing and their competencies through modelling these professional values, while meeting community needs and

contributing to the greater need of society in the process (Levy & Lehna 2002:220). While students are expected to perform their professional duties, they perform activities beyond the scope of the curriculum and duty, thus enabling them to develop an attitude of civic engagement (Julie et al. 2005:42). In addition, service-learning provides an opportunity for students to reflect on the service activity in such a way as to gain further understanding of the course content, a broader appreciation of the discipline and an enhanced sense of civic responsibility . This is achieved through the introduction of reflection as an assessment strategy (Eyler & Giles 1999:10). Reflection has been identified as a foundational principle of SL and is regarded as the glue that holds service and learning together to provide optimal educative experience (Eyler & Giles 1999:10). Reflective practice is about acquiring the skills and attitude to inquire continually into own professional practice and into the context in which it is embedded (Osman & Petersen 2010).



Service-learning therefore provides HEIs with a strategy to explore ways of incorporating service to extend their mission enhance student achievement and engage students in their communities as part of their academic curriculum (Bringle & Hatcher 1995:112, as cited in Julie et al. 2005:42). Special attention has been given to reflection in the module guide because reflection is regarded as the hallmark of SL (HEQC 2006a). Particularly, the structure and design of the reflection processes to demonstrate to the students how SL are different from the other forms of curricular community engagement activities students may have been involved in during the training programme.

4.5.2.3 Reflection

The SL module guide provides the necessary guidance to the students with the purpose of facilitating transformational learning within these nursing students. See sections 6.5 of the SL module guide (Julie & Boltman 2012:12, 26–27) which illustrate how the steps of the Gibbs' model of reflection could be applied.

4.5.2.4 Assessment of SL in the GBV module

The above module guide clearly indicated that:

Service-learning will be implemented in this module in terms of a group project that will form part of the continuous assessment for both this module and the module Psychiatric Nursing 412. The group project will entail your group meeting the stated needs of the community, conceptualising and carrying out the project within the time allocated, as well as engaging in a process of meaningful reflection. The project itself will be assessed for the module NRS 412, while the feedback and reflection will be used as part of the assessments for this module. Please note that the overall weighting of the formative assessment is 40%, while the summative assessment (exam) is 60% (Julie & Boltman 2014:15).

The students were also given special instructions regarding the blog posts since it was a new teaching and learning strategy for them. They were expected in this SL module to submit their weekly contribution on the electronic teaching and learning platform and specific instructions were given regarding which content to post and how to formulate this.

The following extract from the SL GBV module substantiates the above claim (Julie & Boltman 2014:8).

- Blog posts should be kept to the minimum or maximum words allocated for the post.
- Postings should be made regularly, according to the due dates given.

- Each week, a group will be responsible for the primary posting, as per the weekly plan.
- All other groups should respond to this primary post.
- In addition, ALL groups should post on the topic that is prescribed, every week.
- This means that every week, as a group you will make TWO posts.
- It is important to remember to make the connection between the service-learning activity and the theory that you are encountering in clinical setting (Julie & Boltman 2014:36-38).

These blog postings were linked to the module outcomes and SL projects as illustrated in the weekly learning activities and the weekly programme planner.

4.5.2.5 Detailed description of the SL requirements

The following sections of the SL GBV module guide demonstrate that the design of the SL scaffolds the module requirements across 14 weeks. The weekly plan also illustrates that sufficient detail was provided for students to integrate the GBV theory with the SL projects to facilitate transformative learning (Julie & Boltman 2014:21–32).

4.5.2.6 Integration of gender-based violence theory into the SL projects

See the extract below for the application of this SL requirement in the module guide.

WEEK 4: *At the end of this week, you should be able to demonstrate an understanding of the magnitude of gender-based violence as a public health issue. This learning opportunity takes place in the form of blog posts: one is a reflective post on service learning, while the other is a reflective post.*

Individual work: *Read about reported issues of gender-based violence in the media in a province of your choice in South Africa. In your placement at your facility, identify protocols,*

or lack thereof, for the management of gender-based violence. Read Domestic Violence Act (No. 116 of 1998) – DVA.

Blog posting activities: *Group Two makes their reflective practice post (07 Aug – by 10:30) (500 words) about the needs assessment of their service learning project in gender-based violence. Link the theory of GBV into the reflective practice posts.*

All the other groups to respond to this posting by 07 August at 13:00 (i.e. one post, 200 words per group). For example, Group 3 will respond to Group one and then Group two, separately.

In addition to the above, ALL groups write one reflective post (500 words) on the types of GBV reported in the media. Identify how in these cases the Domestic Violence Act (DVA) could have been, or was applied. Also look at the protocol followed in the health facility and identify gaps in the management of GBV by 07 Aug at 16:00 (Julie & Boltman 2014:21).



4.5.2.7 Weekly programme planner

An excerpt of the GBV module guide is provided below to illustrate how the theory was applied in the clinical practice setting and the SL project (Julie & Boltman 2014:16–20). This module was designed to guide the theory–practice integration of students with the support of the clinical supervisors during the reflective e-week blogging sessions. The colour-coding in Annexure 8.1 depicts how the theory was integrated with the SL projects, the application of theory in the clinical practice setting, and how facilitated reflection and grading were imbedded in the design of the SL GBV module.

4.5.3 PILOTING OF GBV SL MODULE

The experiences of students who participated in piloting the SL GBV module were investigated in order to improve the design of the SL module. The findings are presented in

the following sequence: the socio-demographic profile, students' SL experiences, the SL module design, SL community activities, resources and strategies that facilitated the deep learning process and the assessment strategy of the SL module.

4.5.3.1 Socio-demographic information

The demographic profile included gender, race, age group, year of study and first language. They also had to identify the community partner to which their SL project was linked. See Table 4.15 below for an overview of the demographic profile of the sample.

Table 4.15: Gender, age group, race and the community partner

Variable	Frequency	%
Gender (N = 123)		
Male	20	16.1
Female	103	83.7
Age group (years) (N = 123)		
20–30	88	71.5
31–40	33	26.8
41–50	2	1.6
Race (N = 123)		
Asian	3	2.4
Black	53	43.1
Coloured	50	40.7
White	8	6.5
Foreign national	9	7.3
Community partner (N = 122)		
Belhar Lighthouse	68	55.7
RAEL	53	43.4

4.5.3.2 SL module experiences

Respondents were asked to indicate whether they agreed with statements related to their SL experiences. See Table 4.16 for a summary of the overall findings of the students' SL module experiences. The interpretations that were formulated for selective items of the questions disregarded the responses under the neutral column because these were taken into account in the formulation of the concluding statement based on the interpretation of the mean and SD for each question.

Table 4.16: Students experiences of SL module

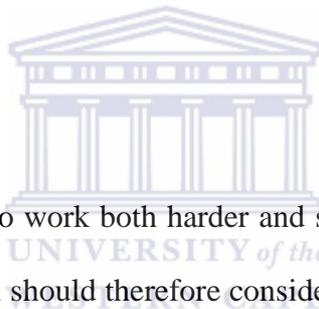
Items & N	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	\bar{x} =Mean	SD*
Item_1=123	3.3 (4)	3.3 (4)	26 (32)	50.4 (62)	17.1 (21)	3.75	0.89
Item_2=121	1.7 (2)	0.8 (1)	10.7 (13)	41.3 (50)	45.5 (55)	4.28	0.82
Item_3=123	4.1 (5)	8.1 (10)	31.7 (39)	30.9 (38)	25.2 (31)	3.65	1.07
Item_4=122	4.1 (5)	14.8 (18)	26.2 (32)	18.9 (23)	36.1 (44)	3.68	1.22
Item_5=123	9.8 (12)	24.4 (30)	25.2 (31)	17.1 (21)	23.6 (29)	3.20	1.31
Item_6=121	2.5 (3)	13.2 (16)	28.1 (34)	25.6 (31)	30.6 (37)	3.69	1.12
Item_7=123	6.5 (8)	10.6 (13)	26 (32)	32.5 (40)	24.4 (30)	3.58	1.56
Item_8=123	17.9 (22)	12.2 (15)	30.1 (37)	26 (32)	13.8(17)	3.06	1.29
Total=118						3.62	0.57

SD=standard deviation, ND=normally distributed and SN=skewed negatively.

Item 1 explored whether students learnt from the community in which they worked. The findings in Table 4.16 indicate that the majority of the students 83 (67.5%) either agreed or strongly agreed that their learning was enhanced by working in the communities. A similar trend was reported for item 2, which stated that the communities were the primary beneficiaries of the SL project as indicated by an outright majority 105 (86.8%) who assented to the statement. Students thus regarded the SL project to have been mutually beneficial for

both addressing the student learning outcomes and the community needs. Hence, this SL module was successful in balancing the primary beneficiaries of the SL partnership.

Item 4 asked if the service-learning module took more of the students' time than other modules. Students indicated that the SL was more time-consuming because a total of 67 (55.1%) responded positively to the statement. Item 5 explored whether the service-learning module cost more money than other modules. Although many students (50; 40.7%) concurred that the SL module was financially more costly than other modules, 42 (34.2%) thought otherwise. The findings also indicated that the majority (68; 56.2%) of the students agreed with the statement in item 6 that the service-learning module required much more work than other modules.



Students indicated that they had to work both harder and spent more time on the SL module than in other modules. The school should therefore consider allocating a higher weighting for SL-related clinical programme requirements in terms of its contribution to the programme's clinical requirement. The cost-to-student implication should be further investigated in order to formulate alternatives to students having to carry an added financial burden because the majority of the school's students are from disadvantaged backgrounds.

More students (70; 56.9%) responded favourably to item 7, which stated that the service-learning module helped them to gain a deeper understanding of GBV than the 21 (17.1%) who were not in agreement. Slightly more students (49; 39.8%) indicated that service-

learning should be implemented across all year levels according to item 8, whilst 37 (30.1%) would not support such a recommendation.

The items with the highest and lowest mean and standard deviation were item 2 ($\bar{x}=4.28$; $SD=0.82$) and item 8 with ($\bar{x}=3.06$; $SD=1.29$) respectively. The mean indicates that students agreed that the community benefited from the work they did. However, since the respondents have rated item 8 as neutral they did not have a strong opinion about the recommendation that SL should be implemented across all year levels of the undergraduate programme.

The overall rating of the mean and standard deviation ($\bar{x}=3.62$; $SD=0.57$) indicates that respondents overall agreed with all the statements of this questions. Therefore they agreed that their community work was mutually beneficial in terms of the learning the students experienced and the service the community received. This finding should however, be interpreted in the light of the earlier findings that students indicated that SL was more demanding in terms of time, cost and hard work.

4.5.3.3 Clear links between the module outcomes and service activities

Respondents were asked to indicate whether they agreed with statements related to the module design that clearly linked the module outcomes with the service activities. The purpose of this question was to determine which sections of the SL module guide should be strengthened. Table 4.17 summarises the overall findings of the students' responses about their level of agreement with statements that the SL module design clearly linked the module outcomes with the service activities.

Table 4.17: Clearly links module outcomes with service activities.

Items & N	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Mean	SD*
Item_1=120	16.7 (20)	13.3 (16)	38.3 (46)	29.2 (35)	2.5 (3)	2.88	-.42
Item_2=122	11.5 (14)	7.4 (9)	24.6 (30)	43.4 (53)	13.1 (16)	3.39	-.75
Item_3=121	13.2 (16)	15.7 (19)	35.5 (43)	24.8 (30)	10.7 (13)	3.04	-.18
Item_4=120	15.0 (18)	20.8 (25)	25 (30)	30.1 (36)	9.2 (11)	2.98	-.26
Item_5=120	15.8 (19)	18.3 (22)	27.5 (33)	32.5 (39)	5.8 (7)	2.94	.55
Item_6=123	32.5 (40)	25.2 (31)	23.6 (29)	12.2 (15)	6.5 (8)	2.35	-.35
Item_7=120	16.7 (20)	12.5 (15)	33.3 (40)	30.8 (37)	6.7 (8)	2.98	-.34
Item_8=121	13.2 (16)	14 (17)	32.2 (39)	31.4 (38)	9.1 (11)	3.09	-.64
Item_9=122	9.0 (11)	9.8 (12)	32 (39)	40.2 (49)	9.1 (11)	3.30	.22
Total=81						2.87	.81

SD=standard deviation, ND=normally distributed and SN=skewed negatively.

Items referred as follows:

- 
- item 1 – the background of the SL module;
 - item 2 – contact details of the facilitation team;
 - item 3 – communication channels;
 - item 4 – general module rules and expectations;
 - item 5 – expectations around group work;
 - item 6 – expectations for blog posts;
 - item 7 – expectations for project presentations;
 - item 8 – weekly learning activities; and
 - item 9 – assessment tools.

The students rated the following three items as most useful to link to the module outcomes with the service activity:

- the contact details of the facilitation team (69; 56.5%);

- assessment tools (60; 49.2%); and
- weekly learning activities (49; 40.5%).

The students did not find blogging, item 6, useful for this purpose. These findings validate the researcher's hunch that students demonstrate teacher-dependent behaviours with a preference for face-to-face contact. Having access to the contact details of the facilitation team enabled students to contact the team telephonically to clarify issues. The assessment tool likewise involved input and feedback from the teaching team. However, this theory did not hold for the weekly learning activities until the connection was made that the case-based methodology involved lecturer input in terms of providing guidance to the student small groups for the weekly case presentations. This also provides a plausible explanation why blogging was rated the least useful because it was based on peer teaching.

The items with the highest and lowest mean and standard deviation were item 2 ($\bar{x}=3.39$; $SD=0.75$) and item 6 with ($\bar{x}=2.35$; $SD=0.35$) respectively. With regard to the rating of item 2 as reflected by the mean, the respondents agreed that the contact details of the facilitation team were helpful. However, the respondents disagreed about the helpfulness of the blog posts for linking clearly the module outcomes with the service activities as indicated by a mean of 2.35 for item 6. However, the overall rating of the mean and standard deviation ($\bar{x}=2.87$; $SD=0.81$) indicated that respondents were overall neutral to all the statements of this questions. Students thus did not indicate clearly which sections of the module design were most helpful for linking module outcomes and service activities.

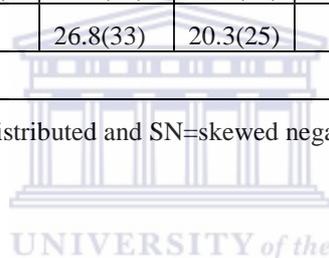
4.5.3.4 SL different from other module-related community activities

This question had to ascertain whether students regarded these SL community activities to be different from other module-related community activities. Table 4.18 below summarises the overall findings of the students' responses about their level of agreement with these statements.

Table 4.18: SL activities different from other module-related community activities.

Items & N	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	SD*
Item_1=124	4.8(6)	14.5(18)	25.8(32)	37.9(47)	16.9(21)	3.48	1.08
Item_2=124	11.3(14)	26.6(33)	25.8(32)	26.6(33)	9.7(12)	2.97	1.17
Item_3=123	8.9(11)	13.8(17)	33.3(41)	35.0(43)	8.9(11)	3.21	1.08
Item_4=124	8.9(11)	9.7(12)	39.5(49)	31.5(39)	10.5(13)	3.25	1.06
Item_5=123	13.8(17)	22.0(27)	29.3(36)	26.8(33)	8.1(10)	2.93	1.17
Item_6=123	22.0(27)	27.6(34)	26.8(33)	20.3(25)	3.3(4)	2.55	1.14
Total =87						2.87	.86

SD=standard deviation, ND=normally distributed and SN=skewed negatively.



Item 1 explored whether the service-learning project focused on relevant and meaningful service with the community. A slight majority of the students (68; 54.8%) agreed with the statement. Item 2 stated that the service-learning module guide clearly connected the module outcomes with the service activities. Slightly more students disagreed with the statement (47; 37.9%) than students who agreed (45; 36.3%). The majority of students (84; 68.3%) agreed with the statement in item 3, which specified that the service-learning module provided structured opportunities for reflection to transform, clarify, reinforce and expand concrete experiences into knowledge.

More of the students (52; 41%) were in agreement that the service-learning module purposefully connected their learning experiences with civic social responsibility in item 4 than those who disagreed (23; 28.6%). The findings are very close for item 5, which states that students have been given clear rules and guidelines by the different service-learning partners for working in the community. Slightly more (44; 35.8%) disagreed with the statement than those who agreed (43; 34.9%). The situation is reversed for item 6 because 61 (49.6%) of the students indicated that they were not adequately prepared for working with the community on this service-learning project in item 6 as opposed to the 29 (23.6%) who felt differently.

The findings indicate that the design of the community activities in the SL module was different to other community service modules in terms of fostering civic-minded students. However, although students were overall appreciative of the uniqueness of the module design, they indicated that the student preparation and orientation aspects of the SL module were regarded as inadequate. This is confirmed by the mean and standard deviation. The items with the highest and lowest mean and standard deviation were item 1 (\bar{x} = 3.48; SD = 1.08) and item 6 with (\bar{x} = 2.55; SD = 1.14) respectively.

However, the overall rating of the mean and standard deviation (\bar{x} = 2.87; SD = 0.86) indicate that respondents were overall neutral to all the statements of this question and hence no conclusion can be made in terms of the differences.

4.5.3.5 Resources or strategies most helpful for facilitating deep learning

Table 4.19 provides a summary of the overall responses of the students regarding which resources or strategies they regarded as most helpful for facilitating deep learning.

Table 4.19: Sources and strategies facilitating deep learning

Items	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	SD*
Item_1=119	15.1(18)	16.0(19)	24.4(29)	31.9(38)	12.6(15)	3.11	1.26
Item_2=120	20.0(24)	18.3(22)	25.8(31)	30.0(36)	5.8(7)	2.83	1.22
Item_3=118	16.1(19)	21.2(25)	28.0(33)	24.6(29)	10.2(12)	2.92	1.23
Item_4=119	16.8(20)	12.6(15)	17.6(21)	32.8(39)	20.2(24)	3.27	1.37
Item_5=120	17.5(21)	9.2(11)	20.0(24)	25.8(31)	27.5(33)	3.37	1.43
Item_6=119	10.9(13)	12.6(15)	29.4(35)	34.5(41)	12.6(15)	3.25	1.17
Item_7=117	7.7(9)	8.5(10)	20.5(24)	35.0(41)	28.2(33)	3.68	1.19
Item_8=120	5.8(7)	6.7(8)	32.5(39)	36.7(44)	18.3(22)	3.55	1.05
Item_9=121	26.4(32)	26.4(32)	24.8(30)	18.2(22)	4.1(5)	2.47	1.18
Item_10=120	20.0(24)	19.2(23)	30.8(37)	22.5(27)	7.5(9)	2.78	1.22
Total						2.98	.82

SD=standard deviation, ND=normally distributed and SN=skewed negatively

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The students agreed that the following resources and strategies listed in items 1, 4, 5, 6 and 7 were most helpful in facilitating deep learning

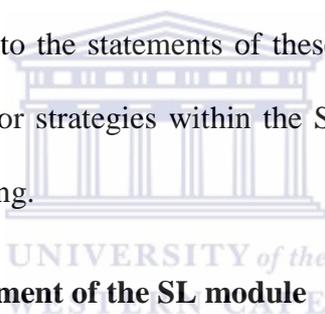
- item 1, module guide (53; 44.5%);
- item 4, lecturer (63; 53.0%);
- item 5, clinical supervisor (64; 53.3%);
- item 6, SL partners (55; 47.1%); and
- item 7, previous exposure to community work (74; 63.2%).

In other words they valued these strategies. However, the agreement–disagreement gap was very close for item 2, e-teaching postings and item 3, the community entry seminar. In terms

of the e-teaching postings, the interpretation is that some students appreciated the contribution of e-teaching towards their learning whilst others had no such appreciation. The same held true for the community entry seminar.

An unexpected finding was that students rated the student independent activities as the least helpful for facilitating deep learning. They indicated that item 8, small group activities (66; 55.0%), item 9, blogging (64; 52.8%) and item 10, journal articles (47; 39.2%) were the least helpful. These findings indicate that students prefer face-to-face interactions and are dependent on the teachers rather than their peers to facilitate engagement of higher-order skills.

The overall rating of the mean and standard deviation ($\bar{x}=2.98$; $SD=0.82$) indicates that respondents were overall neutral to the statements of these questions. Students thus did not indicate clearly which resources or strategies within the SL module guide they found most helpful for facilitating deep learning.



4.5.3.6 Difference in the assessment of the SL module

This question determined whether students experienced the assessment of the SL module to be different from the other modules of the programme. A total of 124 students responded to this question. The majority (80; 64.5%) said yes, and therefore agreed that the assessment of the SL module was different. However, 38 (30.6%) said no and hence they regarded the assessment of the SL module to be similar to the others in the undergraduate programme.

4.5.3.7 Findings derived from the open-ended component of the question

Students were asked whether the assessment of this service-learning module was different to the assessment in other module. If yes, how was it different to other modules? The themes captured in Table 4.20 were derived from the students' responses.

Table 4.20: Differences between SL and other modules

Themes	Codes
Innovative	<ul style="list-style-type: none"> -Something [SL] that was never done. -We haven't communicated via blogging with lecturers and students. -Blogging and posting were newly introduced to me. -Evaluating a lot of aspects because it asks all the things on GBV and how they can improve. -Yes, SL helps you to communicate easily with other students from your group.
Authentic learning	<ul style="list-style-type: none"> -It focuses on the core of the matter and is honest. -Had to review every week and built up where we did and work with vulnerable people. -New experience – enjoyed the community interaction. -We were doing actual community work. -Very detailed.
Learning strategies	<ul style="list-style-type: none"> -Used different strategies to facilitate. -Does not focus on groups [but] the individual assessment of students on the group work through blogging. -Blogging was implemented as a new learning experience. -More in-depth. -Blogging and continuous work with community.
Challenging	<ul style="list-style-type: none"> -It was challenging. -Asks too much. -More was required from us.
Lack of clarity	<ul style="list-style-type: none"> -There weren't clear guidelines on what to be assessed on. -Assessment tools wasn't made clear. -Outcomes were not clearly stated.
Confusing	<ul style="list-style-type: none"> -Was a bit confusing, new terms not explained what is meant by it. -This module was very confusing for the first couple of weeks. -Module and expectations were not thoroughly explained and most of the time was confused and did not know what was expected. -Blogging session was confusing and new to us especially individual blogging.
Negative framing	<ul style="list-style-type: none"> -Wasting my time, I didn't know what it is all about, was confusing me. -It had contributed minimally to my education. -It took most of my time, not even understanding what I was doing. - Very unorganised compared to other modules.
Group work	<ul style="list-style-type: none"> -Each group should be assessed individually not as a class. -There is a lot more space for people not to participate.
Time-consuming	<ul style="list-style-type: none"> - Should not be different but it must not involve the project as it is time-consuming and need a lot of attention. -Did not have enough time to work with community.
Suggestions	<ul style="list-style-type: none"> -Appropriate and adequate introduction to the module and clear understanding of facilitators should be ensured in order to guide students. - Stop blogging, there should be more tests. -More communication can be done between the partners and the university. -I would rather we do presentations on the work for each week, let groups present. -More input from lecturer.

The themes reflected divergent views which could be linked to the students' learning styles as reflected under the themes *lack of clarity* and *confusing*. These remarks were indicative that these students had not yet progressed to the level of being independent learners. Comments like “more input from lecturer”, “new terms not explained”, “assessment tools wasn't made clear” etc. suggest that these students' insights were teacher-dependent, which negates the goal of SL to develop reflective practitioners. The comments under the “negative framing” theme indicate that these students never became involved, which can be linked to the personal qualities needed for SL practitioners. However, attention should be paid to the issues listed under suggestions, especially related to orientation and the training of facilitators when refining the SL module.

4.5.3.8 Suggestions to improve the SL module

Table 4.21 provides a summary of the themes that emerged from the open-ended question: What could be improved in SL and how?

Table 4.21: Suggestions to improve the SL module

Themes	Codes
Reflective space	-Don't think there's something to improve as it makes us realise our weakness and strengths. -Good, because it makes one think and be acquainted to real situations.
Timing of module	-Module to be presented in first year of study. -There wasn't enough time to carry out SL. -If this module can be in the first term so that students can have enough time for it and lecturers must be well organised and prepare on time.
Student preparation	-The proper training or preparation of students for blogging we did not have any form of introduction to this programme. -Student must be given clear instruction and be taught what to do expect and objectives before they go to SL so that they can be prepared and effective. -Blogging and posting, students should be taught how to blog and not having just one session. -Community entry seminar to be given in time.
Communication challenges	-Better communication between facilitators, lecturers, supervisors and students. -More clear guidelines could be given about what is expected for students to accomplish. -We couldn't go to RAEL every week ... change the SL community.

Themes	Codes
Learning strategies	<ul style="list-style-type: none"> -Only have group assessment on blog because we do it as a group. -Stop blogging because it's a waste of a lot of time. -Improve e-teaching technicalities. -Wish I could form a structure and programmes for youth and children. -Lectures every week. -Have presentations in class not just blogging so that we can understand if we on the right track or not.
Maintain status quo	<ul style="list-style-type: none"> -In my humble opinion the module guide should be re-constructed [to provide] lecture notes, prescribed textbook. -Wished University X presented GBV. -Presentation of project should be counted for this module and stop blogging. -Not to rely only on articles. -Go to community request their problems and bring their feedback to school. -Firstly having better venues, letting community know that UWC students will be working in a specific area and when maybe have better client attendance.

The recommendations reflecting the student learning preferences ranged from “nothing” to a suggestion that “the module guide should be re-constructed [to provide] lecture notes [and] prescribed textbook”. These statements reflect the typical range of responses to an innovation, namely that the few early adopters will appreciate the innovativeness while the majority will resist the innovation during the initial phases. The SL module has successfully instilled ‘civic-minded’ in some students as reflected by this anecdote: “Wish I could form a structure and programmes for youth and children.” The concerns related to timing and communication should be further explored.

4.5.3.9 Characteristics of SL module

The findings in Table 4.22 provide a summary of the responses to the question: What makes SL different to others modules?

Table 4.22: Characteristics of the SL module

Themes	Codes
No difference	-It's not different.
Interactive	-More interactive; encourages participation within class. -Get a chance to meet people in communities but they don't always give you the expected results, some refuse to participate. -You get to interact with others and get to know what they experiencing and you can reach out. -Working with vulnerable groups made a difference. -More interactive, yet with lack of support it's also way more frustrating. -SL concentrates more on group work then individual work.
Time-consuming	-Time-consuming but interesting because it combines two different things GBV and project.
Hands-on approach	-Is a hands-on approach compared to only focusing on theory? -Main body of the module is practical. -GBV is more practical; students need to have background knowledge of GBV perpetrated in community where he/she comes from. -Makes learning outside university possible by using skills to help community and community members. -Gives students an opportunity to enter community and practice theory in community.
Expensive	-More expensive in terms of money for projects because all finances come out of our own pockets. -Very expensive to students.
Non-complicated module	-It is a non-complicated module and interesting at the same time but blogging makes it complicated since some students are not willing to work in groups. -Straight forward and explanatory because it states it all.
Self-directed learning	-Needs more of our individual attention and also broadens our levels of understanding. -Minimal interaction from lecturers, clinical supervisors. -No proper notes. -Other modules provide more explanations and clear guidelines. -Confusing; I don't even know what it means. -Blogging makes it difficult; wasting our time and we can't focus on module.

The students identified most of the properties of an SL module, namely:

- makes learning outside university possible by using skills to help community and community members;
- needs more of our individual attention and also broadens our levels of understanding;
- gives students an opportunity to enter community and practice theory in community;
- time-consuming but interesting because it combines two different things, GBV and project;

- get a chance to meet people in communities but they do not always give you the expected results, some refuse to participate;
- more expensive in terms of money for projects; and
- more interactive, yet with lack of support it is also way more frustrating.

4.5.3.10 General appreciation of the SL module

The student responses to the open-ended question regarding their general appreciation of the SL module are reflected in the major themes in Table 4.23.

Table 4.23: General appreciation of the SL module

Themes	Codes
Broadened subject knowledge	-Liked the way it broadened my knowledge re: domestic violence. -Insightful; learned a great deal about the community. -A broader understanding of our communities and the integration of theory with daily living. -Appreciate it a lot because I have learned a lot that I did not know. -It improved our knowledge and gave me more insight and to have interview and communication skills.
Making a difference	-To make a difference in the community. -Learned how to work well with community project and how to start a community project. -Appreciate the fact that we do get a chance to go and make a difference in people's lives.
Community interaction	-Community project was a great part of the module and interaction with community was highly appreciated. -It showed me the importance of being involved in project because as someone who can make a difference in people's hearts by giving hope. -Practical experience on community project and engaging with clients. -Getting to work and knowing community and their leaders.
Transformational learning	-Group discussions helped me understand how others see GBV. -Provide me with better understanding and approach to GBV. -Appreciate having had a chance to be indoctrinated, given others perception and what gender is and violence prone to prosper because of it. -Enjoyed it very much, learnt a lot. The knowledge they experienced and shared with us in community helped me grow and appreciate that it made us to touch lives.
Reflective practice	-This helped me to deal with my own work and feelings.
Teaching strategies	-Posting and blogging interested me. -The fact that we had to link GBV with other modules was excellent. -Service learning was very helpful for this module and it helped. -Gives chance to students to use info.

	-Good source of information. -Should continue, it is good teaching experience.
Not appreciated	-There is nothing to appreciate, causes so much stress and confusion. -Was really pathetic; didn't enjoy classes. -Negative due to lack of support, guidance and expectations leading to students.
Unsure	-Not really sure -Not highly appreciated, expected more. -Don't see significance of it.

The students indicated that the community interaction projects have broadened their subject knowledge. The teaching strategies have culminated in transformational learning for them and have shaped them to become reflective practitioners who could make a difference.

4.5.4 SUMMARY OF THE FINDINGS ON THE SL MODULE DESIGN

The student responses indicated that the SL module was well designed but that attention should be paid to issues related to timing, cost and communication.

4.6 THE CONCEPTUAL FRAMEWORK FOR THE SL DEFINITION

The intention of this activity of the intervention plan was to engage the nursing academics in an SL institutionalisation vision-building exercise for the school. So the participants had to identify the essential concepts that should be included in the definition of SL for the SON. The premise was that the development of a shared understanding of service-learning was dependent on the individuals' willingness to interrogate their own practice theories. Meaning making was thus facilitated during the subsequent discussion when the participants interrogated the diverse understandings of the concepts commonly used in SL discourse.

4.6.1 ITEM CLARIFICATION AND MERGING OF CONCEPTS

The initial master concept list totalling 48 items was merged into seven thematic concepts listed as identifiers in Table 4.24 because of the clarification that was sought for each item.

Table 4.24: Master concept list of the nominal group technique n=48

A=4 Community engagement	B=6 Community needs	C=7 Equal partnerships	D=4 Shared values	E=6 Community development (CD)	F=12 Teaching and learning	G=8 Reflective practice
Community engagement (CE)	Community needs	Equal partnerships between the SON and community	Shared values	Ensuring sustainable CD	Teaching and learning methodology	Reflective practice
Mutual respect	Community to identify needs	Community, institution and students to play an active role	Ethical conduct of students in CE	Produce quality and excellence	Evidence of assessment	Graduate attributes
Equity	Responsive to community needs	Inclusive approach	Advocacy on behalf of the community	Integrated development plans	Quality assurance versus students' credit-bearing assessments	Institutional operational plan
Equality	Relevance to community needs	Interactive participation between stakeholders	Transparency	Integration over the four years	Evidence-based practice	Facilitate change
	Community needs	Quality service	Reciprocity	Embedded	Facilitate PHC approach	Knowledge
	Committed to uplifting societal health needs	Negotiation		Embedded	Niche area of university	Develop civic responsibility
		Needs of academia, community, service		Sustainable	Levels at which SL is pitched e.g. community context	Transformational learning
					Experiential reflective learning	Social transformation
					Integration of practice and theory	
					Link between student learning and community issues	
					Integration of students' learning while rendering community service	
					Hands-on learning	

4.6.2 FINAL RANKING OF THE MASTER CONCEPT LIST

Table 4.25 below depicts the final ranking of the master concept list that informed the definition formulation of SL definition based on the Likert-type scoring.

Table 4.25: Final ranking of the master concept list

Concepts	Likert-type scale scores of participants for each concept									Ranking
	1	2	3	4	5	6	7	8	9	Final
Equal tri-partnership	5	2	3	4	3	–	5	5	2	29
Community development	3	3	1	3	4	3	1	3	4	25
Reflective practitioners	2	4	5	5	1	–	2	1	5	25
Community needs	4	–	–	1	2	2	4	4	–	17
Teaching and learning	–	5	4	2	–	5	–	–	–	16
Shared value	–	1	–	–	5	4	–	2	3	15
Community engagement	1	–	2	–	–	1	3	–	1	8



4.6.3 SUMMARY

The aim to develop a definition of service-learning for the SON was achieved during the NGT process. The nursing academics were willing to examine their individual theories in practice in order to formulate a corporate definition for the SON. The shared understanding of community engagement and service-learning that evolved reflected that the participants propagated a political perspective of SL for the nursing school. However, further research is needed to validate the SL definition within the SON and the Faculty of Community and Health Sciences of which nursing forms a part.

CHAPTER 5: DISCUSSION OF FINDINGS

5.1 INTRODUCTION

This chapter discusses the main findings related to the purpose of the study, namely the development of an implementation framework for SL in the SON.

This chapter is structured according to the phases of the D&D model to illustrate how the different phases have contributed to the formulation of the SL implementation framework for the school.

5.2 IDENTIFY AND ANALYSE KEY PROBLEMS: PHASE 1

This operational step refers to the main issues that were identified in the problem analysis and project planning phase of the study (Burns & Grove 2004:315; Rothman & Thomas 1994:11). During this phase, the baseline data was collected to identify the scope of the problem and to determine the feasibility of the intervention study. Therefore, the major discussion points for this phase focused on the readiness of the organisation and the individual related to the implementation of the HEOC's SL policy guidelines in the SON. As a result, only the findings that had a direct bearing on the development of the SL implementation framework were extracted from the socio-demographic data of the sample, SL institutionalisation at UWC, SL scholarship in the SON and willingness to participate in SL capacity-building activities.

5.2.1 DEMOGRAPHIC INFORMATION

The majority of the sample was employed in the school for a maximum of five years whilst a quarter was employed between 0 and 2 years (Table 4.1). This means that the workforce was

relatively inexperienced because of the high employment turnover rate in the SON due to the contract post policy of UWC (UWC 2013:20). These two factors constitute threats to the undergraduate nursing programme in terms of continuity and commitment to the programme as confirmed in the recent external review report of the SON (UWC 2013:20). “The extremely high workload means that many contract staff leaves SON [school of nursing]” (UWC 2013:22). The resultant disruption of the academic programme meant that academics were less inclined to participate in the study.

The willingness of staff to participate was further compounded by the pressure to improve their academic credentials as corrective measures for the low nursing scholarly output (UWC 2013:15). The findings in Table 4.1 also suggest that the academic qualification of all employment categories (academics, clinical supervisors and academic officers) could be construed as a threat to the institutionalisation of SL in the SON for two reasons. Almost half of the total workforce of the school was studying part-time towards a doctorate or master’s degree, attempting to achieve the strategic targets set for research (SON strategic Plan 2009:3). This trend was confirmed by the dramatic increase in the doctoral enrolments: 8 in 2007, 15 in 2010, and 26 in 2012 (UWC 2013:33–37). The staff component of the doctoral enrolments for 2013 and 2014 were 13 and 15 respectively (SON Postgraduate Supervision Report 2013). The implication for the study was that this personal goal would be given priority (Self et al. 2007) over the proposed change processes linked to implementing SL in the school. This finding was corroborated by the statement made in the fourth-year-level FGD that “my teaching is my 1st and my 2nd priority is my own studies”.

The researcher as the innovator of SL pedagogy in the SON (Julie et al. 2005; Julie et al. 2007) therefore paid special attention to the individuals’ responses to the proposed changes (Herold et al 2008:943). The individuals’ readiness (Lamm & Gordon 2010:426) to

participate in the change initiative (intervention plan) was crucial, especially, as the use of case base as the exclusive teaching methodology, as referred to in the problem statement, was questioned (UWC 2013:23).

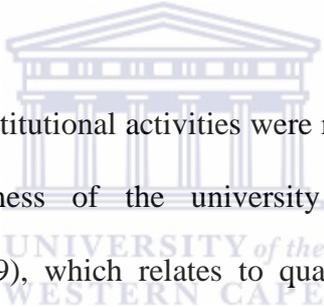
5.3 PERCEIVED LEVEL OF SL INSTITUTIONALISATION AT UWC

The findings of the overall Furco responses indicated that the factors required for SL institutionalisation as presented by Furco's five dimensions (Furco 2002:3; HEQC 2006b:21–24) were present, albeit in varying degrees, in the structures of UWC. These success factors correspond with the SL quality indicators of the input, process and output stages proposed for evaluating SL institutionalisation in South African HEIs (HEQC 2006b:9). In terms of the staging of SL institutionalisation, the findings concluded that UWC was at Stage 1 and consequently concerned primarily with building a critical mass of SL scholars (Figure 4.1). Nevertheless, the overall Furco responses for each dimension (Table 4.3) identified pockets of SL excellence in the following three dimensions, i.e. *student support, SL philosophy and mission, and institutional support* as indicated by the progression to Stage 2. These findings confirm the assertion that SL institutionalisation is not a linear a process and that institutional appraisal of SL scholarship can be interpreted as institutional commitment to developing SL institutionalisation (HEQC 2006b:8).

5.3.1 PHILOSOPHY AND MISSION STATEMENT

How narrowly or broadly service-learning is defined on your campus will effect which campus constituents participate [or] do not participate, which campus units will provide financial resources and other support, and the degree to which service-learning will become part of the campus' institutional fabric (Furco 2002:5).

The findings in Table 4.3 indicated that this dimension was rated as the second most developed SL institutional dimension at UWC. The strategy for SL and alignment with educational reform efforts is leading and has actually progressed to the sustaining phase according to the Furco responses for this dimension in Table 4.4. SL thus complements many aspects of UWC's mission statement which is confirmed by the mission statement that frames UWC as an engaged institution that advocates SL teaching methodology as a corporate strategy (Frantz, Rhoda & De Jongh 2013:51; UWC 2009:35). This institutional claim was also externally validated in the form of the commendation that UWC received from the HEQC regarding the scope of CE activities (HEQC 2008).



Nonetheless, these noteworthy institutional activities were reportedly peripheral and not fully integrated into the core business of the university as nuanced by the HEQC's recommendation (HEOC 2008:19), which relates to quality indicator 2.3 of institutional input, which states, "The institution's commitment to service learning is reflected in its strategic planning, with clearly defined procedures, time frames, responsibilities, reporting and communication arrangements" (HEQC 2006b:21).

The findings also concurred that the SL definition in the university's mission statement needs to be operationalised because, although a draft SL definition was formulated, the interpretation of the definition by the campus constituencies were inconsistent according to the Furco responses for the definition of SL in Table 4.4.

This operational concern has been noted previously by UWC-based SL champions and the institutional audit report of UWC (HEQC 2008:19; Daniels & Adonis 2003:1; Daniels & Adonis 2011:15).

These concerns echo the national contention that the lagging in the implementation of the SL policy guidelines in South Africa could be ascribed to the prevalent conceptual confusion in many South African HEIs (Bender 2008a; Hall 2010). It is therefore imperative that UWC take cognisance of criterion 1.4 of the institutional input that specifies that the mission of the HEI should give SL “due recognition” and promote SL as “a ‘scholarly activity’” (e.g. in terms of a scholarship of engagement)” (HEQC 2006b:21). A clearly defined SL definition that differentiates between the different types of CE at institutional policy level needs to be developed, especially as the current national thinking is towards a contextually defined SL definition (Hall 2010:24). These conceptual issues were also linked to UWC’s strategy for service-learning. The findings indicated in Table 4.4 reflect that specific SL goals needed to be formulated and operationalised in a strategic plan in order to provide implementation guidelines at operational level of academic programmes. This concern was also voiced previously by SL experts at institutional level and national level (HEQC 2008:19) respectively.

While the institution [UWC] has been engaged in these [outreach] efforts and it alludes to community service in the mission statement, no explicit policy exists which clarifies an institutional goal of community outreach or community service as aiding in reconstruction and development of society (Daniels & Adonis 2003:1).

This statement mirrors the concerns of the respondents despite the claim that CE was integral to UWC’s ethos in the Institutional Operational Plan (IOP) 2010–2014 (UWC 2009). Yet, the concerns referred to earlier regarding the operationalisation of these concepts in the

institutional audit (HEQC 2008:19) were not fully addressed. It can be concluded that the existence of a draft definition of SL and the continued SL discourse at institutional level are evidence that UWC is striving to incorporate SL in its educational reform endeavours. Cognisance is also taken that the interpretation of these SL policy statements is influenced by the mind maps of individuals (Choi & Ruona 2011:62).

5.3.2 ACADEMIC SUPPORT FOR AND INVOLVEMENT IN SL

One of the essential factors for institutionalising service-learning in higher education is the degree to which faculty members are involved in implementation and advancement of service-learning on a campus (Furco 2002:7).

The findings indicated that, although the overall Furco responses for academic support was established at Stage 1 (Table 4.3), ‘academic leadership’ was the outlier for this dimension. The disaggregated data in Table 4.5 indicates that this component was operating at Stage 2, the quality building stage. The Furco responses for ‘academic knowledge and awareness’ of SL indicates that very few members know how SL is differentiated from other forms of community-based activities. This finding warrants concern especially since the draft SL definition was available for a decade (Daniels & Adonis 2003) and the university is professing SL as a teaching methodology (UWC 2009:6). It is therefore imperative that the SON initiate or intensify discourses about how UWC’s ‘engaged institution’ brief can be translated at an operational level in the school’s academic programmes. This seemed to be a feasible strategy as the findings in Table 4.5 indicate that only a few influential academics at UWC provide academic leadership for SL. An additional reason was that such an SL discourse could develop institutionalised experiences and shared assumptions in the school, regarded as foundational requirements for the organisational change associated with SL

institutionalisation (Blackman & Henderson 2005:42). UWC should therefore pay close attention to the overall institutional support it provides to develop SL scholarship amongst academics because the findings in Table 4.5 identified this aspect as an SL institutionalisation gap. UWC should therefore pay attention to criterion 7 and criterion 18 of institutional audits (HEQC 2004:11) and indicator 4 of institutional input that mandates “adequate resource allocation for delivering quality service-learning as part of the institution’s core function” (HEQC 2006b:22).

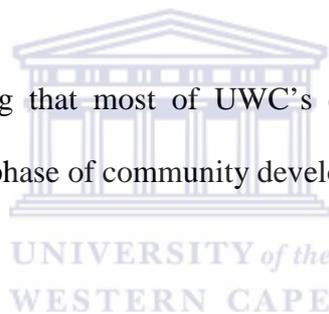
5.3.3 STUDENT SUPPORT AND COMMUNITY INVOLVEMENT IN SL

An important element for service-learning institutionalisation is the degree to which the campus nurtures community partnerships and encourages community agency representatives to play a role in implementing and advancing service-learning on campus (Furco 2002:11).

The findings indicate that UWC was excelling in these two dimensions in that the institution was focused on both recruitment and quality-building activities according to the findings in Tables 4.3, 4.6 and 4.7. UWC has actually transitioned beyond quality building to sustained institutionalisation stage for ‘community involvement and partnerships’ (Table 4.7). This means that UWC has made progress in terms of raising awareness amongst its community partners about UWC’s community developmental goals through student SL projects (Furco 2002:12; HEQC 2006b:51). Communities are thus informed about potential SL projects through which the teaching and research expertise of UWC can be applied to address identified community needs as part of a curricular activity. These findings are congruent with UWC’s ethos of being an engaged institution (UWC 2009). However, in spite of UWC’s pursuit of ‘mutual understanding and reciprocity’ (Furco 2002:12), disparity was identified (Table 4.7) in terms of providing opportunities for the ‘community voice and leadership’ as stated in indicator 5 for institutional input (HEQC 2006b:23). This could however, be due to

the stage of partnership development at institutional level. The formation phase of partnership development is characterised by activities related to establishing working groups comprising of key stakeholder representatives and funding issues (HEQC 2006a:91), whereas the main focus of the implementation stage of partnership development is the formulation of intervention plans based on the outcomes of needs assessments that were conducted collaboratively. Formalisation of the expectations, roles and procedures is regarded as crucial for the success of this stage (HEQC 2006a:96). The last stage, the maintenance stage, is concerned with the monitoring of the intervention plans and hence requires the necessary infrastructure for feedback, skills development, etc., whereas issues of equity in terms of power and products are key features of the outcome phase of partnership development (HEQC 2006a:97).

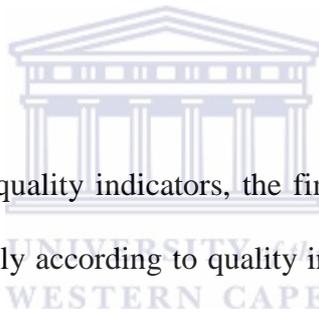
The findings are thus suggesting that most of UWC's community activities seem to be reflective of the implementation phase of community development.



5.3.4 INSTITUTIONAL SUPPORT FOR SL

The HEQC (2006a:140) states that both structural and programme requirements are essential to “advance and sustain service-learning policy, staff issues and recognition policy”. This dimension requires that the university should ring-fence substantial resources, support and workforce towards the SL institutionalisation process (Furco 2001:13). The overall Furco responses rated this dimension as the third most developed SL institutionalisation success factor at UWC (Table 4.3). The disaggregated findings for this dimension in Table 4.8 indicate that the coordinating structure and policy-making structure have transitioned to Stage 2 but that the other aspects like funding, administrative support, departmental support, evaluation and assessment needed to be expanded.

It can therefore be concluded that the respondents regarded UWC as an engaged institution and concur that “engagement is integral in the ethos of UWC” (UWC 2009:5–6) in terms of its policy structure. Recognition is also given for the coordinating structure, the Community Engagement Unit (CEU) that was established with the sole purpose of advancing and institutionalising service-learning on campus. However, the Furco responses indicate that the CEU services only a limited constituency. This finding is corroborated by the UWC Higher Education Institutional Report (2005) that states that SL at UWC has, since the inception of the CEU, been selective in terms of capacity building for SL module implementation (Adonis 2005:3–4). This finding also confirms UWC’s Audit Report (2008) which identified highlighted the CE activities in the Faculty of Community and Health Sciences, Education and the Library (HEQC 2008:19).



In terms of institutional process quality indicators, the findings reflect that SL is managed, facilitated and coordinated partially according to quality indicator 6.1. In terms of providing the necessary support for the development and the implementation of SL, the university is complying with criteria 7.1 and 7.3 (HEQC 2006b:23). The factors that advanced SL at UWC include institutional commitment and support from the deputy vice-chancellor (DVC), funding of human resources, office space and scholarship development activities (Adonis 2005:9). The continuous institutional commitment to SL scholarship was demonstrated recently (2013) when the DVC’s office financed ten academics from the SON to complete an accredited short course on SL and CE as part of the intervention plan of the study to institutionalise SL in the SON. The university has also embarked on building an effective culture of change (UWC 2009:35) in that CE – and hence SL – is incorporated in the rules for academic promotions. The university is therefore relatively advanced in terms of the good practice ‘institutional process indicators’ (HEQC 2006b:21) according to the survey findings.

The findings however indicate that UWC should pay attention to the funding of SL activities because, although several departments offer service-learning opportunities and modules, these opportunities are not primarily supported by institutional funds (Table 4. 8). The implication is that academics have to secure external funding, which are typically short-term and thus affect the sustainability of SL projects and SL scholarship. The perception of the respondents was that an organised, campus-wide strategy to account for the number and quality of service-learning activities for the institution was lacking. An SL quality monitoring and evaluation system specifying the ‘institutional output and impact indicators’ in the “Good Practice Guide and Self-evaluation Instruments for the Management of the Quality of Service-Learning” were lacking (HEQC 2006b: 24).

5.4 BENCHMARKING AGAINST INSTITUTIONAL QUALITY INDICATORS



Scholars in the fields of community engagement and organisational change confirm that SL policy implementation in higher education is more likely to be successful when there is a strong institutional commitment (Furco 2002:3; Julie et al. 2007; Lazarus et al. 2007), the policy implementation is well conceptualised (Hall 2010:24), and the practice model is consistent with available best practice evidence (HEQC 2006a).

The overall Furco responses for all five dimensions indicated that UWC has created an enabling environment for successful SL institutionalisation (Furco 2002; HEQC 2006b). The university had also moved to the ‘quality building stage’ for dimension 3 (*student support for and involvement in SL*), dimension 1 (*philosophy and mission of SL*) and dimension 5, *institutional support for SL*. However, the findings also suggest that the respondents are of the opinion that UWC was not fully compliant in terms of the two national policy documents

regulating SL institutionalisation: the Criteria for Institutional Audits (HEQC 2004a) and the Good Practice Guide and Self-evaluation Instruments for the Management of the Quality of Service-Learning (HEQC 2006b:21–24). Therefore, the next step was to benchmark the major findings against the evaluative stages of the core functions of HEIs below (HEQC 2006b:9).

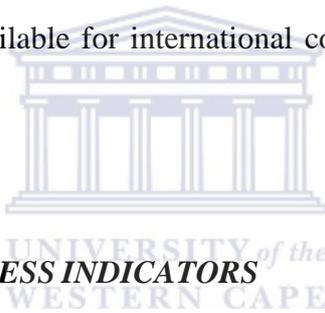
5.4.1 INSTITUTIONAL INPUT INDICATORS

The institutional input indicators consist of five indicators and 17 sub-items regarding quality criteria. Indicator 1 states that “the institution’s mission, purpose and goals with regard to service-learning are indicative of its responsiveness to the local, national and international context” (HEQC 2006b:21). The findings indicate that UWC was fully complying with indicator 1 of the ‘institutional input’ indicators for the development of SL in that the mission statement and values of UWC reflected contextual responsiveness ranging from local to international communities (UWC 2009:4). UWC was partially compliant in terms of indicator 2 with regard to its commitment to SL as reflected in “policies, procedures and strategic planning” (HEQC 2006b:22) as evidenced in its commitment to SL and attempts to integrate SL in other UWC policies. However, criteria 2.3 and 2.4 require institutional attention in that strategic plans need to be converted into “clearly defined procedures, time frames, reporting and communication arrangements and effective mechanisms for managing the quality of SL” (HEQC 2008:19; HEQC 2006b:22).

With regard to indicator 3, which refers to institutional leadership, management and organisational structures, the conclusion is that UWC has ‘pockets of excellence’ as was alluded to earlier (see HEQC 2008). The scale of the accountability structures for SL is not ‘campus-wide’ as specified. Criterion 3.3 should be strengthened so that “institution-wide

structures take responsibility for the planning, implementation and review of service-learning” (HEQC 2006b:22).

The institution was also not compliant with regard to indicators 4 and 5 of the institutional input criteria for SL institutionalisation. Indicator 4 refers to “adequate resource allocation for delivering service-learning as part of the institution’s core functions” (HEQC 2006b:22). Indicator 5 requires that UWC should have designated structures and processes to establish regional collaborative partnerships, clear guidelines for partnership agreements with SL partners and national networking with HEIs engaged in SL (HEQC 2006b:22). However, cognisance is taken that these structures were present even if not yet campus-wide. For example, these structures are available for international collaboration but to a lesser degree for the other levels.



5.4.2 INSTITUTIONAL PROCESS INDICATORS

The institutional process has four indicators subdivided into 12 quality criteria. Indicator 6 deals with the effective management, facilitation and coordination of SL at institutional level. Reciprocity and effective coordination between UWC and the stakeholders were implied by the Furco responses. However, SL is not currently accommodated in UWC’s management information system as specified in criterion 6.2 (HEQC 2006b:23).

Indicator 7 refers to institutional support that should be adequate to support SL development and implementation. The findings reported insufficient institutional support for SL capacity building and SL implementation despite an awareness of the CE unit on campus. All four criteria of indicator 7 were identified as problematic, i.e. SL capacity-building activities, SL

development opportunities for staff, students and SL partners, and institutional recognition for excellence and innovation (HEQC 2006b:23).

However, the findings indicate that UWC has made progress in criterion 8.2 of indicator 8, which states that SL “is supported as a vehicle for academic transformation in the direction of more contextualized curricula and learning materials towards South Africa and Africa” (HEQC 2006b:23). However, close attention should be paid to criterion 8.1 in terms of providing sufficient, continuous support to “promote good practice in teaching and learning through the pedagogy of service-learning” and 8.3 regarding the role of community partner input and the use of appropriate assessment methods for SL (HEQC 2006b:23).

Indicator 9 deals with institutional support for SL-related research. Criteria 9.1 identifies staff members and postgraduate students in this regard, 9.2 focuses on the marketing of SL research findings, whilst 9.3 deals with the creation of collaborative research opportunities across disciplines, institutions and nationalities (HEQC 2006b:24). This indicator needs strengthening in terms of coordinating the calls for teaching and learning research projects across all faculties of the university.

5.4.3 INSTITUTIONAL OUTPUT AND IMPACT INDICATORS

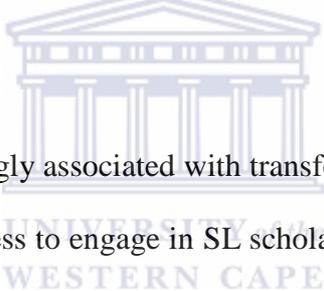
However, indicators 10 and 11 that deal with monitoring and evaluative mechanisms to measure the institutional output and effect of SL as well as the regular review of SL policy as a coordinated event were reported to be predominantly absent on campus. A plausible explanation is that these activities became focal points primarily during Stages 2 and 3 of the SL institutionalisation development process of HEIs.

The final conclusion regarding the developmental stage of SL institutionalisation at UWC is that the exploratory baseline survey was confined to one school in one of the faculties of the

university. Although the survey provided the necessary information for the intervention study, the findings cannot be generalised and construed to be the true status of SL institutionalisation at UWC at large.

5.5 SL SCHOLARSHIP STATUS IN THE SON

Scholars argue that the institutionalisation of SL is a prerequisite for promoting a scholarship of engagement in HEIs (Bringle & Hatcher 2000:274; Furco 2002:3, Shrader et al. 2008:29). Bender (2007:138), however, submits that academics' personal motivation is not foregrounded in the institutionalisation process. This section therefore discusses the findings related to SL institutionalisation at individual level.



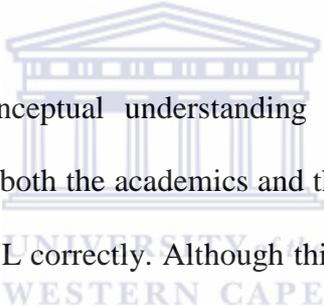
Since institutional change is strongly associated with transformational shifts that occur within individuals, individuals' willingness to engage in SL scholarship activities was explored. The assumption was that awareness of SL theory–practice gaps (Armenakis & Bedeian 1999) would be catalytic in propelling individuals to participate in the SL intervention research project.

The findings in Tables 4.9 regarding previous exposure to SL clearly depict an SL theory–practice gap in the SON. The vast majority of respondents (39; 81.3%) were unfamiliar with the national SL policy guidelines, were untrained in SL methodology (44; 91.7%), and had no SL discourse in their respective communities of practice (45; 93.8%). This finding is a concern for various reasons. The SON participated in the national CHESP initiative from 2003–2005 in that the Gender-Based Violence (GBV) SL module was developed as part of the Monitoring, Evaluation and Research Programme of CHESP; thus, contributing to the drafts of the HEQC's Policy Guidelines for CE and SL (Julie 2003; Julie et al. 2005:3; Julie

et al. 2007:52; Lazarus et al 2007:96). Another reason is that the CE unit at UWC has been conducting SL development programmes since 2005 and three academics from nursing participated in the first SL capacity development programme aimed at developing SL modules (Adonis 2005:4). However, it should be noted that the educational landscape in nursing had changed drastically due to a ministerial decision that UWC would be the only enrolling tertiary institution for undergraduate nursing in the Western Cape (UWC 2013). The school thus had to contend with major internal and external situational crises, like exploding student numbers and high staff turnover rates.

A surprise finding displayed in Table 4.10 was that only a third of the respondents requested theoretical information related to developing SL modules. This constituted a serious threat for institutionalising SL in the nursing programme, given that involvement in and support for SL by academics are cited as two of the strongest indicators for successful institutionalisation (Bender 2007:134; Furco 2002). The gravity of this situation was compounded by a lack of SL scholarship amongst the respondents as reflected in Table 4.9. These findings therefore confirm the need for change agents to determine the readiness of prospective collaborators first before embarking on any organisational changes as was anticipated to institutionalise SL in the SON (Herold et al 2008). However, when the training needs and willingness to participate in SL capacity development were combined, the overall willingness was more promising because (26; 54.2%) of the respondents indicated willingness to attend SL training. The findings also revealed that the majority of the participants (39; 81.3%) were not conversant with the institutional SL policy statements reflected in the IOP. The clinical supervisors were more willing than the academics to broaden their SL knowledge. These differences could be ascribed to the perception that SL is concerned with service delivery and therefore assumed to be the primary responsibility of the clinical supervisors.

The low proportion of academics indicating willingness to attend SL training is a concern if we concede that “curricular community engagement” is a scholarly endeavour that “moves beyond the service experience” (Bender 2007:128). Since the development of SL modules in the SON would rest primarily with the academics, it was necessary to turn around the negative dispositions towards SL. Organisation change researchers (Lamm & Gordon 2010:434; Wright & Pandey 2009:77) advocate psychological empowerment activities aimed at shaping ownership-taking behaviour for the change. This stance is reiterated by Bender (2007:138) for the institutionalisation of SL. The researcher thus had to use strategies that would ensure that the ‘buy-in’ from the individuals would be authentic (HEQC 2006a:138) to counter the natural tendency to resist change (Oreg 2003).



The findings related to the conceptual understanding of SL revealed that conceptual confusion was prevalent amongst both the academics and the clinical supervisors in the SON because only 8.3% could define SL correctly. Although this finding reflects a national trend, as stated by Bender (2008b:8), it is imperative that the school develop an operational definition of SL so as to differentiate SL from other types of community engagement curricular activities because conceptual clarity is critical to SL institutionalisation (Bender 2007:137). These findings underscore the importance of Lazarus’ (2007:99) remark “that if higher education takes its reconstruction and development role seriously, its leaders will need to promote, support and reward scholarship of CE”. Therefore, the researcher attempted to create alignment between UWC’s stated SL policy and the nursing programme requirements during the development of the SL implementation framework.

5.6 SON'S READINESS FOR SL INSTITUTIONALISATION

The cross-sectional survey investigated the challenges associated with the implementation of the HEQC's SL guidelines in the undergraduate nursing programme at UWC. The survey determined whether the necessary critical success factors for SL institutionalisation in academic programmes were reflected or embedded in UWC's policy documents and structures in order to provide the SON with the necessary institutional support to institutionalise SL pedagogy in the undergraduate nursing programme.

The conclusion was that, in terms of SL institutionalisation readiness at organisational level, the institution had created an enabling environment for SL institutionalisation in the SON. However, the implementation of SL pedagogy in the undergraduate nursing programme was dependent on the readiness of the staff to collaborate on the study. The survey findings revealed that the respondents were not ready for SL institutionalisation because of a lack of SL scholarship and willingness to remediate the self-identified theory–practice gaps as reflected in Tables 4.9, 4.10 and 4.11.

5.7 SETTING GOALS

This second-last operational step of the problem analysis and project planning phase (Rothman & Thomas 1994:11) contributed to the descriptive theory for the intervention plan described below.

1. The overall Furco responses indicates that UWC has created an enabling environment for SL institutionalisation. The implication for the study was that the researcher could join and contribute to the existing institutional SL discourse instead of having to initiate such a discourse.

2. The Furco staging indicated that the university was operating predominantly at Stage 1; hence, the institutional focus was primarily on building a critical mass of SL scholars on UWC campus. There was also evidence that UWC had taken cognisance of the quality issues related to SL endeavours, especially in the areas of student support, institutional support and the philosophy and mission of SL. The implication was that the researcher could tap into the available institutional resources via the CEU for building SL capacity in the SON.
3. The findings indicated a huge gap in SL scholarship among the respondents at the time of data collection (2011). The implication for the study was that the researcher had to incorporate SL training in the intervention plan. The topics had to include the HEQC'S best practice guidelines on how to institutionalise SL in higher education programmes as well as the institution's CE/SL policy documentation.
4. The findings also indicated that academics and clinical supervisors were not willing to participate in the intervention plan to embed SL pedagogy in their own teaching practices. The intervention plan thus had to use democratic leadership strategies to facilitate engagement.
5. The prevalent conceptual confusion was identified as a major concern because SL institutionalisation hinges on a shared understanding of SL (Julie 2014). The intervention plan therefore had to construct an SL definition for the SON in order to provide guidelines to the academics in terms of the scope and emphasis of curricular SL activities.
6. The following indicators were identified as evidence of the institutionalisation of SL in the SON:
 - SL module development in the undergraduate nursing curriculum;

- development of a contextualised definition of SL for the school;
- SL capacity-building strategy; and
- development of SL scholarship among staff and students.

5.8 FEASIBILITY OF THE INTERVENTION PLAN

This operational step of Phase 1 (Rothman & Thomas 1994:11) corresponds with the partnership-building phase of designing an SL module (HEOC 2006b:95–103). The design participants in this study referred to the academic partners. The intention was to enlist collaborators who would be willing to align modules linked with a community-based clinical component to SL pedagogical principles. The initial intervention plan identified the third- and fourth-year-level teaching teams as potential collaborators because curricular community activities were already embedded in the Community and Psychiatric Nursing modules. Unfortunately, the third-year-level Community Nursing module had to be dropped because of internal changes in delivering the undergraduate programme.

Collaboration is defined as:

A synergistic process involving interactions between individuals with various roles, working to create shared understandings in order to provide a cohesive outcome. These interactions are guided and influenced by formal and informal processes, and rely on input from personal and discipline or professional perspectives, together with individual capabilities (Smith-Tolken 2010:29).

The rationale was that collaboration on the intervention study would thus provide academics and clinical supervisors with an opportunity to remediate the conceptual confusion that was identified amongst the sample. Since students were already doing community-based projects

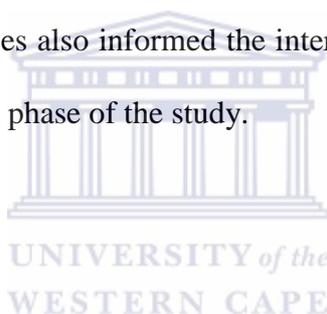
as a module requirement, these modules were naturally positioned to make the transition to SL pedagogy.

This window of opportunity was created because the school was “in the process of revising [the undergraduate] curriculum and this graduate attributes we [have] to build into our module guides already this year” (FGD). The opportunity could thus be optimised to distinguish between SL as an experiential pedagogy and SL as community engagement. This study subscribed to the distinction that SL as CE combines the academic curriculum of the discipline and the student with service in a community. The researcher agrees with Petersen and Osman (2013:6) that SL as a genre of experiential learning “asks students to learn through and from their service experiences in working with community members”. The final conclusion of the findings was that the gatekeepers of the 4th year undergraduate curriculum overtly expressed that the collaboration of the fourth-year teaching team was dependent on management creating an enabling environment (Table 4.12). The expressed needs were for human resources to coordinate the SL mapping for the undergraduate programme, reducing the academic–student ratio by allocating another academic staff member to the team, and providing the space for academics to complete their personal studies.

The final outcome of determining the feasibility of the study was that the team felt coerced to collaborate on piloting the SL module as noted in the communication to the Teaching and Learning Committee of the school (Annexure 13: Motivation for the discontinuation of SL GBV module in 2013). This unfavourable disposition towards SL can be explained in terms of the dominant customs and values and the readiness of the academic partners to participate in the proposed intervention plan.

5.9 INFORMATION GATHERING AND SYNTHESIS: PHASE 2

The empirical findings of this phase, in conjunction with those of Phase 1, provided the foundational information needed for the subsequent design phase of the study (Rothman & Thomas 1994). The literature review identified by Rothman and Thomas (1994) as the first operational step for this phase was integrated in the discussion of the findings. The literature review was used as theoretical triangulation to interpret the findings critically in terms of its relevance for the design phase of the study (Burns & Grove 2004:225). Hence, the central story line derived from the semi-structured interviews conducted with 12 SL experts at South African HEIs in 2011, informed the prescriptive elements of the intervention plan (see sections 4.3.8 and 4.4.) for the development of the SL implementation framework. The findings of the previous two phases also informed the intervention theory for the study. This is discussed next under the design phase of the study.



5.10 DESIGN: PHASE 3

In the previous section, the researcher argued that the development of the SL implementation framework was linked to the notions of SL institutionalisation, readiness and change management. Although research on SL institutionalisation has proliferated internationally and lately also in South Africa, the researcher agrees with Bender (2007:138) that academics' personal motivation is downplayed in the institutionalisation process. The researcher therefore links personal motivation with readiness for SL institutionalisation. Hence, the study used a two-pronged approach to the development of the SL implementation framework. Readiness was investigated at organisational and individual level. At organisational level, the study investigated whether the institution (UWC) has created an enabling environment to institutionalise SL successfully in the SON (Furco 2002; HEQC 2006b:25–46). The factors

that were associated with readiness at organisational level were those cited as critical success factors for SL institutionalisation (Furco 2002:3) or better known as ‘SL good practice indicators’ in South African terminology (HEQC 2001:25–46).

The researcher further argues that successful SL institutionalisation is dependent on the readiness of individuals in the SON to participate in this organisational change process. In this study, individual readiness was measured as SL scholarship status and willingness to participate in SL-capacitating activities. The readiness of the year-level teams was also determined during the feasibility operational step for Phase 1. Hence, the application of the organisational change principles (Armenakis & Bedeian 1999) is foregrounded in the intervention theory of the study (Burns & Grove 2004:320) for the different phases of the D&D model (Rothman & Thomas 1994).



5.11 EARLY INTERVENTIONS AND PILOTING: PHASE 4

A discussion of the design of the SL module, piloting of the SL pedagogical model and preparing for SL implementation follows.

5.11.1 DESIGN OF THE SL MODULE

During the design of the SL module guide, the two academics who developed the SL module guide in 2012 have taken into account the different learning styles of students. This was accommodated in the teaching strategies by combining the dominant case-based method with SL pedagogy and the diverse reflection strategies. In this regard, educators are advised to pay special attention to how they structure the reflection activities by paying “careful consideration to the envisaged outcomes of the reflection activity and then provide deliberate and structured questions, directions, guidelines and encouragement. This will challenge

students towards deeper thought processes and more rigorous intellectual inquiry” (Naudé 2007:120). The journaling took the form of reflective blog posts on the electronic platform and e-teaching in accordance with UWC’s teaching and learning strategy. Scholars are advocating that academics should provide the necessary guidance that will enable students to integrate the theory and practice optimally into the reflection process (Ash, Clayton & Atkinson 2005; Naudé 2007). Therefore, the weekly programme used a blended approach because face-to-face contact time with the lecturers was alternated with e-weeks (see Annexure 8.1: weekly programme coded and Annexure 8: GBV SL module guide, section 11). These e-weeks were structured in order to outline clearly the relevant theoretical component, the application of the theory in the clinical setting and the SL project. The reflective blogging allowed for both individual and group reflections (see Annexure 8.1: weekly programme coded). This was informed by the findings reported by Naudé (2007:258) that “combining individual reflection with interactive group reflection proves to be a more effective educational practice” because greater development in the students was reported. However, the study reported that individual reflective activities alone were not effective enough to result in significant change in the students (Naudé 2007:258) In addition to the above; the SL module guide was also designed to allow for multiple formative assessments to guide students towards higher-order analytical skills (Ash et al. 2005). Therefore the module designed allowed for two hours guided reflective sessions in small group under by the clinical supervisors (see Annexure 8.2: Time table gender-based violence module 2012).

In summary, it can be concluded that the SL module was designed so that the SL activities were embedded in specific learning of the GBV module descriptor with the aim of enhancing proficiency in academic, personal, professional and social responsiveness domains.

5.11.2 PILOTING OF THE SL PEDAGOGICAL MODEL

The intervention, piloting the SL model, was positioned in the emergent approach to organisational change, because it accentuated institutional collaboration (e-technology), teamwork (team teaching), shared responsibility (partnerships) and SL capacitating (SL workshops). However, the findings of Phases 1–3, confirmed that tensions between the espoused theory and the theories in practice influenced the implementation of SL pedagogy at programme level (Choi & Ruona 2011:62). The individuals' mind maps regarding SL pedagogy differed from the organisation's espoused theory as established in Phase 1. However, convergence of diverse theories in use was facilitated through the SL workshops that were conducted with the SL teaching team. The implementation of the GBV module was thus aimed at initiating a new organisational practice, embedding SL pedagogy in undergraduate modules. The researcher therefore used organisational learning (SL workshops) as a management strategy to bring closer alignment between UWC's particular institutional vision and mission regarding SL and the SL practice of the school (UWC 2009:35–36). The university advocates SL as a teaching methodology that embraces the “transformational potential of knowledge that emerges from this engagement” (UWC 2009:6). This framing resonates with the tenets of the emergent approach to organisational change, namely “change readiness and facilitating change” (Todnem By 2005:375). Organisational change was considered as the process of implementing SL pedagogy in the undergraduate nursing programme (Frantz et al. 2013:51; UWC 2009:35). The emergent approach also advocates that the change process be driven from the bottom up instead of from the top down (Todnem By 2005:374). The evaluation of the draft SL model consequently focused on issues of “change readiness and facilitating change” as advocated by Todnem By (2005:375) of the academics and students who were involved in piloting of the SL GBV module.

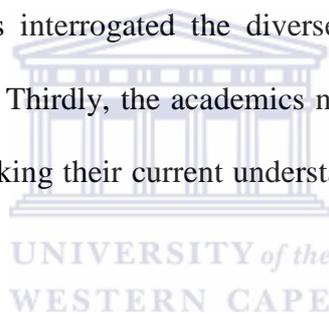
5.11.3 PREPARING FOR SL IMPLEMENTATION: CONCEPTUALISATION OF SL

It thus became imperative that the SON ensured that the SL theories in use in the school were aligned with those expressed in the institutional operating plan of the HEI. A logical point of departure was to develop a common SL language for the SON that was based on a shared understanding of the various concepts commonly used in SL discourse. There was confusion in the understanding of SL in the SON, which affected piloting the SL pedagogy in the fourth-year-level GBV module. Findings from the baseline survey conducted during Phase 1 of the research in 2011 (Julie & Adejumo 2014), and the comment in the IOP that “community support has been confused with community engagement” (UWC 2009:5), suggested that conceptual confusion was also prevalent in the wider campus. A common understanding of SL became an imperative for the school. Proponents of SL in South Africa (Bender 2008a; Hall 2010; Smith-Tolken 2010) indicate that a corporate definition of SL is a pre-requisite for mainstreaming service-learning in HEIs. Hall (2010:24) asserts that a “Lack of progress in implementing community engagement relates to a lack of conceptual clarity, and reflects a need for a better theorised understanding of community engagement”.

The research question consequently explored the main concepts that should be included in the definition of SL for the SON. The premise was that the development of a shared understanding of service-learning was influenced by the espoused theory and theories in practice of the diverse group of academics. The researcher thus operated from the basis that exploring and challenging the underlying theoretical frameworks of the academics would assist in facilitating the changes required for the buy-in and implementation of the SL pedagogy. This insight resonates with the tenets of the emergent approach to organisational change because the organisation, in this study, the SON, focused on issues of “change

readiness and facilitating change” (Todnem By 2005:375) of the academics who would be centrally involved in the implementation of the new pedagogy (SL). The emergent approach also advocates that the change process be driven from the bottom up instead of from the top down (Todnem By 2005:374).

The introductory step of the NGT was augmented with a didactic presentation by the researcher for specific reasons. Firstly, it had to address the service-learning practice gap identified (Tables 4.10, 4.11 & 4.12); thus, circumventing “collective ignorance” (Jones & Hunter 1995:378) during the NGT. Secondly, it had to facilitate SL meaning making for the academics of the school because meaning making is associated with behavioural support for change (Lamm & Gordon 2010:426). Meaning making was facilitated during the ensuing discussion when the participants interrogated the diverse understandings of the concepts commonly used in SL discourse. Thirdly, the academics needed to develop an awareness of the need to change, by benchmarking their current understanding of SL with the national SL practice standards.



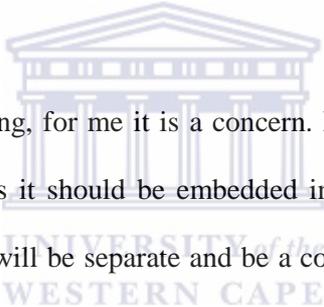
Since it is acknowledged that academics play a pivotal role in change processes (Wright & Pandey 2010:75), the researcher has taken into account the organisational context of the nursing programme in which the SL pedagogy was to be implemented (Julie et al. 2005; Julie et al. 2007; Julie & Adejumo 2014). The researcher therefore established a common theoretical basis that would enable the academics to participate in the NGT from a scholarly perspective. Hence, the didactic input provided a synoptic overview of the service-learning policy, best practice guidelines, the pedagogical principles and the audit criteria for service-learning (HEQC 2006a).

All the participants were given an equal opportunity to contribute to the master concept list (O’Neil & Jackson 1983:131). This step was also linked to the notion of ‘principal support’ (Armenakis & Bedeian 1999:302) because the academics, as leaders of their respective

communities of practice in the school, were recruited to champion the organisational change process related to the implementation of SL pedagogy in the SON.

Clarification was aimed at the individual and group levels. For the group to arrive at the same understanding of every concept on the master list, it was necessary to interrogate ambiguity and misconceptions. However, this corporate understanding was dependent on the individuals' clarification of their personal understanding of the concepts they identified during the silent generation step of the NGT.

The following extract illustrates the importance of framing issues of meaning making in “legitimate and familiar designs” (Dacin, Goodstein & Scott 2002:47). The framing in the familiar design enabled academics to voice their confusion about the relatedness of credit bearing and SL embeddedness.



The issue of the credit bearing, for me it is a concern. How do you make SL credit bearing because my understanding is it should be embedded in the curriculum? So, it being credit bearing seems to say that it will be separate and be a course ... embedding is very important because you cannot separate, especially in our discipline, theory and practice. If you want to educate your graduate applicants, the first thing would be that they must be able to understand the theory and then they must be able to apply it practically. So, hence, SL should be embedded. What percentage for the practice and how much is for the theory? (Academic 1).

The above anecdote illustrates the curricular issues that academics grapple with in terms of theory-practice integration and the weighting of the clinical versus the theoretical component. The assumption being that this self-awareness would logically propel the academics to the issue of self-efficacy. In other words, the expectation was that academics would engage in some introspection in terms of whether they had the capabilities to implement SL as a

teaching methodology successfully as individuals but also in their communities of practice (Armenakis & Bedeian 1999:302).

Academics could thus interrogate the diverse understandings of the concepts commonly used in community engagement and SL discourse (Bender 2008b). This insight, derived from a shared understanding of concepts, enabled the academics to condense the original 48 concepts on the master list into seven thematic concepts (see Table 4.22). The emergent conceptual understanding was, however, continuously benchmarked against the scholarly understanding reflected by the SAHECEF (Bender & Carvalho-Malekane 2012). The process also enabled the researcher to diagnose any discrepancies between the espoused SL theory and theories in practice, thus establishing the appropriateness of the concept pool for the SL definition (Armenakis & Bedeian 1999:302). The process that was employed to modify underlying theoretical roots expressed by the academics that was conflicting with SL theory is relevant. Extracts of academics' SL theory in practice is used to illustrate how these academics' tacit pedagogical knowledge were mirrored back to them as their SL mental models.

What we do in Community Health Nursing: our students are taken to community projects [where] they do community development, participation ... [they do] primary health care theoretically and then they must go into the communities, into their various projects and actually go apply the theory. What we do at the end of their placement, they must do a presentation so that we can see did they actually apply what has been taught in class, [and] did they actually apply it in the community projects. That is how we did it, so ours was embedded; the guideline says specifically to have an embedding component (Academic 2).

The above extract illustrates that an individual's readiness for change is connected to that person's mental models, which operate as "knowledge development drivers and filters" (Blackman & Henderson 2005:54). These authors further assert that institutionalised

experience and shared assumptions are foundational requirements for organisational change (Blackman & Henderson 2005:42). Therefore, these individually constructed mental models, reflecting the underlying theories in practice of the academics, need to be transformed to a shared understanding of the larger vision of an engaged university (UWC 2009:35). However, care was taken to use empowering strategies that build on existing strengths of the theories in practice

To embed SL because it is in fact what you are doing. You now just [need to] put it into a theoretical framework and place some of the quality assurance aspects into it (Community Engagement Unit 1)

There was thus evidence of critical reflection because participants were challenged to benchmark their current practice against national SL standards (HEQC 2006b) because legitimacy of change is associated with constitutive rules or guidelines (Dacin et al. 2002:48). The researcher tried to avoid the ceremonial integration of the SL teaching methodology in the SON (Lamm & Gordon 2010:428) by comparing the status quo of SL with the definitive characteristics of SL pedagogy.

To come in line with what I have given you in terms of the criteria, although we do all this brilliant work, with regard to those criteria, can we call it service-learning? The challenge, and what brings us here, is how do **we** define **service-learning**, not just community engagement or community projects, but SL per se ... and align it to those prerequisites of reflection, equity, partnerships [etc.] ... In other words, it [service-learning] emphasises that the academic credit is based not only **on community service per se but on the academic learning that occurs as a result of the community service**. Therefore, the purpose is to promote and develop social responsiveness amongst our students ... [in fulfilment of] the role of higher education in social and economic development through the community programmes (Researcher).

The researcher thus reiterated that SL fits in with the HEI mission of teaching and learning (UWC 2009:28). Organisational change agents should also take note that successful organisational change is dependent on organisational learning that “emphasises individuals’ meaning making within and through the context of the innovation” (Butin 2003:1680).

The following extract illustrates the importance of framing issues of meaning making in “legitimate and familiar designs” (Dacin et al. 2002:47). The framing in the familiar design enabled academics to voice their confusion about the relatedness of credit bearing and SL embeddedness.

The issue of the credit bearing, for me it is a concern. How do you make SL credit-bearing because my understanding is it should be embedded in the curriculum? So, it being credit-bearing seems to say that it will be separate and be a course ... embedding is very important because you cannot separate, especially in our discipline, theory and practice. If you want to educate your graduate applicants, the first thing would be that they must be able to understand the theory and then they must be able to apply it practically. So, hence, SL should be embedded. What percentage for the practice and how much is for the theory? (Academic 1).

The assumption is that this self-awareness will logically propel the academics to the issue of self-efficacy. In other words, the expectation was that academics would engage in some introspection in terms of whether they had the capabilities to implement SL as a teaching methodology successfully as individuals but also in their communities of practice (Armenakis & Bedeian 1999:302).

5.11.4 CONCEPTUAL FRAMEWORK FOR THE SL DEFINITION

After the current practices and understanding of SL as a particular form of community engagement had been explored, the next step was to develop an SL definition for the nursing school. The intention was to consolidate the shared mental models developed during the

didactic session by engaging the nursing academics in this vision-building exercise for the school.

The conceptual framework in Figure 5.1 was developed based on the ranking of importance as reflected in Table 4.21.



Figure 5.1: Service-learning conceptual framework (Julie 2014)

Equal tri-partnership was regarded as foundational and the all-encompassing element for SL curricular community engagement activities. Hence, community engagement should be conducted in a partnership framework that is characterised by mutual respect, equity and equality (Julie 2014). The community development and reflective practitioners shared the second-highest score. The primary reason for the SON to be engaging with the community is to develop reflective nursing practitioners who contribute to social transformation agenda of higher education, indicated as community development (Julie 2014). However, inculcating in students the graduate attributes of being civic-minded, reflective practitioners entails that the school frame SL as a “potentially transformative critical pedagogy” (Petersen & Osman 2013:9) which debates the root causes of the community development needs. This type of clinical training is only possible if both the students and the teachers share the values underpinning such a critical pedagogy according to Petersen & Osman (2013).

The conceptual framework can therefore be summarised as follows. The success of SL is dependent on all stakeholders embracing these shared values. A reflective orientation with

the necessary accompanying paradigmatic shifts should be embedded in teaching and learning strategies that reflect the university's ethos of community engagement (UWC 2009). The community development focus is linked to the matching of the identified community health needs with the learning outcomes of the teaching programme. All the above SL-related processes are encapsulated by authentic SL partnerships consisting of the community, service providers and the university (Daniels & Adonis 2003).

Consequently, the SL definition for the SON in Text box 4 below was formulated in collaboration with the moderator.

Text box 4: Service-Learning definition for the School of Nursing

SERVICE-LEARNING DEFINITION FOR SCHOOL OF NURSING

Service-learning is defined as a type of community engagement and regarded as a teaching and learning process, which aims to develop reflective nursing practitioners who address community development needs within an equal partnership between the university, community and service providers who share the same values.

This conceptual framework reflects a political perspective of SL, according to Butin (2003:1680) because it has a strong community and participatory focus. It has transformational potential because it addresses the power differentials through equal tri-partnerships and shows that the community should be the primary beneficiary of the SL programme in the SON (Butin 2003:1681; Erasmus 2009:23). The technical and cultural perspectives, which focus primarily on programme implementation issues and on how students learn to engage with 'different others', were not foregrounded in the above framework according to the master concept list (Table 4.24).

5.11.5 SUMMARY

One of the objectives of the research reported on in this chapter was to develop a definition of service-learning for a school of nursing. This aim was achieved through application of the NGT process with academics and representatives from the community engagement unit. The nursing academics were willing to examine their individual theories in practice with the intention of developing congruence with the nursing school's espoused service-learning theory. This diverse group of nursing academics participated in a consensus-building exercise that culminated in a definition of SL. The shared understanding of community engagement and service-learning that evolved reflected that the participants propagated a political perspective of SL for the nursing school.

5.12 FACTORS INFLUENCING THE INTERVENTION

The environmental and the intervener characteristics had special relevance for this study because the intervention plan was designed as a collaborative research project.

5.12.1 ENVIRONMENTAL FACTORS

The positive environmental factor at institutional level was that UWC regarded CE and SL as integral to institution's ethos (UWC 2009). The major constraining environmental factor was that the SON was not ready to implement SL pedagogy. Reasons identified in the survey and validated by the Review Report included:

- the level of scholarship associated with doctoral qualifications;
- the high turnover rate due to the contract policy of UWC;
- the heavy workload and the dominancy of the case-based teaching methodology (UWC 2013).

The most profound external environmental factor was that SL pedagogy and institutionalisation were mandated by the HEQC and tools have been developed to support academics to implement SL pedagogy in higher education academic programmes (HEQC 2004a; HEQC 2006a; HEQC 2006b).

5.12.2 INTERVENER CHARACTERISTICS

Positive intervener characteristics were that the academics who were teaching the GBV module, the drivers of the SL pilot module, had an established track record as SL champions (Julie 2006; Julie 2007; Julie et al. 2005; Julie & Bartholomeus 2010).

Some of the clinical supervisors who were studying towards their master's degrees in Nursing Education were appreciative of the potential of SL pedagogy for both under- and postgraduate nursing programmes and expressed the need to build sustainable community partnerships (FGD).

The study received institutional support in the form of the mentoring and support during the SL module development, development of SL definition for SON, presenting a seminar on community entry for students and the SL teaching team, providing financial assistance to visit the different HEIs to conduct the SL expert interviews and sponsored the first cohort of 10 academics and one clinical supervisor to complete the accredited short course on CE and SL.

5.12.3 CHALLENGES RELATED TO THE IMPLEMENTATION READINESS

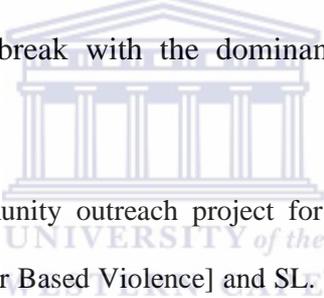
The findings of Petersen (2011:34) regarding “meaning-making” of students’ SL experiences indicated that students adopted a technician approach to service delivery, tended to pathologise the community as the ‘other’ and that the personal and professional development was only transitory. The relevance to this study is that academics need to be primed that SL institutionalisation is a process that is marked with resistance, unreal expectations and misunderstanding among the different role-players. Some of the resistance experienced

during the study can also be attributed to the refusal to change the dominant customs and values of the fourth-year curriculum.

5.12.4 INFLUENCE OF THE DOMINANT CURRICULAR CUSTOMS AND VALUES

5.12.4.1 Readiness of the academics

The expectation was that the academics, as the gatekeepers, would facilitate the integration of SL as individuals but also in the communities of practice of the fourth-year undergraduate curriculum. The excerpts below from a letter tabled at the school's teaching and learning committee after the SL module had been piloted reflect that the academics have not shifted from the position taken during the FGD, which was held prior to piloting the SL module. The academics were not willing to break with the dominant customs and values that were operational at that stage.



In the pilot year the community outreach project for Psychiatric Nursing NRS 412 was integrated with GBV [Gender Based Violence] and SL. This was time consuming as students were allocated one of their clinical days to work on the project. In order to facilitate the attainment of the outcomes of NRS 412 and the clinical requirements of the programme we question the feasibility of combining the outreach project with GBV (Annexure 13: Motivation for the discontinuation of SL GBV module 2013).

The letter also clearly stated that these academics wished to maintain the status quo and was not willing to embed SL in the practical fourth-year modules: “We do not wish to create additional stressors by introducing a new teaching methodology to the students and staff... therefore we will continue with the community outreach project as has been done in the past” (Annexure 13: Motivation for the discontinuation of SL GBV module 2013).

This refusal was also linked to the capabilities of academics to implement SL pedagogy successfully. “The three teachers who will be teaching GBV during 2013 have no training in SL methodology and the recommendation is that the module be taught in the Son [School of Nursing] methodology, case based teaching” (Annexure 13: Motivation for the discontinuation of SL GBV module 2013).

The resistance to shifting the status quo in terms of the dominant teaching pedagogy was also demonstrated by the non-compliance to complete the weekly assessments of the students’ blog posting. Most of the SL teaching team did not submit the formative mark for the weekly reflection scoring related to the students’ ability to integrate or synthesise concepts and principles, engage in critical thinking, apply theory to personal/professional development, the standard of academic writing, and timeliness of blog postings as specified under the section 13.1: Assessment tool for blog postings in the GBV SL module guide, section 4.4.2.3 Assessment of SL in the GBV module. As a result, the co-lecturer of the SL GBV module assessed reflection at the completion of the SL module using a different tool (Boltman & Julie 2014).

5.12.4.2 Readiness of the students

One of the quality criteria for SL modules specifies that students be adequately prepared prior to and during the SL curricular activities. Regardless of the steps that had been taken to facilitate the SL process in the module design and the weekly feedback sessions by the teaching team, some students were still grappling to make the transition. Excerpts from a grievance letter from a specific student group with 36 signatures illustrate the challenges that some students experienced during the initial three weeks of the SL module.

The grievance letter summarised the module outcomes, blogging and the outreach project as major concerns. The letter was requesting the module designer to “clearly define outcomes related to each topic within the theoretical and practical (outreach project) component to

enable academic excellence” (Annexure 11: Grievance letter). The request to provide structure and continuity in the form of “lecture notes” as well as self-study topics as a suitably “prescribed text book” is unavailable (Annexure 11: Grievance letter), is indicative of the difficulty that students were experiencing to break with the familiar *modus operandi*. This request also reflects the difficulty students had in making the transition to becoming independent, critical thinkers during the final year of the programme despite statements in the module guide to this effect. The findings in Tables 4.17 and 4.18 confirm students’ dependency on guidance from nursing educators. The students identified the contact details of the facilitation team, assessment tools and weekly learning activities as the most useful in terms of linking the SL module outcomes with the service activity. Students also rated the following resources or strategies most helpful for facilitating deep learning, namely the module guide, lecturer, clinical supervisor, SL partners and previous exposure to community work, according to Table 4.19, but not blogging, which was not listed. The academics’ response to the grievance letter provided the rationale as:

In terms of advancements in teaching and learning and fostering professional growth and development, it is preferable that there is no prescribed textbook; rather, the latest literature becomes the reading material for the module. As the module guide consistently states (page 7,9), learners are expected to be self-directed, and part of this is accessing your own information. Even then just to further accommodate you, web links and articles, as well as lectures, were provided on the e-teaching website (Annexure 12: Response to grievance letter).

The value and the comparison of blogging with traditional journaling are summarised by Boltman and Julie (2014) in an article entitled “Evaluating blogging as a reflective strategy in a service learning module for undergraduate nursing students. Blogging has the potential to be a transformational technology for both educator and learner. It is further claimed that

blogging is a useful practice for the development of higher-order learning skills, active, learner-centred pedagogy, authentic learning, associative thinking, and interactive learning communities (Muwanga-Zake, Parkes & Gregory 2010). The central pedagogic benefit of blogging for students is that it facilitates the process so that students become subject matter experts by drawing on the social constructivist educational theories of Vygotsky in that students become active constructors of knowledge (Ferdig & Trammell, 2004). Blogging thus differs from traditional journaling in this regard.

The purpose of traditional journals is to provide a space for learners to examine their own current and past practices and devise their own methods of adapting their behaviour to improve their experience of the learning activity. Journaling also provides a chronological, qualitatively detailed log of the development of learning over a period of time (Hall & Davison 2007). Journaling as an academic activity focused on the reflective process being an individualised, private activity, free of assessment constraints, in order to promote a space where students could feel free to document their progress. However, this leaves the responsibility of deeper learning with the student. Private journaling does not allow for formative assessment of the activity which could contribute to a feeling of isolation. Blogging on the other hand is a flexible teaching strategy which can potentially remedy the concerns raised about traditional journaling. It may be private and/or public as required and may be assessed, while at the same time students may utilise this method to document their own progress and comment on the progress of others; thus, decreasing isolation. However, pedagogically successful and valuable, blogs involve careful planning and consideration including making blogs mandatory and cultivating educationally sound perceptions of blogs among students. Section 4.5.2.4.2 gives a detailed description of how these concerns and principles referred to above were incorporated in the design of the SL GBV module, as

exemplar of an SL pedagogical model for the SON. Further support for using interactive group reflection was to develop skills needed for discourse deemed to be characteristic of an educated person (Waghid 2009).

The academics' response to the grievance letter (2012) regarding students' request to discard the use of blogging in the SL module also alluded to the points mentioned earlier (see section 5.1.3.2: Readiness of the students).

With regards [sic] to individual blogging: Due to previous experience with group work we have discovered that individual members may or may not contribute to the group. Individual blogging was then decided on as the tool to trace each member's contribution in a transparent manner, every week. The content of the individual post should be the individual group members' contribution to the overall group postings for the week. This is so that, once all the individual members [sic] contributions (in the form of individual posts) are put together, then groups postings for the weeks can be done from there (Annexure 12: Response to grievance letter).

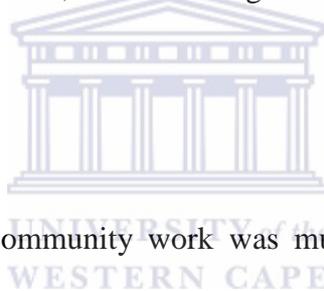
The above approach is reflective of the practical inquiry model of knowledge construction which postulates that "higher-order critical thinking outcomes is best embedded in a community of inquiry" (Mthembu & Mtshali 2013:2). The link to the critical thinking outcomes was also illuminated for the students by the academics stating that the "reason behind the specific word limits for the group posting was to make you analyse and synthesise information into an academic format [because] it requires a high level of intellectual capacity to summarise critical information" (Annexure 12: Response to grievance letter). The phrase "put together" in the previous quote also implies that students would only have been able to

formulate a group posting after they had gone through a negotiation process that culminated in the synthesis of the data received from the other group members.

In other words, blogging provides an opportunity in cyber space for collaborative learning that would potentially lead students to deeper learning. The premise was that students would be willing to engage in the process of knowledge construction implicit to the group posting i.e. to “exchange their personal views, engage in dialogue and test their knowledge against the ideas of others, create and co-create knowledge based on empirical evidence shared in the group process” (Mthembu & Mtshali 2013:6).

The following response by an academic indicates that transitional challenges experienced covertly by students can be anticipated and are often covertly expressed as complaints. “We would like to re-assure you that it is natural when confronted with deeper learning, to encounter feelings of uneasiness and inadequacy. However, now in order to truly develop, you need to utilise those feelings to motivate you to move to the next phase of learning” (Annexure 12). These transitional challenges were also captured in some of the responses to the open-ended question in the questionnaire on the design of the SL module (see sections 4.5.3.7 to 4.5.3.10 and Tables 4.20, 4.21, 4.22 and 4.23, respectively). It was thus important to acknowledge the feelings students were expressing; yet, they needed coaching to move them beyond the emotional impasse. The academics mirrored the students’ feelings and said that the “anxiety of the final year may lead [students] to project trauma on events”. Even though this insight was provided to link the students’ emotional responses, they were advised “that if [they were] experiencing undue trauma [due to the SL project] it may be helpful to make use of the free counselling services available on campus” (Annexure 12: Response to grievance letter 2012).

It can be concluded that the above experiences are classic examples that SL challenges the “dominant hegemonic practices of their disciplinary field” (Petersen & Osman 2013:12). The developers of the SL GBV module succinctly summarise that health professional education has been traditionally rooted in the technical–rational approach, which presents a model to students of solving well-defined problems with procedures (Boltman & Julie 2014). These authors also indicate that reflection has been presented as the solution to this educational issue, and therefore a growth of reflective curricula, e-teaching technologies, and other solutions have grown to fill this technical–rational approach in nursing. However, there is still a dearth of literature which assesses whether students actually do engage in reflection, and if so, how deep. Therefore, in the design of the SL module, reflection was evaluated using the constructs of habitual action, understanding and critical reflection as developed by Boltman (Boltman & Julie 2014).



The students agreed that their community work was mutually beneficial in terms of the learning the students experienced and the service the community received according to Table 4.17. This finding should, however, be interpreted in the light of earlier findings where students indicated that SL was more demanding than other modules in terms of time, cost and hard work.

5.13 SUMMARY OF THE FINDINGS

The findings indicate that, although the critical success factors for SL institutionalisation were embedded in the policy structures of UWC, challenges were reported in terms of readiness at individual and organisational levels. Therefore, these issues were taken into account in the formulation of the SL implementation framework for the SON. The final framework is presented in the next chapter.



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CHAPTER 6: SL IMPLEMENTATION FRAMEWORK, LIMITATIONS AND RECOMMENDATIONS

6.1 INTRODUCTION

This chapter concludes the study to develop an SL implementation framework for the undergraduate nursing programme for SON. The different objectives were achieved by employing multiple (mixed) methods during the first four phases of the D&D model (Rothman & Thomas 1994).

The first objective was achieved during the first phase of the study. This objective was to analyse the understanding or perceptions of the academics and clinical supervisors regarding the challenges experienced in the implementation of the HEQC's SL guidelines in the undergraduate nursing programme at UWC. The concerns and problems of the respondents were investigated using a structured questionnaire. The data so gained was subjected to descriptive statistical analysis and the findings were presented in Chapter 4. The feasibility of the intervention plan was explored with the third- and fourth-year-level teaching teams during FGDs. The outcome was that only one SL module, Gender-Based Violence (GBV), was designed and developed by the two academics responsible for teaching this module. However, the piloting of this SL GBV module was also extended to the psychiatric module because both modules were taught concurrently during the second semester to the final-year undergraduate nursing students in 2012. Hence, the SL teaching team for piloting the SL module included all the nurse educators allocated for this year level, namely three lecturers and six clinical supervisors, as well as the community partners and CEU of UWC.

The second objective of the study was to collate information on successful elements of existing models from publications and observation of practice examples in the institutionalisation of SL nationally and internationally. This objective was achieved in the second phase of the study. SL expert interviews were conducted at eight national HEIs and

the content analysis identified the functional elements of SL institutionalisation from these natural examples. The findings identified potential interventive approaches for the problems identified during this and the preceding phase. These two chapters thus culminated in the formulation of the intervention theory (Rothman & Thomas 1994:11), summarised in section 6.2.1.2 below.

The third objective was to design an intervention plan for applying the information needed to institutionalise SL in the undergraduate nursing programme of the SON at UWC. This objective was achieved in Phase 3 through the execution of various operational steps. The design of the initial intervention plan that provided the conceptual blueprint to develop the SL implementation framework is illustrated in Figure 6.1 under section 6.2 below. The design boundaries and design criteria provided the parameters for this intervention study by specifying the procedural elements. The participants and the selection of the setting were clearly specified for each operational step executed under the various phases of the study.

The design problems were also identified as well as the intervention requirements. The last operational step involved the design of an intervention plan and procedures aimed at informing the formulation of the SL implementation framework (Rothman & Thomas 1994:11). These outcomes were achieved during the SL partnership-building workshops, year-level meetings and personal communications prior to the implementation of the intervention plan.

The fourth objective was to develop a relevant construct of SL to facilitate shared conceptual understanding within the SON at UWC. A preliminary contextual SL definition was developed through the democratic, empowering process of the NGT with the support of the CE at UWC. The definition that was developed in 2012, section 6.2.4.3, is regarded as preliminary because the NGT participants from nursing have not been exposed to formal SL training at that stage due to logistical issues.

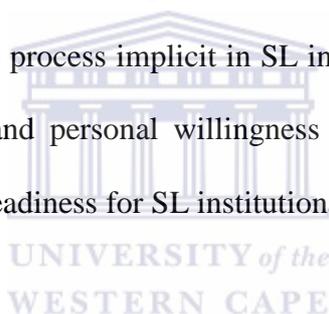
The fifth and last objective was to embed SL pedagogy in selected modules in the undergraduate nursing programme at the SON. This objective was also achieved in Phase 4 of the study, and required the execution of multiple operational steps to ensure that SL pedagogy was embedded in the curriculum through institutionalisation as indicated by SL scholars in Phase 2 and literature on developing SL in the curriculum. This entailed developing a prototype (operational SL pedagogical model), which was dependent on the preliminary intervention aimed at capacitating the potential SL collaborators. The intervention plan made provision for the nursing educators of the SON to complete an accredited course on SL with the purpose of facilitating the development of SL modules in the nursing curriculum. However, this intervention only materialised after the GBV module guide that was developed as a pedagogical prototype had been piloted in the second half of 2012. Hence, informal training was provided by the researcher to the GBV SL module participants and the NGT participants. The SL module guide was developed by the two academics listed on the module guide prior to presenting it for piloting with the fourth-year nursing students in collaboration with the fourth-year-level teaching team and the community partners. The design criteria for the different facets of the intervention plan were specified in Figure 4.2, to meet the requirements stipulated by Rothman and Thomas (1994:36–37). This involved assessing SL institutionalisation readiness, developing a contextual SL definition for the SON and an SL pedagogical model, designing a monitoring and evaluation mechanism for SL institutionalisation, and designing a strategy to develop SL capacity and scholarship in the school.

A description of the structure of the framework and the essential issues that informed the final framework are highlighted in the subsequent discussion. This is followed by the conclusions, recommendations and limitations of the study.

6.2 THE SL IMPLEMENTATION FRAMEWORK

A framework is a the logical grouping of related concepts or theories usually created to draw together several different aspects that are relevant to a complex situation, such as a practice setting or an educational programme (Chinn & Kramer 2004:60). The conceptual framework guided the development of the SL implementation framework for SON and therefore informed the principles thereof because true SL “cannot succeed without institutionalization” (Shrader, Saunders & Marullo 2008:29).

This conceptual framework links readiness for SL institutionalisation to theories of personal motivation and change management. Figure 1.1 illustrates that SL institutionalisation in the academic programme is dependent on the personal motivation of the nurse educators to support the organisational change process implicit in SL institutionalisation. This framework further regards SL scholarship and personal willingness to participate in SL capacitating activities as markers for change readiness for SL institutionalisation.



6.2.1 THE PRINCIPLES UNDERGIRDING THE SL IMPLEMENTATION FRAMEWORK

The development of the SL framework for SON was also informed by principles related to the theoretical framework, the change theory of Armenakis and Bedeian (1999), the methodological framework, the intervention design and development model of Rothman and Thomas (1994), and lastly, the critical success factors for SL institutionalisation propagated in the HEQC’s policies for SL (HEQC 2006b).

6.2.1.1 Organisational change theory

The change message should include a discrepancy that would convince the individual of the need to change (Armenakis & Bedeian 1999). The findings of Phase 1 and the NGT provided

convincing evidence that the status quo of SL in SON was less than ideal when measured against the national standard provided in the HEQC SL policies. Hence the following change management principles were employed in the study:

1. The individuals should believe that they have the capability to change successfully (self-efficacy). The nurse educators of SON were given the necessary assurance that they would be equipped to design and teach SL modules through training and mentoring.
2. The nurse educators had to be convinced that it is in their best interest to change (personal valence) by participating in the structured SL capacity-building activities to institutionalise SL in the undergraduate programme. This component posed a challenge for the duration of the study because competing personal and work-related priorities were given precedence.
3. The nurse educators' understanding that SL is a national imperative would provide the impetus for these educators to personally commit to support SL institutionalisation in the undergraduate nursing programme. Key opinion makers in the undergraduate and postgraduate nursing programmes made this shift during the nominal group process to develop an SL definition for SON, and the nurse educators who completed the accredited short course on SL and CE during the training period. It was feasible to include representatives from these structured programmes because most educators taught modules at both programme levels.
4. The SON had to be assured of sustained institutional support to institutionalise SL in the undergraduate curriculum. This principal support was provided directly by the DVC through financial support, the supportive mentoring role the CEU of UWC played in terms of equipping the students, community members and the nurse educators to become SL champions, and the management of SON.

5. The desired change is right for the focal organisation (appropriateness). The message that SL pedagogy is valued as an appropriate strategy to develop social responsiveness in the graduates of the nursing programme was reinforced during the international symposium on SL that was held in Stellenbosch in the Western Cape in November 2013. The 11 nurse educators who completed the accredited SL course were sponsored by the Centre of Excellence in Teaching and Learning (CENTALS) of SON.

6.2.1.2 Intervention theory

The key areas that were targeted for the development of the implementation framework in the nursing programme included activities related to:

1. working towards conceptual clarity and a common understanding of how SL is understood in the SON;
2. the design and piloting of an SL pedagogical model for the undergraduate nursing programme; and
3. creating an enabling environment for SL scholarship by formulating best practice guidelines to institutionalise SL in the undergraduate nursing programme.

The above were informed by the outcomes of Phases 1 and 2 of the design and the development intervention research model of Rothman and Thomas (1994).

6.2.1.3 SL institutionalisation

The following principles of SL institutionalisation (Furco 2002; HEQC 2006a) were employed during the design and early development phases of this study:

1. recruitment activities that were directed at key stakeholders (academics, clinical supervisors and community partners) to develop an implementation framework for SL (Bringle & Hatcher, 2000:2); and

2. SL capacitating activities designed with the view of sustaining the involvement of the nurse educators by marketing SL as engaged scholarship.

6.2.2 THE DETERMINING FACTORS FOR THE SL IMPLEMENTATION FRAMEWORK

The determining factors for the SL implementation framework were the intervention elements (change strategies) which were formulated to address the gaps that were identified by the core findings of Phases 1 and 2. These factors include the following:

1. correcting the prevalent theory–practice gap that emanated from the conceptual confusion regarding the differentiation of SL from other forms of CE curricular activities;
2. addressing the lack of knowledge related to the national SL policy guidelines by involving the academics and clinical supervisors in SL capacity building and scholarship;
3. developing an SL pedagogical model for the school by providing concrete implementation guidelines to embed SL pedagogy in undergraduate nursing modules that are amenable to SL; and
4. formulating SL institutionalisation criteria for the nursing programme of the school in accordance with the SL quality indicators of the HEQC (HEQC 2006b).

The determining factors above were derived from the prescriptive theory in Figure 3.2.

6.2.3 PRESCRIPTIVE ELEMENTS FOR THE SL IMPLEMENTATION FRAMEWORK

The elements specified in Text Box 1 (see 4.4.1) for the intervention plan in chapter 4, have been expanded in Figure 6.1 below.

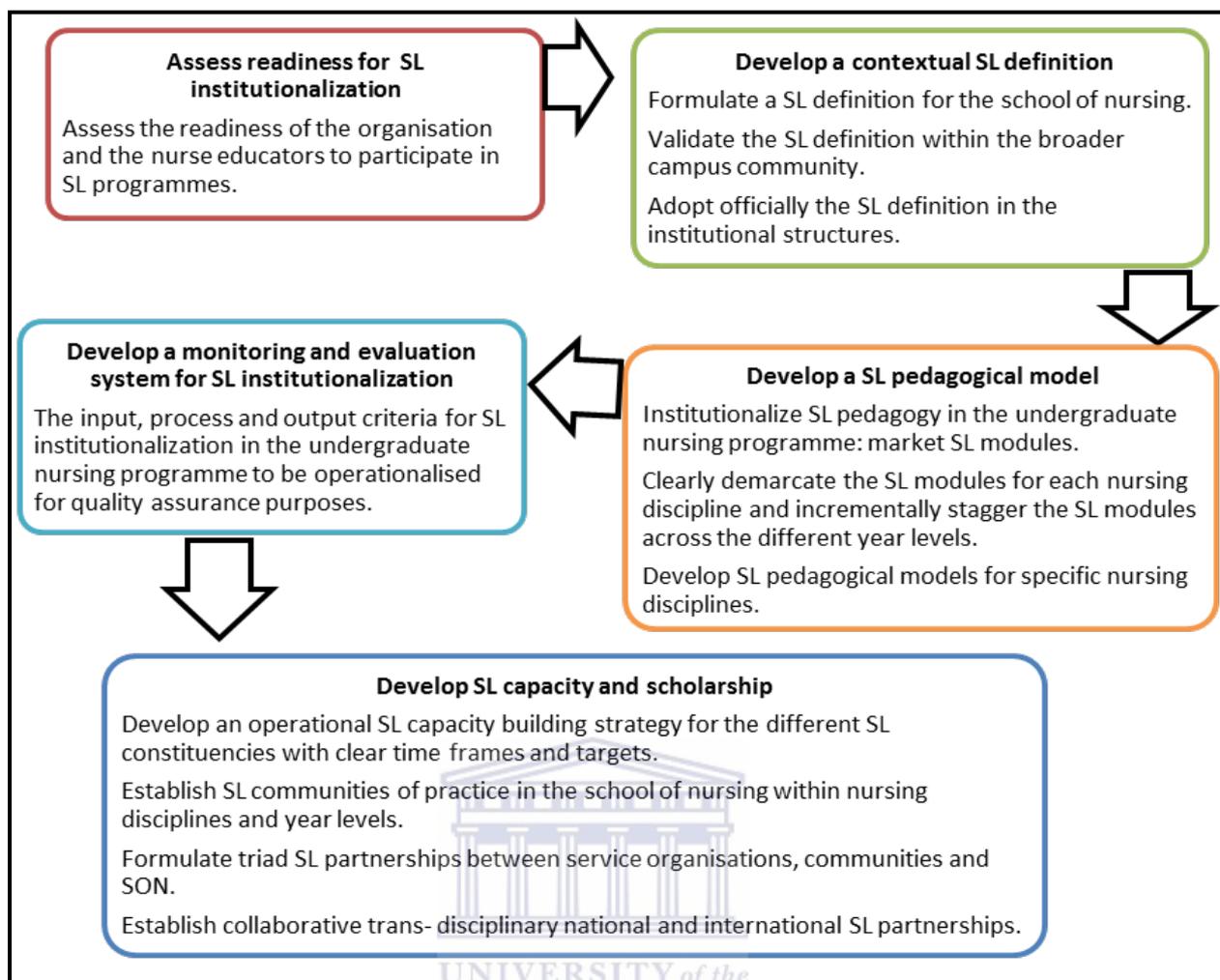


Figure 6.1: Prescriptive elements for SL framework

The SL implementation framework in Figure 6.1 proposes assessment of readiness for SL institutionalisation as the vital step that paves the way for SL implementation in the academic programme. This assessment of SL institutionalisation should target different levels (HEQC 2006b). The organisation should be assessed to determine if the environment enables the articulation and congruence of SL modules across the academic programme.

6.2.3.1 School and programme level SL institutionalisation indicators

A well-developed tool should be used to identify the following critical structural and programme requirements deemed essential for promoting and sustaining SL, for example the self-assessment rubric for SL institutionalisation in higher education (Furco 2002). The

school environment is benchmarked against the SL institutionalisation indicators proposed as guidelines in Tables 6.1; 6.2 and to 6.3.

6.2.4 THE DOMAIN BOUNDARIES FOR THE SL IMPLEMENTATION

FRAMEWORK

The domain boundaries for the SL implementation framework are specified in Figure 6.2 below and were informed by the design domain specifications for the intervention plan in Text Box 2 in Chapter 4. The design boundaries and design criteria below provided the parameters for this intervention study and specify the procedural elements for each of the determining factors of the SL implementation framework.

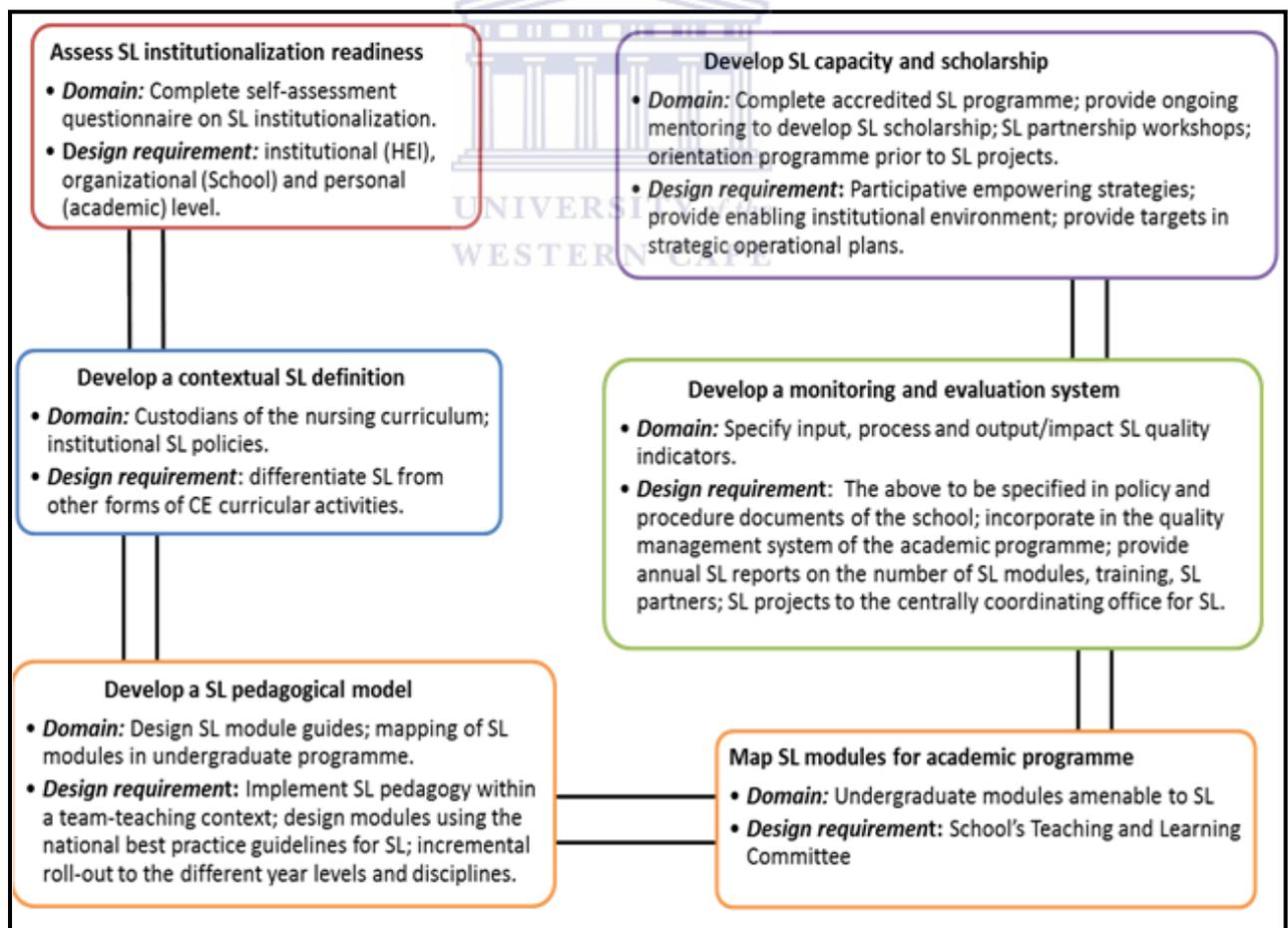


Figure 6.2: Domain boundaries for the SL framework

Replicability of the prototype of the intervention is one the criteria against which a good intervention study is judged (Rothman & Thomas 1994). Therefore, enough detail is provided for each aspect of the domain boundaries listed in Figure 6.2 to ensure consistency in the implementation of the SL framework in the nursing programme.

6.2.4.1 Assessing readiness for SL institutionalisation

A well-developed tool should be used to identify the critical structural and programme requirements deemed essential for promoting and sustaining SL at institutional level. The self-assessment rubric for SL institutionalisation on higher education (Furco 2002) that was used in this study was a good option because this rubric is widely used and provides a readily available tool that is also appropriate for the South African context. See Annexure 3 for the adapted version of the tool that was used. However, since individual motivation is neither addressed in the Furco tool nor in the South African SL institutionalisation framework, Furco's rubric was expanded to include a section on individual readiness for SL institutionalisation (see Table 4.14).

6.2.4.2 A monitoring and evaluation system for SL institutionalisation

The Criteria for institutional audits (HEQC 2004a) and the Good practice guide and self-evaluation instruments for the management of the quality of service-learning (HEQC 2006b) are used as the gold standard for the South African context. The different guidelines for developing a monitoring and evaluation system that match the national and international standards at school, academic programme and module levels are presented in Tables 6.1; 6.2 and 6.3 respectively.

6.2.4.2.1. School and programme level SL institutionalisation indicators

Self-assessment of the school environment should be undertaken by school staff as a strategy to create awareness among the staff (Julie & Adejumo 2014). The status quo of SL in terms of the school's input, process, outcome, impact and review should be determined against the criteria stipulated in Tables 6.1 below.



Table 6.1: School level guidelines

Indicators		Criteria			
Input	1: Vision, mission and objectives are responsive to context.	1.1 The school's commitment to SL is expressed in its vision and mission.	1.2 The school's SL policy, strategic plan(s) and procedures are responsive to the institutional strategic priorities and transformation goals.		
	2: Strategic plan(s), procedures and criteria reflect commitment to SL.	2.1 SL is an integral part of the school's statement on teaching and learning and research.	2.2 A strategic plan, with realistic targets, time frames and responsibilities, is in place for SL.	2.3 Synergy evident between SL and the teaching, learning, research and assessment strategies.	
	3: Organisational and management structures make provision for SL.	3.1 Curriculum design and regulations clearly provide resources for SL	3.2 Clear instructions and criteria are available for the approval and implementation of new SL initiatives.	3.3 The school has a committee/ system/structure in place for managing SL.	
	4: Resources: funding, staff and infrastructure.	4.1 The responsibilities of the school for the planning and allocation of resources for SL are clearly stipulated and acted on.	4.2 Resource allocation for SL is adequate.	4.3 Resource implications of running a new module are considered prior to approval.	4.4 Recruitment, appointment and performance management of staff are aligned with the school's need for special SL expertise.
	5: Regional collaboration and partnerships with communities, service sector and other HEIs.	5.1 The school or appropriate structure has partnership arrangements in place with service providers and communities to support SL	5.2 Partnership arrangements and collaboration are aligned with the school's broad community engagement initiative/plan.	5.3 Module planning and approval take into account the needs and requirements of communities and service providers.	

Indicators		Criteria			
Process	6: SL is managed, facilitated and coordinated.	6.1 There are structures (e.g. a committee) to oversee the planning and management of SL.	6.2 SL activities are coordinated for maximum effectiveness and to encourage inter-disciplinary collaboration.		
	7: There is support (for staff, students and partners) for development, delivery and implementation of SL.	7.1 Staff are supported in the day-to-day administration and implementation of SL activities (e.g. by a full-time official).	7.2 There are structures and expertise to assist with the design and development of SL study materials.	7.3 Students are adequately motivated and prepared to enter SL activities.	7.4 Transport to and from the communities or service providers are available to students.
	8: There is support for relevant teaching, learning and assessment.	8.1 Appropriate training is available to staff responsible for facilitating and teaching SL modules.	8.2 There are regular discussion forums/sessions for staff involved in SL.	8.3 Existing assessment policies (instruments, criteria and methods) include requirements specific to SL.	
	9: There is support for SL research.	9.1 The school actively works to ensure that SL research is adequately funded.	9.2 The school rewards accredited research outputs on and through SL.	9.3 The school encourages the dissemination of SL research findings (including conference papers, and both popular and scholarly articles) to academic colleagues and external partners.	
Output and impact	10: Monitoring and evaluation of SL are conducted to gauge its output and impact.	10.1 Implementation of SL modules monitored and evaluated regularly.	10.2 The effect on participating constituencies and the outcomes of SL modules are monitored.	10.3 All students are engaged in at least one SL module during their academic training	
Review	11: Review of SL takes place for continuous improvement and innovation.	11.1 The SL strategic plan(s) and procedures are regularly reviewed and refined.	11.2 Funds are available for the development of new and improved SL initiatives.	11.3 Instruments/methods or management information systems are available to monitor, evaluate and review the school's SL activities.	

The input, process and output and impact criteria for the academic programme are specified in Table 6.2 below. The self-assessment activity should be undertaken by the gatekeepers of the curriculum and the opinion makers in the school to provide the necessary principal support for the mapping of SL modules for the academic programme via the appropriate structures to officiate the SL in the academic programme.

Table 6.2: Academic programme level guidelines

Indicators		Criteria			
Input	1: The programme is aligned with the aspects of the school's mission and purpose relating to SL.	1.1 The programme has a definite SL component in the form of (a) separate module(s) or integrated SL units of existing modules.	1.2 There is clear alignment of the programme's SL component with the school's statements on SL in the mission statement or teaching and learning policy.		
	2: The programme composition reflects the commitment of the school and relevant departments to SL.	2.1 The programme's SL component was planned at the same time as the programme as a whole or, in cases where the SL component was added later, integration with the rest of the modules was successful.			
	3: The programme's organisational and management structure reflects its commitment to SL.	3.1 The programme management team includes an expert on SL, on a consultative co-option basis at the very least.	3.2 At least one other programme management team member keeps abreast of the latest developments in SL or community engagement.		
	4: The programme's resource allocation reflects its commitment to SL.	4.1 Allocation of staff hours to the SL component of the programme is adequate and realistic.	4.2 Staff members who are assigned to the SL component of the programme are capacitated to execute their tasks efficiently.	4.3 Adequate funds allocated to implement SL effectively.	

Indicators		Criteria			
	5: Teaching and learning in the SL components of the programme are indicative of innovation and appropriate educational design principles.	5.1 High-quality, contextual relevant learning material is developed for the SL component of the programme.	5.2 Educators are empowered on a continuous basis to facilitate SL effectively.		
Process	6: Research related to SL is actively promoted and facilitated in the programme.	6.1 Research is viewed by staff as an integral part of effective teaching in SL.	6.2 Evidence exists of research projects focused on SL within the programme.		
	7: Student participation in the SL component of the programme is assessed in an appropriate, fair and authentic way.	7.1 The SL component of the programme includes a variety of continuous assessment strategies.	7.2 Stakeholders other than the educators are involved in the assessment of students and stakeholders are trained in fair assessment practices.	7.3 Assessment opportunities are aligned with the outcomes of the SL component.	7.4 Students receive feedback within a reasonable time after assessment.
	8: SL is managed, facilitated and coordinated effectively within the programme.	8.1 Effective communication/ coordination among all SL stakeholders.	8.2 Students are informed of all arrangements pertaining to SL	8.3 There is support for students in order to improve the success rate.	
	9: The infrastructure and library resources of the institution/school/ programme are indicative of the importance placed on SL.	9.1 Sufficient SL and CE resources available in the library.	9.2 Transport to and from the community/service provider is readily available to students.		
Output and impact	10: Student retention, throughput rates and programme impact receive adequate attention in the programme.	10.1 Student retention and throughput numbers are monitored on an annual basis.	10.2 Impact studies are conducted to determine the SL component's influence on students, on service providers and on the community involved.		
Review	11: The SL components of the programme are reviewed in an appropriate manner.	11.1 A formalised cycle to review the SL aspects of the programme has been developed and implemented.			

Table 6.3 below summarises the criteria deemed essential at module or course level. This assessment activity should be undertaken by the teaching teams under the guidance of a CE scholar and/or an experienced SL champion with the aim of broadening the base of SL scholarship in the school. People regarded as influential in the communities of practice of the school and from the HEI should be enlisted as drivers of the SL process in order to provide the necessary mentoring to the early adopters of SL.

Table 6.3: Module/course level guidelines

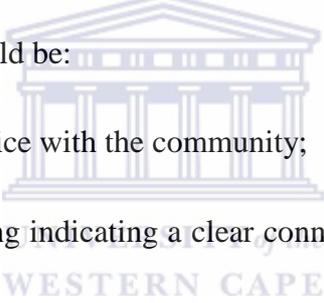
Indicators		Criteria			
Input	1: Partnerships are designed to be collaborative.	1.1 Care is taken to identify and select appropriate partners that fit the outcomes for student learning, while also meeting the outcomes, resources and needs of the partners.	1.2 Partners are recognised and validated through clarification of roles, expectations and benefits.		
	2: SL is integrated in the curriculum.	2.1 The SL module conforms to institutional curriculum requirements and legislation.	2.2 SL is conceptualised as pedagogy.	2.3 A curriculum model was adopted for designing the SL module.	
	3: Implementation of the designed module is planned.	3.1 Transportation arrangements for SL activities are planned. n.	3.2 Scheduling of contact sessions and placements is coordinated.	3.3 Students' attendance and involvement are monitored.	3.4 Possible risks and liability issues immanent in the module are considered.
Process	4: Student orientation and training are conducted.	4.1: Students are introduced to the concept of SL.	4.2 Student-orientation includes general logistical considerations and risks.	4.3 Students are introduced to the broader issues relating to the module.	4.4 Students are orientated in terms of their responsibilities and expectations.
	5: Sustainable SL partnerships are maintained.	5.1: Communication mechanisms in the partnership are maintained.	5.2 Representatives of partners acquire skills and are provided with support to fulfil their commitment to the partnership outcomes.		

Indicators		Criteria			
	6: Conduct formative assessment of student learning.	6.1 Students are engaged in reflection.	6.2 Student learning is assessed formatively.		
	7: The process is managed.	7.1 All plans related to the module (see Indicator 3 on planning above) are coordinated.			
Output and impact	8: Impact is monitored and evaluated.	8.1 The effect on students, academic staff, department, profession, community, and service provider is assessed.	8.2 Partners' outcomes are assessed.		
	9: Summative assessment of student learning is conducted.	9.1 Student learning is assessed summatively.	9.2 Quality assurance is assessed.		
	10: The completion of the SL module is demonstrated and celebrated.	10.1 Appreciation is expressed for all stakeholders, and recognition is given.	10.2 Valuable information is exchanged.	10.3 SL achievements are demonstrated and celebrated.	
Review	11: Evaluation and review for improvement take place.	11.1 Formative module evaluation takes place	11.2 Summative module evaluation takes place.	11.3 The SL module is revised	
	12: The partnership is expanded or terminated.	12.1 The future of the partnership is determined where necessary			

The criteria stipulated above partially satisfy the threefold-stipulated goal of SL institutionalisation, namely to develop a common language, to develop a set of principles to guide practice and to ensure the allocation of resources to facilitate SL teaching methodology (HEQC 2006a:138). Hence, the guidelines for defining SL and the design and development of SL modules are provided below.

6.2.4.3 SL definition

Although HEIs are encouraged to develop a contextual-specific definition that captures the unique ethos of the institution, the following are stipulated as the differentiating criteria in both international and national literature. Within the South African context, the HEOC (2006a:25) stipulates that SL should be:

- 
1. relevant and meaningful service with the community;
 2. enhanced academic learning indicating a clear connection between module objectives and service activities;
 3. structured opportunities for reflection to transform, clarify, reinforce and expand concrete experiences into knowledge; and
 4. purposeful civic social responsibility.

The researcher has illustrated how these guidelines were incorporated in the design of the SL pedagogical model by providing the supporting evidence from the fourth-year GBV SL module under section 4.4.

6.2.4.4 Developing an SL pedagogical model

The GBV SL module guide that was developed as an SL pedagogical model for the undergraduate nursing programme was assessed against the five design criteria stipulated for SL modules by the HEQC (2006a:46–49). Hence –

- the design of the GBV SL module embedded the SL projects in the GBV module outcomes;
- the teaching strategies were clearly explained;
- the SL project activities were connected to the module content during lectures;
- a detailed description of the SL requirements was integrated in the classroom-based activities; and
- the assessment of the SL component was clarified.



6.3 SUMMARY AND CONCLUSIONS

The aim of the research was achieved, namely to develop a framework for implementing service-learning in selected modules in the undergraduate nursing programme in the UWC. The conceptual underpinning, the principles related to the change theory, intervention and SL institutionalisation, the determining factors, the prescriptive elements as well as the domain specifications for the SL implementation framework have been provided. The framework meets the design requirements, namely that it should be simple, clear and replicable in other settings.

6.4 LIMITATIONS OF THE STUDY AND RECOMMENDATIONS

The limitations and recommendations is done in the form of self-reflection because reflection is definitive to SL and central to being a self-reflective practitioner. I am thus reporting with hindsight on the following processes and actions of this intervention study:

6.4.1 FACILITATION OF STRUCTURED STUDENT REFLECTIONS

The piloting of the SL module was designed for team teaching. The clinical supervisors therefore played a pivotal role in facilitating the structured student reflections during the e-weeks (see text box 3). This was a challenge because only one clinical supervisor besides the lecturers gave feedback regularly to their allocated group of students. However, none used the assessment tools of the module guide to grade the students' reflections. A plausible explanation is that e-teaching was novel to most of them, which compounded the level of complexity because they had to simultaneously master the SL pedagogy. Attention was paid to this component during the further refinement of the SL module for 2014. Two hours were dedicated every alternate Fridays during the e-weeks for the clinical supervisor to provide feedback and a formative mark for the reflections posted as individual contributions to the small group assignments and individual reflections on the SL project. See Annexure 8 for the refined GBV SL module guide.

6.4.2 STRUCTURE OF THE DISSERTATION

The structuring of the dissertation according to the sequential phases of the intervention research process was not well received by the study leader. Consequently, the operational steps for each phase were discussed as horizontal strands in the conventional chapter structure, increasing the level of complexity.

6.4.3 COMMUNITY VOICE

Although the academic issues were foregrounded in this research, cognisance was taken of the community voice. The community members expressed consistently that they lacked the necessary knowledge and skills to deal effectively with the manifestations of substance abuse, which was widespread among the population they served. This expressed skills development need was channelled to the CEU of UWC who offered to provide accredited training at level five of the National Qualifications Framework on substance abuse. Four community representatives applied to attend training two days per month from July 2014 to January 2015.

6.4.4 REFLEXIVITY

The researcher fulfilled multiple roles during this research project, namely as lecturer, facilitator, mentor, SL champion and researcher. Fulfilling the mentoring role for the SL teaching team without the full support of the fourth-year opinion makers was especially challenging. The letter that was sent to the researcher subsequent to the positive outcome of the FGD, stipulated that the researcher should not expect support for the intervention study from the fourth-year level coordinators unless their conditions for more resources were met. This limited the building of an authentic community of practice among the SL teaching team. This cascaded down to student level affecting the classroom climate as some students expressed resentment and hostility because apparently the choice of the pilot SL module was a contentious issue. During consultations, students revealed the misconceptions that the GBV module was taught by UWC instead of the previous institution were for the benefit of the researcher. This perception was confirmed by student responses related to the design of the GBV as an SL module. However, the democratic process used to develop a preliminary SL

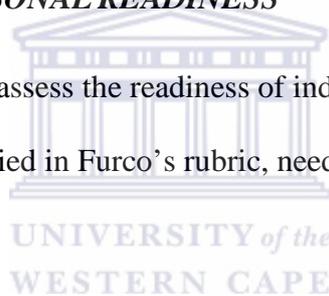
for the SON succeeded in changing the corporate climate among the nurse educators positively towards implementing SL in their respective communities of practice.

6.4.5 REFINEMENT OF THE SL DEFINITION

The definition that was developed for the school should be regarded as a work in progress because it was developed before the 11 nurse educators completed the accredited short course on SL and CE in 2013. Therefore, this preliminary SL definition will be further refined by using a master's in education student during the latter half of 2014.

6.4.6 TOOL TO ASSESS PERSONAL READINESS

The rubric that was developed to assess the readiness of individuals for SL institutionalisation in order to address the gap identified in Furco's rubric, needs further testing.



6.4.7 GENERALISABILITY OF RESULTS

The self-assessment of SL institutionalisation at UWC was limited to the SON. It is therefore recommended that research be undertaken to survey the whole campus.

6.4.8 SCHOLARLY OUTPUT

Despite the limitation and challenges mentioned above, the researcher succeeded in marketing SL as a scholarly activity through research output in the form of conference presentations and peer-reviewed accredited articles.

6.4.8.1 International conference presentations

- Boltman, H. & Julie, H. 2013 Using blogging as a reflective strategy in a service-learning module 5th International Symposium on Service Learning (ISSL) 2013 Conference, Stellenbosch, RSA
- Julie, H. 2013 Towards the Development of a Definition of Service-Learning: challenging the underlying theoretical roots. 5th International Symposium on Service Learning (ISSL) 2013 Conference, Stellenbosch, RSA
- Julie H 2012 Cracking the nut of service-learning in a school of nursing at the TUFH 2012, Thunder Bay, Ontario.
- Julie, H. 2007: A reflection of the development of a partnership in the Management of Gender Based Violence: A Service-learning course in the School of Nursing at the Human Resources for Health: Recruitment, Education and Retention Conference hosted by The Network: Towards Unity for Health (TUFH) and Makerere University, Kampala, Uganda, 13-23 September 2007.

6.4.8.2 National conference presentations

- Julie, H. 2011. Southern African FAIMER Regional Institute (SAFRI). Presented at the SA Association of Health Educationalists (SAAHE) Conference, North West University, Potchefstroom Campus (29 June - 2 July)
- Julie, H. 2011. Cracking the nut of service-learning in nursing, Presented at the Community Engagement Conference in East London, (8-10 November).

6.4.8.3 Publications

- Julie, H & Adejumo, O. (2014) Cracking the nut of service-learning in nursing at a higher educational institution accepted at *Curationis*.
- Julie, H. (2014) Identifying the critical success factors for institutionalizing Service-Learning as a prerequisite for mainstreaming in nursing programs in the Western Cape. Submitted to *African Journal for Physical, Health Education, Recreation and Dance (AJPHERD)*.
- Boltman, H. & Julie, H. (2014). Evaluating Blogging as a Reflective Strategy: Submitted to *African Journal for Physical, Health Education, Recreation and Dance (AJPHERD)*:
- Julie, H. (2014) Pursuing a corporate understanding of service-learning in nursing education: A case study *South African Journal of Higher Education*.-special edition , 28(6).
- Julie, H. (2011). Abstract: Southern African FAIMER Regional Institute (SAFRI) Poster Day, Cape Town, March 2011 and SA Association of Health Educationalists (SAAHE) Conference, Johannesburg, July 2011. *African Journal for Health Professions Education*, 2(1) Title: Cracking the nut of service-learning in nursing.
- Julie, H., Daniels, F & Khanyile, T. 2007 Service-Learning: A Creative Means Of Teaching Nursing *Journal of Community Health Sciences*, UWC.

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ANNEXURES

- 1: ETHICAL CLEARANCE LETTER
- 2: INFORMATION LEAFLET AND CONSENT FORM
- 3: PHASE 1 QUESTIONNAIRE
- 4: PHASE 2 EXPERT INTERVIEW GUIDE
- 5: PHASE 3 PROJECT DESIGN FGD CONSENT FORM
- 6: REPORT B4 LEVEL MEETING 2012
- 7: PHASE 4 SL WORKSHOPS
- 8: GBV SL MODULE GUIDE
- 8.1: EXCERPTS FROM THE WEEKLY PROGRAMME OF GBV MODULE GUIDE
- 8.2: TIME TABLE GBV MODULE 2012
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- 11: GRIEVANCE LETTER
- 12: RESPONSE TO GRIEVANCE LETTER
- 13: MOTIVATION FOR THE DISCONTINUATION OF THE SL GBV MODULE IN 2013
- 14: SHORT PROGRAM FOR SERVICE-LEARNING AND COMMUNITY ENGAGEMENT (SPSLCE).



ANNEXURE 1: ETHICAL CLEARANCE LETTER

**OFFICE OF THE DEAN
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14 February 2011

To Whom It May Concern

I hereby certify that the Senate Research Committee of the University of the Western Cape has approved the methodology and the ethics of the following research project by:
Mrs H Julie (School of Nursing)

Research Project: The development of an implementation framework for service-learning in the undergraduate nursing programme in the Western Cape

Registration no: 11/1/37



*Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape*



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ANNEXURE 2: INFORMATION LEAFLET AND CONSENT FORM

PHASE 1: GENERAL INFORMATION LEAFLET

INTRODUCTION

You are invited to volunteer for this research study. This information leaflet is to help you to decide if you would like to participate. Before you agree to take part in this study you should fully understand what is involved. If you have any questions, which are not fully explained in this leaflet, do not hesitate to ask the researcher. You should not agree to take part unless you are completely happy about what is expected of you.

WHAT IS THE PURPOSE OF THIS STUDY?

The purpose of this study is to develop a practice model for the implementation of Service-Learning in undergraduate nursing in a South African Higher Education Institution. The study is planned in 4 phases.

THE RESEARCH PHASES AND OBJECTIVES ARE AS FOLLOWS:

Phase 1: Problem analysis and project planning

- To describe a conceptual framework for the implementation of SL in undergraduate nursing in a South African HET.

Phase 2: Information gathering and synthesis

- To identify the factors involved in the successful implementation of SL in undergraduate nursing.

Phase 3: Design

- To plan and apply the information needed for the implementation of SL in the undergraduate nursing programme.

Phase 4: Early development and implementation

- To execute the implementation plan (from phase 2 & 3) SL in SON.

WHAT IS EXPECTED OF YOU DURING THIS STUDY?

As a participant you will be expected to participate in a survey/ interview or focus group discussion with the researcher about the implementation of SL. The topics covered during the interview/survey will help the researcher to determine and identify factors that promote or inhibit the successful implementation of SL in nursing. The interview will take approximately an hour and a half to complete. The completion of the interview will take place at a place of your choice. The interview will be digitally recorded on a digital voice recorder. During the interview, the researcher might take field notes. Once transcribed and analysed, the data will be kept in a safe place and confidentiality will be ensured at all times. No names will be mentioned in the analysed information and participants will remain anonymous.

HAS THE STUDY RECEIVED ETHICAL APPROVAL?

This study protocol (11/1/37) has received ethical approval from the Senate Research Ethics Committee of the University of Western Cape, South Africa.

ANNEXURE 3: PHASE 1 QUESTIONNAIRE

Please complete all the questions by marking with an **X** beside your chosen answer in the box on the right.

1. Name of your institution:

1	University of Cape Town	
2	University of Stellenbosch	
3	University of the Western Cape	

2. Years employed at current institution:

1	0 – 2 years	
2	3- 5 years	
3	6 – 8 years	
4	9 – 11 years	
5	More than 11 years	

3. Indicate your current position/portfolio (If you are a **senior Professor who is the **Head of the School**, mark box 2 &3**

1	Lecturer	
2	Professor	
3	Head of Nursing School/Department	
4	Programme/ Discipline/ Year level Coordinator	
5	Clinical supervisor	

4. Your highest nursing qualification:

1	Diploma	
2	Degree	
3	Honours	
4	Masters	
5	Doctorate	
6	Other	

5. Total number of years of nursing experience:

1	10 – 20 years	
2	21 – 30 years	
3	31 – 40 years	
4	More than 40 years	

6. Your age group and gender:

1	20 – 30 years	
2	31 – 40 years	
3	41 – 50 years	
4	51 – 60 years	
5	More than 60 years	
6	Male	
7	Female	

INSTRUCTIONS

The following section deals with the institutionalization of service-learning in your institution. The question, focusing on a specific component of service-learning (e.g., definition, strategy, knowledge and awareness, etc.,) is followed by a series of options.

You are not limited to one box, so please tick as many the box (es) that contain statements that you agree with. Please mark your answer with an X at right box.

Andrew Furco,s (2002) *Self-assessment rubric for the institutionalization of service-learning in Higher Education* was modified.

7. DEFINITION OF SERVICE-LEARNING

1	There is no campus-wide definition for service-learning.	
2	'Service-learning' is used inconsistently to describe a variety of experiential and service activities	
3	There is an operationalized definition for service-learning on the campus	
4	There is an operationalized definition for service-learning on the campus but there is some variance and inconsistency in the application of the term	
5	The institution has a formal, universally accepted definition for service-learning that is used consistently to operationalize many or most aspects of service-learning on campus.	
6	Not sure	

8. STRATEGY FOR SERVICE-LEARNING

1	The campus does not have an official strategic plan for advancing service-learning on campus.	
2	Although certain short-range and long-range goals for service-learning have been defined for the campus, these goals have not been formalized into an official strategic plan that will guide the implementation of these goals.	
3	The campus has developed an official strategic plan for advancing service-learning on campus, which includes viable short-range and long-range institutionalization goals.	
4	Not sure	

9. ALIGNMENT WITH INSTITUTIONAL MISSION

1	While service-learning complements many aspects of the institution's mission, it remains on the periphery of the campus	
2	Service-learning is rarely included in larger efforts that focus on the core mission of the institution	
3	Service-learning is often mentioned as a primary or important part of the institution's mission	
4	Service-learning is not included in the campus' official mission or strategic plan.	
5	Service-learning is part of the primary concern of the institution.	

6	Service-learning is included in the campus' official mission and/or strategic plan.	
7	Not sure	

10. ALIGNMENT WITH EDUCATIONAL REFORM EFFORTS

1	Service-learning stands alone and is not tied to other important, high profile efforts on campus (e.g. community partnership efforts, improvement of undergraduate teaching, etc.)	
2	Service-learning is tied loosely or informally to other important, high profile efforts on campus (e.g. community partnership efforts, improvement of undergraduate teaching, etc.)	
3	Service-learning is tied formally and purposefully to other important, high profile efforts on campus (e.g. community partnership efforts, improvement of undergraduate teaching, etc.)	
4	Not sure	

11. KNOWLEDGE AND AWARENESS OF SERVICE-LEARNING

1	Very few members know what service-learning is or understand how service-learning is different from community service, internships, or other experiential learning activities.	
2	An adequate number of academic members know what service-learning is and understand how service-learning is different from community service, internships, or other experiential learning activities.	
3	A substantial number of academic members know what service-learning is and can articulate how service-learning is different from community service, internships, or other experiential learning activities.	
4	Not sure	

12. ACADEMIC INVOLVEMENT AND SUPPORT

1	Very few academic members are instructors, supporters, or advocates of service-learning.	
2	Few support the strong infusion of service-learning into the academy or into their own professional work.	
3	Service-learning activities are sustained by a few academic members on campus.	
4	A satisfactory number of academic members is supportive of service-learning.	
5	Few of them are advocates for infusing service-learning in the overall mission and/or their own professional work	
6	An inadequate or unsatisfactory number of KEY academics are engaged in service-learning.	
7	A substantial number of influential academics participate as instructors, supporters of Service-learning.	
8	A substantial number of influential academics advocates of service-learning and support the infusion of service-learning both into the institution's overall mission and the	

	academic's professional work	
9	Not sure	

13. ACADEMIC LEADERSHIP

1	None of the most influential academics on campus serve as leaders for advancing service-learning on the campus.	
2	There are only one or two influential academics who provide leadership to the campus' service-learning effort	
3	A highly respected, influential group of academics serves as the campus' service-learning leaders and/or advocates	
4	Not sure	

14. ACADEMIC INCENTIVES & REWARDS

1	In general, academics are not encouraged to engage in service-learning	
2	Few if any incentives are provided (e.g., mini-grants, sabbaticals, funds for conferences, etc.) to pursue service-learning activities	
3	Academics' work in service-learning is not usually recognized during the review and promotion process.	
4	Academics are encouraged and various incentives are provided to pursue service-learning activities, but their work in service-learning is not always recognized during their review, and promotion process.	
5	Academic who are involved in service-learning receive recognition for it during the campus' review and promotion process	
6	Not sure	

15. STUDENT AWARENESS

1	There is no campus-wide mechanism for informing students about service-learning courses, resources, and opportunities that are available to them.	
2	There are some mechanisms for informing students about service-learning courses, resources, and opportunities that are available to them, but the mechanisms are sporadic and concentrated in only a few departments or programs	
3	There are campus-wide, coordinated mechanisms (e.g., service-learning listings in the schedule of classes, course catalogs, etc.) that help students become aware of the various service-learning courses, resources, and opportunities that are available to them.	
4	Not sure	

16. STUDENT OPPORTUNITIES

1	Few service-learning opportunities exist for students; only a handful of service-learning courses are available.	
2	Service-learning options (in which service is integrated in core academic courses) are	

	limited to only a certain groups of students in the academy (e.g., students in certain majors, health related fields, seniors, etc.).	
3	Service-learning options and opportunities (in which service is integrated in core academic programmes) are available to students in many areas throughout the academy, regardless of students' major, year in school, or academic and social interests.	
4	Not sure	

17. STUDENT LEADERSHIP

1	Few, if any, opportunities on campus exist for students to take on leadership roles in advancing service-learning in their departments or throughout the campus.	
2	There are a limited number of opportunities available for students to take on leadership roles in advancing service-learning in their departments or throughout the campus.	
3	Students are welcomed and encouraged to serve as advocates and ambassadors for institutionalizing service-learning in their departments	
4	Not sure	

18. STUDENT INCENTIVES AND REWARDS

1	The campus has no <i>formal mechanisms</i> (e.g., catalogued list of service-learning courses, service-learning notation on students' transcripts, etc.);	
2	<i>No informal mechanisms</i> (news stories in paper, unofficial student certificates of achievement) that encourage students to participate in service-learning or reward students for their participation in service-learning.	
3	The campus offers some informal incentives and rewards (news stories in paper, unofficial student certificates of achievement) that encourage students to participate in service-learning and/or reward students for their participation in service-learning	
4	The campus offers few or no formal incentives and rewards (catalogued list of service-learning courses, service-learning notation on students' transcripts, etc.)	
5	The campus has one or more formal mechanisms in place (e.g., catalogued list of service-learning courses, service-learning notation on students' transcripts, etc.) that encourage students to participate in service-learning and reward students for their participation in service-learning.	
6	Not sure	

19. COMMUNITY PARTNER AWARENESS

1	Few, if any, community organizations that partner with the university are aware of the campus' goals for service-learning and the full range of service-learning opportunities that are available to students.	
2	Some, but not the majority of community organizations that partner with the university are aware of the campus' goals for service-learning and the full range of service-learning opportunities that are available to students.	

3	Most community organizations that partner with the university are aware of the campus' goals for service-learning and the full range of service-learning	
4	Not sure	

20. MUTUAL UNDERSTANDING

1	There is little or no understanding between the campus and community representatives regarding each other's needs, timelines, goals, resources, and capacity for developing and implementing service-learning activities.	
2	There is some understanding between the campus and community representatives regarding each other's needs, timelines, goals, resources, and capacity for developing and implementing service-learning activities;	
3	There is some disparities between community and campus goals for service-learning.	
4	Both the campus and community representatives are aware of and sensitive to each other's needs, timelines, goals, resources, and capacity for developing and implementing service-learning activities.	
5	There is generally broad agreement between the campus and community on the goals for service-learning.	
6	Not sure	

21. COMMUNITY PARTNER VOICE AND LEADERSHIP

1	Few, if any, opportunities exist for community representatives to take on leadership roles in advancing service-learning on campus	
2	Community representatives are not usually invited or encouraged to express their particular communities' needs or recruit student and academic participation in service-learning.	
3	There are a limited number of opportunities available for community representatives to take on leadership roles in advancing service-learning on campus	
4	Community representatives are provided limited opportunities to express their particular organization's needs.	
	Community representatives are provided limited opportunities to recruit student and academic involved in service-learning.	
5	Appropriate community representatives are formally welcomed and encouraged to serve as advocates and ambassadors for institutionalizing service-learning on the campus;	
6	Community representatives are provided substantial opportunities to express their particular communities needs or recruit student and academic participation in service-learning	
7	Not sure	

22. COORDINATING STRUCTURE

1	There is no campus-wide coordinating structure that is devoted to assisting the various campus constituencies in the implementation, advancement, and institutionalization of service-learning.	
2	There is a coordinating structure, but it either does not coordinate service-learning activities exclusively or provides services only to a certain constituency (e.g., students, staff) or limited part of the campus.	
3	The institution maintains a coordinating structure that is devoted primarily to assisting the various campus constituencies in the implementation, advancement, and institutionalization of service-learning.	
4	Not sure	

23. POLICY-MAKING STRUCTURE

1	The institution's official and influential policy-making committees/structures do not recognize service-learning as an essential educational goal for the campus.	
2	The institution's official and influential policy-making committees/structures recognize service-learning as an essential educational goal for the campus, but no formal policies have been developed.	
3	The institution's policy-making committees/structures recognize service-learning as an essential educational goal for the campus, and formal policies have been developed.	
4	Not sure	

24. STAFFING

1	There are no staff/academics on campus whose primary paid responsibility is to advance and institutionalize service-learning on campus.	
2	There is an appropriate number of staff members on campus who understand service-learning who hold appropriate titles that can influence the advancement and institutionalization of service-learning throughout the campus: however their appointments are temporary or paid from soft money (short-term grants) or external grant funds.	
3	The campus houses and funds an appropriate number of permanent staff members who understand service-learning and/or who hold appropriate titles that can influence the advancement and institutionalization of service-learning throughout the campus	
4	Not sure	

25. FUNDING

1	The campus service-learning activities are supported primarily by soft money (short-term grants) from sources outside the institution.	
2	The campus service-learning activities are supported by both soft money (short-term grants) from sources outside the institution as well as hard money from the institution.	
3	The campus' service-learning activities are supported primarily by hard money from the	

	institution.	
4	Not sure	

26. ADMINISTRATIVE SUPPORT

1	The campus' administrative leaders have little or no understanding of service-learning, often confusing it with other campus outreach efforts, such as community service or internship programmes.	
2	The campus' administrative leaders have a clear understanding of service-learning, but they do little to make service-learning a visible and important part of the campus' work.	
3	The campus' administrative leaders understand and support service-learning, and actively cooperate to make service-learning a visible and important part of the campus' work.	
4	Not sure	

27. DEPARTMENTAL SUPPORT

1	Few, if any, departments recognize service-learning as a formal part of their formal academic programs.	
2	Several departments offer service-learning opportunities and courses, but these opportunities typically are not part of the formal academic program and are not primarily supported by departmental funds.	
3	A fair to large number of departments provide service-learning opportunities that are a part of the formal of the formal academic program and/or are primarily supported by departmental funds.	
4	Not sure	

28. EVALUATION & ASSESSMENT

1	There is no organized, campus-wide effort underway to account for the number and quality of service-learning activities taking place.	
2	An initiative to account for the number and quality of service-learning activities taking place throughout the campus has been proposed.	
3	An ongoing, systematic effort is in place to account for the number and quality of service-learning activities taking place throughout the campus.	
4	Not sure	

29. Please tick if saying yes to the following questions

1	I have attended training session on service-learning.	Yes
2	I'm aware of the service-learning policy guidelines of the Higher Education Quality Committee (HEQC).	
3	I need training regarding the theoretical foundation of service-learning.	
4	I need training regarding the philosophy of service-learning.	

5	I need training in developing service-learning modules.	
6	I am aware of the HEQC's assessment criteria for service-learning.	
7	I have discussions on service-learning within my teaching group.	
8	I will like to receive information about the national service-learning policy guidelines.	
9	I would like to attend training sessions on service-learning.	

30. Please describe your current understanding of service-learning

.....

.....

.....

Thank you for taking the time to complete the questionnaire.

HESTER JULIE (RESEARCHER)



ANNEXURE 4: PHASE 2 EXPERT INTERVIEW GUIDE; INFORMED CONSENT

You are invited to volunteer as a participant in this research study. This information leaflet is to help you to decide if you would like to participate. Before you agree to take part in this study you should fully understand what is involved. If you have any questions, which are not fully explained in this leaflet, do not hesitate to ask the researcher. You should not agree to take part unless you are completely happy about what is expected of you.

The purpose of this part of the study is to gather information on existing SL models in the institutionalization of SL in South African HEI's.

You are requested to participate in an interview of approximately 60 minutes. The transcription of the interview will be done anonymously with no referral to any participant's names, and it will be kept in a safe place.

The following question will form the structure of the interview:

- How was SL implemented in your institution?
- How would you describe the success of this implementation?
- What factors promoted SL implementation?
- What factors inhibited SL implementation?
- What advise could you offer for successful SL implementation?

Your participation in this study is entirely voluntary and you can refuse to participate or stop at any time without stating any reason. Your withdrawal will not be held against you. Please do not use any names by which you or any other person or institution can be identified. All information obtained during the course of the interview is strictly confidential. As all data collected remains confidential and anonymous, **please note** that once data has been transcribed and analysed, tracing of information to a particular participant will be unattainable and recall of consent at this stage will not be possible. Data that may be reported in scientific journals will not include any information that identifies you as a participant in this study.

INFORMED CONSENT

I hereby confirm that the researcher Ms H Julie has informed me about the nature and conduct of the study. I have also received, read and understood the above written information (Participant Information Leaflet and Informed Consent) regarding the study. I am aware that the results of the study, including personal details will be anonymously processed into the study report. I may, at any stage, without prejudice, withdraw my consent and participation in the study. I have had sufficient opportunity to ask questions and of my own free will declare myself prepared to participate in the study. I am aware that I may request debriefing should traumatic experiences arise during the interview.

Participant's name(Please print)

Participant's signatureDate:

ANNEXURE 5: PHASE 3 PROJECT DESIGN FGD CONSENT FORM

PHASE 3 - PROJECT DESIGN: FOCUS GROUP INTERVIEW CONSENT FORM

I would like to thank you for the valuable information you provided during the survey since it provided the baseline data for this study. You are therefore invited to volunteer as a participant for this phase of this research study.

This information leaflet is to help you to decide if you would like to participate. Before you agree to take part in this study you should fully understand what is involved. If you have any questions, which are not fully explained in this leaflet, do not hesitate to ask the researcher. You should not agree to take part unless you are completely happy about what is expected of you.

The purpose of this part of the study is to get your commitment for the intervention phase of this study. You are requested to participate in an interview of approximately 60 minutes. To be able to analyse the interview, it will be recorded on tape. The transcription of the focus group will be done anonymously with no referral to any participant's names, and it will be kept in a safe place.

The following question will form the structure of the interview:

- Do you think that SL can be implemented successfully in the modules in your year level?
- Do you think that you can contribute to the success of this project?
- What are your expectations for this project?
- What resources will you need to enable the success of this project?

This protocol was submitted to the Research Ethics Committee of the University of Western Cape Community Health Sciences. The committee has granted written approval (11/1/37). The study supervisors are Professor O Adejumo (021) 959 3024. You are welcome to contact him should you need any more information.

Your participation in this study is entirely voluntary and you can refuse to participate or stop at any time without stating any reason. Your withdrawal will not be held against you. Please do not use any names by which you or any other person or institution can be identified. All information obtained during the course of the interview is strictly confidential. As all data collected remains confidential and anonymous, **please note** that once data has been transcribed and analysed, tracing of information to a particular participant will be unattainable and recall of consent at this stage will not be possible. Data that may be reported in scientific journals will not include any information that identifies you as a participant in this study.

INFORMED CONSENT

I hereby confirm that the researcher Ms H Julie has informed me about the nature and conduct of the study. I have also received, read and understood the above written information (Participant Information Leaflet and Informed Consent) regarding the study. I am aware that the results of the study, including personal details will be anonymously processed into the study report. I may, at any stage, without prejudice, withdraw my consent and participation in the study. I have had sufficient opportunity to ask questions and of my own free will declare myself prepared to participate in the study. I am aware that I may request debriefing should traumatic experiences arise during the interview.

Participant's name (Please print)

Participant's signature Date:

ANNEXURE 6: REPORT B4 LEVEL MEETING 2012

From: Hester Julie
To: Boltman, Haaritha; Danster, Vuyani; Khanyah@homemail.co.za; Mafilika, Andile; Nongalaza, Duduzile; September, Kathleen; Tkmsiganga@gmail.com; Traut, Anneline
CC: Daniels, Felicity; Kamalie, Samierah; Priscilla Daniels; tadonis@uwc.ac.za
Date: 2012/04/12 03:18 PM
Subject: Report B4 Level meeting held on 11 April 2012 @ 09-10.30

Dear Colleagues

I would like to thank each person for attending the meeting and I'm of the opinion that we have made good progress in our discussions on re-aligning the current PSN 412 and GBV modules to SL modules. Below is a summary of the main outcomes but please feel free to contribute in case I have omitted/misrepresented any information.

1. Apologies/Absent:

2. The outreach project of PSN 412 will be aligned to meet the SL requirement:

Theoretical: SLO 3 & 4 applicable. Noted that the wording in latest module descriptor has changed. Current assessments need to be re-visited as the formative assessment implied in student reflective Journaling is not currently addressed. The discourse regarding continuous evaluation (CE) and formative assessment was not resolved. The researcher has challenged the group that the CE is summative because the aim is to give a mark that allow student access to the exam, and not on the development of the student per se. The clinical supervisors are key in this regard. The lecturers will focus more on the theoretical sense making of students during lecture times.

Practica

Current time tabling doesn't make provision for the outreach project, therefore can be regarded as an add-on which is contrary to SL principles. Time need to be allocated in the official time table to complete the project- relooks at the placements of S2.

3. Partnerships:

Sustainable projects should be identified which match the needs of both parties hence the term SERVICE-LEARNING.

The feasibility about RAEL as a SL site was discussed because the project focused on fund-raising and not really on the students' LO. However, the meeting decided that SON will honor their commitment for

2012.

Alternative and more sites close to the campus were identified to accommodate the 160 students e.g. schools, Belhar Lighthouse (BL), Saartjie Baartman Centre (SBC) etc.

H Boltman will liaise with SBC; H Julie with BL, schools and A Traut will get info to complete the situational and needs analysis of RAEL.

4. SL Drivers: A Mafikile supported by T Msiganga for PSN.

H Julie supported by H Boltman for GBV

H Julie informed meeting that she was advised against starting with the proposed SON SL project (CENTALS) as discussed in the FGD because of the negative impact it may have on her studies.

5. Next steps

Situational/needs assessments in order to formulate the MOU or SLA to be completed by 30 April 2012 because the module guides are due by SON on 24 May.

H Julie will forward SL templates to facilitate the process.

GBV Module:

H Julie and H Boltman continued after the other members departed. Good progress was made in re-designing the US taught module guide to become more interactive and the following were finalized:

6. Adopted a blended approach to teaching so that students can use e- teaching for group and reflective assignments.

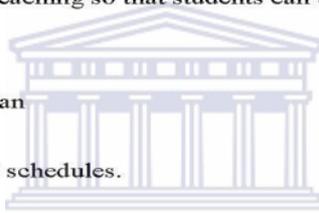
7. Completed academic program plan

8. Agreed on Assessment tasks and schedules.

9. Micro curriculum must be completed for the last 2 'curriculum themes'.

10. H Boltman to continue working on module guide with input from H Julie.

11. H Julie to work on registering the SL project with UWC.



ANNEXURE 7: PHASE 4 SL WORKSHOPS

Workshop 1: Monday 9 July 2012 from 09h00 until 16h00 at CENTALS		
TIME	CONTENT	PERSON
09:00	Welcome	Mrs. H. Julie
09:00-10:00	Introduction	Mrs. H. Julie
10:00-11:00	Tea	
11:00-13:00	Overview of gender base violence Module Guide (See attachment 1 on GBV Guide)	Miss H. Boltman
13:00-14:00	Break/lunch	
14:00-15:00	Workshop Module Content With Clinical Supervisors	Miss. H. Boltman
15:00-15:30	Allocation of CS for reflective small groups according to the projects. (See attachment 2 on Project Allocation)	Clinical Supervisors
Workshop 2: Tuesday 10 July 2012 from 09h00 until 15h00 at SON		
09:00- 10:00	Welcome and Reflections on previous discussions	Mrs. Julie
10:00-11:00	Tea	
11:00- 13:00	Unpacking concerns of GBV Module with CS	Miss. Boltman
13:00-14:00	Break/lunch	
14:00-15:00	Small Group Work Plans Developed (See attachment No. 3 On the work plan.)	Clinical Supervisors (CS)
Workshop 3: Friday 12 July 2012 from 09h00 until 16h00 at SON		
09:00	Welcome	Mrs. H. Julie
09:00-10:00	Introduction to the GBV as a Public Health Issue)	Miss H. Boltman
10:00-10:30	Tea	
10:30-11:00	Participant Introductions	
11:00-12:00	Identify norms and rules	
12:00-13:00	Service-Learning Partnership Presentation	Mrs H. Julie
13:00-14:00	Break/Lunch	
14:00-15:00	Small Group Work To Identify Community Needs.	
15:00-15:15	Summary of needs and possible Service-Learning	CS and Community Partners
15:15-15:45	Discussion of Logistics	CS
15:45-16:00	Conclusion	Mrs H. Julie

ANNEXURE 8: GBV SL MODULE GUIDE

SCHOOL OF NURSING



**UNIVERSITY of the
WESTERN CAPE**

B Nursing PROGRAMME

Regional Priority GBV

Gender Based Violence as a Public Health Issue

(NRS 401): 20 credits

NQF Level 7



Mrs. H Julie	Lecturer Group 1	021 959 2749	hjulie@uwc.ac.za
Mrs. A Traut	Lecturer Group 2	021 959 2643	atraut@uwc.ac.za
Mrs. E. Fortuin	Lecturer Group 3	021 959 2278	efortuin@uwc.ac.za

Name:.....Student Number:.....

Developed in 2012 by Ms H. Boltman and Mrs H. Julie

Dates revised for 2014 with the assistance of Mrs E .Fortuin

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1. Welcome

Welcome to the module Gender Based Violence as Public Health Issue. Gender based violence is the world's most common form of human rights violations and spans different races, social classes, ages and ethnic groups. It is also integral to your training as a registered nurse that you are able to recognise this, as you are the first line of healthcare that many people encounter in the primary health care system.

The overall aim of this module is to enable you to identify and participate in the management of persons who have been affected by gender based violence, as part of a multidisciplinary health care team. At the end of this module you would be expected to have acquired the fundamental knowledge of the biophysical and forensic assessment, treatment and care that the persons affected by gender based violence require.

Therefore it is expected from you as a student, to be actively and purposefully engaged in reflective and critical thinking during class sessions and in the clinical field in order to achieve the expected aim. You will also be expected to use your skills to engage with the community you are placed in and meet the required objectives.

2. Background to the module

In order to understand the background to this module, you will need to understand the latest research in service learning and gender based violence. This you may find by accessing the following article:

Title: Service-learning in nursing: Integrating student learning and community-based service experience through reflective practice

Author: Julie, Hester; Daniels, Priscilla; Adonis, Tracey-Ann

Inquiries: [hjulier@uwc.ac.za](mailto:hjulie@uwc.ac.za)

Abstract: Domestic violence is a pervasive problem in South Africa. The School of Nursing at the University of the Western Cape has responded to the challenge of training sensitive, knowledgeable and skilled health personnel by developing a Management of Gender-Based Violence (GBV) module. The purpose of this paper is to describe the professional and personal development of nursing students in this programme through their service-learning experience in the GBV module based on the analysis of the description of the students' reflective journals, group project reports and a focus-group discussion as the primary data sources. Analysis showed that students gained critical thinking skills and developed an understanding of the supportive role health professionals can play through developing skills of caring, advocacy and a commitment to civic engagement, which promotes collaborative relationships. Some of the lessons learnt from this experience include realistic planning in terms of outcomes, time frames, and available resources as well ensuring support from colleagues for the effective implementation of the programme.

Citation: Julie, H., Daniels, P., and Adonis, T. (2005) Service-learning in nursing: Integrating student learning and community-based service experience through reflective practice. *Health SA Gesondheid*, 10 (4): 41-54 Rights: This journal provides immediate open access to its content on the principle that making research freely available to the public supports a greater global exchange of knowledge.

Type: Article URI: <http://hdl.handle.net/10566/82>

Date: 2005

Other references available on your request and on e-teaching.

3. Facilitation Team

Lecturers

1. Mrs Hester Julie (Senior Lecturer)
[hj Julie@uwc.ac.za](mailto:hjulie@uwc.ac.za) ext 2749
2. Ms A. Traut (Lecturer)
atraut@uwc.ac.za ext 2643
3. Ms E Fortuin (Lecturer)
efortuin@uwc.ac.za ext 2278

Clinical Supervisors

1. Abegail Matsie amatsie@uwc.ac.za
2. Sibusiso Buthelezi sbuthelezi@uwc.ac.za
3. Dudu Nongalaze mdujabu@webmail.co.za
4. Kathy September kseptember@uwc.ac.za
5. Khaya Nxusani nxusani@uwc.ac.za
6. Thobeka Siganga tkmsiganga@gmail.com
7. Vuyani Danster vdanster@uwc.ac.za

Community Partner Contact Persons:

Belhar Lighthouse:

Pastor Sharlene Williams sharlenew7@gmail.com

021 952 6514 (Secretary Mrs Loretta Piedt)

Senior Academic Officer:

Ms Sindiswa Sompani ssompani@uwc.ac.za ext. 2748

All clinical administrative issues related to B CUR IV. No students are permitted to make any clinical placement changes without the lecturer or clinical supervisors designated to do so.

Transport

Mr Cecil Patani cpatani@uwc.ac.za ext. 2902

All transport problems and delays. No students allowed to make any changes regarding the transport without the senior officer or staff designated to do so.

4. Communication Channels

Undergraduate Programme Co-ordinator

All enquiries when referred by, or not resolved, by the academic staff.

Head of School

All enquiries when referred by, or not resolved, by the academic staff.

Dean of the faculty

All enquiries when referred by, or not resolved, by the above.

Vice chancellor, Rector of the university

Prof Brian O'Connell

All enquiries when referred by, or not solved, by the above

B Nursing Council/ SRC

All enquiries related to your student life on campus

Student Counselling and Support Services

All enquiries related to your psychological needs including counselling.

Campus Health clinic

All enquiries related to your health including IECC (Information, Education, Communication and Counselling) and ARV therapy. Note ARV Prophylaxis from needle prick- all students are entitled to free ARV Prophylaxis treatment at all health facilities in the Western Cape where they are placed as student nurses/midwives. Check the health facility protocol where you are placed.)

Gender Equity

All enquiries about gender issues e.g. Sexual exploitation, motherhood (note: the relevant structures of reporting: the proctor, residential administration etc)

5. General Rules

5.1. General Module Rules

Clinical placement has been arranged for every Tuesday for term Three. This time is to be used to complete your outreach project by 19 September. All timesheets to be signed by the community partners.

Class contact sessions will be arranged according to the weekly program. It will usually occur on a Thursday afternoon from 14h00. One Thursday will be allocated to lecturer contact sessions, and the next week will be allocated to e-teaching and blogging activities with your

clinical supervisor. Refer to the weekly program for more details. Assessment instruments are found at the end of this module guide.

ASSESSMENT

Assessment is governed by Rule A.5 as stipulated in the University Calendar: General Information

PROMOTION RULES

Unless Senate decides otherwise and subject to University Rule A.3.2.3.

5.2 General Expectations

- Students are to attend 100% of lectures, computer lab sessions, group-work and clinical/community practice as prescribed or arranged with the group members. All hours missed will have to be replaced within the academic year.
- General absenteeism and tardiness will be dealt with according to departmental policies.
- Students are expected to actively participate in class discussions.
- **Due to the learning approach used, learning does not only occur in class but through learning at the services as well as online, and other means (assignments, tests, self study etc). It will be expected that the student must independently complete those through self study in order to meet the outcomes.**
- Students should keep on referring to their work from previous years, specifically, anatomy, physiology, medical conditions, psychology, primary health care, introduction to mental health and other relevant courses. All these will contribute to a better understanding of gender based violence.
- Classes will be structured in such a manner that it will be expected from students to do a lot of independent study and students must come prepared to each and every class session.
- All cell phones must be switched off or on silent during lectures and clinical demonstrations.
- Communication to the students will be by means of the school notice board and through emails. It is your responsibility to make sure that you regularly consult the notice board for important information or messages.
- If an exam, test or assignment due date is missed due to illness, you are expected to submit a sick certificate within five days of the assessment missed. For a missed exam, you need to fill out a special exam form which you will obtain at the CHS faculty office.
- Due dates for assessments will be strictly adhered to. Late submissions will be penalised in the absence of a valid reason.
- The university's assessment and promotion policies will be enforced, make sure that you are familiar with it, as stipulated in the University Calendar: Section 8.

- It is expected that you read the entire course guide very carefully, as there are specific expectations linked to group work, assessments, and other relevant issues

5.3 Expectations around group work

In preparation for the case study:

- Identify a group leader for each case (rotate the leader for every case)
- Establish the group norms:
 - Punctuality
 - Attendance
 - Time keeping
 - Scribe
- Establish how the group will deal with non-adherence to the group norms
- Divide work and decide when the group will meet
- You may add more rules to the group norms, depending on what works for your group.
- **Ensure that each of the group members have signed the group norms. The completed and signed group norms must be handed to the lecturer on the first day of official lectures.**
- **ALL GROUP WORK TO BE RECORDED AND KEPT IN A PROJECT FILE TO BE HANDED IN ON 19 SEPTEMBER. THIS FORMS PART OF YOUR FORMATIVE ASSESSMENT. Examples of content we expect you to collect, is included but not limited to, your project presentation cd's, minutes of planning meetings, contributions of individual members, reflections of members, preparation materials that were used in your projects and so on.**

Some of the above information is based on: Case based curriculum: A facilitator's handbook compiled by Prof T Khanyile. June 2005.

5.4 Expectations for blog posts

- Blog posts should be kept to the minimum or maximum words allocated for the post.
- Postings should be made regularly, according to the due dates given
- Each week, a group will be responsible for the primary posting, as per the weekly plan
- All other groups should respond to this primary post
- In addition, ALL groups should post on the topic that is prescribed, every week
- This means that every week, as a group you will make TWO posts
- It is important to remember to make the connection between the service learning activity and the theory that you are encountering in class

5.5. Expectations for project presentations

- Presentations should be in PowerPoint format
- The presentation should be revised with the clinical supervisor responsible for the group, the week before the presentation
- The presenting group should hand in their PowerPoint presentation on a CD.

6. Teaching Strategies

The School of Nursing's (SON) primary teaching and learning strategy, the case based learning approach is augmented with Service-Learning pedagogy.

6.1 Case based learning approach

Application of theory to practice will be achieved through case-based learning and discussions. In order to facilitate case based learning, a variety of strategies will be utilised, including solving cases, small group work, group presentations and lecture discussions. There will be a strong emphasis on self-directed learning and a reflective approach to care. This entails that you as the student will be a self-directed learner.

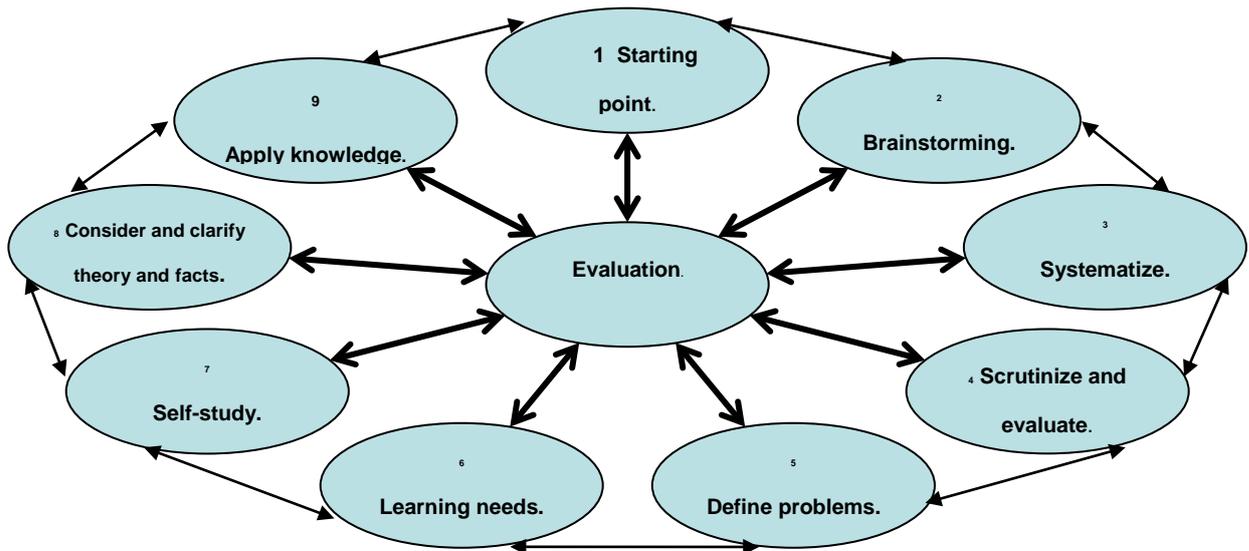
Learning is considered as self-directed, since the learner is the one who is in charge of his /her learning. The responsibility for learning thus rests with the learner. The lecturer is there to assist in facilitating learning.

6.2 Purpose of the case based learning approach:

- It is a teaching and learning strategy that stimulates ideas through complex problem analysis of actual or hypothetical situations and provides a means of applying theoretical principles to practice.
- It also promotes creative, critical and reflective thinking
- Active participation
- Realistic application of theory to practice
- Promotes experiential learning
- Builds self confidence in learners
- Enhance interpersonal skills: Communication: Listening, verbal and PRESENTATION skills
- Enhance problem solving skills, critical and analytical thinking.

6.3 Diagrammatic representation of Case Based Learning: What you need to know.

- Follow this diagram as guide when you are preparing for presentations



Some of the above information is based on: Case based curriculum: A facilitator's handbook compiled by Prof T Khanyile. June 2005.

6.4 Service Learning

6.4.1 Application in GBV Module:

Service learning will be implemented in this module in the form of a group project that will form part of the continuous assessment for both this module and the module Psychiatric Nursing 412 (NRS 412). The group project will entail your group meeting the stated needs of the community, conceptualizing and carrying out the project within the time allocated, as well as engaging in a process of meaningful reflection. The project itself will be assessed for the module NRS 412, while the feedback and reflection will be used as part of the assessments for this module.

6.4.2 Theoretical underpinning

Service-learning is a teaching strategy that integrates theory with relevant community service. Through assignments and class discussions, students reflect on their service in order to increase their understanding of module content, gain a broader appreciation of a discipline, and enhance their sense of social responsibility (Bender, Daniels, Lazarus, Naude & Sattar; 2006:32).

Service-learning is a structured learning experience that combines community service with explicit learning objectives, preparation, and reflection. Students involved in service-learning are expected not only to provide direct community service but also to learn about the context in which the service is provided, the connection between the service and their academic coursework, and their roles as citizens (Seifer, 2000; Jacoby, 1996.).

Service-learning has gained recognition as a curricular strategy for preparing students for their roles as professionals and citizens, changing the way faculty teach, changing the way higher education programs relate to their communities, enabling community organizations and community members to play significant roles in how students are educated, and enhancing community capacity (Connors, 2000).

In the South African context SL is regarded as a teaching methodology combining community participation with content-based class discussion and reflection (Stacey, Rice & Langer, 2001). This perception is confirmed by the most recent DoE policy document which states that CE is regarded as an integral part of teaching and research, and has therefore incorporated CE and its service-learning component into the national quality assurance systems (HEQC, 2004: 11).

Service-learning as a teaching methodology therefore provides nursing students with opportunities to develop both the core values of professional nursing and their competencies through modeling these professional values, while meeting community needs and contributing to the greater need of society in the process (Levy & Lehna, 2002:220). While students are expected to perform their professional duties, they perform activities beyond the scope of the curriculum and duty thus enabling them to develop an attitude of civic engagement (Julie, Daniels, Adonis, 2005:42).

In addition, service-learning provides an opportunity for the students to reflect on the service activity in such a way as to gain further understanding of the course content, a broader appreciation of the discipline and an enhanced sense of civic responsibility. This is achieved through the introduction of reflection as an assessment strategy. Reflection has been identified as a foundational principle of SL and is regarded as the glue that holds service and learning together to provide optimal educative experience (Eyler & Giles, 1996:10). Reflective practice is about acquiring the skills and attitude to inquire continually into own professional practice and into the context in which it is embedded. Service-learning therefore provides higher education institutions with a strategy to explore ways of incorporating service to extend their mission, enhance student achievement and engage students in their communities as part of their academic curriculum (Bringle & Hatcher, 1995:112) as cited in Julie, Daniels, Adonis (2005:42).

Service-learning is a form of experiential education that:

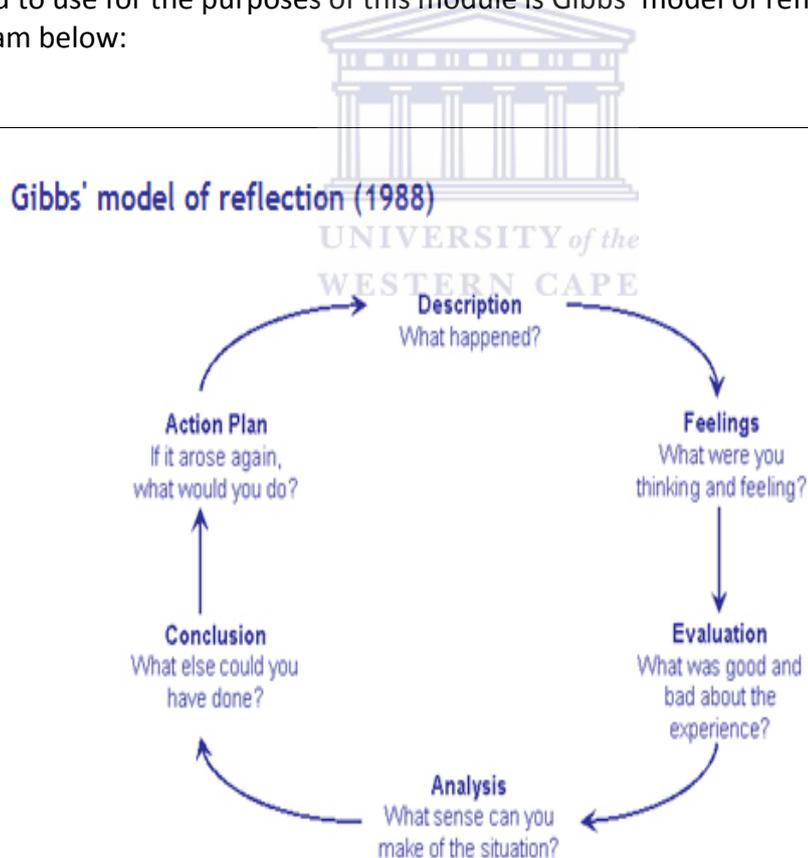
- is developed, implemented, and evaluated in collaboration with the community;
- responds to community-identified concerns;
- attempts to balance the service that is provided and the learning that takes place;
- enhances the curriculum by extending learning beyond the classroom and allowing
- students to apply what they've learned to real-world situations; and
- provides opportunities for critical reflection.
- Service-learning is significantly different from other forms of experiential education in that it:
- offers a balance between service and learning objectives;
- places an emphasis on reciprocal learning;

- increases an understanding of the content in which clinical and/or service work occurs;
- focuses on the development of civic skills;
- addresses community identified concerns; and
- involves community in the service-learning design and implementation.

6.5. Reflection <http://www.careers.salford.ac.uk/cms/resources/uploads/File/Reflective%20Writing.pdf>

Reflective writing is different from the other styles of academic writing you may have been used to so far. It is a process whereby, through writing, you look at what you have learnt and how you have learnt from it. It is one of the few times where you are encouraged to use 'I' or 'we' in your academic writings. In writing a reflective essay, you will need to describe an event, how you felt about it, what you learnt, whether the situation could have been handled in a different manner, and what you need to do or learn in order to improve or conduct yourself differently in future.

There are many models of reflection that you may encounter, however the one we would prefer you to use for the purposes of this module is Gibbs' model of reflection, as detailed in the diagram below:



7. Module Descriptor

Home Department	Nursing		
Module Topic	Gender Based Violence as a public health issue		
Generic Module Name	Regional Priority GBV		
Alpha-numeric Code	NRS 401 821047		
Credit Value	20		
Duration	Semester (2)		
Programmes in which the module will be offered	Programme		
NQF Level	7		
Main Outcomes	<ol style="list-style-type: none"> 1. Demonstrate understanding of the magnitude of gender based violence as a public health issue. 2. Apply basic theoretical and legal knowledge in addressing gender-based violence as a public health issue. 3. Demonstrate understanding of different intervention strategies on gender-based violence in different health care settings. 		
Main Content	<ul style="list-style-type: none"> • Different manifestations of gender-based violence as a public health issue • Epidemiology of gender-based violence Basic theory i.e. social ecological model for understanding and addressing gender based violence. • Constitutional and legal frameworks, policies and protocols guiding health professionals in the management of gender-based violence survivors. • Advocacy, empowerment and general interventions in gender-based violence as a public health issue. 		
Co-requisite modules	None		
Prohibited module Combination	None		
A. Breakdown of Learning Time	Hours	B. Time-table Requirement per week	
Contact with lecturer / tutor:	28	<i>Lectures</i> <i>p.w.</i>	2x1hr
Assignments & tasks:	30	<i>Practicals</i> <i>p.w.</i>	5.2 p.w
Practicals:	74	<i>Tutorials</i> <i>p.w.</i>	0
Tests & examinations:	3		
Self-study	65		
Other: Please specify			
Total Learning Time	200		
Methods of Student Assessment	Summative 60%, Continuous assessment 40%		

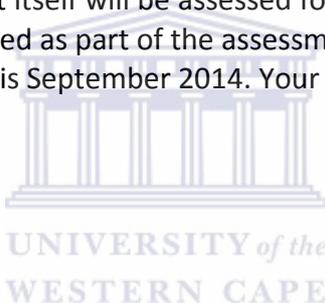
8. Assessment

Your formative assessment schedule for this module is as follows:

Assessment	Percentage	Due Date
Test 1	50%	
Service Learning Reflective Blog posts	25%	As required per weekly plan
Case-based Reflective Blog posts	25%	As required per weekly plan
	TOT: 100%	

Please note that the overall weighting of the formative assessment is 40%, while the summative assessment (exam) is 60%.

Please be aware that you are required to complete an outreach service learning project as assessment for both this module and the module Psychiatric Nursing 412 (NRS 412). This project will entail your group meeting the stated needs of the community, conceptualizing and carrying out the project within the time allocated, as well as engaging in a process of meaningful reflection. The project itself will be assessed for the module NRS 412, while the feedback and reflection will be used as part of the assessments for this module. The due date for the project presentation is September 2014. Your project file is also due on this date.



9. Prescribed Texts

Uys, L & Middleton, L. 2010. Mental Health Nursing: A South African Perspective. 5th Edition. Juta

10. Recommended Readings

- Use the UWC electronic journal database to search for relevant articles
- Reading Lists will be posted on e-teaching
- Relevant websites (United Nations or World Health Organization, and Medical Research Council, and other organisations who have published about gender based violence)

11. Weekly Program – * this is just a summary! READ THE ENTIRE COURSE GUIDE for complete information!!

For further details see Annexure 8.1.

12. WEEKLY LEARNING ACTIVITIES

WEEK 1

At the end of this week you should be able to have an understanding of the way the course will be offered, what is expected of you, as well as the social construct of gender.

Introduction to the course:

During this week you will be introduced to the following:

- Service Learning: what it is, what is expected of you and what you can expect
- Project: what it entails and what the structure of it will be for this course
- E-learning and structure of course

Social Construct of Gender:

Activity: Think about your childhood and reflect on the first experience of you realising that you were different from members of the opposite sex and/or were expected to behave differently and/or were treated differently from members of the opposite sex

Age	People Involved	Place	Incident	Your feelings about incident
			----- ----- -----	----- ----- -----

WEEK 2

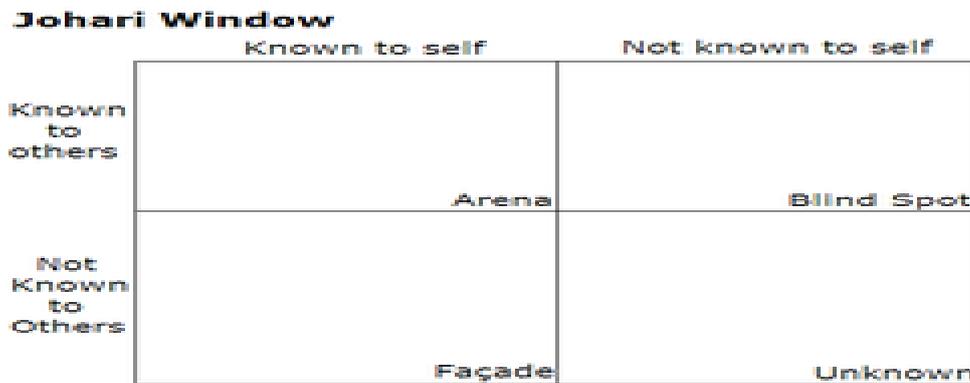
Introduction to Theoretical Frameworks for Understanding Gender Based Violence

This learning opportunity takes place in the form of blog posts, one is a reflective post on service learning, while the other is a reflective post on the construct of gender exercise from week one.

- Group One makes their first reflective practice post (24 July – by 10h30)– 500 words on needs assessment of a service learning project in gender based violence.

- All other groups respond to this posting (24 July – by 13h00), one post per group of 200 words min
- In addition to the above, ALL groups write one reflective post (max 500 words) on the most easy/ most difficult social construct of gender exercise, using the Johari window to explain why it was easy or difficult and relate it to possible client experiences of disclosing personal information (24July, by 16h00)

The Johari Window:



http://upload.wikimedia.org/wikipedia/commons/thumb/2/2c/Johari_Window.PNG/250px-Johari_Window.PNG



Information about disclosure:

Taken as an exact quote from: <http://www.abacon.com/commstudies/interpersonal/indisclosure.html>

Definition

Self-disclosure is not simply providing information to another person. Instead, scholars define self-disclosure as sharing information with others that they would not normally know or discover. Self-disclosure involves risk and vulnerability on the part of the person sharing the information.

Functions of Self-Disclosure

Self-disclosure performs several functions. It is a way of gaining information about another person. We want to be able to predict the thoughts and actions of people we know. Self-disclosure is one way to learn about how another person thinks and feels. Once one person engages in self-disclosure, it is implied that the other person will also disclose personal information. This is known as the norm of reciprocity. Mutual disclosure deepens trust in the relationships and helps both people understand each other more. You also come to feel better about yourself and your relationship when the other person accepts what you tell them.

Risks of Self-Disclosure

While there are several advantages to self-disclosure, there are also risks. One risk is that the person will not respond favourably to the information. Self-disclosure does not automatically lead to favourable impressions. Another risk is that the other person will gain power in the relationship because of the information they possess. Finally, too much self-disclosure or self-disclosure that comes too early in a relationship can damage the relationship. Thus, while self-disclosure is useful, it can also be damaging

to a relationship

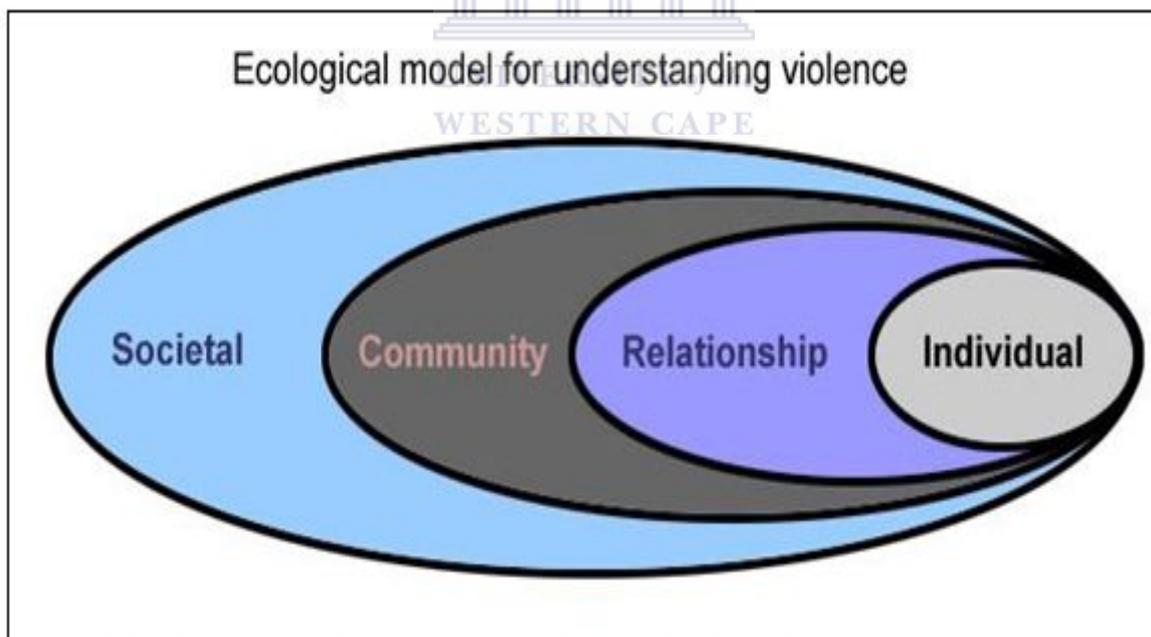
WEEK 3

At the end of this unit you should be able to apply basic theoretical knowledge in addressing gender-based violence as a public health issue.

Case: Week 3

Althea is the single child of a mother who has been addicted to various substances since before Althea was born. Althea's most prevalent physical characteristic is her ears which are below the level of her eyes, and a relatively small skull for an adult. Althea was forced to leave school at the age of 9 to work to feed her younger brothers and sister. She started collecting bottles to exchange for money. Her mother constantly beat her, often leaving bruises, calling her 'dom' (stupid), and worthless. Her mother also used to take most of her money, to feed her mother's substance habit. As her mother was the only reason they had shelter, Althea remained in this situation. Also, Althea was forced to look for bottles for longer and longer hours as the family's needs increased. She asked for help from the school she used to attend, but they said there was nothing they could do as she was no longer a learner there.

Use the model depicted below to explain Althea's situation. Feel free to elaborate.



Source: Heise et al., 1999; Krug et al., 2002; CDC, 2004

Picture taken from: http://www.endvawnow.org/uploads/browser/images/ecological%20model_intro_en.jpg

WEEK 4

At the end of this week, you should be able to demonstrate an understanding of the magnitude of gender based violence as a public health issue.

This learning opportunity takes place in the form of blog posts: one is a reflective post on service learning, while the other is a reflective post.

Individual work:

Read about reported issues of gender based violence in the media in a province of your choice in South Africa

In your placement at your facility, identify protocols, or lack thereof, for the management of gender based violence

Read Domestic Violence Act (No. 116 of 1998) - DVA

Blog posting activities:

- Group Two makes their reflective practice post (07 Aug– by 10h30) – 500 words about the needs assessment of their service learning project in gender based violence. Link theory of GBV into the reflective practice post.
- All other groups to respond to this posting (07 Aug – by 13h00), one post per group of 200 words min. For example, group 3 will respond to group one and then group two, separately.
- In addition to the above, ALL groups write one reflective post (500 words) on the types of gender based violence (GBV) reported in the media. In addition, identify how in these cases the DVA could have been, or was applied. Also look at the protocol identified from the health facility and identify gaps in the management of GBV (07 Aug, by 16h00)

Reflective Writing – Am I doing it right?



© Ron Leishman * www.ClipartOf.com/443058

“Description

In this section, you’ll need to explain what happened. There might be some background information, such as where you were working at the time (being careful not to identify individual people or places). Tell the reader who was involved and describe the incident itself without discussing your feelings yet just the facts are required at this stage.

Feelings

Discuss your feelings and thoughts about the incident in this section. How did you feel at the time? What about afterwards? What did you think at the time?

What did you think about the incident afterwards? You can discuss your emotions honestly in this section, but make sure to remember at all times that this is an academic piece of writing. Be careful not to be offensive, make sure not to identify any of the people involved, and remember that it might not only be your tutor who reads the assignment.

Evaluation

In evaluating the incident, you’ll be looking at how well things went. How did you react to the situation, and how did other people react? What was good and what was bad about the experience? If you are writing about a difficult incident, did you feel that the situation was resolved afterwards? Why / why not? You will probably need some theory and the work of other authors in this section.

Analysis

Leading on from your evaluation, your analysis will look in greater depth at what might have helped or hindered the situation and how or why the incident came about in the first place. Importantly, you will need to bring theory and other authors’ work in here. The most common reason why students get poor marks for reflective assignments is that they don’t bring the theory and experience together in this section.

Conclusion

In this section, think about whether you could have done anything else during the incident, and what you have learned from it. Could you have responded in a different way? If you are talking about a positive experience, will you do the same again to ensure a positive outcome, or is there anything you could change to improve things even further? If the incident was negative, how could you have avoided it happening or how can you make sure it doesn’t happen again?

Action plan

Your action plan sums up anything you need to do in order to improve things for next time. Do you perhaps need to learn about something or attend some training? Could you ask your tutor or placement supervisor for some advice? What can you do which means that, if the situation arises again, you will be better equipped to cope with it?

<http://www.careers.salford.ac.uk/cms/resources/uploads/File/Reflective%20Writing.pdf>

WEEK 5

At the end of this week you should be able to apply basic legal knowledge in addressing gender-based violence as a public health issue.

Case: Week 5

Draft an information pamphlet on the types of domestic violence and protection that the Domestic Violence Act offers. Draw your information sheet in the space provided below. You may use Microsoft Publisher if you prefer to.

WEEK 6

Service Learning Progress of Project Presentations

All groups to present the progress of their project so far and the obstacles they have faced, as well as the achievements.

You need to include in the presentation, the principles of GBV that have been learnt so far – for example, in a project on self-esteem, explain how GBV affects self-esteem, how it is part of a bigger public health issue, the role of self-esteem in the cycle of violence and so on.

All groups to present their progress so far; All other groups to give at least one constructive comment/suggestion.

Lecturers and clinical supervisors will also give input.

WEEK 7 TEST

Test on content of week 1-5, including self study topics Good Luck!

WEEK 8

At the end of this week you should be able to demonstrate understanding of the magnitude of gender based violence as a public health issue as well as demonstrate understanding of different intervention strategies on gender-based violence in different health care settings.

This learning opportunity takes place in the form of blog posts; one is a reflective post on service learning, while the other is a reflective post.

Individual work:

Read about management of gender based violence, and barriers to reporting of GBV

Blog posting activities:

- Group Three makes a reflective practice post (11 Sept – by 10h30) – 500 words about the planning of their service learning project in gender based violence. Link theory of GBV into the reflective practice post.
- All other groups respond to this posting (11 Sept– by 13h00), one post per group of 200 words min.
- In addition to the above, ALL groups write one reflective post (500 words) on the magnitude of gender based violence and why your group believes it is a public health issue. In addition write about causes of, and consequences of GBV, or intervention strategies to manage GBV (11 Sept, by 16h00)

WEEK 9

At the end of this week you should be able to demonstrate understanding of the magnitude of gender based violence as a public health issue as well as demonstrate understanding of different intervention strategies on gender-based violence in different health care settings.

This learning opportunity takes place in the form of blog posts, one is a reflective post on service learning, while the other is a reflective post.

Individual work:

Readiness of health care workers to deal with GBV, screening of GBV in health care settings

Blog posting activities:

- Groups Four and Five makes a reflective practice post (18 Sept – by 10h30) – 500 words about the planning of their service learning project in gender based violence. Link theory of GBV into the reflective practice post.
- All other groups respond to this posting (18 Sept– by 13h00), one post per group of 200 words min. Group Four and Five to post separately
- ALL groups write one reflective post (500 words) on the screening of gender based violence in health care settings. If screening is a part of the general assessment, write about how it has been helpful or not, as well as referral and management at this level. If it is not implemented, write about what value screening for GBV can have, and how it can be implemented(18 Sept, by 16h00)

WEEK 10

At the end of this week you should be able to demonstrate understanding of the magnitude of gender based violence as a public health issue as well as demonstrate understanding of different intervention strategies on gender-based violence in different health care settings.

Case: Week 10

Create a screening tool for gender based violence, which can be easily applied in a general assessment of a patient entering the health services. Limit the screening to ten questions maximum. Write the ten questions below with the reasons why your group thinks it is important to include these questions as part of screening.

Question	Rationale
1.	
2.	

WEEK 11

At the end of this week you should be able to demonstrate understanding of the magnitude of gender based violence as a public health issue as well as demonstrate understanding of different intervention strategies on gender-based violence in different health care settings.

This learning opportunity takes place in the form of blog posts: one is a reflective post on service learning, while the other is a reflective post.

Individual work:

Read about management of GBV

Blog posting activities:

- Group Six and Seven make a reflective practice post (2 Oct – by 13h30) – 500 words about the evaluation of their service learning project in gender based violence. Group Six and Seven to post separately. Link theory of GBV to this post.
- All other groups respond to this posting (28 Sept – by 12h00), one post per group of 200 words min.
- ALL groups write one reflective post (500 words) on the current practice of management of gender based violence in health care settings. Also write about the attitudes of health care workers to the management of GBV, as well as if the management practices are effective in your opinion (28 Sept, by 16h00)

WEEK 12

At the end of this week you should be able to demonstrate understanding of the magnitude of gender based violence as a public health issue as well as demonstrate understanding of different intervention strategies on gender-based violence in different health care settings.

Althea is the single child of a mother who has been addicted to various substances since before Althea was born. Althea's most prevalent physical characteristic is her ears which are below the level of her eyes, and a relatively small skull for an adult. Althea was forced to leave school at the age of 9 to work to feed her younger brothers and sister. She started collecting bottles to exchange for money. Her mother constantly beat her, often leaving bruises, calling her 'dom' (*stupid*), and worthless. Her mother also used to take most of her money, to feed her own substance habit. As her mother was the only reason they had shelter, Althea remained in this situation. Also, Althea was forced to look for bottles for longer and longer hours as the family's needs increased. She asked for help from the school she used to attend, but they said there was nothing they could do as she was no longer a learner there.

Case: Week 12

Althea came to the Lighthouse Church's project for food at the soup kitchen. While you were watching, you saw that she was covered in bruises, with a weeping wound above her left eye. She was withdrawn, appeared scared and submissive, and did not communicate with anyone while waiting in line. When she saw you in uniform, she looked in your direction and hesitated. She then came over to ask you for a pain tablet.

WEEK 13

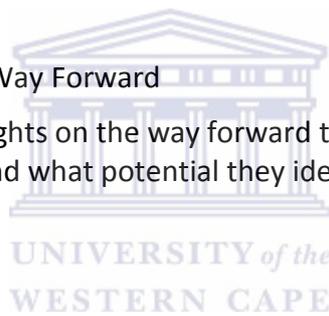
Service Provider Evaluation and Way Forward

ALL groups to prepare their thoughts on the way forward to ensure the sustainability and development of their projects, and what potential they identify for their projects in future

WEEK 14 - Revision

13. ASSESSMENT TOOLS

13. 1 Assessment tool for Blog Postings





BLOGGING ASSESSMENT

GROUP:..... DATE:.....

ASSESSOR:.....

Section A: Blogging Responses (50% of blog assessment mark)

(Excellent = 2 Satisfactory = 1 Unsatisfactory = 0)

Integration/synthesis of Concepts and Principles	Critical Thinking	Applications and Personal Examples	Writing standards	Timeliness
The blogging responses demonstrate an integration of concepts and principles from classroom discussions and reflect an understanding of fundamental principles surrounding the problems/ challenges/ advantages/ successes surrounding the identified topic.	Postings frequently demonstrate use of upper level thinking (analysis, synthesis, evaluation) and illustrate a thoughtful approach to the content.	The blogging responses share personal connections to the specific topic while at the same time integrating the information from class readings. Postings apply module concepts insightfully.	The writing from blogging posts is clear, concise, and easy to understand. Ideas and responses are communicated clearly and coherently. The language used is not offensive to readers and sensitive to cultural differences.	The responses are submitted on or before the due date.
Excellent <input type="checkbox"/>	Excellent <input type="checkbox"/>	Excellent <input type="checkbox"/>	Excellent <input type="checkbox"/>	Excellent <input type="checkbox"/>
Satisfactory <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Satisfactory <input type="checkbox"/>
Unsatisfactory <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>
TOTAL: X3 = _____	TOTAL: X3 = _____	TOTAL: X3 = _____	TOTAL: X2 = _____	TOTAL: X2 = _____

Grand total: _____/39 Percentage: _____%

COMMENTS: _____

_Amended rubric by Brenda Dyck. Accessed at <http://www.masters.ab.ca/bdyck/Blog/> 23/11/2011

Section B (50% of blog assessment mark): Individual group member's contribution

STUDENT	CONTRIBUTION

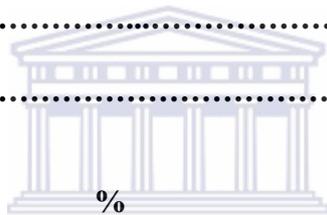
Section C: Non-participating members' marks (include evidence in project file)

STUDENT	REASON	MARK

GROUP:.....

Group member's signatures:

.....



TOTAL MARK =/100

%

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 WESTERN CAPE

Lecturer/ Supervisor signature:

Date:

13.2 Assessment Tool for Grading of Project Presentation



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Assessment Guide for Grading of Project Presentation

As this is a group project, it is expected that each group member contribute meaningfully. **Section B** of this mark sheet is to be completed by group members to indicate each individual member's contribution. If a member/s does not participate or make a contribution, the other members of the group will decide, based on their evidence, what mark will be awarded to that member/s.

Section C will then be completed the other group members.

Section A

Criteria	Mark	Allotted Mark	Comments
NEEDS ASSESSMENT	20		
PLANNING	30		
IMPLEMENTATION	20		
EVALUATION:			
- SELF	5		
- GROUP	5		
- COMMUNITY FEEDBACK	10		
PROJECT FILE	10		
TOTAL	100		PERCENTAGE:

ASSESSORS:

SIGNATURE:.....DATE.....

SIGNATURE:.....DATE.....

Section B: Individual group member's contribution (include evidence in project file)

STUDENT	CONTRIBUTION

Section C: Non-participating members' marks (include evidence in project file)

STUDENT	REASON	MARK

GROUP:

Group member's signatures:

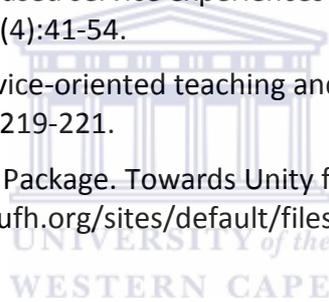
14. Module Evaluation Form



MODULE AND LECTURER APPRAISAL: GENDER BASED VIOLENCE will be provided at the end of the semester

15. References

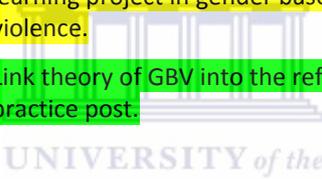
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- Gelmon, S., Holland, B., and Shinnamon, A. (1998). Health Professions Schools in Service to the Nation: Final Evaluation Report. Community-Campus Partnerships for Health, San Francisco, CA. Available at: <http://www.ccph.info>
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ANNEXURE 8.1: EXCERPTS FROM THE WEEKLY PROGRAMME IN THE GBV MODULE GUIDE

Theory; SL projects; Grading of facilitated reflection; Theory in the clinical practice setting

Date	Facilitate learning topics/ content	Assessment: SL Project and Theory	Self-Study Topics
17 July	Introduction to the course <ul style="list-style-type: none"> • Service Learning • Project • E-learning and structure of course • Social construct of gender 		Read course guide thoroughly, familiarise yourself with service learning, reflection and its principles and the Johari window.
24 July	E-Week Groupwork/Blog: Reflective practice post/response: SL project	Group One makes their first reflective practice post (24 July – by 10:30) – 500 words on needs assessment of a service learning project in gender based violence. Link theory of GBV into the reflective practice post.  All other groups respond to this posting (24 July – by 13:00), one post per group of 200 words min.	
	Blog post: Construct of gender exercise	In addition to the above, ALL groups write one reflective post (max 500 words) on the most easy/ most difficult social construct of gender exercise, using the Johari window to explain why it was easy or difficult and relate it to possible client experiences of disclosing personal information (24 July, by 13:00)	Social construct of gender roles
	Facilitated reflection:	Clinical facilitators respond to postings by 24 July 16:00. Clinical facilitators to submit completed blogging assessments [group and individual] by 25 July 16:00.	
	Individual work: Read about ecologic and		Theoretical frameworks for gender based violence.

	other frameworks for understanding gender based violence.		
31 July	Theoretical frameworks for understanding gender based violence Life-cycle and types of gender based violence		Dysfunctional intimate relationships. Different forms of abuse (physical, emotional, sexual etc.) Non-intimate and IPV including femicide. In your placement at your facility, identify protocols, or lack thereof, for the management of gender based violence – keep for next week's groupwork.
7 Aug	E- Week Groupwork/Blog: Reflective practice post	Group Two makes their reflective practice post 7 Aug– by 10:30) –500 words about the needs assessment of their service learning project in gender based violence. Link theory of GBV to the SL project	
	Groupwork/Blog: Reflective practice response to posting	All other groups to respond to this posting (7Aug – by 13:00), one post per group of 200 words min. For example, group 3 will respond to group one and then group two, separately.	
	Individual contribution to group posting on GBV issues reported in the media in Africa and the Domestic Violence Act (No. 116 of 1998) – DVA	UNIVERSITY of the WESTERN CAPE	
	Blog post: Gender based violence in the media exercise	In addition to the above, ALL groups write one reflective post (500 words) on the types of gender based violence (GBV) reported in the media.	
	In your placement at your facility, identify protocols, or lack thereof, for the management of gender based violence	In addition, identify how in these cases the DVA could have been, or was applied. Also look at the protocol identified from the health facility and identify gaps in the management of GBV (7 Aug by 16h00)	Domestic Violence Act (No 116 of 1998).
	Facilitated reflection	Clinical facilitators respond to postings by 7 Aug 16:00 Clinical facilitators to submit completed blogging assessments [group and individual] by 8 Aug 16:00	

ANNEXURE 8.2: TIME TABLE GBV MODULE 2012

**SCHOOL OF NURSING
B.CUR IV
Semester 2, 2012: GROUP 1A, 1B, 2A, 2B**

Gender Based Violence NRS 401 (821047) Teaching Team Timetable

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
09:00-9:45	CLINICAL SUPERVISION	GBV project planning meeting with Clinical Supervisors (CS)	CLINICAL SUPERVISION	Gender Based Violence NRS 401 (821047) PREP	
10:00	CLINICAL SUPERVISION	ALL (STUDENTS & CS) DEPART TO 80 ARUNDEL DRIVE, BELHAR FOR SL PROJECT	CLINICAL SUPERVISION	Gender Based Violence NRS 401 (821047) PREP	
10:50-11:50	CLINICAL SUPERVISION	SL PROJECT ACTIVITIES SUPERVISED BY CS	CLINICAL SUPERVISION	Gender Based Violence NRS 401 (821047) PREP	
12:00-13:00	CLINICAL SUPERVISION	SL PROJECT ACTIVITIES SUPERVISED BY CS	CLINICAL SUPERVISION	Gender Based Violence NRS 401 (821047) PREP	GBV TEAM MEETING
				C	H
14:00-15:00	CLINICAL SUPERVISION	SL PROJECT ACTIVITIES SUPERVISED BY CS	CLINICAL SUPERVISION	Gender Based Violence NRS 401 (821047) GR 1 LECTURES: OF H BOLTMAN GR 2 LECTURES: OM H JULIE	<u>Gender Based Violence NRS 401 (821047) BLOGGING</u> Group 1A: OA Group 1B: OB Group 2A: OC Group 2B: OD
15:10-16:00	CLINICAL SUPERVISION	COMMUNITY PARTNER SIGN OFF TIME SHEETS	CLINICAL SUPERVISION	Gender Based Violence NRS 401 (821047) GR 1 LECTURES: OF H BOLTMAN GR 2 LECTURES: OM H JULIE	<u>Gender Based Violence NRS 401 (821047) BLOGGING</u> Group 1A: OA Group 1B: OB Group 2A: OC Group 2B: OD
16:20-16:55	CLINICAL SUPERVISION	RETURN TO UWC		Lectures and reflective groups are alternated weekly unless indicated otherwise.	<u>Gender Based Violence NRS 401 (821047) BLOGGING</u> Group 1A: OA Group 1B: OB Group 2A: OC Group 2B: OD NB: STUDENT INDEPENDENT WORK

ANNEXURE 9: SL MODULE DESIGN GUIDELINES

SECTION A: ORGANISATIONAL COMPONENT			
1.	Title of the module:	GBV as a public health issue	
2.	Faculty/Department	Community and Health Sciences/School of Nursing	
3.	Discipline	Nursing	
4.	University code	NRS 401 (821047)	
5.	NQF Level (1-10)	7	
6.	Credit value of module	20	
7.	Programs in which module is offered	Bachelor of Nursing	
8.	Existing (date when first offered) or new module	<u>Existing:</u> 2010	<u>New:</u>
9.	Rationale for creating new module of restructuring existing one	Restructuring to meet the demand to address the challenges of GBV which is global problem.	
10.	Details of principle academic person responsible for the module:		
	Name:	H Julie	Title: Mrs
	Position:	Senior lecturer	
	Academic Department:	Nursing	
	Faculty / School:	Community and Health Sciences /School of Nursing	
	Institution:	University of the Western Cape	
	Tel. Work:	021 9592267	Fax: 021-9592679
	Cell:	0827814356	Email: hjulie@uwc.ac.za
	Postal Address:	The University Of the Western Cape Private Bag X17, Bellville	
		Code:	7535
SECTION B: ACADEMIC COMPONENT			
INTEGRATION OF SERVICE-LEARNING IN THE CURRICULUM			
<i>Phase 1: Module Development and Design</i>			
1.	List the module outcomes as it relates to the academic program(s) in which it is offered: <i>(in existing modules it will refer to the module as previously known)</i> <ol style="list-style-type: none"> 1. Demonstrate understanding of the magnitude of GBV as a public health issue. 2. Apply basic theoretical and legal knowledge in addressing gender-based violence as a public health issue. 3. Demonstrate understanding of different intervention strategies on gender-based violence in different health care settings. 4. 		
2.	Indicate which and how critical cross-field outcomes are integrated into this particular module: <ol style="list-style-type: none"> 1. Identifying and solving problems by using critical and creative thinking 		

	<p>- students are expected to identify issues (e.g. substance abuse) related to GBV and together with the role players to plan interventions to address them</p> <p>2. Working effectively with others as a member of a team, group, community -students to enhance interpersonal skills which were developed during first 3 years of training</p> <p>3. Organising and managing oneself and ones activities effectively and responsibly - students are expected to keep a diary to organise self and to record activities/reflections</p> <p>4. Collecting, analysing, evaluation information critically - students are expected to utilise resources(facilitator and community knowledge and skills) in addition to scientific information</p> <p>5. Communicating effectively - Further development of communication skills learnt during previous 3 years of education and training</p> <p>6. Using science and technology responsibly, effectively and critically -students will be expected to apply evidence based practices and be open to new ways of working thus stimulating further research endeavours</p> <p>7. Demonstrating an understanding of the world - students are expected to learn that GBV does not exist in isolation but may be indicative of a wide range of social problems</p> <p>8. Personal development of the students - students are expected to develop cultural sensitivity as they will be engaged with diverse communities; may develop entrepreneurial skills as they will be expected to plan projects; career opportunities may be identified such as initiating of NGO's with the aim of community upliftment</p>
3.	<p style="text-align: center;">List of module descriptors/study units/ themes:</p> <p>GBV 401 (NRS 401); Conceptual and theoretical frameworks; manifestations and epidemiology; socio ecological model; community involvement; Building community collaborations and partnerships; SL (42 hours)</p>
4.	<p style="text-align: center;">Formulate specific learning outcomes for the module:</p> <p>1. Conduct a situational analysis of a specific community to assess the community needs regarding GBV through effective partnerships between service providers and the community 2. Formulate a Service Learning definition for own context using theoretical literature 3. Devise, implement and evaluate an GBV empowerment programme</p>
5.	<p>Identify and motivate those outcomes that can be reached through community-based learning activities:</p>

	<p>Outcome 1= to understand what the magnitude of GBV is in the community. Outcome 3=to gain understanding about different intervention strategies to address the needs.</p>
6.	<p>Identify community-based learning activities conducive to the reaching the outcomes listed in 5:</p> <p>Outcome 1= Situational analysis Outcome 3= Develop an empowerment programme for community</p>
7	Explore Partnerships:
7.1	<p>Identify the target group(s) that might benefit from student community engagement in this module: (<i>state and describe</i>)</p> <p>The Belhar Lighthouse Family Church (BLFC), with a membership of 320 adults (230 females and 90 males) and 80 children, is located in the Belhar residential area, cross-sectioning Belhar and Delft. The BLFC therefore serves not only Belhar but also the surrounding communities from Delft and Wesbank.</p>
7.2	<p>Identify and motivate areas of service/engagement that will benefit both student and target group:</p> <p><u>Target group will benefit:</u> Students have content knowledge and experience from working in hospitals and community clinics. They are able to assist with awareness raising of GBV; substance abuse and other social issues. Programmes can be developed such as life skills training, victim empowerment to assist with GBV in communities Can offer psychological service under the guidance of a multidisciplinary team Raising funds can assist in sustainability of the programmes/project Can offer support groups for both families and residents.</p> <p><u>Students will benefit:</u></p> <ol style="list-style-type: none"> 1. Potential for personal and spiritual growth through the experience of engagement with all the role players 2. Learn social responsibility by providing a service to the community which has identified needs 3. Students can learn about a comprehensive approach to GBV such as awareness raising, addressing social issues related to GBV, planning support groups 4. Opportunities- students can learn how to develop programmes for example life skills, and also apply academic knowledge and skills 5. Structured reflection will stimulate deep learning which aids in development of the student 6. Greater student comprehension of social issues such as GBV, substance abuse in the Western Cape.

7.3	Identify community partner organisations:	
	Faith-based organisations Belhar Lighthouse Family Church	
8.	Explore Service-Learning:	
8.1	List teaching-learning methods to be used in the module: <i>(and describe how applied)</i>	
	<p>Case-based learning - In order to facilitate case based learning, a variety of strategies will be utilised, including solving cases, small group work, group presentations and lecture discussions. There will be a strong emphasis on self-directed learning and a reflective approach to care.</p> <p>Service-learning- implemented as a group project. The group project will entail meeting the stated needs of the community, conceptualizing and carrying out the project within the time allocated, as well as engaging in a process of meaningful reflection.</p>	
8.2	Indicate and describe the model or adapted model used for service-learning: <i>(Refer to Chapter of SLCB Manual: Models for S-L)</i>	
	The Capstone model. These programmes are relevant for students in their final year. Students will be asked to draw on knowledge, skills and attitude gained and developed during the previous years of study. These will be combined with service work (GBV interventions) in the community.	
8.3	Types of delivery and estimated notional study hours per type:	
	Student activity: <i>(structured time)</i>	Number of notional study hours: <i>(for the whole module)</i>
		Percentage of total notional hours: <i>(for the whole module)</i>
	Class contact hours:	28
	Practicals <i>(if any)</i> :	
	Tutorials (in community):	14
	Service agency/community interaction:	42
	Structured reflection time:	42
	Tests/exams:	3
	Other (specify):	
	Student activity: <i>(self-study time)</i>	Number of notional study hours: <i>(for self-study)</i>
		Percentage of total notional hours: <i>(for self-study)</i>
	Resource-based learning:	14
	Self-directed study:	25
	Study on assignments:	16
	Exam preparation:	16
	Other (specify):	
	Total : No. of notional hours required to complete the module:	200

Phase 2: Module Implementation

1.	<p>Indicate the meaningful collaborative service activities for the students:</p> <p>Establishment of GBV empowerment programme includes screening, support group initiation and facilitation, life skills training with the aim of sustainability of the groups.</p>
2.	<p>Arrangement of logistics and useful forms and documents (Indicate what and how the following will be (or was) implemented)</p>
2.1	<p>Plan transportation arrangements for service-learning activities:</p> <p>Transport arrangements will be coordinated by the CHS faculty transport officer upon receipt of placement schedules from the 4th year administrative officer at the SoN.</p>
2.2	<p>Coordinate scheduling of contact sessions and placements:</p> <p>Weekly community placements and contact sessions will be planned between all role players (community, service provider and HEI) and coordinated by the 4th year academic officer</p>
2.3	<p>Monitor attendance and involvement of students:</p> <p>Attendance of students will be monitored by means of a class register. Small group involvement in activities monitored by means of reflective blogs between group members</p>
2.4	<p>Consider the possible risks and liability issues in the module:</p> <p>Risks in terms of student and academic safety when travelling to and from the placement site. Indemnity of students -3rd party as students have to travel to Ensure that students work within their scope of practice Vulnerability of students who may be the same age as the community, support regarding general rules about relationships, disclosure Discuss how risks will be managed as partners are liable if students get injured whilst at the placement. Drawing up of contractual agreements</p>
2.5	<p>Plan documentation and record-keeping (what will you use):</p> <p>Portfolio will be kept with student blog posts, lecturer own reflective insights, Attendance lists to monitor student attendance.</p>
2.6	<p>Identify and plan available resources (physical space, human resources and operating costs):</p> <p>The Lighthouse Church has physical space e.g. counselling rooms, a hall to accommodate students. Community workers (mercy workers), clinical supervisors and lecturers to facilitate the process Operating cost: a budget for the SL module re: transport, refreshments will be devised and submitted to the SoN</p>

	Students will also be expected to raise funds/seek donations.
3.	Conduct student orientation and training: <i>(Indicate what and how the following will be (was) implemented)</i>
3.1	Introduce the concept of service-learning (to students. How?): Discuss various authors definitions of SL, students to critically analyse definitions and synthesise into definition for own context.
3.2	Orientate students to general logistical considerations: A learning agreement will be drawn up with all stakeholders regarding the SL project. The 4 th year academic officer will be identified as the central person thus will ensure that all communication is transmitted via the administration office. A site visit will be planned to ensure students are familiar with the area. Clear module guide depicting all the arrangements will be made available to students A google mail group will be set up so students will be kept informed about any developments, issues, events. The module guide with regular updates will be uploaded on the UWC e-learning site for students to access Provide background information about, or have students research, the community organization they will be working with. Students can also do a walk about to ascertain local knowledge which may be useful in the partnership.
3.3	Introduce broader issues relating to the module: Information regarding the history of Belhar and the population, the church, mission, location of the placement site will be given. Expectations, roles, responsibilities of stakeholders shared. If a resource guide is available from the service provider, this will be given to students
3.4	Orientate students to their expectations and responsibilities: Establish students' views on social responsibility to ascertain their beliefs, willingness to get involved, identify students' strengths and assets; instil hope that they can make a difference and grow from the experience. Orientation of students will include: Clear project description – make sure students understand the tasks and any deliverables that they are responsible. Explain how the project relates to module, the expected community impact, and potential for possible future careers. Assign tasks. Establish and disseminate to students clear expectations of the community. These may include dress code, punctuality, respect for privacy of partners, having a positive and flexible attitude to encourage reciprocity, Provide opportunities for structured reflection in the growth and learning process Encourage students to evaluate the changing needs of the partners in collaboration with the partners Discuss the assessment criteria with students so that the facilitator can ascertain if learning took place

Phase 3: Reflection and Assessment

Formative and Summative assessment of student learning

1.	Indicate how students will engage in reflection (indicate the model and activities)										
	<p>Gibbs model of reflection (1998)</p> <ol style="list-style-type: none"> 1. Description –Explanation of what happened. 2. Feelings – Discussion of feelings and thoughts about the incident. 3. Evaluation – Evaluation by looking at how well things went. 4. Analysis – analysing by looking in greater depth at what might have helped or hindered the situation and how or why the incident came about in the first place. 5. Conclusion- Could anything have been done incident, and what was learned from it. 6. Action plan – a summation of anything needed to improve things for next time. 										
2.	Assess student learning activities and assignments										
2.1	Statement of student assessment criteria										
	Student assessment will consist of both summative and continuous assessment with the objective of assessing learning that took place through reflective practice rather than the service learning project itself.										
2.2	Methods of student assessment to be used in the module (indicate the weighting for each method) (Formative and Summative assessment):										
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding-left: 20px;">1. Summative</td> <td style="text-align: right;">60%</td> </tr> <tr> <td style="padding-left: 20px;">2. Continuous assessment</td> <td style="text-align: right;">40%</td> </tr> <tr> <td style="padding-left: 40px;">- Test</td> <td style="text-align: right;">50%</td> </tr> <tr> <td style="padding-left: 40px;">- SL Reflective Blog posts</td> <td style="text-align: right;">25%</td> </tr> <tr> <td style="padding-left: 40px;">- Reflective blogs</td> <td style="text-align: right;">25%</td> </tr> </table>	1. Summative	60%	2. Continuous assessment	40%	- Test	50%	- SL Reflective Blog posts	25%	- Reflective blogs	25%
1. Summative	60%										
2. Continuous assessment	40%										
- Test	50%										
- SL Reflective Blog posts	25%										
- Reflective blogs	25%										

Phase 4: Module Evaluation

Monitoring and evaluating the impact

1.	Evaluate module/ course/ programme success:
1.1	Describe how the module will be monitored and evaluated and by whom?
	Monitoring will be done by lecturer, clinical supervisors and service providers. Evaluation by means of reflective blogs using the Three Stage Model (Toole & Toole, 1995) , group assessment, presentation of project to both educators and service providers
1.2	What - in your own words - would constitute success for this module in terms of:
1.2.1	The Community
	Community involvement in own health and welfare thus commitment to sustainability of the GBV empowerment programme
1.2.2	Higher Education (e.g. students, academic staff, university)

	<p>Students: Student self-reflective blogs subjectively indicate personal development/spiritual growth as assessed through continuous assessment</p> <p>Academic staff: Community and service provider satisfaction with the student involvement in SL project. Positive feedback from all stakeholders</p> <p>University: The development of a collaborative partnership between the HEI and the service partners which would align with the UWC institutional plan regarding social responsibility</p>
1.2.3	Service sector agency (service provider)
	Indicating that the identified needs were met and articulate the need to continue with the projects
1.2.4	Partnerships
	All stakeholders indicating that the SL module was a success and verbalise the need to continue the partnership
2.	Indicate HOW impact on students, academic staff, department, profession, community and service provider will be assessed
	A pre- implementation (for baseline data) and a post implementation survey will also be conducted with students, service providers, community and the educators involved.
3.	Demonstrate and celebrate the completion of the service-learning module: <i>(Indicate what and how the following will be implemented)</i>
3.1	Express appreciation and recognition of all stakeholders
	Students will be asked to send thank you letter to all stakeholders to acknowledgement for the opportunity to fulfil social responsibility
3.2	Exchange valuable information
	By means of focus group interviews to assess what was useful and how to improve on the partnership
3.3	Demonstrate and celebrate service-learning achievements
	Student's accomplishments will be celebrated by means of a presentation followed by a party with a press release. UWC media will be invited to interview all stakeholders.
4.	Expansion or termination of partnership:
4.1	Indicate how and what will determine the future of the partnership
	HEI commitment to SL as integrated within the curriculum and modules designed to incorporated SL. Community and service provider receptivity to HEI involvement. Resources especially funding for sustainability; adequate human resources and the inherent belief that one has a social responsibility role

ANNEXURE 10: SL MODULE DESIGN QUESTIONNAIRE

SL MODULE DESIGN QUESTIONNAIRE

If we can use this questionnaire for research purposes, please indicate below. If you do not agree, please still continue filling out the questionnaire so that we can still have your responses in order to improve the module. Thank you.

I agree for my questionnaire to be used for research purposes (tick box)

I DO NOT agree for my questionnaire to be used for research purposes (tick box)

Dear Student

In order to improve the quality of the module Gender Based Violence as a Public Health Issue in the School of Nursing, you are requested to express your views by responding to this questionnaire.

SECTION ONE: DEMOGRAPHICS

1. What is your sex?

1	Male
2	Female

2. What is your race?

1	Asian (SA)
2	Black (SA)
3	Coloured (SA)
4	White (SA)
5	Foreign National (ANY)

3. What is your age-group?

1	20 – 30 years
2	31 – 40 years
3	41 – 50 years
4	51 – 60 years
5	More than 60 years

4. Indicate your year of study

1	Registered for 4 th year modules only
2	Registered for 3 rd and 4 th year modules
3	Registered for the SL module only
4	Other, specify

5. What is your first language?

1	English
2	Afrikaans
3	Xhosa

4	Zulu
5	Other language (specify)

SECTION TWO: YOUR EXPERIENCES OF THE SL MODULE

6. Indicate which community partner you worked with.

1	Belhar Lighthouse Church
2	R.A.E.L

7. We would like to hear about your experiences of the module you are enrolled in. Please indicate you level of agreement with each of the statements below.

		Strongly disagree	Disagree	Neutral	Agree	strongly agree	Not applicable
7.1	I learnt from the community in which I worked	1	2	3	4	5	6
7.2	The community benefited from the work I did	1	2	3	4	5	6
7.3	This service-learning module helped me to developed a better understanding of the social issues connected with GBV.	1	2	3	4	5	6
7.4	This service-learning module took more of my time than other module.	1	2	3	4	5	6
7.5	This service-learning module cost me more money than other modules.	1	2	3	4	5	6
7.6	This service-learning module required much more work than other modules.	1	2	3	4	5	6
7.7	This service-learning module helped me to gain a deeper understanding of GBV.	1	2	3	4	5	6
7.8	I recommend that service-learning be implemented across all year levels.	1	2	3	4	5	6

8. The following questions pertain to the design of SL module. Please indicate your level of agreement with each of the statements below.

The information provided in the different sections of the module guide was helpful in guiding me to make a clear connection between the module outcomes and the service activities.

		Strongly disagree	Disagree	Neutral	Agree	strongly agree	Not applicable
8.1	Background to the SL module	1	2	3	4	5	6
8.2	Contact details of Facilitation Team	1	2	3	4	5	6
8.3	Communication Channels	1	2	3	4	5	6
8.4	General Module Rules and Expectations	1	2	3	4	5	6
8.5	Expectations around Group Work	1	2	3	4	5	6
8.6	Expectations for Blog Posts	1	2	3	4	5	6
8.7	Expectations for Project Presentations	1	2	3	4	5	6
8.8	Weekly Learning Activities	1	2	3	4	5	6
8.9	Assessment Tools	1	2	3	4	5	6

9. We would like to hear your opinion on how this service-learning module differs from other module-related community activities. Please indicate your level of agreement with each of the statements below.

		Strongly disagree	Disagree	Neutral	Agree	strongly agree	Not applicable
9.1	The service-learning project focused on relevant and meaningful service with the community.	1	2	3	4	5	6
9.2	The service-learning module guide clearly connected the module outcomes with the service activities.	1	2	3	4	5	6
9.3	This service-learning module provided structured opportunities for reflection to transform, clarify, reinforce and expand my concrete experiences into knowledge.	1	2	3	4	5	6
9.4	This service-learning module purposefully connected my learning experiences with civic social responsibility.	1	2	3	4	5	6
9.5	I have been given clear rules and guidelines for working in the community by the different service-learning partners.	1	2	3	4	5	6
9.6	I have received enough preparation for working with the community on this service-learning project.	1	2	3	4	5	6

10. This service-learning module used different sources and strategies to facilitate the process of deeper learning within you. Which source did you find most helpful? Please indicate your level of agreement with each of the statements below.

		Strongly disagree	Disagree	Neutral	Agree	strongly agree	Not applicable
10.1	Module guide	1	2	3	4	5	6
10.2	E-teaching postings	1	2	3	4	5	6
10.3	Community entry seminar	1	2	3	4	5	6
10.4	Lecturer	1	2	3	4	5	6
10.5	Clinical supervisor	1	2	3	4	5	6
10.6	SL partners	1	2	3	4	5	6
10.7	Previous exposure to community projects	1	2	3	4	5	6
10.8	Small group activities	1	2	3	4	5	6
10.9	Blogging	1	2	3	4	5	6
10.10	Journal articles	1	2	3	4	5	6

11. Do you think the assessment of this service-learning module was different to that of other module?

1	Yes
2	No

11.1 If yes, how it was (or should be) different to other modules.

.....

12. What could be improved in SL and how?

.....

13. What make SL different to others modules?

.....

14. What is your general appreciation of the SL module?

.....

Thank you for your insights regarding service learning!
Ms H Julie & Ms H. Boltman

ANNEXURE 11: GRIEVANCE LETTER

From:

To: hjulie@uwc.ac.za; hboltman@uwc.ac.za

CC: atraut@uwc.ac.za; amafilika@uwc.ac.za; ksetember@uwc.ac.za; nnxusani@uwc.ac.za

Date: 2012/08/14 07:40 PM

Subject: GBV: Letter of concern from group 2B

Dear Mrs Julie (and other concerned parties),

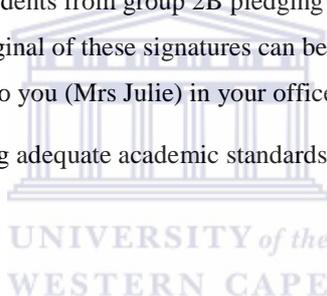
Please find the letter below as handed to you today on the concerns of class 2B on our deep rooted concerns regarding the Gender Based Violence (GBV) module (NRS 401, 2012).

In this e-mail the signatures of the 36 students from group 2B pledging (informed) support of the document presented below, is not included, the original of these signatures can be obtained from myself, the copy has been attached to the letter personally handed to you (Mrs Julie) in your office today.

Thank you for your concern in promoting adequate academic standards and all attempts made to advance academic excellence.

Kind regards,

2927785@uwc.ac.za



_To whom this may concern, I.e. Mrs Julie, Mrs Boltman and beyond

RE: Current Difficulties/ obstacles in Gender Based Violence (GBV- NRS 401 for the 2012 academic year at the University of the Western Cape (UWC))

Currently the students, in particular class 2B (of which I am apart), are facing quite a number of obstacles and I (XX) have volunteered to set up the letter airing our 'complaints' if it could be called that. The other classes have voiced some similar complaints; but I cannot speak for them as I haven't properly consulted them- perhaps that investigation could be done by a class representative of those classes or by other means as you see fit.

Present difficulties discussed below include:

-Module outcomes: lack thereof and correlation between outcomes, lectures and outreach project

-Blogging: Time consumption, no notifications (unrealistic expectations), individual not clearly defined (or traceable in module guide)

-Outreach project: Lack of coordination, frustration, what to do etc.

A summary is provided at the bottom of this document as well.

Dear Mrs Julie and Mrs Boltman,

Let me first start this letter off by thanking you for current effort made in the module; in particular to set the students at ease (listening to us, posting announcements in trying to clarify issues experienced), for taking the time to listen to us and trying your utmost best to help us make sense of present difficulties and in keeping with this I believe you will also try your best to resolve the issues presented in this letter.

Module outcomes:

Regarding the module outcomes, we (as students) felt and still do, that the outcomes of the module are not clearly defined within the module guide, or any other traceable location.

Let me explain: in all other modules (including Research methods -2012- as presented by the University of Stellenbosch as well as Psychiatric nursing -2012- as presented by the University of the Western Cape) we receive a topic for each session (as set out in the GBV module guide as well) but in addition we are also provided specific outcomes for the topic e.g. In Psychiatric nursing we are given the topic of Intellectual disability with 13 specified outcomes such as the first outcome "Discuss the primary, secondary and tertiary prevention of intellectual disability" and so forth (Psychiatric nursing 412 (NRS 412) module guide, 2012, p. 24). This means we as students know exactly what is expected of us for each session.

The lack of clearly defined outcomes provide uncertainty for the students with regard to what is expected of us as well as where to place our focus during lectures, the outreach project and beyond. In particular with the aim of academic excellence in other words what exactly should we know in order to perform well (and not only well; but excellent) in tests, exams and even in accomplishment of the outreach project. Therefore we could conclude that the actual measurable understanding of the module is poor, even though class discussions and the outreach project is interactive and informative how do we relate this information back to measurable outcomes and the achievement of predictable, sustainable academic excellence.

The lack of clearly defined/ specific outcomes in GBV in conjunction with the lack of a suitably prescribed text book, as you could imagine, increases levels of frustration and a feeling of hopelessness even further. To some extent the lecture notes on e-teaching have helped to fill this gap for the lecture component within the module, but what about continuity regarding the self-study topics; or are these never expected to be included in tests/ exams; for if it are how can marks be allocated if students each consult a different source of information and knowledge: where is the continuity in such a case? How will marks be allocated?

To link the lack of module outcomes with the outreach project, you can imagine the immense frustration this brings to the outreach project, taken in conjunction with the lack of adequate supervision, or rather direction/ leadership, from the clinical supervisors this sets the stage for disaster (if not on the part of the university then on the part of the students' academic performance/ achievement and if not that then most definitely on the psychological wellbeing of students; but we pray it won't). This definitely is not, in my opinion at least, what the university stands for or is set out to achieve. More on this topic will be provided further down.

Blogging

Although the concept of blogging as part of our academic career is a perceived 'fun' and technologically advanced approach we, as students, feel it is extremely unrealistic and time consuming. Below follows some explanation.

First: the clarity regarding individual blogging, this is one of the major concerns. Although the module guide provides a structure for group posts little is said regarding individual posts, except the assessment guide on p. 37 of the GBV module guide. Here (p. 37 of GBV module guide) the only mention made with regard to individual blogging is that the group members' contribution should be proven and this will count 50% of the blog mark (no traceable mention of individual blog expectations). This statement when compared to the expectations of individual blogging (stated verbally on various occasions by various persons involved in the module; and noted as relayed by various students) creates havoc: it has been reported that only some classes are expected to blog individually, some say the focus should be on the experience in the service (Belhar outreach project) while others feel the focus should be on the topics outlined for group posts, while others still are so confused and resort to doing both.

Now, to add to this frustration let us consider how the e-teaching site is not designed to send notification of blog posts (e.g. via e-mail, which in itself is also a challenge as not all students have 24/7 internet access on their cell phones, therefore these notifications will not be of much help to ease frustration of some students either). The above statement has been said by Mr XX (If I got the name right?) from the e-teaching department at UWC when Mrs Julie phoned him from her office on Friday August 10, 2012, in the presence of Student XX, to whom Mr XX explained the concept of posts not being linked to issuing notifications (Mr XX explained the concept without using the example above). It should be mentioned that announcements posted by academic staff of the module do however set a system in motion to send out email notifications to students' Novell Group wise email addresses, however other facets of e-teaching does not afford us the opportunity of receiving notifications.

This technical glitch which has apparently been overlooked adds to the frustration of students even more: it is unrealistic (and time consuming: cutting into academic time) to expect students to consult online on what exactly we should blog about, what to include/ exclude in our weekly blog, what we plan for our project session for the week etc. because in order to do this we will need to be on blogging 24/7 (or close to that amount of time) to receive each other's inputs.

And let us also ask ourselves if this is not doubling the work students are expected to do as the project file will provide a summary of who did what for the service learning project, organised into a weekly 'schedule' if you will.

This taken with the complication of being unable to blog from our cell phones as we apparently need a 'Java' enabled device to post a blog: a luxury not all (in fact very little, if any) of our cell phones have- we can view the posts but cannot get so far as to actually 'submit' a reply from our cell phones. And even though our laptops might be Java-enabled it is unrealistic to expect all students to be in possession of a laptop, to carry it around

constantly, to keep it switched on constantly or even to run to the library/ on campus computer labs to blog every time we notice our fellow group members have made a post, or posed a question/ topic which requires our input. Also take note of financial implications (for many students) if blogs are viewed on our cell phones- not all students have blackberries (or even laptop computer luxury).

And yes: we do realise Friday afternoon 14:00- 17:00 have been set out for blogging purposes but we still need to brainstorm and prepare prior to this session on what our take is on the topic for that designated week. The brainstorming is not a problem, the scribbled notes (in our module guide or any other available medium to accommodate our shorthand ideas) or even summaries of what we'd like to contribute to the blog is not a problem. The written out individual contribution of the blog: that is a problem as this needs to be properly prepared in advance (in an academic fashion) of our Friday group session where we/ the group need to brainstorm all of our individual ideas and translate the diverse opinions (which is more difficult to 'dissect' from an academically written document) into a comprehensible, academic, post with references. I think this point adds to much frustration: the compilation of a full and proper blog post on the individual's part is time consuming and possibly deteriorating our academic performance on all levels as time spent on other academic activities are now spent on the compilation of a full and proper individual blog post prior to our group blog meetings on a Friday afternoon.

Another problem, which is somewhat a positive one is the maximum word limit (for some groups at least). It is difficult to adhere to especially when considering the expected task at hand: incorporating all the diverse ideas (diversity of thoughts are important to stimulate growth and its one of the objectives of group work, not so?) so to incorporate the ideas of approximately 6-7 different group members using proper referencing while applying theory to practice, providing examples/ reflections and doing so in less than one fully typed page/ 500 words... Shouldn't there be a minimum word limit but perhaps a little more on with the maximum word limit; or are current posts made adequately even though some depth might be neglected?...

Outreach project

Our final topic of concern is the outreach project.

While some students feel that the project does not teach us anything we have not yet learned in our (repetition of) third year community project conducted during our training in community nursing (2011). Others of us feel this is true: yes, but we see the value of reinforcing the concept of service learning and we can see that the project will not be taken away from us this year however revision on the structure and implication/ level of involvement should be revisited for us as well as the long term benefit of future students taking this module of GBV.

At this point it might also be good to mention that some of us (students) are actually excited to partake in the project and impacting the lives of those we serve yet the uncertainty faced regarding the project kills the momentum and makes us as students despondent.

We would also like to voice at this time that many of us are not selfish in refusing to go beyond the call of duty and breaking ourselves in the pioneering and involvement with the project as it might seem. In fact many of us realise the benefit of giving back to the community: sharing our knowledge, serving in church and even assisting in the provision of free medical care but this is voluntary and done in our own free time; something we feel a university project cannot expect us to do as volunteer work is structured around academic obligations; a general principle a university project would most probably override. This phenomenon would (and is, to some extent) causing us to neglect other academic obligations in our strive toward excellence on all terrains. Increased time is spent to make sense of the project (and the involvement thereof) owing to factors as mentioned in this document; including lack of concrete and written structure/ specific outcomes and expectations).

We should also ask ourselves if a project that leads to different students (male and female alike) tearing up and crying two weeks in a row at the facility is worth the psychological trauma endured to students.

One of the main factors leading to emotional trauma experienced week after week is the perceived lack of certainty, structure and coordination. Let us explain using a practical chronologic example of group 2B...

Initially we were told our theme is empowerment focusing on single parents.

Next we need to pioneer a project to empower these single parents (difficulty here is in where to focus: initiation of a long term project e.g. only needs assessment and/or planning phase, or on starting to implement the project) OR focus on training community workers vs. interacting primarily with clients (currently it appears we are doing both). Also consider what sessions with clients will about: parenting skills? Abuse? Substance abuse? Finances? Other difficulties included assessing needs: clients were reluctant to open up. Only one opened up and she had to be referred to the community workers as we have no counselling skills or information regarding where to seek help within the community.

After brainstorming and consulting with personal contacts (including psychologists, counsellors, parents etc.) a simple-ish plan was constructed by one student, on a weekly outline of possible topics. This plan was taken exactly and set out to be the final outline for the project.

Then we hear each group is to take charge of a different topic: a concept which is all good and well but difficult as the single parents attend small groups to create a sense of security, therefore increasing honesty and making the session more manageable for us, as students, this is in comparison with a large 'lecture' like setting where judgement is easy and revealing who we are (as clients particularly) are difficult and where building trust hard as well as difficulty in keeping a firm hand on a large group of people who might have more life experience/ be more 'streetwise' than we are. Also this would mean that each student group would only do one session during the entire project- which would be a waste of time.

We resorted to each group facilitating the weekly plan however they see fit within the smaller groups.

Then we are told group 1B will have a great and grand fun day to end off where they will have a talent show for the kids. We (group 2B) should also have a grand finale to end off the project: we are to accomplish this with a talent show for the children of the single parents. We refused this proposal made by the clinical supervisor of

group 2B based on 2 factors:

- a) The children form part of the youth, even though their parents are attending our group for single parents and
- b) No recognition or consideration is taken that the single parent's project provides a weekly programme for the parents whereas it appears the youth have informal sessions and one big final event.

The following week we are approached in a professional manner by group 1B on the idea of 'fusing' our pampering day (as established for the final Tuesday of our project to enhance self-esteem and empowerment) with the youth day of group 1B. First we were reluctant to join as most of the students, including myself, use Saturdays to catch up on academic work. Eventually we took a democratic decision as we saw that the Saturday might work better with the condition of receiving one day off in that week (or even the week thereafter) to fulfil our academic obligations.

With the introduction of the fused Saturday fun day we were prompted to also have a PowerPoint presentation on that day (as group 1B will present), a proposal we refused but once again due to lack of concrete plans on what we should actually do (e.g. announcements on e-teaching) this mention threw us into a whole new frenzy.

As is evident from this timeline I think it becomes apparent that neither the module, nor the supervisors and even less so the students (of group 2B) in particular have any idea where exactly we are heading with this project: it feels like our experience of the project in particular could be compared to us being blind and expected to cross the road, all the while just praying we make it to the other side safely. This is a terrible and frustrating feeling, part of which is complicated by the lack of written communication so we never know what verbal agreement will be altered next week.

At present group 2B are working on the following:

- Weekly programme on various topics to empower the single parents (sessions are made as fun and interactive as possible using balloons, mirrors, posters etc. Sessions are based on the set outline but groups have freedom to construct the session pending on their preferences and ideas)
- Final day activities include:
 - ® pampering (each group takes control for various stations including facial, hair, make-up, nail painting and hand massaging)
 - ® mobile clinic (one group as well as clinical supervisors will apparently take charge here)
 - ® open store (students collect clothes to allow clients to pick a free item on the final fun day as part of sustaining the empowerment/ true value theme),
 - ® raffle (money to be used to cover expenses and/ or if hygiene products aren't sufficient some money will be used to buy additional hygiene products)
 - ® Hygiene products (which have been collected by students) handed over on the final fun day
 - ® Working with group 1B to provide food for the day (via sponsorship or other means possible)

® Hand over booklet (which has been compiled in advance) on all aspects covered in the weekly programme

More challenges regarding the community project is the difficulty in establishing trust with the clients. Some are open and talk about their abuse for example; whereas others are reluctant to share hidden emotions and issues. We contribute this largely to different clients attending the group at large and the clients that return do not always attend the same student group each week, therefore a trusting relationship needs to be established with different clients each week; a process which complicates matters as trust usually comes with commitment and time (both concepts being hard to prove on a weekly basis).

Another issue which has been aired is the unfair burden on the group leaders. If we look at the structure the leaders are the stronger students who ought to form the link between the clinical supervisors and the students, but when the supervisors do not take sufficient control and the students cannot necessarily come up with a concretely enforceable idea the leaders need to step it up, take decisions, coordinate events etc. and this I feel is such an unfair burden to carry owing to being a stronger student. (This statement is not said to alleviate pressure on me as I am not a group leader, but I am observing this unjust act and I feel it should be addressed in some form or another).

One final concern is the project presentation, we understand that it will be one PowerPoint per project: but how are we to adequately report on each of our smaller group's achievements and journey and what measure of quality control will be applied as one group or person will inevitably have to pull it all together even if all groups cover various subsections. Once again an unfair burden on one individual, or one group of individuals. Is this concept not slightly unrealistic and somewhat unfair?

In conclusion the following aspects are advocated and summarised:

· Module outcomes

® Clearly define outcomes related to each topic within the theoretical and practical (outreach project) component to enable academic excellence

® Provide structure and continuity in the form of lecture notes for lecture as well as self-study topics as a suitably prescribed text book is unavailable

· Blogging

® Provide clarity on exact expectations of individual blogging contents

® Establish whether individual blogging is expected according to module guide

® Create more realistic means of communication (address issue of no notifications and inability to blog from cell phone) between students, or eliminate concept of blogging, especially online consultation between group members, all together

® Establish whether blogging is not doubling the work of the project file and eliminate duplication

® Address issue of preparation/ individual blogging prior to Friday afternoon (group) sessions; taking into

account time consumption and possible impact on academic excellence

® Ascertain whether current blogs are sufficient (within current word limit) to attain academic excellence

· Outreach project

® Address concern of repetition of third year community project

® Provide certainty, structure and coordination, in particular regarding module outcomes and expectations, role/function of clinical supervisors as well as written communication (what, where and when)

® Address issue of establishing trust and consider this impact on service learning and meeting of possible module/ project expectations

® Clarify how one PowerPoint per large project will effectively reflect each smaller group's individualised journey (as each group have individual interpretation of concepts and facilitation/ journey). Possibly revise this concept?

® Clarify whether group 2B is on the right track and if expectations and current involvement is realistic or not

I trust this comprehensive outline of current concerns and frustrations above truly reflect the students concerns (and not my individual perceptions) accurately.

The concerns are based on a group 2B discussion held July 31, 2012 at the Belhar lighthouse family church (better known as location where service learning takes place) during a period of hopelessness and frustration shortly after a student started weeping.

I have the upmost faith that the remainder of the module could be excellent, and thus I appreciate all effort made to resolve our concerns.

To clarify any information of this document; or for further queries you are more than welcome to contact me, or any other member of the 2B class (including group leaders of the projects); as you see fit.

Thank you once again, in particular to Mrs Julie, for your earnest concern and empathy for our present hardships and listening as I voiced my concerns August 10, 2012 in your office. This e-mail is in response to your request to record the concerns in writing. Your commitment to problem solving in itself sets me at ease that a solution will be found.

Kind regards,

2927785@uwc.ac.za

ANNEXURE 12: RESPONSE TO GRIEVANCE LETTER

RESPONSE: COMPLAINT ON MODULE GENDER BASED VIOLENCE (RECEIVED 14 AUGUST 2012)

Dear Students

Thank you for your intense engagement with the module, and for voicing your concerns in this manner. The Gender Based Violence Teaching Team has considered your concerns and has detailed the responses in this letter.

- Module outcomes

The outcomes for each session are set out in the weekly cases in the module guide, for example, pg 25,:

“WEEK 3

At the end of this unit you should be able to apply basic theoretical knowledge in addressing gender-based violence as a public health issue.” THIS IS THE OUTCOME – clearly stated at the beginning of every week that it is relevant for.

It is the same outcomes that can be found in module descriptor, which cannot be changed at all. We are also obligated to keep to the module descriptor in terms of content as well as outcomes in terms of teaching the module. See the highlighted portion in the module descriptor below, also found on page 14 of your module guide.

Also, the outcomes are congruent with content that we expect you to be engaging with, using week 3 as our example, again: preparatory work in week two (refer weekly planner, page 17) wants you to ‘Read about ecologic and other frameworks for understanding gender based violence’, where the outcome for week three is ‘you should be able to apply basic theoretical knowledge in addressing gender-based violence as a public health issue’.

Hence the outcomes are clearly stated and traceable in two locations at least in module guide, as well as the content and cases being congruent to this. In terms of encouraging academic excellence, we adhere to the primary teaching and learning approach in the School of Nursing, which is the case-based approach (page 9 and 10 of your module guide). This approach was found to be the best teaching and learning tool to facilitate

academic excellence. You were informed in the module guide (page 7 onward) about all the expectations for the module. Also, with regard to the example given in the other modules – at this level of study you are expected to engage with a case without further triggers or outcomes, maintaining the case based learning approach.

1 Home Department	Nursing
2 Module Topic	Gender Based Violence as a public health issue
3 Credit Value	20
4 Duration	Semester (2)
5 NQF Level	7
6 Main Outcomes	<ol style="list-style-type: none"> 4. Demonstrate understanding of the magnitude of gender based violence as a public health issue. 5. Apply basic theoretical and legal knowledge in addressing gender-based violence as a public health issue. 6. Demonstrate understanding of different intervention strategies on gender-based violence in different health care settings.
7 Main Content	<ul style="list-style-type: none"> • Different manifestations of gender-based violence as a public health issue • Epidemiology of gender-based violence Basic theory i.e. social ecological model for understanding and addressing gender based violence. • Constitutional and legal frameworks, policies and protocols guiding health professionals in the management of gender-based violence survivors. • Advocacy, empowerment and general interventions in gender-based violence as a public health issue.
Methods of Student Assessment	Summative 60%, Continuous assessment 40%

With regard to the self study topics, it may be evident that you would have needed to once again refer to the module guide, pages 17 onward, in the weekly planner. The self study topics are outlined in the last column, named 'self study topics'. Also refer to page 30 - for the scope of the test, where it states that it includes 'self study topics'. In terms of advancements in teaching and learning and fostering professional growth and development, it is preferable that there is no prescribed textbook; rather, the latest literature becomes the reading material for the module.

With regard to your concern on the allocation of marks – as experienced teachers and researchers, we do also know how to access information and do this on a regular basis, so would allocate marks on the accuracy of information, and the manner of analysis that the student has engaged in. The detail of this however, is a purely academic discussion, needless to say, irrespective of the sources consulted, the basic definitions, concepts and theories in the field remain the same. For example the definition of the term ‘female genital mutilation’ would remain basically the same no matter which source you consult. As the module guide consistently states (page 7, 9), learners are expected to be self-directed, and part of this is accessing your own information. Even then just to further accommodate you, weblinks and articles, as well as lectures, were provided on the e-teaching website.

In terms of supervision, we commend the supervisors on a job well done, from the feedback you have given it is evident that the supervisors facilitate your learning and allow you to be self directed, which you have so competently proved you are able to do with providing us with your project plan, however, this will be discussed later. Also, we would remind students to please ensure that they follow channels of communication when there are issues with the supervisors. None of the supervisors were made aware that the students felt that there was inadequate supervision. In terms of your own professional development and being registered nurse, it is important to remember that any concerns should first be raised with the responsible person, in private (in this case the supervisors), and then if that is not satisfactory, then the next level of communication may be utilised. Please see page 6 of your module guide for channels of communication.

- Blogging

With regards to individual blogging: Due to previous experience with group work we have discovered that individual members may or may not contribute to the group. Individual blogging was then decided on as the tool to trace each member’s contribution in a transparent manner, every week. The content of the individual post should be the individual group members’ contribution to the overall group postings for the week. This is so that, once all the individual members contributions (in the form of individual posts) are put together, then groups postings for the weeks can be done from there. However, some groups reported technical problems with accessing their workgroups, so an alternative was provided.

We find that it is not necessary for a notification of a posting to occur as posts can be checked at a specific time, much like email, especially if students are not able to access the internet all the time. Although cut off dates and

times have been outlined in the weekly plan, this does not mean that the posting has to occur at exactly that time, it is the DEADLINE, however, postings and checking for posts could happen at any time before then. We also commend the students who have been making use of alternative technologies like facebook, whatsapp, mxit and blackberry groups to exchange information, proving that, exchanging information in this digital age is not a complicated matter at all.

The purpose of the project file is two-fold – one is to present us with a project report for the activities that took place and the motivations for why you chose those specific activities in the context of gender based violence, and then also to have a portfolio of the evidence of group member contributions. Basically, if a group member has said that they quoted a specific article, then the article itself should be included in the project file.

As to the manner in which the module is ‘time-consuming’, we would just like to bring the students attention to the time available for specifically blogging related activities per week. First, on a Tuesday we are aware that the group project activities do not take all day to plan, prepare for and execute, and this is a space where the group is together. Even if there are no Wi-Fi facilities available in your project area, you can bring information together, discuss the posts, and make physical notes, all relevant to your blog posts, and all without requiring a laptop or internet. Then there is time allocated on specific dates (almost every alternate) Thursday afternoon (14h00 – 17h00), and also on a Friday afternoon (14h00 – 17h00). Please also be reminded that this module is worth 20 credits, the same amount as psychiatric nursing. It is not clear how an activity that is designed to make you analyse and synthesise information into an academic format can be detrimental to academic performance. It requires a high level of intellectual capacity to summarise critical information, and so, this is the reason behind specific word limits.

With regards to the repetition of the project, the difference between the year levels is exactly what you have documented as a complaint. In third year you were given the project topics, and told what to do – however in fourth year you are expected to display more independence and design your own project according to the needs analysis you do yourselves. The supervisors facilitate this process. This is done with the aim that you, as registered nurses, will be able to initiate and complete community projects, according to the need that the community voices, once you complete. This level of involvement is expected from a student at the fourth year level. Also, there is an emphasis on reflection in the fourth year project, which doesn’t only focus on what you

are currently doing, but requires you to go beyond that and actually look at how you could have ‘done things differently’ (page 26, 27 – GBV module guide).

Please consult page 11 and 12 of your module guide to gain an understanding of the principles of service learning. It is not, in any shape or form, ‘volunteer work’. The University of the Western Cape places a strong emphasis on community engagement, and the development of the community around the campus is also explicitly stated in the institutional operational plan for the university. To illustrate the importance, the university initiated the ‘shared community based practice modules’ (what you know as IPOC and PHC), as well as having a community partnership and engagement unit, also known as CHESP. On the university website, the following quote illustrates the UWC’s commitment to community engagement

“The University of Western Cape has a long history of partnership activities with disadvantaged communities. The aim of this higher education institution is to produce graduates who are critical thinkers, who are involved in continuous debate about critical issues and who are engaged in the community partnerships and contribute to the upliftment of society.”

Available:

http://www.uwc.ac.za/index.php?module=cms&action=showsection&pageid=gen11Srv7Nme54_9156_1210050581&id=gen11Srv7Nme54_7070_1210050. Accessed 22 Aug 2012.

We would like to re-assure you that it is natural when confronted with deeper learning, to encounter feelings of uneasiness and inadequacy, however now in order to truly develop, you need to utilise those feelings to motivate you to move to the next phase of learning. However, please also be re-assured that if you are experiencing undue trauma, that there are student counselling services available, for free on campus. It may be helpful to make use of these services, as the anxiety of final year may lead one to project trauma on events.

Finally, we appreciate the anecdotal notes on the progress of a project that have been included along with the concerns. On page 5 of the complaint it clearly states, ‘we refused this proposal made by the clinical supervisor’. This is further evidence to show that facilitation in clinical supervision has taken place. However, we would like to make the suggestion that in addition to describing the process of arriving at a project plan, you now go back to Gibbs model of reflection on page 13 as well as 26 of your module guide, and follow the steps to reach a level of deeper learning. This may also be utilised when regarding your discomfort with the disclosure of clients, also

refer to page 23 of module guide as well as the Johari window. We also would like to point out that with regard to an ‘unfair burden on stronger students’, that this is the wisdom of your group norms (page 8 –module guide). If there is no such document, we do not have recourse to penalising any member of the group beyond individual contributions that we can trace.

In conclusion, all the concerns above and the answers outlined above were communicated in a meeting with the student leaders on the 21 August 2012 at 09h00 in the SON Boardroom. The student leaders regarded the matter as resolved at the conclusion of this meeting, and also communicated that they did not agree with all the contents of this letter although some concerns like the blogging were relevant.

We thank you, members of B. Cur IV, again, for your intense engagement with the module, and hope that you will utilise the suggestions that were made to you. Please do not hesitate to contact us if there are any further concerns.

Yours sincerely

The Gender Based Violence Teaching Team



ANNEXURE 13: MOTIVATION FOR THE DISCONTINUATION OF THE SL GBV MODULE IN 2013

FACULTY OF COMMUNITY AND HEALTH SCIENCES SCHOOL OF NURSING

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13/06/2013

Offering of GBV (NRS 401) module semester 2 2013

Before 2012 this module was taught on the CTP by the University of Stellenbosch lecturers. During 2012 this module was piloted as a service learning module (Ms H Julie PhD project). The expectation after the pilot was that feedback would be given and a decision would be taken by SoN management if GBV would continue as a service learning module. This did not happen. There were many challenges in 2012, see attached student reports.

In the pilot last year the community outreach project for Psychiatric Nursing NRS 412 was integrated with GBV and service learning. This was time consuming as students were allocated one of their clinical days to work on the project. This year students need to work additional clinical hours to attain the 4000 clinical hours for completion of the programme. These hours must be worked during semester 2. In order to facilitate the attainment of the outcomes of NRS 412 and the clinical requirements of the programme we question the feasibility of combining the outreach project with GBV.

In light of the sensitivity of the clinical hours amongst the students, we do not wish to create additional stressors by introducing a new teaching methodology to the students and staff. We however take cognizance of the university goal of the IOP of community engagement and service learning and therefore we will continue with the community outreach project as has been done in the past (prior to 2012).

The 3 lecturers who will be teaching GBV during semester 2 2013 have no training in service learning methodology and the recommendation is that this module be taught in the Son methodology –case based teaching. The 3 lecturers are Mrs H Andrew (teaching relief for Ms H Julie), Mrs A Traut and Mrs E Fortuin.

Mrs H Julie and Ms P Martin are currently receiving training in service learning and will be able to share their expertise in this methodology with the rest of the academics of SoN once they completed the training. Both of them are on teaching relief for S2 2013.

We request an urgent response since the module guide is due next week.

Fourth year lecturers: P Martin, A Traut and E Fortuin

ANNEXURE 14: SHORT PROGRAM FOR SERVICE-LEARNING AND COMMUNITY ENGAGEMENT (SPSLCE)

FRAMEWORK FOR THE SHORT LEARNING PROGRAM: SERVICE-LEARNING AND COMMUNITY ENGAGEMENT

In 2013 the short program is offered in collaboration with the University of the Western Cape and the Cape Peninsula University of Technology

SHORT COURSE TITLE: Short Program for Service-Learning and Community Engagement (SPSLCE)

HEQF LEVEL: 9

ENTRY LEVEL: An honors degree or equivalent thereof, and relevant working experience in higher / further education

DURATION OF SHORT COURSE: One half day orientation; Two X 2 full day seminars; followed by one day tutoring and a final half day presentations and celebration. Total: 6 days spread over six months from March - September annually.

PURPOSE:

Community Engagement (CE) has gained substantial ground as a core function of higher education institutions (HEI's) in the last decade in South Africa (SA). In line with international trends, the meaning attached to CE is that universities interact with the rest of society through teaching, learning and research. Increasingly, there is a need for managers/practitioners who are proficient in understanding the political landscape of CE in HE, have the competence to participate in contemporary academic debates, and contribute to the existing stock of knowledge on the subject. Furthermore there is a need for efficient managers/practitioners to implement and manage CE programs in an institutional environment. The latter includes service-learning (SL) and other forms of curricular engagement as well as community-based research methodologies.

Service Learning (SL) is a teaching approach that integrates community interaction into academic learning programs while addressing the needs of communities at the same time. SL offers specific differences as well as similarities with other forms of experiential learning. The difference and importance is the mutual equal concern/ interest of service and learning and the student's development of civic responsibility. SL has become an effective vehicle for producing civically minded graduates who has a broader perspective of the world in an era of

globalization. Experiential learning contributes significantly to the professional development of students and is supported by most professional boards.

The purpose of the short program is threefold:

1. to prepare and equip academic staff and community engagement managers to develop as engaged scholars and leaders in the emerging scholarship of engagement based on an independent intellectual consideration of key aspects of higher education community engagement.
2. to enable community engagement managers to facilitate and evaluate the proliferation of curricular-based community engagement in their own institution/faculty and/or
3. to enable module coordinators/service-learning practitioners to explore, design, implement and assess a service-learning module in a particular academic program.

TARGET GROUP:

Staff of higher education institutions who are interested in practicing service-learning as a teaching approach and/or managers/administrators who are responsible for faculty development programs aimed at building capacity for community engagement and service-learning.

Students in higher education studies who wish to specialize in the area of service-learning and community engagement.

SHORT COURSE OUTCOMES:

The outcomes of this course are aligned to the characteristics of a master level program (NQF 9). On completion of the programme the participant will be able to:

1. Understand and reflect on contemporary perspectives about CE in HE and participate in debates in furthering CE as a field of research and practice.
2. Understand how international and national policy directives shape the HE system and the development CE, and service-learning in particular within the South African developmental context.
3. Advocate for the appropriate institutional positioning of SL and CE
4. Demonstrate an understanding of the complexities of and the key requirements for building sustainable reciprocal relationships with non-academic communities on micro-, meso-, and macro-level.
5. Apply the principles of collaborative planning, implementation and evaluation with partners in the community.

6. Develop and design an appropriate curriculum for a SL module or capacity building programme in which SL features as an experiential, transformative pedagogy in accordance with current educational trends.
7. Design appropriate mechanisms for *assessment* of student learning in a SL environment.
8. Implement *reflective practices* and *reciprocity* in learning in the SL curriculum, based on an advanced insight into the value of reflection as a developmental learning practice.
9. Design a strategy for *quality management* and benchmarking of SL and CE in terms of what could be regarded as good practice in the South African context.
10. Evaluate and select key components for a code of good conduct, *ethics* and risk management for community-based learning and research.
11. Embark on inter-disciplinary, problem-solving scholarly work within the application context of SL and CE with the purpose of contributing to contemporary discourses on open, collaborative modes of knowledge production.
12. Demonstrate the capacity for *Mode 2 research*, and a thorough understanding of the principles underlying systematic, participatory research into and through SL and CE by developing a SL research project outline, utilising a research design and methodologies of the learner's choice.

Aligned to the requisite critical cross-field outcomes of higher education, the following outcomes are also supported in this program:

Participants will be able to demonstrate that they have gained the necessary competencies to:

1. develop a macro-vision on the integration of teaching-learning, service and research;
2. identify and solve problems pertaining to the development of SL modules (i.e. problem-solving skills);
3. work effectively in a team, using critical and creative thinking to design a SL capacity-building program (i.e. cooperative skills)
4. organize and manage themselves and their activities, namely planning, preparing, conducting and recording the SL process (i.e. self-efficacy skills);
5. collect, analyze, organize and critically evaluate information on community engagement activities on their campuses (i.e. research skills);
6. communicate effectively in order to build trust among all involved in the SL capacity-building context (i.e. communication skills);

7. demonstrate an understanding of the world as a set of related systems and understanding the impact of SL on lecturers, students and external partners;
8. use technology effectively and critically in the SL capacity-building process (e.g. online learning);
9. demonstrate reciprocity in a compound, diverse learning context; and most importantly,
10. demonstrate a sense of social responsibility and an understanding of the need to participate as a responsible citizen in the life of local, national and global communities.

METHODS OF PRESENTATION:

The theoretical content of the course will be presented as a resource based component where participants will need to do literature study in order to prepare them for contact sessions. Participants are also required to perform practical tasks linked to literature prior to contact session which they will report in the form of presentations, reflections and essays.

The contact sessions will include oral interactive Power Point presentations based on readings by the presenters.

LIST OF PRESENTERS:

Dr Antoinette Smith-Tolken, Deputy Director: Community Interaction (Service-Learning & Community –Based Research), Community Interaction Division, Stellenbosch University.

Mr Jacob du Plessis, Lecturer Sociology and Social Anthropology; Chair Community Interaction Committee, Faculty of Arts

Prof Priscilla Daniels, Director: Community Engagement, University of the Western Cape

Ms Jacqueline Scheepers, Manager: Service Learning Unit, Community Engagement and Work Integrated Learning Centre Cape Peninsula University of Technology

Guest lecturers in addition, will be invited to do presentations.

FREQUENCY OF PRESENTATIONS: Seminars occur in intervals of 4-6 weeks.

TYPE OF CERTIFICATION: A certificate of competence will be awarded to students who pass the course with an average of 50%.

BUDGET: The cost of the short program will be afforded by the Division for Community Interaction (DCI) for 2012. A registration fee of R550 will be applicable to all staff of Stellenbosch University (the remainder of the fees are subsidized by the Division of CI). A

course fee of R3000 will be payable by participants from the other two institutions. Participants and their institutions will be responsible for their own travel expenses to Stellenbosch.

NUMBER OF CREDITS AWARDED: 24 credits are awarded on the basis of 48 contact hours and 240 learning hours in total. The formula used to calculate credits is: 1 credit=2 contact hours + 8 self study/preparation hours.

ASSESSMENT:

Contemporary, authentic assessment methods will be used.

Formative: Continuous assessment that includes a variety of tasks and activities. Participants are expected to study literature, apply it in practice and be able to present their work to peers during contact sessions. Each of the sub-modules is formatively assessed through a mini-assignment that demonstrates the participant's level of understanding and critical evaluation of its applicability in practice in their particular context. The assignments take any of the following forms: practical tasks, presentations, reflections or essays. It includes the SL research project outline, utilising a research design and methodologies of the learner's choice.

Summative: An exam equivalent multimedia portfolio of evidence (representing a culmination of mini-assignments of the formative assessment). The portfolio will reflect the achievement of the envisaged outcomes. The final summative evaluation takes the form of presenting a CE plan for their particular institution and demonstrated proficiency in the planning of a service-learning module according to theoretical grounding and the good practice requirements subscribed to in this module. If the summative module assessment is successfully completed and a mark of at least 60% is obtained, the module might be presented as an elective in the MPhil (HE) in the Faculty of Education, Stellenbosch University.

ASSESSMENT CRITERIA:

The following themes pertaining to SL and CE are appropriately identified, explained, distinguished, reflected upon, communicated, critically evaluated and/or practically applied in the context of a learner-centered and community-oriented service-learning and community engagement environment for a particular institution where the SL capacity-building program or module will be implemented.

The four main themes that are covered are:

1. Theoretical, conceptual and critical perspectives on institutional, national and international level

Participants will be familiarised with policy frameworks shaping and mandating SL and CE in HE. Clarity on the concept of the engaged institution and institutionalisation; Risk management; Quality assurance.

2. Collaborative relationship development for SL and CE

A typology of relationships is central to reciprocity in SL and CE. A clear grasp of the concept community and the process of initiating, establishing and maintaining collaborative relationships are paramount to this reciprocity.

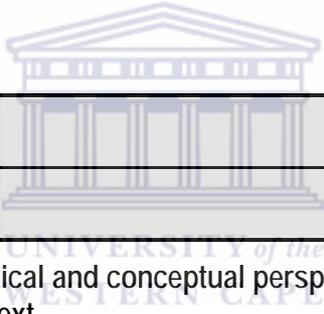
3. Curriculum design: SL module or capacity building program

The theoretical and conceptual framework for SL forms the backbone of this theme. Phases of curriculum design, Reflection; Assessment and evaluation.

4. Research in SL and CE

Research in teaching is one of the pathways to scholarship of engagement. Participants are guided through a process of developing a research question relevant to their institution or teaching their SL module. Research into and through SL and CE.

ASSESSMENT STRUCTURE



<u>TOPIC</u>	<u>WEIGHT</u>
FORMATIVE ASSESSMENT	40%
Assignment 1: Institutional, theoretical and conceptual perspectives within HE policy and research context	15%
Assignment 2: Reflection and framework for Partnership Development and preliminary curriculum design	20%
Assignment 3: The development of a research idea	5%
SUMMATIVE ASSESSMENT	
Assignment 4 including final portfolio of evidence including a research idea, topic or outline.	60%

Smith-Tolken 2013 Framework for the short learning program: service-learning and community engagement.