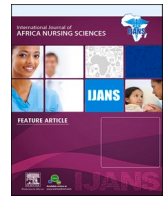


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## Implementing a program to transform the workplace culture towards person-centeredness in a public nursing education institution in South Africa

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### ABSTRACT

**Background:** Ineffective workplace relationships and an inconducive workplace culture contribute to poor job satisfaction and high nurse educator turnover rates. The aim of the study was to implement a program to transform the workplace culture towards person-centeredness in a public nursing education institution in South Africa.

**Method:** The study followed a Transformative Practice Development design using a participatory action research approach. The Transformative Practice Development method guided a program implemented from February 2019 to November 2019 to promote a person-centered workplace culture. From a population of nurse educators and nurse managers, we purposively sampled 46 participants. Baseline data were collected during consensus meetings in February and May 2019 facilitated by two independent nursing education experts. Twelve feedback sessions were conducted to obtain feedback during program implementation. Data were thematically analyzed.

**Results:** During implementation, the program addressed positive work relations, communication and leadership. The participants indicated that the program facilitated person-centered work relations through group cohesion, change processes, and real and authentic attitudes.

**Conclusion:** Person-centered communication is achieved through reflective communication and cultural sensitivity. Nurse educators should enhance their leadership styles by evaluating and transforming their leadership traits and processes to person-centeredness.

### 1. Introduction

A shortage of nurse educators impedes the intake of nursing students amidst a growing need for professional registered nurses ([American Association of Colleges of Nursing \[AACN\], 2019](#)). Globally, the lack of qualified nurse educators limits the availability of nurses equipped to provide safe, quality care ([Gazza, 2019](#)). Although strategies to address the problem have been developed (see for example [Nardi & Gyurko, 2013](#)), the shortage of nurse educators will persist for some time due to the complex issues surrounding the problem. Researchers should consider the experiences of nurse educators and develop creative strategies to recruit and retain educators ([Laurencelle, Scanlan, & Brett, 2016](#)).

A positive workplace culture that embraces peer and managerial support may help to retain staff, while an unsupportive climate may contribute to staff feeling powerless and exhausted ([Catling, Reid, &](#)

[Hunter, 2017](#)). We describe a Transformative Practice Development (TPD) program that was implemented to create a person-centered workplace culture in a public nursing education institution (PNEI). The PNEI under study is one of six campuses in Gauteng Province, South Africa.

The global shortage of nurse educators is compounded by budget constraints, aging nurse educators, increasing job competition from clinical sites ([American Association of Colleges of Nursing \[AACN\], 2019](#)), task overload, inadequate capacity in nursing schools, increasing requirements to take part in non-academic activities ([Fawaz, Hamdan-Mansour, & Tassi, 2018](#)), global migration of nurses, decreased satisfaction with educator roles, poor salaries and a seemingly persistent devaluation of nurse educators by academic institutions ([Nardi & Gyurko, 2013](#)).

In South Africa, nursing education is provided by universities and public and private nursing education institutions ([South Africa](#)

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Department of Health, 2013). Public nursing education institutions graduate 73–80 % of professional nurses every year (Geyer, 2020). In South Africa, nursing qualifications were revised to include a baccalaureate degree to qualify as a professional nurse. These changes were implemented after apartheid to strengthen nursing education and ensure a strong healthcare system (Blaauw, Ditlopo, & Rispel, 2014). To accommodate these changes, PNEIs, previously governed by the Department of Health (Blaauw, Ditlopo, & Rispel, 2014), were redeveloped to higher education (Zwane & Mtshali, 2019).

Changes in the nursing curriculum were characterized by slow progress, governance problems and ineffective planning (Blaauw et al, 2014), challenges that still exist in South African PNEIs. A study at a PNEI by Mokobotho-Zwane (2015) found nurse educators to be discouraged, demotivated, frustrated, miserable, unappreciated and unsupported. These feelings mostly stemmed from their interactions with nursing students. In this study, we identified several challenges in a specific PNEI. Nurse educators experienced increased workload, poor job satisfaction, high nurse educator turn-over rates and ineffective workplace relationships. These challenges represent an uncondusive workplace culture (Beckett et al, 2013).

Various authors stress the need for research on preparing, recruiting, and retaining nurse educators. We need to understand nurse educators' needs for succeeding in their careers (Hoeksel, Eddy, Dekker, & Doutrich, 2019). Studies should also explore the tipping point, when negative factors outweigh motivating factors, forcing nurse educators to search for alternative employment (Westphal, Marnocha, & Chapin, 2016). Currently, there is limited research exploring the meaning of being a nurse educator and what attracts nurses to academia in the 21st century (Laurencelle et al, 2016).

Nurse educators may benefit from access to professional development resources, mentoring support and communities of practice to develop collaborative networks for ongoing support (Berland et al, 2020). In addition, Hoeksel et al (2019) suggest that nurse educators also require a range of non-vocational skills including sensitivity regarding culture and language, team building, mentoring models, change management strategies, strategies for teaching with technology, communication models/strategies and maintaining healthy work environments.

Creating a person-centered workplace culture in PNEIs may help to retain nurse educators. Blaauw et al (2014) support transforming working environments in nursing education institutions to retain nurse educators and improve job satisfaction.

In this study, we implemented a TPD program to improve job satisfaction and reduce nurse educator attrition rates in a PNEI. The TPD program focused on creating a more person-centered workplace culture. TPD embraces the philosophy of whole person learning that recognizes the need to develop a person's mental, emotional, physical and spiritual dimensions (Childs, 2019; Muff, 2013). The workplace culture is changed by generating new insight and drawing knowledge from participants' experiences (Filmalter et al, 2015). Participants co-construct new knowledge and practices about person centered, evidence-based practice. A conducive, person-centered workplace culture improves teamwork, raises morale, increases productivity and efficiency, enhances job satisfaction, collaboration and work performance, reduces stress and ensures employee retention (Manley, Sanders, Cardiff, & Webster, 2011). A person-centered approach is about respecting and valuing colleagues as unique beings and engaging employees in a way that promotes their dignity, sense of worth and independence (Dewing & McCormack, 2017).

In this study, the TPD program was based on a critical inquiry process to improve educational practice through participatory action research (Trede & Hill, 2012). The TPD was conducted in four stages. The findings of Stage 1 (baseline data) were described in two previous publications. This article reports on the TPD program implementation (Stages 3, 4 and 5). The program focused on the personal and professional development of nurse educators, enabling them to revise their workplace

beliefs and values and engage in a caring manner (Childs, 2019; Muff, 2013). The program aimed to develop person-centered values such as empathy, honesty, transparency and collaboration among nurse educators as advised by Trede and Titchen (2012), Slater, McCance, & McCormack (2017) and Wedding (2020).

## 2. Aim of the study

The aim of the study was to report on implementing a TPD program aimed at transforming the workplace culture in a PNEI towards person-centeredness.

## 3. Research design

Practice development is a systematic approach that helps practitioners and health care teams to evaluate their practice and identify how they can improve their workplace culture (Slater et al, 2017). In this study a TPD program was implemented using an action research approach to improve culturally acceptable practices (Trede & Hill, 2012) and transform the workplace culture to person-centeredness through collaboration, inclusion, participation and reflective practices (Manley & Jackson, 2019).

The nurse educators discussed and combined their real-life work experiences and used collective creativity to reflect on and challenge workplace issues, as suggested by Muff (2013). Workplace transformation is complex and some issues are hard to solve, demanding creative and divergent approaches, therefore, active participation of participants becomes important (Muff, 2013). The participants in this study actively participated to learn from their past experiences and collaboratively planned and implemented a program to transform the workplace culture.

## 4. Methods

### 4.1. Setting and sample

The study was conducted in one of six PNEIs in Gauteng Province. Gauteng is the smallest, but most densely populated province, and is situated in northeastern South Africa (Britannica, 2017). The PNEI is under the supervision and direction of the South African Ministry of Higher Education and provides nursing education and training for up to 1200 undergraduate and postgraduate nursing students.

The target population included academic staff comprising 92 nurse educators, of which 10 also held management positions, such as head of a department (hereafter only referred to as nurse educators or participants).

We used a non-probability purposive sampling method (Creswell & Creswell, 2018) to recruit nurse educators during an information session about the TPD program. Prospective participants included all nurse educators who were employed for longer than six months at the PNEI and who signed informed consent to participate in the study. All nurse educators who were employed for less than six months and were not willing to participate in the study were excluded from the study.

According to Polit and Beck (2017), data saturation is reached when enough in-depth data is generated to illuminate patterns, categories and dimensions of the phenomenon under study. We applied the principles of data saturation in this study. The sample size was decided by the research team to fit the constructs for implementing the TPD program.

Forty-six nurse educators met the inclusion criteria and participated in the study. Of these participants, 14 volunteered to be program facilitators. Refer to Table 1 for demographic data of participants.

### 4.2. Data collection

Baseline data for the TPD were collected during four consensus meetings. Feedback sessions were conducted to collect data during TPD

**Table 1**  
Demographic details of the transformative practice development program participants.

Demographic information	n <sup>a</sup>	n	n	n	n	n
Gender	Male	2				
	Female	44				
Race	African		42			
	Coloured		3			
	Indian		1			
Age group	30–40			12		
	41–50			24		
	51–60			8		
	61–65			2		
Work position	Manager				8	
	Educator				38	
Highest qualification	B degree					38
	M degree					7
	PhD					1
Years' experience	1–10					42
	11–20					4
<b>TOTAL</b>		<b>46</b>	<b>46</b>	<b>46</b>	<b>46</b>	<b>46</b>

<sup>a</sup> n = number of participants.

program implementation. See Fig. 1 for the process of data collection.

**4.2.1. Baseline data collection**

Baseline data were collected to explore the experiences of nurse educators regarding the workplace culture to identify the themes for the TPD program. Data were collected during two consensus meetings in February 2019. Another consensus meeting was conducted in May 2019 to explore person-centered leadership. Consensus meetings involve experts and professionals who share their views, decisions and judgements in reviewing aspects of practice, education and research priorities (Moule, Aveyard, & Goodman, 2016).

Two external facilitators with research expertise facilitated the consensus meetings. A facilitator explained the purpose of the study and participants signed informed consent forms. Initially, participants were requested to write down individual responses to the following questions: “I believe the ultimate purpose of this practice development program is...”; “I believe this purpose can be achieved by ...”; “I believe the factors that will help us achieve this purpose are...”; “I believe the factors that will hinder us

from achieving this purpose are..”; “Values and beliefs that I consider important in relation to this program are...”. Next, the participants were divided into small groups with six to seven participants in each group. The participants worked together and combined their responses as a group to answer the main research question, namely “How can the workplace culture be transformed to person-centeredness?” The answers generated by each group were displayed on the whiteboard and analyzed by the whole group guided by the facilitators.

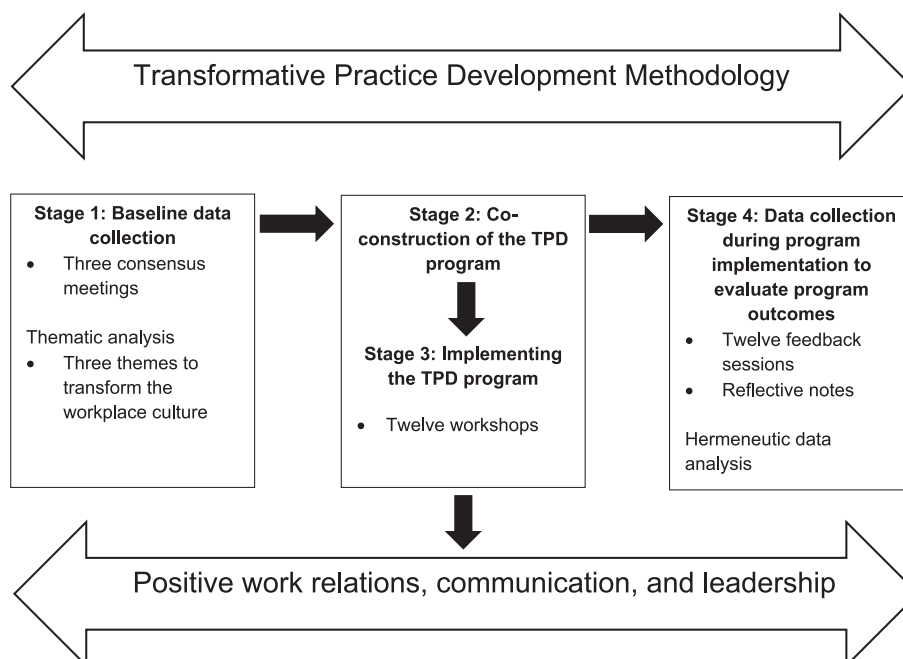
**4.2.2. Data collection during program implementation**

Nurse educators participated in the TPD program during workshops presented by the program facilitators. The workshops covered topics aimed at transforming the workplace culture to person-centeredness. Twelve feedback sessions were conducted between March and November 2019 after each workshop to generate data on the outcomes of the TPD program that included a reflective review process (Garbett, Hardy, Manley, Titchen, & McCormack, 2007). The feedback sessions were audio-recorded and participants were asked to keep personal reflective notes that were collected after each session to supplement the data.

**4.3. Ethical considerations**

The principal investigator was employed as a nurse educator at the PNEI at the time of the study. To prevent bias, external facilitators were used during consensus meetings, and program facilitators during program implementation. The researcher obtained permission from the Campus Head and Research Committee of the PNEI, and ethical approval from the Research Ethics Committee of the Faculty of Health Sciences of the University of Pretoria (Ethics Reference No: 760/2018). To ensure justice, all potential participants were invited to the TPD information session. After the TPD information session, all attendees were invited and given equal opportunity to participate in the study, voluntarily, by signing the informed consent document. Potential participants who volunteered to participate in the study were informed of their roles and responsibilities.

Participants were requested to keep all group discussions confidential, and codes instead of real names were used on reflective notes and transcripts to ensure anonymity and privacy. Facilitators signed a



**Fig. 1.** Data collection and analysis during the TPD program planning and implementation.

confidentiality agreement to keep the research information confidential and private.

#### 4.4. Data analysis

##### 4.4.1. Baseline data analysis

The data were thematically analyzed (Creswell & Creswell, 2018). The external facilitators guided the participants to group their answers into themes. Each theme reflected an aspect that needed to be addressed to transform the workplace culture toward person-centeredness. The themes were considered, reviewed, discussed, and ranked in order of importance (Moule et al, 2016). The ranking was displayed on the whiteboard for reflection, debate, and discussion until all participants agreed on the importance of each theme towards transforming the workplace culture.

##### 4.4.2. Data analysis during program implementation

Data were analyzed using creative hermeneutic data analysis by Boomer and McCormack (2010). The researcher and program facilitators collaborated to identify and confirm themes generated from the data. Two nursing education experts checked the data for originality and authenticity. The data were analyzed as follows:

- The researcher, nurse educator experts, and facilitators read through different forms of feedback and reflective notes to create a general image, thoughts, and feelings to capture the essence of the data.
- Facilitators paired and one “told the story” while the second facilitator wrote verbatim. Each facilitator commented on the themes that emerged from the story.
- Facilitators formed small groups to discuss and share the identified themes. Facilitators agreed on all themes and categories. Each group of facilitators matched their categories with the raw data.
- The researcher and facilitators matched their themes to form a final set of themes. Experts checked the final set of themes and categories for authenticity and representativeness.

#### 4.5. Rigor

Moule et al (2016) maintain that findings are credible if they reflect the experiences and perceptions of the participants. In this study, we ensured credibility by using triangulation of data collection methods and participants from different age groups. Throughout the study, member checking involved giving feedback on the workshops during feedback sessions with participants. The research team continuously engaged over a period of 10 months.

The research team reviewed the planned workshop presentations for authenticity and recommended amendments. Quotations from participants were used to provide evidence for the findings. The research setting and demographic data of participants were described for the sake of transferability.

For dependability, two independent facilitators managed the consensus meetings to mitigate possible research bias. Confirmability was ensured through collaborative data analysis. Reflective field notes were used to confirm that collaborative, inclusive and participative implementation principles were maintained during TPD implementation (Manley, 2016).

### 5. Program implementation

The TPD program followed four stages: Stage 1: baseline data; Stage 2: co-construction of the TPD program; Stage 3: implementation of the TPD program; Stage 4: feedback and evaluation of outcomes.

#### 5.1. Stage 1: Baseline data

The baseline data, collected during the consensus meetings, reflected

what the nurse educators perceived constituted a person-centered workplace culture. The analysis of the baseline data, generated three main themes to implement during the TPD program, namely: *positive work relations, communication and leadership*. The TPD program focused on these three themes to transform the workplace culture to person-centeredness.

#### 5.2. Stage 2: Co-construction of the TPD program

The research team identified and agreed on interventions to promote positive work relations, communication and leadership. The strategies were converted into an action plan. The action plan included the topics, contents, dates, times and presenters for workshops, as well as dates and times for feedback sessions. See Table 2 for the TPD program.

The facilitators decided to present the topics in workshops, a short presentation on the topic followed by group discussions. One or two workshops per month (March to November 2019) were planned, depending on the academic calendar. Feedback sessions were planned after each workshop. The development and planning of the TPD program were guided by questions and actions adapted from Beukes (2011), as summarized in Table 3.

#### 5.3. Stage 3: Implementing the TPD program

Transformative practice development is complex and multifaceted (Manley, 2016), therefore the program facilitators participated in a training workshop on how to facilitate the TPD program. They were trained as facilitators and not fixers of the identified problems in the PNEI. The facilitators helped the participants to find their own unique solutions to transform workplace culture (Filmlalter et al, 2015).

The research team implemented the program for nine months from March to November 2019. They were guided by the practice development conceptual framework processes (collaboration, inclusion and participation) (McCormack et al, 2010) during the workshops and feedback sessions. Collaboration was achieved by engaging participants with critical questions that facilitated person-centered practices. Participants were allowed to reflect, work in groups and learn together to transform workplace culture. The research team ensured that participants' views were included through collective discussions about teaching experiences, personal and professional development and different cultures. The participatory principle required participants to be actively involved, share values and beliefs, and engage in reflective practices during workshops and feedback sessions.

#### 5.4. Stage 4: Feedback sessions and evaluation of program outcomes

The program outcomes are set out in the results' section.

### 6. Results

All but two participants were female nurse educators. The participants ranged in age from 33 to 64 years and represented a vast range of experience in nursing education. All participants had at least a Bachelor's degree in nursing, seven had a Master's degree and one had a PhD degree in nursing. See Table 1 for demographic data of participants.

The themes and sub-themes that emerged from the feedback sessions and reflective notes are summarized in Table 4. The themes are presented with quotes that illustrate what participants gained from the TPD program and are formulated in terms of actions they intend to implement to build a person-centered workplace culture.

#### 6.1. Positive work relations

Participants identified group cohesion as important for positive work relations. Participants planned to ensure group cohesion by working and learning together in different teams and to avoid always working in their

**Table 2**  
Transformative practice development program.

Topic	Date and time <sup>a</sup>	Overview of content covered	Presenter	Feedback from participants (examples of direct quotations in italics)
Positive work relations Effective teamwork to transform the workplace culture towards person- centeredness	Consensus meetings 18,022,019 25,022,019	<ul style="list-style-type: none"> <li>Positive attitude: know, respect and trust self and others, and mindfulness</li> <li>Effective communication: sharing information, cultural sensitivity and diversity</li> <li>Group cohesion: active participation, adherence to work plans, collective vision of goals, collective decision making and roles and responsibilities</li> </ul>	Facilitator N	<i>Management to involve all stakeholders when forming strategic initiatives to achieve effective teamwork.</i> <i>Need more engagement of person-centered activities to promote transformation through effective teamwork.</i> <i>It's all about teamwork - sometimes you are the star, but sometimes you help the star</i> <i>Develop the mindset to volunteer to help others towards building effective teams</i>
Workplace values and beliefs to achieve a person-centred workplace culture	Workshop: 22,032,019 Feedback session: 29,032,019	<ul style="list-style-type: none"> <li>What are values and beliefs?</li> <li>Development of values and beliefs</li> <li>Person-centred values: respect, love, care, acknowledgment</li> </ul>	Facilitator M	<i>The values and beliefs were unpacked well and clear for understanding.</i> <i>Appreciated the awareness on the need to develop workplace values and beliefs to support transformation.</i> <i>Appreciated the person-centered activities applied during the workshop related to values and beliefs.</i>
Factors affecting a conducive workplace culture (Overcoming challenges for all to flourish)	Workshop: 26,042,019 Feedback session: 30,042,019	<ul style="list-style-type: none"> <li>Factors affecting the workplace culture of person centeredness: poor leadership styles, toxic working relationships, negative attitudes, lack of policy implementation, lack of respect, lack of information sharing and knowledge</li> <li>Ways to address challenging factors</li> </ul>	Facilitator L	<i>No one could have addressed our workplace challenges better, continue to teach us.</i> <i>I appreciated this workshop that addressed poor workplace relationships and how to address them in a loving manner.</i> <i>Incapacitation was addressed very well and the objectives of employee capacitation was outstanding</i>
Facilitating healthy work relations for a person-centred workplace culture	Workshop: 06,062,019 Feedback session: 20,062,019	Healthy workplace relations to transform towards person centeredness: be strong but not rude, kind but not weak, bold but not a bully, thoughtful but not lazy, humble but not timid, proud but not arrogant, humour but without folly	Facilitator K	<i>We have started to capacitate our colleagues in our departments on healthy workplace relations so that we are all in this transformation, every-one must know and join in for our happiness.</i> <i>The factors needed to establish healthy workplace relations were addressed well and thought provoking.</i> <i>Appreciated how facilitators engaged participants into self-introspection activities in a non-provoking manner.</i>
Transformation of the workplace culture through effective teamwork	Workshop: 17,072,019 Feedback session: 26,072,019	Effective teamwork: know and respect self and others, acknowledgement, share knowledge and information, open communication, positive attitudes and support, collective decision making	Facilitator D	<i>Many questions were asked on effective teamwork and guidance on how to deal with some workplace issues was well clarified.</i> <i>Facilitator creativity and confidence was eye catching and realistic.</i> <i>We appreciated the facilitators walking the talk of effective teamwork.</i>
Communication Investing in cultural diversity for a person-centered workplace culture	Workshop: 12,082,019 Feedback session: 23,082,019	Person-centered attention to cultural, racial and religious diversity through sensitive use of language, dress codes and religion	Facilitator F	<i>Celebrate each other's strong points /success and support each other's culture.</i> <i>Embrace cultural days.</i>
Transformational values and beliefs	Workshop: 09,092,019 Feedback session: 27,092,019	<ul style="list-style-type: none"> <li>Participation in organisational decision-making forums</li> <li>Respect for student's/lecturer's dignity</li> <li>Creative ways to develop the self, others and the organisation</li> <li>Personal and professional development</li> </ul>	Facilitator C	<i>How can each person improve workplace practice for person centeredness? Was answered well in activities.</i> <i>Participants were actively involved in activities that demonstrated their understanding and interest of the topic.</i>
Building a person-centered workplace culture through communication, feedback and information sharing	Workshop: 17,092,019 Feedback session: 30,092,019	Effective communication at the workplace through: openness, continuous feedback, information sharing, attention to medium of communication	Facilitator I	<i>The workshop was relevant and need to be repeated and monitored that the proposed activities are implemented effectively.</i> <i>There is a need to develop a policy on communication to facilitate the objectives of this workshop in the future for continuity.</i>
"Not a workplace, but a wow place"	Workshop: 04,102,019 Feedback session: 18,102,019	<ul style="list-style-type: none"> <li>Transformation is complex and risky and brings changes to the organisation, work procedures and values</li> <li>Employees to find peace, satisfaction and flourish at work despite challenges</li> </ul>	Facilitator J	<i>Found the topic to be informative and want a follow-up as we didn't exhaust all what we had to address.</i> <i>Repeat the topic as colleagues that were not present need to hear it.</i>
Factors that will help to achieve a person-centered workplace culture	Workshop: 25,102,019 Feedback session: 31,102,019	<ul style="list-style-type: none"> <li>Feedback reports</li> <li>Flexibility for self and others</li> <li>Motivation, dedication and commitment</li> <li>Positive attitude</li> <li>Embracing differences</li> <li>Collective decision making</li> <li>Collaboration, inclusion and participation</li> </ul>	Facilitator E	<i>Actively engaged in group work sessions and asked a lot of questions that were well addressed.</i> <i>The factors to achieve a person-centered workplace was informative and outstanding as practical examples for understanding were used.</i>

(continued on next page)

Table 2 (continued)

Topic	Date and time <sup>a</sup>	Overview of content covered	Presenter	Feedback from participants (examples of direct quotations in italics)
Transform the workplace culture through skills diversity and relevance	Workshop: 01,112,019 Feedback session: 15,112,019	Embrace skills diversity and relevance: Continuous development and capacitation Mentorship and evaluation Healthy working relationships: respect/trust	Facilitator A	<i>Were very pleased and appreciated the boldness of the facilitators when addressing workplace issues that were real but could not be touched.</i>
Leadership Developing person- centered leadership to transform the workplace culture to person centredness	Consensus meeting 03,052,019	Person-centered leadership: Leadership skills Leading change Collaborative decision making, Workplace motivation.	Facilitator M	<i>Enjoyed the workshop that mimicked a real work situation. As a leader, you don't build a business, you build people – and then people build a business. A dream written down with a date becomes a goal to inspire followers. A goal broken down into steps becomes a plan backed up by collaborative decision making. A plan backed down by action makes your dreams becomes true.</i>
Leading yourself before leading others to achieve a person-centered workplace practice	Workshop: 13,052,019 Feedback session: 31,052,019	Based on the book: “Who said elephants can't dance”: “...that which you thought can't change can still change” (Gerstner 2002:1) Every-one has the potential to change towards person centredness for all to flourish.	Facilitator B	<i>The participants were motivated to see the elephants dancing on the power point giving the lesson that there is nothing you cannot do. More lessons needed to revive others on how you can be coached to lead yourself first before leading others.</i>
Transformational leadership traits and person-centered leadership	Workshop: 21,082,019 Feedback session: 30,082,019	<ul style="list-style-type: none"> <li>Transformational leadership and learning</li> <li>Transformational leadership traits: inspire, teach, learn from, listen to, mentor and coach others</li> <li>Be bold and humble</li> </ul>	Facilitator H	<i>Appreciated the topic and wanted a repeat before the college could close as every-one needs to learn. Learned in the work sessions and self-presentation during active work groups that we participated in. During transformation every-one learns new things.</i>

<sup>a</sup> 3 hours per workshop, 2 h per feedback session and 4 h per consensus meetings.

favorite workgroups. Participants also verbalized that participating in academic meetings, research days and team building activities (special celebrations and wellness days) would strengthen group cohesion.

*“We believe that teamwork begins by building a trust relationship, where coming together becomes the beginning of change and keeping together as a team is progress and success”* [Participants 13, 21, 33, 46].

*“...well group cohesion is what we need to work together towards a common vision and none of us is as smart as all of us to transform our workplace culture to gain more together”* [Participants 31, 11, 40, 6].

Participants also mentioned that positive work relationships were associated with embracing change and transformation. Firstly, team members need to recognize and acknowledge problems or a need to change. Person-centered employees need to approach change with a helping attitude to enhance collaboration. Participants felt that being open and helpful was motivating for the whole team. Nurse educators also realized that they had to be aware of different responses to change, including anxiety, happiness, fear, threat, guilt, depression, hostility, gradual acceptance and, sometimes, disillusionment.

*“To be honest, we felt very anxious and depressed about the whole transformational changes that were introduced at work... and was like okay... want to see how they will solve these old and big problems...will every-one buy into this transformation?”* [Participants 3, 32, 36, 46].

*“At first, we feared that some colleagues did not believe in the transformational issues in our teams, but gradually accepted the transformational changes as they were introduced and became happy that we were going to benefit too”* [Participants 7, 13, 22, 25].

Lastly, participants associated positive work relations with being real with an authentic attitude. Such an attitude is developed through three aspects: self-awareness (know yourself to be able to develop authentic relationships in teams), a reflective attitude (reflect on own and others' behavior) and the principles of collaboration, inclusion and participation.

*“Self-awareness is a skill, knowing yourself as individual will help you to change in order to fit in the team”* [Participants 1, 18, 30, 45].

*“It will help all of us to be reflective thinkers, because you can only change what you are aware of than what you are not aware of. Knowing self and others is intelligence and wisdom that support collaboration relationships*

*with others”* [Participants 9, 24, 39,15].

## 6.2. Communication

During the TPD program participants learned about reflective communication as a person-centered skill, and embraced the following guidelines. Reflective communication requires that participants need to ask themselves: “How did I talk?” and ask for example, “Did I communicate the objectives clearly?” To obtain insight in communication, participants realized that they need to ask themselves: “What are the key facts and trends from the events of today?” Lastly, to facilitate foresight, participants need to ask themselves: “What will I do best in the future?”.

*“We believe in a mindful reflective and careful communication because it's most important to understand that people may hear your words, mostly they feel your attitude at your workspace”* [Participants 14, 19, 12, 26].

*“We have seen and observed leaders communicating without insight... Other leaders are not person centered, they believe in one-way communication and forget to listen to their employees”* [Participants 8, 1, 20, 31].

The TPD program also taught participants that person-centered communication is improved by respecting and being sensitive towards diversity and cultural differences. Participants planned to respect and appreciate different cultural practices and religions. They also wanted to learn from different cultures and values. Participants agreed that all conversations should be conducted in English to accommodate and include every-one. Participants also realized that as a mostly female group, they needed to accommodate and be sensitive towards male nurse educators. Lastly, they wanted to ensure a workplace culture that provides for all racial groups, employees and students with disabilities.

*“We hope this transformation will make us realize the importance of cultural diversity and sensitivity to help us communicate better than being egocentric...it creates a lot of misunderstanding...forgetting that strength lies in differences and not in similarities”* [Participants 14, 11, 30,16].

*“People are becoming more and more interconnected because of the technology...but we believe it's also more important to realise that tolerance, inter-cultural dialogue and respect for cultural diversity and sensitivity are more essential than ever for transformation to take place at work”* [Participants 15, 2, 46, 7].

**Table 3**

Co-construction of the Transformative Practice Development program for creating a person-centered workplace culture.

Questions	Actions	Responsible person <i>Timelines</i>
<p><i>What must be done? Who does what? When should the TPD program be presented?</i></p>	<p>Develop and present sub-topics from the three main topics that emerged from the consensus meetings (positive work relations, communication and leadership). Facilitate group discussions Send invitations to the workshops Book venues. Ensure participants sign informed consent and attendance registers Facilitate feedback sessions</p>	<p>Program facilitators <i>Three workshops per month, three hours per workshop.</i></p> <p>Researcher <i>Every session After each workshop</i></p>
<p><i>What are the key concepts that guide the TPD program implementation?</i></p>	<p>Transformation, workplace culture, persons centredness, practice development, collaboration, inclusion, participation and reflection</p>	<p>Research team</p>
<p><i>What values will guide the program facilitators?</i></p>	<p>Adherence, compliance, integrity, faithful replication, completeness and compliance to protocols</p>	<p>Research team</p>
<p><i>What satisfaction indicators will guide the TPD program?</i></p>	<p>Attendance, feedback/ comments, representativeness of target population, engagement, attendance and retention.</p>	<p>Research team</p>
<p><i>How should quality be ensured during implementation of the TPD program?</i></p>	<p>Monitor the TPD program delivery, ensure that program protocols are observed, and capture participant comments and feedback during the workshops and feedback sessions.</p>	<p>Research team Researcher</p>
<p><i>Which resources are needed for the TPD program?</i></p>	<p>Stationary, laptops, overhead projector, microphone, refreshments.</p>	<p>Researcher</p>

Adapted from [Beukes \(2011\)](#).

### 6.3. Leadership

Participants felt that they had developed a better understanding of transformational leadership traits, for example, leadership as an inherent trait versus related to a position. Participants who were leaders intended to practice inspirational leadership. They also understood leadership as the ability to teach, inspire and learn from others, while a leader needs to practice self-leadership and share his or her vision on leadership.

*“More lessons needed to revive others on how you can be coached to lead yourself first before leading others”* [Participants 6, 11, 34, 19].

Participants provided feedback on leadership issues that emerged during workshop discussions, including ways to practice more effective decision-making skills. Policies posed problems for some nurse educators and participants realized that leaders should highlight the importance and benefits of adhering to policies; concomitantly, policies should be revised when needed to reduce workplace frustration. Participants mentioned that remuneration was a barrier to workplace transformation, consequently participants in managerial positions realized the need to advocate for fair remuneration and consider the role of remuneration in motivating employees.

*“We believe in the leader who spends energy to inspire poor employees to do better and motivate those who are doing better with recognition, revised policies, improved workplace conditions and better remuneration for job satisfaction”* [Participants 8, 21,10,46].

Participants acknowledged that capacitation of nurse educators was part of transformational leadership. Leaders need to identify the needs of

**Table 4**

Themes and subthemes describing Transformative Practice Development outcomes from feedback sessions.

Theme	Subthemes
Positive work relations	<p>Group cohesion</p> <ul style="list-style-type: none"> <li>• Ensure group cohesion in teams</li> <li>• Avoid always working in favourite workgroups</li> <li>• Participate in academic meetings and research days.</li> <li>• Participate in team building activities</li> </ul> <p>Change process (transformation)</p> <ul style="list-style-type: none"> <li>• Admit when there is a problem (need to change)</li> <li>• Change attitude</li> <li>• Address change in a collaborative manner</li> <li>• Motivate self and others to act and to change</li> <li>• Be aware of responses to change</li> </ul> <p>Real and authentic attitude</p> <ul style="list-style-type: none"> <li>• Self-awareness</li> <li>• Reflective attitude</li> <li>• Apply the principles of collaboration, inclusion and participation</li> </ul>
Communication	<p>Reflective communication</p> <ul style="list-style-type: none"> <li>• Hindsight</li> <li>• Insight</li> <li>• Foresight</li> </ul>
Diversity and cultural sensitivity	<p>Respect and appreciate diversity</p> <ul style="list-style-type: none"> <li>• Celebrate cultural diversity.</li> <li>• Appreciate and learn from different cultures and values.</li> <li>• Use English to accommodate every-one</li> <li>• Sensitivity towards different genders, racial groups and disabilities</li> </ul>
Leadership	<p>Transformational leadership traits</p> <ul style="list-style-type: none"> <li>• Leadership as an inherent trait versus a position</li> <li>• Inspirational leadership</li> <li>• Ability to teach, inspire and learn from others</li> <li>• Ability to share vision on leadership</li> </ul> <p>Transformational leadership processes</p> <ul style="list-style-type: none"> <li>• Decision making</li> <li>• Policies</li> <li>• Remuneration</li> <li>• Capacitation</li> </ul>

nurse educators and address these needs through capacitation and provide the necessary resources. As person-centered leaders, participants decided to embrace the quotation: “You don’t build a business – you build people – and then people build the business” ([Ziglar & Ziglar, 2012](#)). This quotation was used in one of the workshop presentations to illustrate a point.

*“We are not capacitated on most of the new workplace activities and new policies...would like to learn new things from old things”* [Participants 14, 22, 33, 43].

## 7. Discussion

In this PNEI, nurse educators participated in a TPD program aimed at creating a person-centered workplace culture. The program successfully helped participants to experience how positive workplace relations coupled with effective communication and transformational leadership could transform the workplace culture to person-centeredness. Participants reported improved workplace relations between different departments and suggested improving policies and communication structures. The TPD program empowered nurse educators to identify common organizational goals guided by shared values and beliefs, and mutual respect.

The findings of this study are consistent with literature that supports the idea that individual relationships at work directly impact on group cohesion which greatly influences employees’ self-regulation strategies and behavior with others ([Xie, Hensley, Law, & Sun, 2019](#)). In this study, participants acknowledged that group cohesion was important for

establishing positive workplace relations, and work groups that enhance authentic workplace attitudes and behaviors. Studies have shown that novice nurse educators, especially, often lack skills to professionally interact with staff and students, and require continuous peer support and mentoring (Fritz, 2018). Teamwork and collaboration should be fostered with colleagues, other educational and clinical institutions, and on a broader scale with the international community (World Health Organization, 2016).

Aside from promoting effective teamwork, recognizing cultural diversity and cultural sensitivity also contributes to effective communication (Tompos & Ablonczy-Mihalyka, 2018). Interestingly, employees from different cultural backgrounds performed better when working together, suggesting that culturally diverse teams may have a competitive advantage (Tompos & Ablonczy-Mihalyka, 2018). In this study, participants mentioned that cultural diversity and sensitivity are facilitated by reflective and person-centered communication, and focusing on achieving mutual goals. The World Health Organization (WHO) states that nurse educators should demonstrate effective communication skills that promote collaborative teamwork and enhance partnerships between educational and clinical health professions (WHO, 2016). In our study, participants focused on intercultural communication with peers, while the WHO emphasized interdisciplinary communication between nursing educators, students and other stakeholders. We believe that these forms of communication require similar essential skills, which need to be taught to nursing students to prepare them for the complex health care system of the 21st century (Fawaz et al, 2018).

A person-centered leader shares his or her vision and creates opportunities to acknowledge and capacitate employees. Our findings coincide with transformational, ethical and self-leadership models. Khan, Griffin, and Fitzpatrick (2018) indicate that transformational leadership improves job satisfaction, provides inspirational motivation, intellectual stimulation, reward systems, and participative management. In this study, participants felt that transformational leadership traits are inherent in the practices of an inspirational leader. A leader who values ethics is honest, fair and cares for employees (Beckett et al, 2013), while ethical leadership is associated with engaging with team members and trusting relationships (Engelbrecht, 2017).

Self-leadership is described by Jooste et al (2015) as closely linked to concepts of shared leadership, reflective leadership, and collaborative leadership. This self-leadership framework was developed in a nursing context and proposes that "...a person must first be able to lead himself/herself before the next level of effective group leadership can be attained" (Jooste et al, 2015).

Leadership is a core competency in nursing education. Nurse educators are leaders in their profession "...to create, maintain and develop desired nursing programs and shape the future of education institutions" (WHO, 2016). In this study, nurse educators felt that they had to support each other during change as part of maintaining positive work relationships. The WHO (2016) urges nurse educators to actively act as change agents, and manage change, transition and innovation in response to globalization (Berland et al, 2020).

Our findings add to the growing knowledge base on workplace culture in nursing practice (Hahtela, Paavilainen, McCormack, Helmine, & Suominen, 2015; Davis, White, & Stephenson, 2016; Wilson et al, 2020), and explored the implementation of a practice development model (TPD) in a nursing educational context. Programs to enhance a conducive workplace culture in nursing education settings seem to deserve a place in guidelines and strategies to retain nurse educators.

## 8. Limitations

Not all nurse educators could attend the workshops at the same time as some of them were assessing students at different intervals. In future, we recommend including administrative staff in any interventions, since they work with nurse educators to transform the workplace culture to person-centeredness.

The TPD program presented in this study focused on nurse educator teams in the PNEI, therefore educational and teaching practices were not addressed. Person-centered relationships with students were mentioned, but not fully explored in the workshops. Relationships with students form an integral part of the workplace culture in nursing education, and have also been mentioned as a source of stress for nurse educators in South Africa. We recognize that person-centered relationships are not limited to relationships between work colleagues but also extend to relationships between educators and students. Educators may benefit from applying TPD principles to their work with students. This study was only done in one PNEI and generalizability to other contexts should be further explored. Different PNEIs are likely to have different challenges, and it is likely that interventions to change workplace cultures will require unique inputs.

The strengths of the study lie in the participatory design that 1) allowed nurse educators to transform their practice from an insider's perspective, and 2) fostered optimal team collaboration over an extended period of time.

## 9. Recommendations

Transforming the workplace culture to person-centeredness requires a sustained effort from both nurse educators and nurse managers in the institution. Future research should assess the long-term effects of the program to determine if a person-centered workplace culture is associated with job satisfaction and nurse educator attrition rates.

With regard to nursing education practice, teamwork should be encouraged through collaborative task teams. The TPD program should be further developed to include a module on person-centered educator-student relationships. The authors recommend implementing TPD programs in other nursing education institutions to adapt the contents for different contexts.

Nursing education policy recommendations include clearer formulation of policies on cultural sensitivity and diversity, while the participants recommended a streamlined process to align policy changes with legislative requirements.

## 10. Conclusion

This study came at the right time when organizational structures, programs and policies were revised to facilitate integration of the PNEI into higher education. The nurse educators participated in designing new policies and improving standard operation procedures, so that most of the skills and ideas learned during the TPD program were implemented in work groups and new policies to improve working conditions.

Teamwork and leadership are required to transform the management's decision-making processes from a top-down approach to a bottom-up approach. Adopting this approach will lead to the successful employment of the principles of collaboration, inclusion and participation. In the PNEI, managers need to continuously encourage all employees to acquire and practice consistent healthy workplace relations by taking care of each other to enable human flourishing within the PNEI. TPD may help to retain nurse educators by facilitating a person-centered workplace culture.

## CRedit authorship contribution statement

**Masimula:** Investigation, Methodology, Formal analysis, Writing - original draft. **Van der Wath:** Conceptualization, Supervision, validation and writing - review and editing. **Coetzee-Prinsloo:** Supervision, Validation, Writing - review and editing.

## Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence



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### Authors contributions

All the authors made substantial contributions to the manuscript as following criteria recommended by the ICMJE: <http://www.icmje.org/> and have agreed on the final version. QM, AEW, and IC conceived and designed the study. QM collected data, analysed and drafted the manuscript. AEW and IC supervised the study and also made critical revisions on the paper.

### References

- American Association of Colleges of Nursing. (2019). Fact sheet: Nursing faculty shortage. Retrieved from <https://www.aacnnursing.org/Portals/42/News/Factsheet/s/Faculty-Shortage-Factsheet.pdf> [Accessed April 2021].
- Beckett, P., Field, J., Molloy, L., Yu, N., Holmes, D., & Pile, E. (2013). Practice what you preach: Developing person-centred culture in inpatient mental health settings through strengths-based, transformational leadership. *Issues in Mental Health Nursing*, 34, 595–601. <https://doi.org/10.3109/01612840.2013.790524>
- Berland, A., Capone, K., Etcher, L., Ewing, H., Keating, S., & Chickering, M. (2020). Open education resources to support the WHO nurse educator core competencies. *International Nursing Review*, 67(2), 282–287. <https://doi.org/10.1111/inr.12583>
- Beukes, S. (2011). The accreditation of vocational assessment areas: Proposed standard statement and measurement criteria. *South African Journal of Occupational Therapy*, 41(3), 42–49. Retrieved from file:///C:/Users/u04120396/Downloads/The\_accreditation\_of\_vocational\_assessment\_areas\_P.pdf [Accessed April 2021].
- Blaauw, D., Ditlopo, P., & Rispel, L. C. (2014). Nursing education reform in South Africa—lessons learnt from a policy analysis study. *Global Health Action*, 7(1), 1–12. <https://doi.org/10.3402/gha.v7.26401>
- Boomer, C. A., & McCormack, B. (2010). Creating the conditions for growth: A collaborative practice development programme for clinical nurse leaders. *Journal of Nursing Management*, 18(6), 633–644. <https://doi.org/10.1111/j.1365-2834.2010.01143.x>
- Britannica, The Editors of Encyclopaedia. (2017). *Gauteng*. Encyclopedia Britannica. Retrieved from <https://www.britannica.com/place/Gauteng>.
- Catling, C. J., Reid, F., & Hunter, B. (2017). Australian midwives' experiences of their workplace culture. *Women and Birth*, 30(2), 137–145. <https://doi.org/10.1016/j.wombi.2016.10.001>
- Childs, D. (2019). Critical reflection on practice development. *International Practice Development Journal*, 9(1), 1–5. <https://doi.org/10.19043/ipdj.91.012>
- Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches* (5th ed.). Washington DC: SAGE Publishers.
- Davis, K., White, S., & Stephenson, M. (2016). The influence of workplace culture on nurses' learning experiences: A systematic review of qualitative evidence. *JBI Evidence Synthesis*, 14(6), 274–346. <https://doi.org/10.11124/JBISRIR-2016-002219>
- South Africa Department of Health. (2013). *The National strategic plan for nursing education, training and practice 2012/13–2016/17*. Pretoria: Department of Health.
- Dewing, J., & McCormack, B. (2017). Creating flourishing workplaces. In B. McCormack, & T. McCance (Eds.), *Person-centred Practice in Nursing and Health Care: Theory and Practice* (pp. 150–161). London: Wiley-Blackwell.
- Engelbrecht, A. S. (2017). Integrity, ethical leadership, trust and work engagement. *Leadership & Organization Development Journal*, 38(3), 368–379. <https://doi.org/10.1108/LODJ-11-2015-0237>
- Fawaz, M. A., Hamdan-Mansour, A. M., & Tassi, A. (2018). Challenges facing nursing education in the advanced healthcare environment. *International Journal of Africa Nursing Sciences*, 9, 105–110. <https://doi.org/10.1016/j.ijans.2018.10.005>
- Filmalter, C. J., van Eeden, L., de Kock, J., McCormack, B., Coetzee, I., Rossouw, S., & Heyns, T. (2015). Critical reflection on practice development. From fixers to facilitators: The start to our South African journey. University of Pretoria, South Africa. *International Practice Development Journal*, 5(1), 1–8. <http://www.fons.org/library/journal.aspx>
- Fritz, E. (2018). Transition from clinical to educator roles in nursing: An integrative review. *Journal for Nurses in Professional Development*, 34(2), 67–77. <https://doi.org/10.1097/NND.0000000000000436>
- Garbett, R., Hardy, S., Manley, K., Titchen, A., & McCormack, B. (2007). Developing a qualitative approach to 360-degree feedback to aid understanding and development of clinical expertise. *Journal of Nursing Management*, 15(3), 342–347. <https://doi.org/10.1111/j.1365-2834.2007.00692.x>
- Gazza, E. A. (2019). Alleviating the nurse faculty shortage: Designating and preparing the academic nurse educator as an advanced practice registered nurse. *Nursing Forum*, 54(2), 144–148. <https://doi.org/10.1111/nuf.12307>
- Geyer, N. (2020). Nursing education in 2020. *Professional Nursing Today*, 24(2), 26–28.
- Hahtela, N., Paavilainen, E., McCormack, B., Helminen, M., Slater, P., & Suominen, T. (2015). Nurses' perceptions of workplace culture in primary health care in Finland. *International Nursing Review*, 62(4), 470–478. <https://doi.org/10.1111/inr.12207>
- Hoeksel, R., Eddy, L. L., Dekker, L., & Doutrich, D. (2019). Becoming a transformative nurse educator: Finding safety and authenticity. *International Journal of Nursing Education Scholarship*, 1(open-issue). <https://doi.org/10.1515/ijnes-2018-0073>
- Jooste, K., Arunachalam, S., Julie, H., Essa, I., Willemsse, J., Rashe, H. V., et al. (2015). The meaning of self-leadership for nursing academics in the context of a leadership programme at a higher education institution in South Africa. *Africa Journal of Nursing and Midwifery*, 17(1), 122–133. <http://hdl.handle.net/10520/EJC186366>
- Khan, B. P., Griffin, M. T. Q., & Fitzpatrick, J. J. (2018). Staff nurses' perceptions of their nurse managers' transformational leadership behaviors and their own structure empowerment. *JONA*, 48(12), 609–614. <https://doi.org/10.1097/NNA.0000000000000690>
- Laurencelle, F. L., Scanlan, J. M., & Brett, A. L. (2016). The meaning of being a nurse educator and nurse educators' attraction to academia: A phenomenological study. *Nurse Education Today*, 39, 135–140. <https://doi.org/10.1016/j.nedt.2016.01.029>
- Manley, K. An overview of practice development. In B. McCormack & T. McCance (Eds.), *Person-centred practice in nursing and health care: Theory and practice* (pp 133–149). London: Wiley-Blackwell.
- Manley, K., Sanders, K., Cardiff, S., & Webster, J. (2011). Effective workplace culture: The attributes, enabling factors and consequences of a new concept. *International Practice Development Journal*, 1(2), 1–29. <http://www.fons.org/library/journal.aspx>
- Manley, K., & Jackson, C. (2019). Microsystems culture change: A refined theory for developing person-centred, safe and effective workplaces based on strategies that embed a safety culture. *International Practice Development Journal*, 9(2), 1–21. <https://doi.org/10.19043/ipdj.92.004> Removed for blinded review.
- McCormack, B., Dewing, J., Breslin, L., Coyne-Nevin, A., Kennedy, K., Manning, M., et al. (2010). Developing person-centred practice: Nursing outcomes arising from changes to the care environment in residential settings for older people. *International Journal of Older People Nursing*, 5(2), 93–107.
- Mokobotho-Zwane, S. M. (2015). Today's students are tomorrow's colleagues: Exploring the nurse educator-student relationship in an emerging democracy in South Africa. *Africa Journal of Nursing and Midwifery*, 17(1), 118–132. <https://doi.org/10.25159/2520-5293/148>
- Moule, P., Aveyard, H., & Goodman, M. (2016). *Nursing research: An introduction* (3rd ed.). London: Sage Publications.
- Muff, K. (2013). Developing globally responsible leaders in business schools: A vision and transformational practice for the journey ahead. *Journal of Management Development*, 32(5), 487–507. <https://doi.org/10.1108/02621711311328273>
- Nardi, D. A., & Gyurko, C. C. (2013). The global nursing faculty shortage: Status and solutions for change. *Journal of Nursing Scholarship*, 45(3), 317–326. <https://doi.org/10.1111/jnu.12030>
- Polit, D. F., & Beck, C. T. (2017). *Nursing research: Generating and assessing evidence for nursing practice* (10th ed.). Philadelphia: Wolters Kluwer Health.
- Slater, P., McCormack, B., & McCormack, B. (2017). The development and testing of the Person-centred Practice Inventory-Staff (PCPI-S). *International Journal for Quality in Health Care*, 29(4), 541–547. <https://doi.org/10.1093/intqhc/mxz066>
- Tompos, A., & Ablonczy-Mihalayka, L. (2018). The sustainability of cultural diversity in the workforce: Cultural values and intercultural mindset. *European Journal of Sustainable Development*, 7(1), 298–306. <https://doi.org/10.14207/ejsd.2018.v7n1p298>
- Trede, F., & Hill, B. (2012). Intercultural communication. In J. Higgs, R. Ajjawi, L. McAllister, et al. (Eds.), *Communicating in the health and social sciences* (3rd ed.) (pp. 195–205).
- Trede, F., & Titchen, A. (2012). Transformational practice development research in the healthcare professions: A critical-creative dialogue. *International Practice Development Journal*, 2(2), 1–20. Retrieved from <http://www.fons.org/library/journal.aspx> [Accessed April 2021].
- Wedding, J. S. (2020). *Designing leadership: Using design thinking to create, practices, and implement a formal leadership development program* (Dissertation, University of the Pacific, Sacramento, CA). Retrieved from [https://scholarlycommons.pacific.edu/uop\\_etds/3663](https://scholarlycommons.pacific.edu/uop_etds/3663) [Accessed April 2021].
- Westphal, J., Marnocha, S., & Chapin, T. (2016). A pilot study to explore nurse educator workforce issues. *Nursing Education Perspectives*, 37(3), 171–173. <https://doi.org/10.5480/14-1332>
- World Health Organization. (2016). Nurse educator core competencies. Geneva: World Health Organization. Retrieved from [http://who.int/hrh/nursing\\_midwifery/nurse\\_educator050416.pdf](http://who.int/hrh/nursing_midwifery/nurse_educator050416.pdf). [Accessed April 2021].
- Wilson, V., Dewing, J., Cardiff, S., Mekki, T. E., Oye, C., & McCance, T. (2020). A person-centred observational tool: Devising the Workplace Culture Critical Analysis Tool®. *International Practice Development Journal*, 10(1), 1–15. <https://doi.org/10.19043/ipdj.101.003>
- Xie, K., Hensley, V. L., & Sun, Z. (2019). Self-regulation as a function of perceived leadership and cohesion in small group online collaborative learning. *British Journal of Educational Technology*, 50(1), 456–468. <https://doi.org/10.1111/bjet.12594>
- Ziglar, Z., & Ziglar, T. (2012). *Born to Win: Find your success code*. Dallas: Success Media.
- Zwane, Z. P., & Mtshali, N. G. (2019). Positioning public nursing colleges in South African higher education: Stakeholders' perspectives. *Curatiosis*, 42(1), 1–11. <https://doi.org/10.4102/curatiosis.v42i1.1885>