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ANNEXURE 1: ATTRIBUTES, DEMANDS, AND EXPECTED COMPETENCES AND PROFESSIONAL CHARACTERISTICS

Neonatal Patients		
Attributes	Demands	Expected competencies
Basic physiological needs: Comfort, nutrition, thermoregulation, ventilation, hygiene, cord care, rest and sleep, and a safe environment	Basic newborn care	Knowledge: Basic physiological needs of newborn Normal transition from intrauterine to extrauterine life Skills: Basic newborn care Decision making regarding basic care Professional characteristics: Sensitivity and caring attitude towards newborns
Unique physical attributes: Small and vulnerable Size, appearance and anatomy differ according to gestational age	Competent advanced care, irrespective of vulnerability or gestational age and appropriate to their abilities	Knowledge: Anatomy and physical characteristics of neonates according to gestational age Developmental care Skills: Accurate and precise skills with invasive procedures and other interventions Implementation of developmental care Professional characteristics: Gentleness, patience and precision
Immaturity: Immature physiology, very sensitive and unpredictable responses to stimuli and treatment Inability to cope extra-uterine Immaturity can affect any or all systems, namely the neurological, respiratory, endocrine, gastrointestinal, renal, cardiovascular, haematological or musculo-skeletal system, skin or special senses Common source of ethical problems High mortality	Provide advanced care and administer treatment in spite of inability or unpredictability of neonate Provide developmental care Decide on ethical issues Cope with dying patients and death	Knowledge: Development and maturation of fetus and neonate Neonatal physiology and presentation thereof Adaptation from intra-uterine to extra-uterine life Developmental care Skills: Accurate assessment and interpretation of observations Basic newborn care Advanced neonatal care Implementation of developmental care Critical thinking and ethical and clinical decision making Professional characteristics: Ability to cope with stress and take charge Confidence in herself and her abilities Emotional strength to cope with death of newborns
Common neonatal health problems: Large variety and scope, complex, serious and unpredictable actual or potential health problems Might need to be transported Any or all systems can be affected High mortality and morbidity Often results in ethical problems Diverse opinions on management	Advanced neonatal care anywhere of health continuum, anytime with or without assistance Provide developmental care Make decisions regarding ethical problems	Knowledge: Causes, pathophysiology, clinical presentation and management of neonatal conditions Developmental care Skills: Basic newborn care Accurate assessment of all the biophysical systems, interpretation of findings and appropriate planning and execution of interventions, including resuscitation, prevention, cure and rehabilitation Use of medical technology Administration of medication Care of the premature, critically ill, recovering and dying newborns Safe transport of newborns Implementation of developmental care Critical thinking and clinical and ethical decision making Professional characteristics: Ability to cope with stress Confidence in herself and her abilities Leadership Interest in advanced neonatal nursing Emotional strength to cope with death
Congenital conditions: Variety possible with various levels of seriousness, visible or not, and with sudden or progressive deterioration Multiple systems are commonly affected Common cause of mortality or morbidity Often elicit emotions and contribute to ethical dilemmas Might need to be transported	Provide advanced neonatal care irrespective of appearance or seriousness Provide developmental care Ethical decision making Cope with emotional responses	Knowledge: Causes, pathophysiology, clinical presentation and management of congenital conditions Developmental care Skills: Basic newborn care Accurate assessment of all the biophysical systems, interpretation of findings and appropriate planning and execution of interventions, including resuscitation, prevention, cure and rehabilitation Use of medical technology Administration of medication Care of the premature, critically ill, recovering and dying newborns Safe transport of newborns Implementation of developmental care Critical thinking and clinical and ethical decision making Professional characteristics: Ability to cope with stress and emotional turmoil Leadership Confidence in herself and her abilities

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(CONTINUE) ANNEXURE 1: ATTRIBUTES, DEMANDS, AND EXPECTED COMPETENCES AND PROFESSIONAL CHARACTERISTICS

Attributes	Demands	Expected competencies
Poor communication skills and total dependency: Inability to proper communication Incapable of decision-making and self-care Very vulnerable and exposed	Basic and advanced care according to their needs, which they are unable to communicate	Knowledge: Neonatal communication (i.e. physiological and behavioural cues) Patients' and parental rights and roles Neonatal nurses' role and responsibilities Skills: Appropriate response to neonatal communication Critical thinking and decision-making Professional characteristics: Protection of patients' and parental rights Professionalism and moral integrity
Mental health needs: Bonding and attachment Safety and security	Mental health care of the infant and family-centred care to facilitate bonding and attachment	Knowledge: Mental health needs of an infant Family-centred approach Skills: Implementation of family-centred approach Facilitation of parent-infant bonding and attachment Provision of safety and security Professional characteristics: Sensitive and caring attitude towards the infants and their families
Parents of Neonatal Patients		
Attributes	**Demands**	**Expected competencies**
Parental adaptation and coping with stress: Emotional turmoil aggravated by admission in NICU Phases of adaptation Coping with stress Damaging circumstances for parent-infant bonding and attachment Need for post-discharge information Experiences of loss of infant	Deal with parents irrespective of the parents' coping mechanisms and how it presents Facilitate parent-infant bonding and attachment Post-discharge health education Bereavement counselling	Knowledge: Adaptation and stress management Family-centred care Counselling Post-discharge care of a high risk infant Skills: Implementation of family-centred care Facilitation of parent-infant bonding and attachment Empowerment, emotional support, counselling and bereavement counselling Good interpersonal, teaching and communication skills Professional characteristics: Caring and compassionate attitude Emotional strength and self-awareness
Parental diversity: Diversity of parents in terms of age, marital status, sexual preference, socio-economic status, race, culture, history, political views, religion, value-systems, language, personalities and informed status Likelihood for interpersonal and internal conflict	Provide family-centred care irrespective of the diversity of parents Resolve internal and interpersonal conflict	Knowledge: Understand diversity of parents Family-centred care Skills: Apply family-centred care in different circumstances to variety of parents Conflict management Good interpersonal and communication skills Professional characteristics: Respect for others, their rights and preferences Self-knowledge and integrity Cope with emotional-loaded situations
Parental role in NICU: Caretaking roles become diffused between parents and nurses Meaningful relationships common, but also conflict situations about care-taking issues Relationships influenced by diversity of parents and nurses	Empowerment of parents to become primary caretakers Resolve interpersonal conflict	Knowledge: Rights, needs and responsibilities of parents Family-centred care Skills: Empowerment of parents Conflict management Counselling Good interpersonal and communication skills Decision-making skills Professional characteristics: Professionalism Moral integrity

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(CONTINUE) ANNEXURE 1: ATTRIBUTES, DEMANDS, AND EXPECTED COMPETENCES AND PROFESSIONAL CHARACTERISTICS

Members of Multi-Professional Health Team		
Attributes	Demands	Expected competencies
Neonatal nurses: Different categories of nurses with majority professional nurses Various levels of knowledge and competency Severe staff shortages Use of temporary staff complicates nursing practice Heavy workload, more responsibilities and increased risks for medical-legal errors	Provide quality neonatal care in spite of staff shortages, limited resources and temporary staff Supervise, support and train nurses with lower levels of knowledge and competency Emotional support, counselling and debriefing	Knowledge: Basic and advanced neonatal care Basic personnel management and education Skills: Basic and advanced neonatal care Supervision, support and on-the-spot training in neonatal care Risk management Time management Emotional support, counselling and debriefing Critical thinking and clinical decision making Good interpersonal relationships and communication Professional characteristics: Coping with stress Leadership and role model
Medical doctors: Responsible for medical care Rely on neonatal nurses for certain functions On-site availability varies Variety of protocols/regimes, styles and preferences	Cooperate with doctors for proper neonatal care Provide care with consideration of doctors' individual styles, preferences and regimes Make appropriate decisions in absence of doctor	Knowledge: Basic and advanced neonatal care Teamwork and group dynamics Skills: Basic and advanced neonatal care Interprofessional cooperation Good interpersonal relationships and communication Critical reasoning and clinical decision making Professional characteristics: Value professional interdependency Flexible and adaptable Respect and recognition for other professions
Other members of multi-professional team: Other neonatal professionals: paediatric surgeon, occupational therapist, physiotherapist, speech-language therapist, audiologist, dietician, pharmacist, social worker, ophthalmologist and psychologist Involvement in NICU varies Private sector: involvement on consultation by doctor or neonatal nurses Neonatal nurse important role in coordination of teamwork	Often gatekeeper to consult appropriate person at appropriate time Coordinate input and communication between members of multi-professional team, especially in private sector	Knowledge: Basic and advanced neonatal care Functions, abilities and criteria for consultation of various multi-professional neonatal health team members Systems for multi-professional teamwork in particular context Skills: Multi-professional team member Coordination and communication Good interpersonal and communication skills Clinical decision making Professional characteristics: Leadership Professionalism
Role clarification of multi-professional team members: Certain professional functions are distinct, but certain responsibilities overlap between professions Sharing and differentiation not always clear and not always consistent Interprofessional, interpersonal and internal conflict, and ethical issues not uncommon	Fulfil her role and execute responsibilities towards patients and families in situation where her role is not always clear or consistent Is often gatekeeper, messenger and coordinator of health team	Knowledge: Basic and advanced neonatal care Scope of practice, dependent, independent and interdependent role Functions and responsibilities of other professions Skills: Work as a professional team member Good interpersonal and communication skills Critical thinking, clinical and ethical decision making Professional characteristics: Team worker Leadership Professionalism
Diversity of multi-professional team members: All professionals are individuals with diverse backgrounds, educational levels, personalities, races, cultures, religions, value systems and circumstances, with common interest in neonatal care Practice is dynamic and ever-changing, with interprofessional and interpersonal relationships negative or positive and often stressed	Be part of a diverse mulit-professional neonatal health care team Support others if they are negatively affected	Knowledge: Independent, interdependent and dependent roles Understand diversity of a group and the consequential group dynamics Emotional support and counselling Skills: Be an effective team member in a diverse team Conflict management, emotional support and counselling Good interpersonal and communication skills Professional characteristics: Flexible, but adaptable and assertive to cope in dynamic, changing and stressful environment Leadership Moral integrity, role model and professionalism

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(CONTINUE) ANNEXURE 1: ATTRIBUTES, DEMANDS, AND EXPECTED COMPETENCES AND PROFESSIONAL CHARACTERISTICS

Physical aspects		
Attributes	**Demands**	**Expected competencies**
Facilities and equipment: Taken for granted: electricity, lighting, medical air supply, oxygen supply, vacuum supply, running hot and cold water Spaciousness varies Appearances from 'classy, upmarket' to 'run-down' Medical technology dynamic and advancing at rapid pace Various types and amount of medical equipment, not necessarily corresponding with acuity of patients Technical assistance for equipment often unavailable and maintenance of equipment often problematic	Provide quality care irrespective of availability of facilities and equipment Know how to use equipment, how to sort out problems, how to maintain it Sometimes to be innovative in the use thereof Keep up-to-date with advancing of medical technology and use thereof Give input in buying and replacement of equipment	Knowledge: Basic and advanced neonatal care Legal requirements of NICU and medical equipment Basics of medical technology and use thereof Basic management Skills: Use of medical technology in neonatal care Management of problems related to medical technology Give input in buying / replacement of equipment Critical thinking and clinical decision making Professional characteristics: Continuous development and keeping up-to-date Innovation
Linen, stock and other consumables: Used daily in NICU, but supplied by other departments Availability and quality varies Demand for control thereof and control systems vary Parents responsible for diapers and clothing, which often leads to frustration and conflict	Provide quality care irrespective of availability and quality of clothing, diapers, linen, stock and other consumables Manage conflict and frustrations	Knowledge: Basic and advanced neonatal care Physical necessities to provide neonatal care Basic management Skills: Use what is available to provide neonatal care or find alternatives Implement mechanisms to control levels of necessities Good interpersonal and communication skills Professional characteristics: Teamwork and cooperation Manage conflict and frustrations
Environmental manipulation: Environmental manipulation as part of developmental care possible to various extents: lighting, noise and smells Actual manipulation to benefit patients varies	Manipulate the environment to the benefit of the neonatal patients	Knowledge: Basic and advanced neonatal care Developmental care Skills: Implementation of developmental care Change agent Professional characteristics: Leadership Professionalism
Management		
Attributes	**Demands**	**Expected competencies**
Management of the unit: At all times a neonatal nurse responsible for the management of the unit Many facets that need to be managed: patient care, family-centred care, personnel, safety, facilities and equipment, linen and other consumables, administration Management thereof influenced by availability of resources, interpersonal relationships, personalities, institutional policies and others Workload heavy and stressful Often conflict and ethical issues	Efficient management irrespective of the diversity and various facets of NICU	Knowledge: Basic and advanced neonatal care Family-centred care Basic personnel management Basic management Administrative functions Skills: Management of all facets of the unit Critical thinking, decision making and problem solving Good interpersonal and communication skills Professional characteristics: Leadership and professionalism Moral integrity Ability to cope with stress and emotional situations
Hospital management: Neonatal nurses have various responsibilities and rights as employees of a hospital Management has positive or negative impact on climate and staff morale Impact influenced by communication and feedback, management style, institutional policies, availability of resources and support to staff	To be a 'good' employee Provide quality neonatal care irrespective of climate, morale or organisational circumstances	Knowledge: Rights and responsibilities as employee Rights and responsibilities as neonatal nurse Institutional policies and guidelines Skills: Compliance with her rights and responsibilities and institutional policies Critical thinking and decision making Professional characteristics: Professionalism Moral integrity

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(CONTINUE) ANNEXURE 1: ATTRIBUTES, DEMANDS, AND EXPECTED COMPETENCES AND PROFESSIONAL CHARACTERISTICS

Professional practice		
Attributes	Demands	Expected competencies
Nursing process: Systematic approach to care for neonatal patients in terms of basic and advanced care Steps: Assessment, diagnosis, planning, implementation and evaluation Influenced by knowledge, skills and characteristics of individuals involved	Provide quality basic and advanced neonatal care according to the nursing process	Knowledge: Nursing process Specialised neonatal knowledge Skills: Application of the principles of the nursing process in basic and advanced neonatal care Teaching and supervision of the implementation of the nursing process Logic and systematic reasoning Professional characteristics: Leadership and role model
Legal risks: Prone to legal claims due to complex and specialised nature, and vulnerability of patients	Provide specialised care in spite of legal risks involved Risk management	Knowledge: Basic and advanced neonatal care Ethico-legal framework of nursing practice Risk management Skills: Provision of safe ethico-legal basic and advanced neonatal care Risk management Critical thinking Sound clinical and ethical decision making Professional characteristics: Caring attitude and recognition of human rights Moral integrity
Ethical issues: Ethical issues and dilemmas are common due to nature of neonatal nursing practice Ethical issues often have emotional consequences	Provide specialised care in the midst of ethical issues Participate in ethical decision-making Support, counsel or debrief emotional role-players	Knowledge: Basic and advanced neonatal care Ethico-legal framework of nursing practice Emotional support, counselling and debriefing Skills: Make and implement sound ethico-legal decisions Provide emotional support, counselling or debriefing Critical thinking Sound clinical and ethical decision making Good interpersonal and communication skills Professional characteristics: Caring attitude and moral integrity Professionalism and leadership
Quality of care: High demand for quality of care Various perceptions on meaning of quality of care	Deliver quality, competent care in various circumstances Implement change if new information available or new treatment prescribed	Knowledge: Basic and advanced neonatal care Quality improvement Evidence-based care Skills: Provide quality evidence-based neonatal care Management of change Quality improvement Critical evaluation of new information and appropriate decision making Professional characteristics: Remain updated on advances in neonatal care Flexible and open-minded Leadership and change- agent if appropriate
Professional and personal outcomes for neonatal nurses: Personal outcomes vary from job-satisfaction to severe stress and burnout, and a variety of interpersonal relationships Personal outcomes influenced by several personal factors Professional outcomes mainly related to personal growth with limited opportunities for promotion or incentives	Provide quality neonatal and family care in a complex and stressful environment with high demands and risks, large opportunities for personal growth and interpersonal relationships and limited opportunities for promotion or other incentives	Knowledge: Basic and advanced neonatal care Other demands of neonatal nursing practice Skills: Competent neonatal care Management of demands of neonatal nursing practice Good interpersonal and communication skills Professional characteristics: Cope with stress and emotional turmoil Flexible, open-minded and adaptable Self-awareness and need for professional and personal growth Internal motivation Prepared to sacrifice if required

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ANNEXURE 2: LETTER OF INVITATION AND INFORMED CONSENT FOR PEER REVIEW OF PHASE TWO'S FINDINGS

P/A Department of Nursing Science
University of Pretoria
P.O. Box 667
Pretoria
0001
E-mail: carin.maree@up.ac.za
Cell phone: 083 286 6696
15 March 2005

Dear _____

Re: PEER REVIEW OF DESCRIPTION OF NEONATAL NURSING PRACTICE

Hereby you are cordially invited to participate in the peer review of the description of neonatal nursing practice as part of a PhD-study in nursing science.

Purpose of the study

The purpose of this study is to develop a model for the training of reflective neonatal nurses in a South African context. The study is planned in different phases, including a non-empirical or theoretical phase to describe the concepts related to training of neonatal nurses, and their relationships, and an empirical phase to describe the attributes and demands of neonatal intensive care practice and the core competencies expected from neonatal nurses. The information from the non-empirical and empirical phases is integrated in the last phase of the study to describe a model for the training of neonatal nurses in a South African context.

During the empirical phase of the study, I have collected data in three purposive selected neonatal intensive care units regarding the attributes and demands of neonatal intensive care practice, and the competencies expected from neonatal nurses. The data collection will be done by means of observation of real-life activities in the neonatal intensive care units as they occur, as well as interviews with neonatal nurses. This data has been analysed to describe the core competences and personal characteristics expected from neonatal nurses that has to be addressed in an educational programme for them to become reflective neonatal nurses.

What is expected of you during this study

If you agree to participate you will be invited to a focus group or to give written or verbal feedback on the analysed data (*attached documents) that describe the expected core competence and personal characteristics of neonatal nurses. You would be expected to review it from your expertise in neonatal nursing, keeping in mind that it is for the purpose of educating reflective neonatal nurses.

What are your rights as a participant in this study

Your participation is entirely voluntary and you can refuse to participate or stop at any time without stating any reason. Your withdrawal will involve no penalty or loss of benefits.

Discomfort or inconvenience related to the study

The time that you spent on reviewing the data and attending the focus group or writing a report is highly appreciated.

(CONTINUE) ANNEXURE 2: LETTER OF INVITATION AND INFORMED CONSENT FOR PEER REVIEW OF PHASE TWO'S FINDINGS

Risks involved in the study

There are no risks involved in participation in this study.

Ethical approval of the study

This study protocol was submitted to the Research Ethics Committee of the Faculty of Health Sciences, University of Pretoria. Written approval has been granted (Reference number: S105/2002).

Confidentiality

All information obtained during the course of this study is strictly confidential. Data that may be reported in scientific journals will not include any information that identifies you as a participant in this study.

Source of additional information

If you have any questions during this study, please do not hesitate to approach the researcher:
Mrs. Carin Maree   (C)   083 286 6696

Supervisors: Prof. N. Van Wyk   (W)   (012) 354 2125
               Dr. C. Van Der Walt   (W)   (012) 354 1784

If you agree to participate, please complete the following section. Your participation and contribution will be highly valued and appreciated.

INFORMED CONSENT

I hereby confirm that I have been informed by the researcher, Mrs. C. Maree about the nature, conduct, benefits and risks of the study. I have also received, read and understood the above written information regarding the study. I am aware that the results of the study, including personal details will be anonymously processed into the study report. I am aware that I can, 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.

Participant's name (Please print)   _____

Participant's signature   _____ Date: _____

Witness's name (Please print)   _____

Witness's signature   _____ Date: _____

I, Mrs. C. Maree, herewith confirm that the above participant has been informed fully about the nature, conduct and risks of the above study.

Researcher's name (Please print)   _____

Researcher's signature   _____ Date: _____

_____

ANNEXURE 3: LETTER OF INVITATION AND EVALUATION FORM FOR EXPERT EVALUATION OF MODEL

P/A Department of Nursing Science
University of Pretoria
P.O. Box 667
Pretoria
0001
E-mail: carin.maree@up.ac.za
Cell phone: 083 286 6696
30 May 2007

Dear _____

Re: EVALUATION OF MODEL FOR EDUCATION OF REFLECTIVE NEONATAL NURSES IN A SOUTH AFRICAN CONTEXT

Thank you very much for your willingness to evaluate the abovementioned model as an expert.

The model has been developed during my PhD-study in nursing science, based on the need for reflective neonatal nurses in neonatal intensive care units and my responsibility as lecturer at the University of Pretoria for the post-basic programmes in neonatal nursing science.

The *attached documents include the model with summarised information on the research methodology followed, as well as the evaluation form that you are requested to complete. The reference list is attached as a separate document to reduce the size of the document containing the model. Please note that the descriptions of the separate components of the model contain more detail than the model as a whole for the reason of not including too much minute detail in the final description.

You are hereby requested to evaluate the model and to give feedback in written or electronic format by completing the attached evaluation form. You are welcome to contact me if more clarity or information is needed on any part or parts of the model. More detailed descriptions are available on request. Please return your evaluation of the model by the 22nd of June 2007.

Your time and effort in participation is highly valued and greatly appreciated.

Yours thankfully,

Carin Maree

*(*The attached documents included a description of the model as it is found in Chapter 7, a reference list and the following evaluation form.)*

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(CONTINUE) ANNEXURE 3: LETTER OF INVITATION AND EVALUATION FORM FOR EXPERT EVALUATION OF MODEL

EVALUATION OF MODEL FOR EDUCATION OF REFLECTIVE NEONATAL NURSES IN A SOUTH AFRICAN CONTEXT

- C. MAREE (2007)

DEMOGRAPHIC DATA

Complete the following information with regard to your own data:

Academic qualifications	
Current occupation	

Indicate your field/s of expertise or interest from which you would evaluate the model:

Field of expertise or interest	Indicate expertise or interest with X	Comments (Optional)
Higher education		
Nursing education		
Reflective practice		
Neonatal nursing practice		
Model development		
Other (specify):		

Please disclose any other information that is of importance for the researcher to take note of regarding the evaluation of the model:

_____

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(CONTINUE) ANNEXURE 3: LETTER OF INVITATION AND EVALUATION FORM FOR EXPERT EVALUATION OF MODEL

EVALUATION OF MODEL

Criteria	Not acceptable or needs major revision	Acceptable with recommended changes	Acceptable as described	Comments
Clarity, simplicity and consistency				
Appropriateness and relevance				
Comprehensive-ness				
Adaptability and generalisability				
Practicality and usefulness				
Accessibility				
Importance for research, practice and education				
Validity or trustworthiness				
Other (specify):				

(*The original evaluation form were printed on 'landscape', and allowed more space per criteria for comments)

Additional comments:

_____

_____

_____

_____

_____

_____

RESEARCH OBJECTIVES	UNIT OF ANALYSIS / SAMPLING	METHODS OF DATA COLLECTION	DATA ANALYSIS	TRUST-WORTHINESS	DESIGN
PHASE 1: IDENTIFICATION AND CLARIFICATION OF CONCEPTS RELATED TO NEONATAL NURSING EDUCATION IN THE SOUTH AFRICAN CONTEXT					
* Describe neonatal nursing education in the South African context * Describe higher education in South Africa * Describe additional influences on neonatal nursing education * Describe neonatal nursing students * Describe the process of reflective learning * Describe competencies associated with reflective learning * Describe professional characteristics associated with reflective learning * Describe outcomes of reflective learning * Describe the role of the educator in reflective learning * Describe educational approaches for the education of reflective neonatal nurses	**Unit of analysis:** * Textual data **Sampling:** * Theoretical sampling of relevant literature	**Data required:** * Clarification of concepts and their relationships relevant to neonatal nursing education, neonatal nurses, reflective learning, role of the educator and educational programme **Techniques:** * Literature review	Conceptual analysis and synthesis	**Credibility:** * Prolonged engagement * Triangulation of - Methods of data gathering (non-participant observation, interviews, literature control) - Sources of data gathering (different practical settings, various role players, literature) * Member checking * Peer review * Expert review **Transferability:** * Thick description * Validation of results **Dependability:** * Triangulation (see "Credibilty") * Inquiry auditability **Confirmability:** * Confirmable audit route and process	QUALITATIVE, EXPLORATIVE, DESCRIPTIVE, CONTEXTUAL STUDY TO DEVELOP MODEL
PHASE 2: IDENTIFICATION AND CLARIFICATION OF CONCEPTS RELATED TO NEONATAL NURSING PRACTICE TO SUPPORT EDUCATION OF REFLECTIVE NEONATAL NURSES					
* Clarify concepts regarding programme design for education of reflective neonatal nurses * Describe the outline of content for an educational programme for reflective neonatal nurses * Describe expected outcomes of education of reflective neonatal nurses	**Units of analysis:** * Neonatal nursing practice * Textual data supportive of education of reflective neonatal nurses **Sampling:** * Literature * Three purposive selected NICUs, and neonatal nursing personnel of those units * Neonatal nursing experts	**Data required:** * Attributes and demands of real-life neonatal nursing practice: activities & processes; physical aspects; role players involved; outcomes; and other relevant information * Expected knowledge, skills and professional characteristics of reflective neonatal nurses * Content outline of educational programme **Techniques:** * Non-participant observation, with researcher making field notes of observations * Interviews of neonatal nursing staff in NICUs and member checking * Literature control * Expert review	Conceptual analysis Qualitative content analysis		
PHASE 3: CONSTRUCTION AND DESCRIPTION OF A MODEL FOR EDUCATION OF REFLECTIVE NEONATAL NURSES IN THE SOUTH AFRICAN CONTEXT					
* Construct and describe a model for the education of reflective neonatal nurses in the South African context * Evaluate the model	**Unit of analysis:** * Textual data **Sampling:** * Findings of previous phases * Purposive sampling of experts in higher education / nursing education / reflective practice / neonatal nursing / model development	**Data required:** * Clarified concepts and relationships relevant to a model for the education of reflective neonatal nurses in the South African context **Techniques:** * Synthesis * Expert review	Conceptual analysis & synthesis		

ANNEXURE 4: SUMMARY OF RESEARCH DECISONS

ANNEXURE 5: PERSONAL REFLECTION ON MY STUDY

I cannot remember clearly where or when the idea was born to do a doctorate degree on this topic. I just found myself thinking about a doctorate as an appropriate way to solve a problematic situation that I wanted to change but did not know how to. I love books and the academic world, and I am passionate about neonatal patients. The idea was that if I could combine these interests, I could probably make a difference in the lives of neonates at a time when they are most vulnerable, by making a difference in the approach of the people who care for them. I felt that I was standing in front of an abundant forest of information, and I only had to explore a pathway through it for others to follow. My family was supportive and my circumstances made the costs of such an expedition affordable. It all sounded so simple!

At first I felt very lost trying to decide where to start my exploration, which direction to follow through the forest. It took me quite a while before I found some kind of direction. At this stage countless little moments of achievement gave me satisfaction and the motivation to continue, so that the path through the forest appeared as a strenuous but enjoyable hike.

But after a while I grew tired; I seemed to meet one obstacle after the other, many of which had little to do with the study itself. Once I even hit a swamp, complete with monster and all! Sometimes I felt I was drowning in all the tasks to be done and problems to be solved; other days I struggled through such dry patches, making very little progress. The exploration became a grim battle to survive; the joy was gone and the end was out of sight. Giving up came to my mind a few times, but when I looked back at all the sacrifices that had already been made for this project, especially by my family, I knew I had to find the motivation to continue. I walked on, not glancing to right or left and looking only at the next small task, continuing a step at a time.

Then one day I realised that the next small step that I had to take was finishing off my report! My destination caught me by surprise, and I was a bit overwhelmed – but now I am delighted to be able to rest on the other side of that forest that seemed so daunting not so long ago…

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I have learned an enormous amount about my topic, neonatal nursing education, and I am proud of what I have achieved in the academic sense. But I have learned much, much more about human nature and relationships (good and bad); I have met many wonderful people, made new friends and formed a new appreciation for the value of family and friends both old and new. In the end these people gave me courage to continue, carried me along my journey and helped me to grow through rather than just survive this expedition. Of all that I have gained through this study, I am most proud to have them as family and friends!

Was it all worthwhile? I can't answer that question finally yet. Now I look forward to spend time with my family. Later on I shall pick up my walking stick again, and guiding others along the narrow path I forged through the forest, until we have paved a broad, safe highway for all the neonatal nurses of South Africa and beyond.

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